

Reflections on establishing the Michael F. Noe Endowed Scholarship

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The Diversity Scholarship Fund was developed based on perspectives informed over a career spanning 50 years in various positions including clinical medicine, as an educator, and as a hospital executive, for all of which I am especially grateful.

As a physician, it has been my privilege to work as an internist in clinics serving diverse populations in inner city areas in New Orleans; narcotic addicts in a Federal hospital in Kentucky; in the outpatient clinics of the Buffalo General Hospital and the Erie County Health Department; and caring for patients in a skilled nursing facility. As an educator, I taught medical students, physicians in residency training, and graduate students in public health and was involved in projects serving American Indian populations in territories in Western New York. As a health system executive and medical director of the Buffalo General Hospital I became deeply familiar with the complexities of providing medical care to the people it served.

A thread common to the fabric comprising those experiences was the evident need for a more diverse population of people working in the health professions including public health, people who are keenly sensitive to the needs, perceptions, feelings, attitudes, and the various factors impacting the health and lifestyle of those from similar backgrounds. While the population of our country has been described as in a “melting pot,” it has perhaps been more accurately characterized as in a “salad bowl,”

referencing the differences among its people and recognizing that we are in many ways more defined by our differences than by our similarities. In interacting with others, whether patients or students, I knew my own feelings and perceptions, but could not know the perceptions of those who were from different backgrounds and how any differences might have influenced our interactions. Research has demonstrated that the complex array of factors that contribute to our experiences and makeup, including race, can affect our decision-making and choices, sometimes resulting in unconscious bias that can adversely affect the quality of care. Assuring the development of awareness of such influences and eliminating them through broadening exposure to diversity during the education and training of health professionals is imperative; the need for providing for more diversity in the workforce is even more compelling.

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In reflecting on my experiences, I have been especially struck by the need for more Native Americans trained in public health and other health professions. Through interactions with members of local tribes, I have learned

that the need for cultural sensitivity among those who provide services to them is especially important because they rely on and draw extensively from their own beliefs and traditions. Consequently, familiarity with their culture both in the process of care and in communication is important. Very significantly, we have learned both locally and nationally that many serious health problems among Native Americans have arisen from misguided historical interventions such as forced enrollment in the Indian Schools and other efforts to separate them from their own beliefs, traditions, practices and language that combined to harm the health of prior generations.

While these interventions deeply affected prior generations, they have unfortunately had an enduring impact through subsequent generations. This fact and the mistrust resulting from these and other occurrences make it imperative that efforts be made to assure the preparation of clinicians and trained public health workers who can work with their people and support tribal leadership and others in properly addressing these and other social, behavioral and environmental determinants of health. Resultantly, some progress may be made in undoing the damage resulting from wrongs in the past.

The COVID pandemic and the terrible burdens it has inflicted on populations almost everywhere has been, itself, a harsh lesson in how the differences among with respect to the social, behavioral, and environmental determinants of health can affect the occurrence of disease and its outcomes. For the general public, it has been a lesson in public health and other science-based

approaches to understanding, preventing and treating disease. There is no question that interest in public health and other health careers among young people has been awakened in recent years and particularly during the past year or so and will likely put many on the path to considering a career in one or another of those endeavors.

I hope that the scholarship will serve, in however small a way, to stimulate interest in the professional education available in the programs offered in the School of Public Health and Health Professions and give a hand-up to those in under-represented minorities who need that to enable undertaking a program of graduate study. Greater representation from among those minority populations will enrich the educational experience, enhance the inter-racial understanding and knowledge of all, and serve as a seedbed for the development of more diversity among future leaders, clinicians and educators in their respective professions. In fact, it was specified that 10% of the funds available annually through the scholarship are to be used to support efforts to promote our programs and to recruit students from under-represented minorities.

While my own personal and professional contributions to addressing these matters have been small in the overall scheme of things, it is my hope that my influence and reach can be extended through those who benefit from the scholarship and the work that they ultimately do and in which I will play some small part due to the help they have received. Finally, it is my fond hope that the example provided in establishing the scholarship and the rationale for doing it will encourage others to help in any way they can.

