



Dear Alumni and Friends:



Proven disparities in access to American health care, as well as in health care outcomes, comprise an important topic of discovery and discussion for leading academic research institutions, and at Michigan, researchers are pursuing these issues with a sense of urgency. The leadership of the U-M Medical School feels a strong responsibility for improving the health care of the citizens of Michigan and the nation. In the cover story of this issue of *Medicine at Michigan*, we explore some of the important research U-M faculty and staff members are conducting in this complex area — research that seeks to reveal and better understand the reasons disparities exist and, ultimately, bring them to an end.

Our nation has always been enriched by the differences among us — differences of ethnicity, race, lifestyle and a host of other factors. But the components of our multicultural society are not static entities. They are always in flux as immigration, population shifts, and the increasingly global nature of society in general bring fluid and constant change to the face of America.

For example, the U.S. Census Bureau projects that our Hispanic and Asian populations will triple over the next 50 years; non-Hispanic whites may drop to half of the total U.S. population. The nation's total population is projected to increase by 49 percent by 2050, in contrast to most European countries whose populations are expected to decline. The social and cultural ramifications of these and other demographic shifts will, in turn, dramatically affect the delivery of health care to many.

As a welcoming nation that prides itself on the democratic fundamentals of freedom, liberty and justice for all, our system of health care delivery falls far short of meeting the needs of all its citizens. All groups do not receive the same care, nor do they experience the same treatment outcomes. All groups do not enjoy the same access to care. The disparities are biological as well as social in origin: genetic predisposition toward certain diseases and conditions places various groups at higher risk, and that higher risk often occurs within groups that are underserved or uninsured. The Institute of Medicine, in a 2002

report requested by Congress, identified disparities in health care as one of the most serious health care problems our country faces today.

It is also imperative that we prepare today's students to deliver patient-based health care that takes into account the whole person, including multicultural factors that can affect patients' receptiveness and responsiveness to health care. This is one goal of curriculum revisions we implemented this past year. This charge means not only training all students to understand multicultural issues and how they affect health and health care delivery; it also means training students from a broad spectrum of diverse groups. A fundamental fact of medical care is that many patients are most comfortable receiving care from physicians who share elements of their own background.

As medical training grows costlier each year, all of our students are affected, but especially students without the family resources necessary to support years of medical school and residency training. Another of this issue's feature articles, beginning on page 26, explores the complicated factors and forces that have come to bear on medical education costs over recent decades, outpacing inflation and other economic indicators. The issues of educational costs and student indebtedness present us with a profound challenge to do all we can to preserve access to the study of medicine for all the bright and talented individuals who wish to pursue it.

This challenge is why scholarship support represents a top priority for the U-M Medical School within the University's new fund-raising campaign, The Michigan Difference. The largest campaign ever undertaken by a public university in America, The Michigan Difference will help provide the means for ensuring the enduring quality and accessibility of a Michigan education, as well as the margin of excellence that distinguishes a good university from a truly great one. As stewards of this remarkable school and its future, we can strive for nothing less.

Sincerely,

A handwritten signature in blue ink that reads 'Allen S. Lichter'.

Allen S. Lichter (M.D. 1972)
Dean

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