

Commission to End Health Care Disparities
Strategic Plan 2011-2013

Final Draft

ACKNOWLEDGEMENTS

On behalf of the Commission to End Health Care Disparities (CEHCD), the Steering Committee wishes to thank our member organizations and individuals for sharing their wisdom, time, and service on the CEHCD committees as volunteers. Their professional insights and expertise help to advance the mission and vision of CEHCD. While many challenges lie ahead, we are confident that the CEHCD is well poised to contribute to the elimination of health care disparities. The CEHCD aims to always be a member-led and member-engaged group and will continue to seek each member's support in this effort.

At this time, the best vehicle for broadly engaging our members are the committees and its activities. Working with a committee is an important way that you can make a meaningful contribution to CEHCD. The Steering Committee invites you – our member colleagues – to get involved in shaping the future of CEHCD.

EXECUTIVE SUMMARY

Established in 2004 by the American Medical Association and the National Medical Association, and with the National Hispanic Medical Association joining soon thereafter, the Commission to End Health Care Disparities (CEHCD) was formed to address disparities in health care and in response to the Institute of Medicine's report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.

The CEHCD has expanded as an organization of organizations representing physicians, nurses and allied health care professionals who are dedicated to helping eliminate racial and ethnic disparities in health care by focusing on four major areas: (1) Educating and training physicians, nurses, and allied health care professionals on disparities and cultural competency; (2) Increasing workforce diversity in medical and allied health care professions; (3) advancing policy and advocacy initiatives that improve the quality of care provided to minority and multicultural populations and health outcomes; and (4) Improving the collection of data and research in order to identify and eliminate health care disparities.

Racial and ethnic disparities are a barrier to quality health care for all Americans, and it is imperative that action to eliminate these disparities be consistent and sustainable. The CEHCD has devised an ambitious agenda for the future. The attached Strategic Plan document outlines the 2011-2013 strategic objectives for the CEHCD. Through the efforts of member organizations, the CEHCD will establish greater national recognition as a trusted source for information and resources related to eliminating health care disparities; solidify partnerships with national organizations committed to cultural competency, quality improvement, and the elimination of health care disparities; and implement initiatives based on the National Partnership for Action to End Health Disparities developed by the Office of Minority Health and other health equity advocacy efforts.

INTRODUCTION

The Institute of Medicine (IOM) released its report, *“Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,”* on March 20, 2002. Despite the report’s impact on the national conscience, improvement efforts have not advanced as rapidly as envisioned. Coincidentally, the demands for public accountability in the area of culturally competent care, such as outlined by the April 2008 Joint Commission Report: *“One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations,”* are escalating just as the health care system begins implementation of the Affordable Care Act (ACA). This law is particularly important as the US population is growing in racial/ethnic diversity by the day. It is predicted that people of color will comprise 54% of the US population by 2050 and more than half of US children by 2023. In broad terms, the ACA implementation will address and support specific issues that are aligned with the Commission to End Health Care Disparities (CEHCD), such as collection of race/ethnicity data, monitoring and tracking care delivery practices, training physicians nurses and health care professionals on cultural competency, support of research and increasing health service loans to underserved areas in order to ensure recruitment of a diverse health care workforce.

The CEHCD is poised to impact healthcare delivery systems, physicians, nurses, and allied health care professionals in terms of eliminating disparities in health care. Founded in 2004 as a formal affiliation between the American Medical Association, National Medical Association, and the National Hispanic Medical Association as a result of the IOM Report on *Unequal Treatment*, the CEHCD is dedicated to helping eliminate racial and ethnic disparities in health care by focusing on four major areas: (1) Educating and training physicians, nurses, and allied health care professionals on disparities and cultural competency; (2) Increasing workforce diversity in medical and allied health care professions; (3) advancing policy and advocacy initiatives that improve the quality of care provided to minority and multicultural populations and health outcomes; and (4) Improving the collection of data and research in order to identify and eliminate health care disparities. The work of the CEHCD is conducted by the following committees: Advocacy & Policy (AP); Finance; Health Professional Awareness, Education, and Training (HPAET); Research and Data Resource (RDR); and Workforce Diversity and Leadership Development (WDL). An organization of organizations, the CEHCD is engaged in efforts to eliminate disparities in healthcare. For the complete list of member organizations see Appendix 1.

The CEHCD, as an organization of organizations, is in a unique position to represent the voices of physicians, nurses, and allied health care professionals in promulgating solutions to eliminate health care disparities. Recognizing the critical role these professions have in the design, implementation, maintenance, and continuance of a safer and equitable health care system, the CEHCD will abide by the following Mission and Vision.

CEHCD MISSION

The Commission to End Health Care Disparities will collaborate proactively to increase awareness among physicians, nurses, health care professionals, and others involved in the health care system; use evidence-based and other strategies; and advocate for action, including governmental, to eliminate disparities in health care and strengthen the health care sector.

CEHCD VISION

Aided by the work of the Commission to End Health Care Disparities and its member organizations: physicians, nurses, health professionals, and health systems will provide patient centered, equitable, effective, safe, timely, and efficient care to all people.

DEFINITION OF SUCCESS

Success will be realized when all physicians, nurses, and allied health professionals are aware of health care disparities; actively work in their practice to eliminate disparities, and when all patients have access to and receive patient centered, equitable, effective, safe, timely, and efficient care. Given the convening of organizations and the talented people representing those member organizations, the CEHCD will use the information, energy, and shared understanding of member representatives to fuel the CEHCD toward being the trusted source of information and provider of practical tools to eliminate health care disparities. Aided as well by the generous monetary contributions of the corporate sponsors that share the CEHCD’s mission and vision, the implementation of committee initiatives will be realized.

Specifically, the following are important outcomes and measures of success:

1. Physicians, nurses, and allied health care professionals will be aware of, educated, and trained on how to provide culturally and linguistically appropriate patient-centered care.
2. The CEHCD will produce unique products that feature succinct and relevant messages on how to eliminate health care disparities for a diversified audience.
3. The CEHCD will establish effective partnerships in the health care sector through networking and collaboration across member organizations.
4. The CEHCD will solidify its organizational and fiscal sustainability, which will ultimately lead to the successful branding and marketing of the CEHCD as a leader on addressing disparities in the healthcare sector.

THE FUTURE DIRECTION OF THE CEHCD

The CEHCD has achieved much in the years since its inception (see Appendix 2). The CEHCD intends to continue to ensure that disparities and cultural competency education resources and solutions are relevant to the practice of medicine, available at the point of care, attentive to the patient-care provider relationship, reliable, and effective. Specifically, the resources must reduce health care disparities without being arduous for physicians, nurses, and allied healthcare professionals to utilize. The CEHCD will demonstrate its leadership through continued development of tools and resources for the medical, nursing and allied health professions, productive collaborations, and continued advocacy on policy development impacting health care disparities. Over the next three years, the CEHCD will:

1. Establish greater national recognition as a trusted source for information and resources related to eliminating health care disparities
2. Solidify partnerships with national organizations committed to cultural competency, quality improvement and the elimination of health care disparities.
3. Implement initiatives based on the National Partnership for Action to End Health Disparities developed by the Office of Minority Health and other health equity advocacy efforts.

CEHCD APPROACH

The following tables will outline each committee's long-term objectives, core strategies, tactics to achieve strategies, and targeted achievements as a result of deployment of the 2011-2013 Strategic Plan.

Specifically, the CEHCD will:

1. Promote policies aimed at eliminating health care disparities;
2. Highlight related efforts of member organizations;
3. Provide a forum of discussion on key issues relating to health care disparities; and
4. Promote trust, foster respect, and create partnerships among member organizations and other organizations working to eliminate health care disparities.

(The committees have been listed in alphabetical order.)

Advocacy and Policy (AP) Committee			
Long term project objective: Advance national policies and identify best practices that contribute to the elimination of health care disparities.			
Core Strategies:			
<ol style="list-style-type: none"> 1. Advance the work of CEHCD by developing strategies to educate physicians, nurses, allied health care professionals, and legislators through advocacy and policy activities. 2. Develop mechanisms to assess, evaluate, and measure outcomes resultant from CEHCD's efforts to address health care disparities. 3. Develop a centralized location/repository of data on advocacy and policy related activities in which CEHCD member organizations are engaged. 			
	2011	2012	2013
Targeted Goals	<ol style="list-style-type: none"> 1. Engagement in 2-3 policy and advocacy activities (local, state, or national) initiatives and identify funding for collaborative projects 2. Develop health care disparities survey assessment tools to measure member organizations' engagement in health disparities related work and to educate health professionals through advocacy and policy initiatives 3. Monitor implementation of Affordable Care Act as it relates to health care disparities and document policy activities 	<ol style="list-style-type: none"> 1. Continue to engage in at least 2-3 policy and advocacy activities (local, state, or national) initiatives and identify funding for collaborative projects 2. Identify Benchmark to evaluate CEHCD impact on reducing health disparities 3. Continue to monitor and support the implementation of Affordable Care Act as it relates to health care disparities 	<ol style="list-style-type: none"> 1. Continue to engage in at least 2-3 policy and advocacy activities (local, state, or national) initiatives and identify funding for collaborative projects 2. On-going reporting of CEHCD efforts to address policies that eliminate disparities 3. Continue to monitor, assess the impact and lessons learned from implementation of Affordable Care Act
Tactics to be used	<ol style="list-style-type: none"> 1. Leverage opportunities to engage in policy work on behalf of CEHCD 2. Complete and disseminate survey on health care disparities-there may be funding opportunities and areas for collaboration identified by the survey results 3. Continue to engage in initiatives around cultural competence standardization 4. Develop educational tools related to advocacy and policy for members to utilize in respective organizations 5. Utilize the AMA Ending Disparities e-newsletter and other communication tools to share successes and policy information 6. Partner with other standing committees to identify funding opportunities, promote the goals of CEHCD and proceed with proposal to funders 	<ol style="list-style-type: none"> 1. Continue to scan environment for on-going policy and advocacy opportunities and report back to CEHCD 2. Research and identify measures to benchmarks/evaluate CEHCD's efforts to address health care disparities 3. Identify subcommittee AP members responsible for monitoring challenges and opportunities during implementation of the Affordable Care Act 4. Create a mechanism for CEHCD members to report back on problems, successes, etc. during implementation of Affordable Care Act in their respective organizations and states 5. Utilize the AMA Ending Disparities e-newsletter, NMA e-news and other communication tools to share successes and policy information 	<ol style="list-style-type: none"> 1. Continue to respond effectively to changing political environment as it relates to health reform implementation and health disparities 2. Research and identify key issues impacting providers and develop mechanism to communicate effectively 3. Develop and publish a report, if feasible, on CEHCD evaluation of Affordable Care Act
Committee Resource Requirements (Based on Conservative Estimates): Year 1 - \$5,000 / Year 2 - \$15,000 / Year 3 - \$2,000 = \$22,000			
Projected Expenses:		Grant writing services, survey , tools , subscription to policy sites, policy intern	
Major drivers of investment:		Survey development tools, travel for local policy initiatives, staffing, internship stipend	

Finance Committee			
Long term project objective: Ensure that CEHCD is fiscally stable.			
Core Strategies:			
<ol style="list-style-type: none"> 1. Develop internal process for CEHCD fund/resource allocation. 2. Develop process for external grant seeking for federal and non-federal funding. 3. Develop process for securing and maintaining full capacity of Corporate Sponsorship. 4. Ensure mechanisms are in place to promote efficient use of CEHCD funds. 5. Ensure mechanisms are in place to deal with potential conflict of interest issues with member organizations. 			
	2011	2012	2013
Targeted Goals	<ol style="list-style-type: none"> 1. Identify annual financial goals of CEHCD, options to achieve them, and an implementation plan to ensure desired impact 2. Build a solid annual budget that maintains financial strength to ensure budget allocations are appropriately targeted to long-range goals and/or solutions 3. Manage limited resources with priority and ensure survival of the organization 	<ol style="list-style-type: none"> 1. Develop financial projections by setting benchmarks for annual revenue 2. Continue to build a solid annual budget that maintains financial strength to ensure budget allocations are appropriately targeted to long range goals and/or solutions 3. Continue to manage limited resources to ensure survival of the CEHCD 	<ol style="list-style-type: none"> 1. Continue to develop financial projections by setting benchmarks for annual revenue 2. Continue to build a solid annual budget that maintains financial strength to ensure budget allocations are appropriately targeted to long range goals and/or solutions 3. Continue to manage limited resources with priority and ensure survival of the CEHCD
Tactics to be used	<ol style="list-style-type: none"> 1. Draft & define policy and procedures related to fiscal stability (including but not limited to spending, grant making and grant seeking) and vet through Steering Committee 2. Promote policy and procedures throughout committees to ensure consistency in fiscal related matters 3. Research and identify potential funding opportunities relevant to the mission and vision of the CEHCD 4. Research and identify potential corporate sponsors 5. Provide quarterly fiscal reports 6. Develop annual budget with allocation for specific committee related work/activities 7. Establish annual forecasting for CEHCD to provide the financial reality that will support activities focused on the mission and vision 8. Integrate the financial goals with the strategic goals to ensure compatibility and monitor and evaluate the results 	<ol style="list-style-type: none"> 1. Continue to develop annual budget with allocation for specific committee related work/activities 2. Continue to promote policy and procedures throughout committees to ensure consistency in fiscal related matters 3. Continue to research and identify potential funding opportunities relevant to the mission and vision of the CEHCD 4. Continue to research and identify potential corporate sponsors 5. Continue to provide quarterly fiscal reports 6. Continue to develop annual forecasting for CEHCD to provide the financial reality that will support activities focused on the mission and vision 7. Integrate the financial goals with the strategic goals to ensure compatibility and monitor and evaluate the results 	<ol style="list-style-type: none"> 1. Continue to develop annual budget with allocation for specific committee related work/activities 2. Continue to promote policy and procedures throughout committees to ensure consistency in fiscal related matters 3. Continue to research and identify potential funding opportunities relevant to the mission and vision of the CEHCD 4. Continue to research and identify potential corporate sponsors 5. Continue to provide quarterly fiscal reports 6. Continue to develop annual forecasting for CEHCD to provide the financial reality that will support activities focused on the mission and vision 7. Integrate the financial goals with the strategic goals to ensure compatibility and monitor and evaluate the results
Committee Resource Requirements: Will be determined by the needs of the other committees.			
Major drivers of investment: Will be determined by the needs and budgets of the other committees.			

Health Professionals Awareness, Education, and Training (HPAET) Committee

Long term project objective: Increase professional and public awareness about health care disparities and their impact on the quality and safety of care in diverse populations, serve as a clearinghouse for relevant educational information and training resources, and provide educational programs targeting but not limited to physicians, nurses, other health care professionals, and policy makers.

Core Strategies:

1. Develop educational opportunities using available evidence-based strategies to disseminate information and resources as well as expand network of partners to collaborate with and address health care disparities.
2. Repurpose existing educational content developed by the CEHCD for broader national, state, and local use among but not limited to physicians, nurses, other health care professionals, and policy makers.
3. Promote the recognition, value, and work of the CEHCD through raising awareness and partnering with interested stakeholders and constituency groups.

	2011	2012	2013
Targeted Goals	<ol style="list-style-type: none"> 1. Secure at least 1 external grant to fund project(s) relating to core strategies 2. Establish relationships with at least 3 organizations involved in raising awareness and providing education about Health Care Disparities 	<ol style="list-style-type: none"> 1. Implement at least one sustainable educational product nationally 2. Develop plan for educational clearinghouse portal based on 2011 internet survey results 	<ol style="list-style-type: none"> 1. Co-brand a sustainable educational product for national use 2. Execute plan for educational clearinghouse portal
Tactics to be used	<ol style="list-style-type: none"> 1. Research, identify, and submit grant proposals for funding opportunities to support projects/activities relating to HPAET core strategies (e.g., developing a Web-based educational portal; revitalizing and repurposing Health Care Disparities (HCD) educational content and tools; developing a HCD Continuing Medical Education (CME) or Continuing Education (CE) program for use with interdisciplinary teams/inter-professional training; developing an annotated database of educational resources relating to addressing HCD and providing/culturally competent care; developing a CEHCD Speakers Bureau) 2. Develop relationships with organizations (e.g., ACCME, ACGME, AAMC, others) involved in raising awareness and educating physicians, residents, medical students, other health care professionals, and policy makers about HCD and related topics 3. Research and identify consultant(s) to work with CME personnel of the AMA, NMA, and other CEHCD member organizations to revitalize or repurpose educational content and to develop an evaluation tool to assess the outcomes and effectiveness of training 4. Survey Internet for currently available educational resources relating to HCD to look for potential partnership opportunities related to development of and/or expansion of existing educational portals 5. Utilize the AMA Ending Disparities e-newsletter to share successes and educational information 6. Develop a marketing plan for the educational tools developed 7. Offer HCD workshops based on interest and available funds 	<ol style="list-style-type: none"> 1. Work on projects/activities relating to HPAET core strategies that have received internal or external funding support 2. Continue investigating funding opportunities and submitting grants to secure funds for support of projects/activities relating to HPAET core strategies 3. Collaborate with ACCME, ACGME, AAMC, and other interested organizations on HCD awareness raising and educational initiatives 4. Execute marketing plan for educational tools developed, continue to offer HCD workshops based on interest and available funds 5. Examine ways to expand and promote the CEHCD Speakers Bureau 6. Utilize the AMA Ending Disparities e-newsletter to share successes and educational information 	<ol style="list-style-type: none"> 1. Continue to work on projects/activities relating to HPAET core strategies that have received internal or external funding support 2. Continue investigating funding opportunities and submitting grants to secure funds for support of projects/activities relating to HPAET core strategies 3. Collaborate with ACCME, ACGME, AAMC, and other interested organizations on HCD awareness raising and educational initiatives 4. Assess the impact and success of the CEHCD marketing plan, educational programs, tools, and clearinghouse portal; continue to offer workshops based on interest and available funds; and promote the CEHCD Speakers Bureau 5. Utilize the AMA Ending Disparities e-newsletter to share successes and educational information

Committee Resource Requirements (Based on Conservative Estimates): Year 1 - \$40,000 \ Year 2 - \$5,000 \ Year 3 - \$22,500 = \$67,500

Major drivers of investment: Grant writing, business, legal, CME, and IT consulting support, database development, staffing

Research and Data Resource (RDR) Committee

Long term project objective: Improve the quality and availability of research and data resources necessary to support the CEHCD mission of eliminating disparities in health care at national, regional, local, and individual practice levels.

Core Strategies:

1. Collaborate with other CEHCD committees to ensure effective tracking of data on CEHCD progress toward achieving organizational goals.
2. Evaluate the quality and availability of needed data resources related to disparities at the national, regional, local, and individual practice levels and, where necessary, provide tools to facilitate improved data collection and use.
3. Promote programs and policies that will aid all physicians, nurses, and allied health care professionals in obtaining data on health care disparities in their practices to promote better quality of care.
4. Facilitate and/or conduct original research and develop new data resources that advance the goal of promoting quality health care for all.
5. Promote the recognition, value, and work of the CEHCD by effectively disseminating and promoting the results and products of our committee's work

	2011	2012	2013
Targeted Goals	<ol style="list-style-type: none"> 1. Complete, publish, and disseminate CEHCD consensus recommendations on collecting race, ethnicity and primary language data in ambulatory settings 2. Submit at least one grant to support development and hosting of an electronic toolkit to assist ambulatory practices in collecting and using patient demographic data 3. Meet with Physician Consortium For Performance Improvement (PCPI) and Healthcare Information and Management Systems Society (HIMSS) to promote the inclusion of supports for basic demographic data collection and use functions in all electronic health record systems. 4. Develop research partnerships and alliances with other committees, organizations, and individuals that will improve the exchange/flow of health care disparities information between CEHCD and its member organizations 	<ol style="list-style-type: none"> 1. Develop template for tool kit on collecting race, ethnicity data in physician practices (there may be a part I and 2 of the tool kit) 2. Develop Dr. Ronald Davis Library with capacity for multiple functions including process to create a data repository (perhaps housed within the virtual Library) that individual practices could join, submit their data (patient-centered quality metrics with patient race/ethnicity data), and then benchmark themselves against similar practices 	<ol style="list-style-type: none"> 1. Continue refining and replicating tool kits, library, and data repository 2. Publish reports and articles on the impact of tool kits, Dr. Ronald Davis Library, and data repository. Draft and submit at least two manuscripts to peer reviewed journals on subject matter related to developing data on health care disparities 3. Complete database development that contributes to providing equitable care and enhancing outcomes to work towards national level database that physician practices could use in order to assess their own health equity
Tactics to be used	<ol style="list-style-type: none"> 1. Complete next step via the Steering Committee to approve and print the consensus recommendations for dissemination-develop a marketing plan as a next step 2. Conduct presentation at relevant conferences/meetings (e.g., CEHCD, HIMSS) to promote the "Two Clicks to Equity" project and other recommendations in the consensus paper 3. Meet with PCPI to develop a plan for promotion of consensus recommendations that are related to Electronic Health Records (i.e., the "Two Clicks to Equity" project) 4. Identify key partners, members, and broad audiences who will receive White Paper. Paper may be utilized as a fundraising resource for CEHCD (Finance Committee recommends selling hard copies) 5. Conduct environmental scan for grant opportunities and identify staff/consultant resources to prepare a grant application to support activities of the RDR committee 6. Develop a fundraising plan with assistance of the AMA grant professionals and develop capacity for timely grant writing 7. Continue partnership with W. Montague Cobb Institute to share expertise in the development of the Dr. Ronald Davis Library and other health disparities databases 	<ol style="list-style-type: none"> 1. Develop a strategic plan and process for the development of the tool kit and identify potential resources (interns, post doc researchers and CEHCD members) to support this effort 2. Work closely with the W. Montague Cobb/NMA Health Institute to develop a plan for the creation of virtual library, ensure plan is approved by the CEHCD Steering Committee, and create advisory committee to oversee the development (may need to hire external IT firms, experts, historians, and/or researchers) 3. Begin process to promote and develop a comparison cohort function for the data repository based on practice size, specialty, location, payer mix, (similar to the way hospitals use the University Health System Consortium to benchmark themselves for various performance criteria) 	<ol style="list-style-type: none"> 1. Develop and execute marketing plan for the tool kit and library with goal of promoting CEHCD work in this area. Utilize the AMA Ending Disparities e-newsletter, NMA E news to share successes 2. Create process and markers for physicians to submit information and grade their health equity using tools provided by RDR 3. Dissemination of tool kits to interested stakeholders (hospitals, physician practices, AMA/NMA/NHMA members, local medical societies etc.) 4. Promote the use of the Dr. Ronald Davis Library among medical peers, disparities organization, policymakers 5. Partner with other standing committees to advance the goals of RDR.

Committee Resource Requirements (Based on Conservative Estimates): Year 1 - \$50,000 \ Year 2 - \$40,00 \ Year 3 - \$30,000 = \$120,000

Major drivers of investment: Printing, dissemination of White Paper, database development, staffing

Workforce Diversity & Leadership Development (WDL) Committee

Long term project objective: Increase the representation of racial/ethnic minorities in medicine, as well as nursing and allied health professions.

Core Strategies:

1. Promote the goal of increasing the number of minorities in all leadership positions related to medicine.
2. Establish a tracking system and conduct a longitudinal study of Doctors Back to School (DBTS).
3. Partner with local medical societies to create mentoring opportunities.
4. Increase pathways and pipelines for minorities who wish to enter healthcare profession.
5. Seek grants for local projects that increase minority student graduation from college and matriculation in medical school.
6. Publicize mentoring efforts.

	2011	2012	2013
Targeted Goals	<ol style="list-style-type: none"> 1. Secure at least 1 external grant to fund project(s) relating to core strategies 2. Establish relationships with at least 3 organizations involved in mentorship activities to collaborate on DBTS activities 	<ol style="list-style-type: none"> 1. Publicize curriculum on mentorship aimed at health care professions 	<ol style="list-style-type: none"> 2. Publish article on impact of Workforce Diversity and Leadership Development Committee's efforts to increase workforce diversity
Tactics to be used	<ol style="list-style-type: none"> 1. Conduct DBTS visits at each CEHCD meeting 2. Identify partners for mentorship activities: colleges, high schools, middle, elementary, magnet and charter schools in minority communities. 3. Identify medical societies, medical school students, and allied health organizations interested in partnering in mentorship programs. 4. Collaborate with partners to develop medical/healthcare professions mentorship curricula. 5. Research and identify funding opportunities to support minority students preparation for graduation and matriculation into medical, as well as, nursing and allied health care professional programs. 6. Develop Pipeline Matrix of Model programs for minority medical career outreach (tool kit) 	<ol style="list-style-type: none"> 1. Continue to conduct DBTS visits at each CEHCD meeting 2. Identify medical, nursing, and allied health societies and schools interested in partnering on mentorship activities 3. Continue to research and identify funding opportunities to support minority students preparation for graduation and matriculation into medical, as well as, nursing and allied health care professional programs 4. Promote mentorship curriculum aimed at health care professions through organizational journals, Ending Disparities e-letter, etc. 5. Promote Minority Medical Career Outreach tool kit 	<ol style="list-style-type: none"> 1. Continue to conduct DBTS visits at each CEHCD meeting 2. Identify societies and schools interested in partnering on mentorship activities 3. Continue to research and identify funding opportunities to support minority students preparation for graduation and matriculation into medical, as well as, nursing and allied health care professional programs 4. Promote mentorship curriculum aimed at health care professions through organizational journals, Ending Disparities e-letter, etc. 5. Promote Minority Medical Career Outreach tool kit

Committee Resource Requirements (Based on Conservative Estimates): Year 1 - \$10,000 \ Year 2 - \$40,000 \ Year 3 - \$5,000 = \$55,000

Major drivers of investment: Travel/meetings, staffing

EVALUATION

A dashboard will be created to measure success in reaching targeted goals over time. Metrics to evaluate progress will be determined by the CEHCD Steering Committee based on the recommendations of the committee Chairs and Vice Chairs with the support of the Secretariat. Once metrics have been established, Committee Chairs and/or Vice Chairs will provide monthly reports on committee activity related to the Strategic Plan.

CHALLENGES TO STRATEGIC PLAN IMPLEMENTATION

- **Raising public and professional awareness about healthcare disparities and countering any misunderstanding or misinformation in the media about the Affordable Care Act (ACA) and related provisions that support elimination of healthcare disparities**
- **Economic downturn and lack of funding for projects/initiatives**
- **Declining involvement of CEHCD members at meetings and on committee conference calls**

SUMMARY:

With the 2011-2013 Strategic Plan, the Commission to End Health Care Disparities aspires to create awareness in the United States and abroad regarding health care disparities that exist and promote solutions to eliminate disparities moving forward and thereby achieve equitable care for all patients.

Appendix 1

Commission to End Health Care Disparities

Member Organizations as of March 2011

Alliance of Minority Medical Associations
AMA – Council on Ethical and Judicial Affairs
AMA – Council on Medical Education
AMA – Council on Science and Public Health
AMA – International Medical Graduates
AMA – Minority Affairs Consortium
AMA – Women Physicians Congress
American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Nurse Practitioners
American Academy of Ophthalmology
American Academy of Pediatrics
American Academy of Physician Assistants
American Association of Public Health Physicians
American College of Cardiology
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American College of Surgeons
American Hospital Association
American Medical Association
American Medical Women’s Association
American Osteopathic Association
American Psychiatric Association
American Public Health Association
American Society of Addiction Medicine
American Society of Clinical Oncology
Association of American Indian Physicians
Association of American Medical Colleges
Association of Clinicians for the Underserved
Association of Haitian Physicians Abroad
Association of Minority Health Professions Schools
AstraZeneca Pharmaceuticals*
Blue Cross Blue Shield Association
California Medical Association

California Medical Association Foundation
CHEST Foundation (ACCP)
Chicago Medical Society
Coca-Cola North America*
Connecticut State Medical Society
Eli Lilly & Company*
Florida Medical Association
Gay and Lesbian Medical Association
Illinois State Medical Society
Johnson & Johnson*
Massachusetts Medical Society
Medical Society of New Jersey
Medical Society of the State of New York
Michigan State Medical Society
National Alaska Native American Indian Nurses Association
National Association of Health Services Executives
National Association of Hispanic Nurses
National Black Nurses Association
National Council of Asian-Pacific Islander Physicians
National Hispanic Medical Association
National Medical Association
National Minority Organ Tissue Transplant Education Program
National Pharmaceutical Council
Network of Ethnic Physicians Organization
Ohio State Medical Association
Pfizer, Inc*
Purdue Pharma*
Renal Physicians Association
Society of Critical Care Medicine
Texas Medical Association
Uniformed Services University of the Health Sciences
UnitedHealthcare*
W. Montague Cobb/NMA Health Institute
White House Initiative on Asian Americans and Pacific Islanders

71 Total Organizations

* Indicates Corporate Sponsor

Appendix 2

CEHCD ACCOMPLISHMENTS

Accomplishments of the CEHCD include: (See selected reports at www.ama-assn.org/go/enddisparities)

1. Development of a Website hosted by the AMA featuring presentations and resources from CEHCD meetings, as well as CEHCD, publications
2. Development of a 3-hour physician and health professional workshop focusing on culturally competent provider strategies and skills to eliminate disparities
3. Development of recommendations for promoting the collection of race, ethnicity, and language data in health care settings
4. Enhancement of the AMA Minority Affairs Consortium Doctors Back to School (DBTS) Program by recruiting physicians to conduct 100 DBTS visits across the country, reaching nearly 17,000 students (2006-09)
5. Creation of a national framework for “*Addressing Healthcare Disparities: goals, guiding principles, and key strategies for comprehensive policies*”
6. Collaborations with the AMA to develop the following:
 - a. Health Disparities Toolkit: "Working Together to End Racial and Ethnic Disparities: One Physician at a Time"
 - b. Two modules developed through the AMA’s EPoCH-Educating Physicians on Controversies in Health program: “Health Care Disparities Among Racial & Ethnic Minority Patients” and “Strategies to Improve Communication with Hispanic/Latino Patients”
 - c. Issue Briefs: “Prevention of Cardiovascular Diseases in African Americans through Dietary Sodium Reduction” and “Pay for Performance and Quality Reporting: Implications in Eliminating Disparities”
 - d. Letters: to DHHS: Response to Minority Health Act to President Obama and Health System Reform Team, May 2009
 - e. Endorsement and contributions to the AMA Ending Disparities monthly e-letter
7. Distribution of a Physician Engagement Postcard Survey to measure depth of physician engagement in health disparities to 2000 physicians in 2009 and 2010
8. Development and distribution of a 5-Year Summary Report
9. Production of 42 video vignettes of physicians, nurses, allied health professionals, and patients discussing their experiences with health care disparities that are used to complement health professional workshops.
10. Creation of “Barriers to Collecting Patient Race, Ethnicity, and Primary Language Data in Physician Practices: An Exploratory Study” article published in the *New England Journal of Medicine*
11. Creation of “Collecting and Using Race, Ethnicity, and Language Data in Ambulatory Settings” article published in the *Journal of the National Medical Association*
12. Endorsement of the National Minority Quality Forum monograph: “Origins and Strategies for Addressing Ethnic and Racial Disparities in Pharmaceutical Therapy: The Health-Care System, the Provider, and the Patient”

Appendix 3

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Appendix 4

Illustrations from Steering Committee Strategic Planning Retreat

The following illustrations created by Patricia Hilton, a graphic facilitator, were developed during the Fall 2010 Steering Committee Strategic Planning Retreat, which provided the foundation for the development of the 2011 – 2013 Strategic Plan.

The illustrations, presented in the following order, reflect the Steering Committee’s creative thought process:

Questions addressed by the Steering Committee:

1. Where has the CEHCD been?
2. Is the Mission still relevant?
3. Is the Vision still relevant?
4. Are the Core Strategies still relevant?
5. What will the CEHCD do to reach its Vision? What infrastructure is needed to carry out the work of the plan?
6. What is in the CEHCD’s way of realizing its Vision?
7. How will CEHCD know if it is successful?
8. How will the plan be disseminated and approved, and to whom?

Figure 1

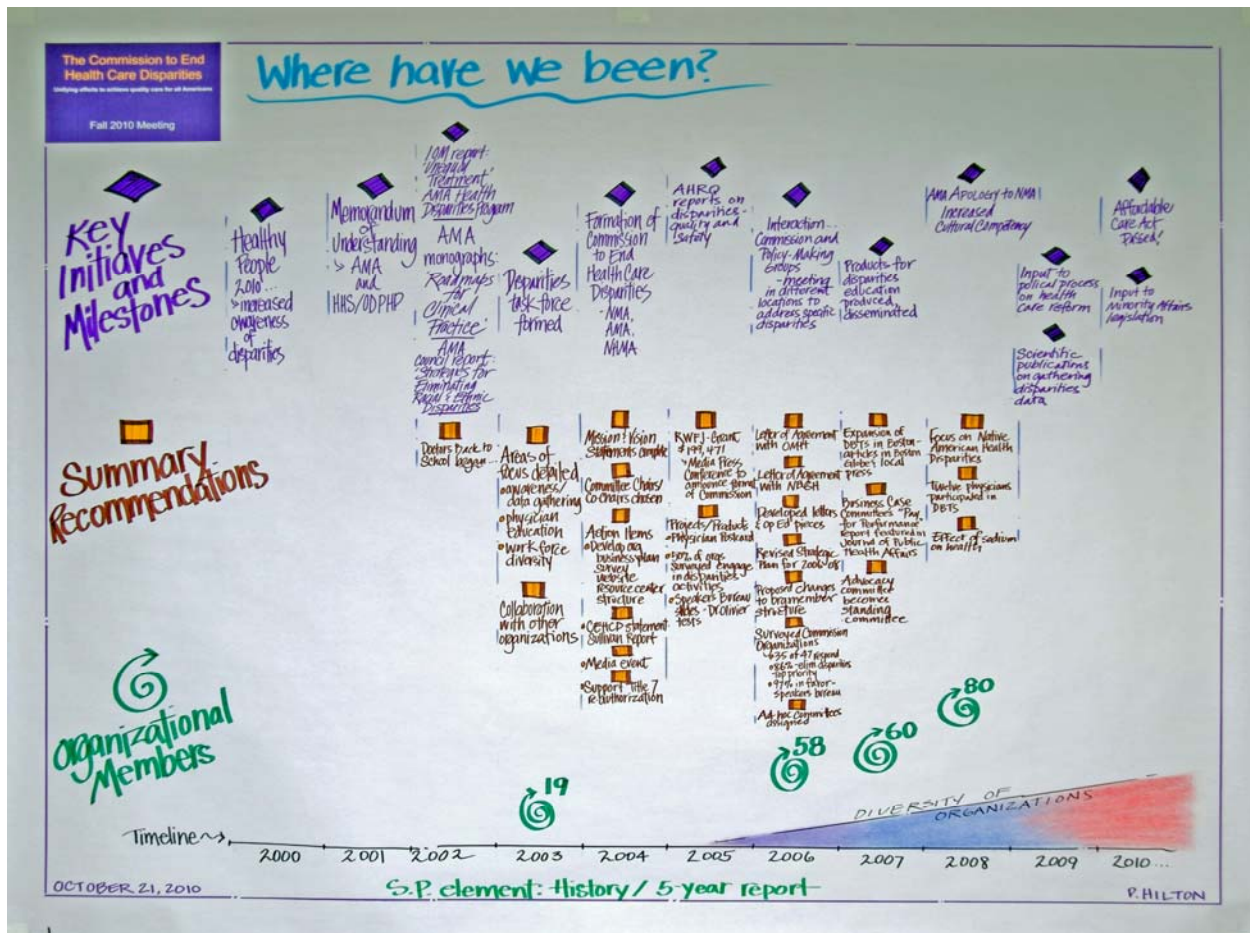


Figure 2

The Commission to End Health Care Disparities
Leading efforts to address quality care for all Americans
 Fall 2010 Meeting

Is our mission still relevant?

I don't want to lose the 10M report

History: include in a prelude? **PRELUDE DOCUMENT**

"The Commission to End Health Care Disparities, inspired by the Institute of Medicine Report 'Unequal Treatment,' recognizes that health care disparities exist due to multiple factors, including race and ethnicity. We will collaborate proactively to increase awareness among physicians and health professionals; use evidence-based and other strategies; and advocate for action, including governmental, to eliminate disparities in health care and strengthen the health care system. **sector**"

Finny pmm?

Our focus should be on disparities created by the system itself?

EQUITY faster... high quality...
 ...equity... "a share of" → we want "equality!"
 safety...
 assuring goals of patient care
 ...also, efficient, timely

"Disparities = negative energy"

This organization is not for "average people" but for organizations

Define "health professionals" include: mental health

Need a preamble: Update language, include uniqueness of our organization

Speak to FAIRNESS

concern with lack of research in certain areas, e.g. rural

"in diverse populations with a focus on race and ethnicity"

Include the history of how the Commission began

What Groups? physicians, health professionals and others involved in the health care system

setting...
 who...
 implications for membership
 Address in how we get there

OCTOBER 21, 2010

S. P. Klement: 2009-2011 Mission

P. HILTON

Figure 3

The Commission to End Health Care Disparities
Uniting efforts to achieve quality care for all Americans
Fall 2010 Meeting

Is our vision still relevant?

"Aided by the work of the Commission and its member organizations, physicians, health professionals, and health systems will provide quality care to all people."

Specifically, the CEHCD... will:

1. Promote policies aimed at eliminating health care disparities.
2. Highlight related efforts of Member organizations.
3. Provide a forum of discussion of key issues relating to health care disparities.
4. Promote trust, foster respect, and create partnerships among Member organizations and other organizations working to eliminate health care disparities.

6 IOM goals?

- 2 Efficient
- 3 Effective
- 4 Equitable
- 5 Safe
- 6 Timely
1. Patient-Centered

move to strategies

OCTOBER 21, 2010 Supplement: 2009-2011 Vision P. HILTON

3

Figure 4

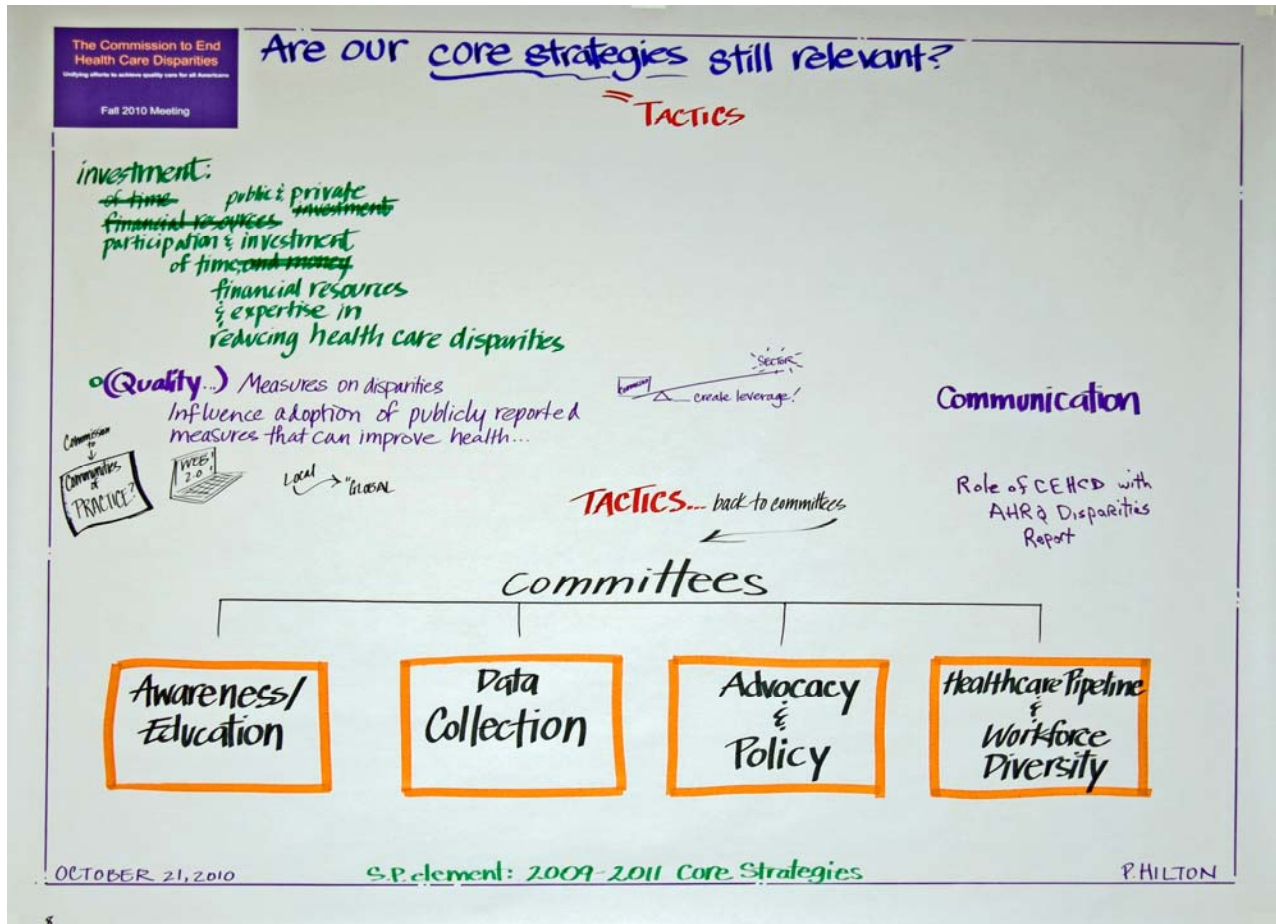


Figure 6



Figure 7

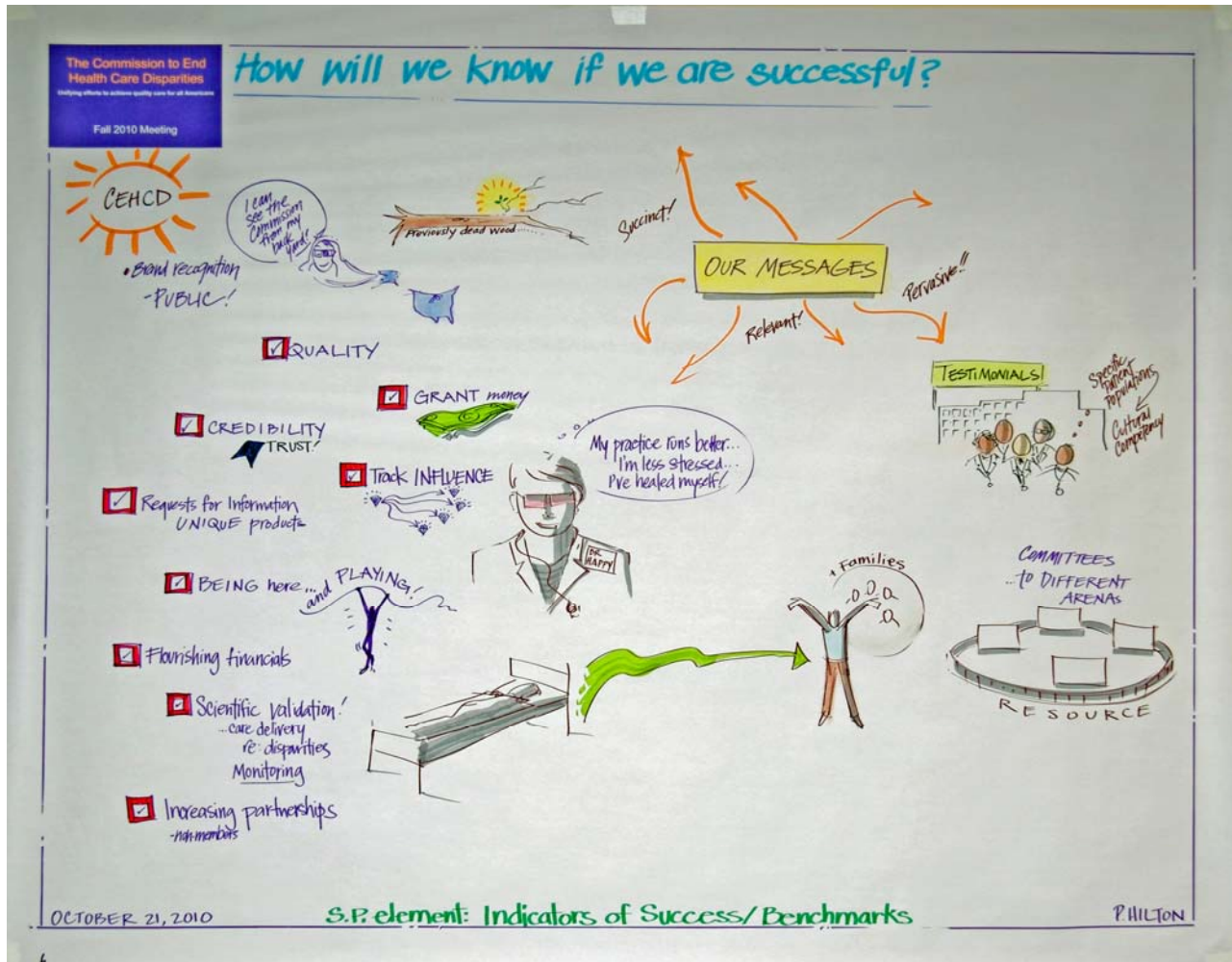


Figure 8

