

By Matt Meyer
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A little over a year ago, an alarming trend emerged. As more and more Delawareans received COVID-19 vaccinations, communities of color received vaccinations at a much lower rate than other communities. That inequity in vaccination rates contributed to increased fatalities in black and brown communities.

Governor John Carney and Director of Public Health Dr. Karyl Rattay, along with your New Castle County Paramedics and our leading hospital systems, took action to address this inequity.

And Dr. Joan Coker got to work. She leaned heavily on her colleagues in the Delaware Chapter of the National Medical Association (NMA), the state association of black physicians, and so many other informal networks. Collectively, with Dr. Coker and other NMA physicians leading the way, they mounted one of the fastest and most comprehensive life-saving public health campaigns in our state's history.

Together they vaccinated nearly 15,000 Delawareans, the overwhelming majority of whom were people of color and others in under-vaccinated communities. Without these heroic efforts, there undoubtedly would have been higher levels of fatality in our state, particularly in black and brown communities.

As we work to truly build back better, to understand how we can be better prepared for the next health crisis in our community, one strategy to address unequal health outcomes is clear.

Our physician workforce needs to look like the population they serve.

[We need more black doctors](#) and others from under-represented minority groups.

And we need more primary care physicians.

The unequal health outcomes we saw during COVID are not unique to one pandemic. In the most vulnerable communities across our state, inequitable health outcomes have festered for generations. [Diabetes](#), [hypertension](#), [obesity](#), [asthma and heart disease](#) all disproportionately impact communities of color. [Black mothers are three times more likely than white mothers](#) to die from a pregnancy-related cause. [Black men have the shortest life expectancy](#) among all racial groups in our country.

We should build on existing efforts to train a diverse workforce in Delaware and work on a medical school focused on training doctors to serve communities most in need.

This week I am proposing to County Council investing some of our New Castle County federal

American Rescue Plan Act funds to study the impact of medical education on improving health equity among under-represented minority communities in our county.

Delaware is one of only four states in the country without a medical school.

In recent years, proposals to create a medical school in Delaware have started, and usually ended, with a discussion of the Delaware Institute for Medical Education and Research, or DIMER. For over 50 years, DIMER has created opportunities for Delawareans to receive high quality medical education in two medical schools in Philadelphia. The DIMER program, with modest state taxpayer subsidy, has trained hundreds of Delaware doctors who have kept and continue to keep our families healthy today.

But there are several key benefits to a homegrown medical academic institution, even while continuing the DIMER program.

DIMER does well to keep Delawareans home to practice medicine for our communities in Delaware. But if we want to be highly competitive in health fields, we must also attract the finest medical talent from across the region, the country or even the world. A medical school that develops top notch programs in certain specialties or sub-specialties will attract top level talent to serve our communities in ways that today we can only imagine.

But creating a medical school will not be easy.

At a minimum, a new medical school would require an investment of tens of millions of dollars, and potentially hundreds of millions of dollars. Attracting and funding the highest quality students and faculty, particularly from groups traditionally under-represented in medical fields, will be even more challenging.

While such an investment seems daunting, a quality, inclusive medical school will produce an extraordinary return, both financially and in terms of community benefit.

We already have many of the elements of the best medical programs. We have top notch research universities, University of Delaware and Delaware State University, and Delaware Technical and Community College already offers a quality range of technical medical laboratory and nursing programs. ChristianaCare and Nemours are both great teaching hospitals, and ChristianaCare already has robust partnerships with two medical schools, Sidney Kimmel Medical College of Thomas Jefferson University and Philadelphia College of Osteopathic Medicine.

Beyond the public health benefits of a local medical school, there are also significant economic benefits.

Nothing facilitates a high growth economy more than “eds and meds” -- institutions of higher learning and medical facilities. Numerous economic analysts have credited eds and meds with saving many 21st century American cities amidst manufacturing declines.

A medical school will enhance the economic strength of our communities and enhance collaboration among our leading Delaware medical institutions and institutions of higher education. A medical school could help us address a shortage in primary care physicians in communities across our state. From Austin to Boston, from Baltimore to Palo Alto, there are many models for high quality medical education and research facilitating innovation and creating tens of thousands of jobs.

And a medical school with equity as its guiding principle will illustrate that we have truly learned from this pandemic. We have learned from the extraordinary leadership of Dr. Coker and our local chapter of the National Medical Association.

An excellent Delaware medical school will help us alleviate health disparities and leave Delaware better prepared when the next dangerous virus comes into our communities. That is building back better.