MULTICULTURAL LEADERSHIP FORUM NATIONAL POLICY AGENDA

ELIMINATING HEALTH DISPARITIES IN COMMUNITIES OF COLOR

April 2004

THE COMMONWEALTH FUND

SHIRE

MULTICULTURAL LEADERSHIP FORUM NATIONAL POLICY AGENDA

ELIMINATING HEALTH DISPARITIES IN COMMUNITIES OF COLOR

April 1, 2004

VISION

We envision a nation that guarantees, as a human and civil right, the highest quality of health and health care coverage, access, treatment, wellness promotion and related educational services that can be achieved through the collective efforts of government, the private sector, communities and individuals. This right shall be afforded in a just and equitable manner to assure that no person in the United States and its territories will experience health disparities as the result of his or her race, ethnicity, age, gender, religion, disability, sexual orientation, immigration or refugee status, national origin or language of preference.

PREMISES

- **Eliminating racial and ethnic health disparities in a national imperative.**
- **Attaining health parity will require substantial investments of creativity, resources and political will.**
- **Partnerships with communities of color are essential to accomplish health parity goals.**
- **The responsibility for eliminating health disparities rests with all institutions.**

The Multicultural Leadership Forum was convened by The Commonwealth Fund and Summit Health Institute for Research and Education, Inc. in 2004 to create a framework for the development and assessment of health disparity initiatives, particularly at the national level. This document is being widely disseminated to policy makers and stakeholders in the public and private sectors for use as a tool for policy formulation, program development, research and advocacy.

Key Principles

Eliminating racial and ethnic health disparities is a national imperative.

1. Sickness and death are color-coded in America – a reality that is irrefutable and totally unacceptable. Credible national reports have confirmed, beyond a shadow of doubt, that people of color die earlier and suffer disproportionately from disease. The entire nation is paying the costs. Establishing policies and programs to eliminate racial and ethnic health disparities is a moral, political, economic and social imperative. The time for action is now!

2. Strategies to eliminate health disparities must reflect the fact that racial and ethnic gaps in health status, coverage, access, treatment and outcomes remain even after adjustments are made for socioeconomic differences and other healthcare access-related factors. Although gaps associated with income, education, geography, gender and other factors clearly must be addressed, the persistence of racial and ethnic disparities warrants priority attention by government and private agencies.

3. Proposed federal policies and programs in health and related areas must be examined for their potential to prevent, ameliorate or worsen existing racial and ethnic health disparities.

4. The elimination of disparities is a "win/win" for the nation. Health inequities are costly – in terms of wasted human potential, lost productivity, expensive emergency and end-stage medical treatment. It is in the interest of the private and public sectors to support a health parity and quality agenda.

Attaining health parity will require substantial investments of creativity, resources and political will.

5. A national commitment to universal health coverage and universal access is indispensable to the achievement of health parity in the United States.

6. The centralized and systematic collection, reporting and utilization of standardized, reliable data (including data on subpopulations) that are disaggregated by race and ethnicity are absolutely essential for the achievement of health parity and the delivery of high quality health care to all racial and ethnic groups. This goal can and must be reached, at federal, state and local levels, while observing privacy safeguards.

7. Greatly increased diversity and numbers of health professionals from underrepresented racial and ethnic groups at every level are prerequisites for the delivery of high quality health care in the United States and territories.

8. Attaining health parity and improved health quality in this nation will require investments in the infrastructure of health care delivery systems, in such areas as data systems enhancement; cultural and linguistic competency training; community outreach and health literacy; communication skills and quality improvement training; minority recruitment and hiring; and development and adoption of clinical practice guidelines.

9. Greatly expanded support is needed for the nation's safety net, which includes public hospitals and neighborhood clinics, as well as community health centers, which have demonstrated considerable success in eliminating disparities among those they serve.

10. Federal dollars should track health needs and support success. Demonstration programs that produce better health outcomes and close minority health gaps should be institutionalized, and evidence-based interventions that produce positive results should be translated into practice.

Partnerships with communities of color are essential to accomplish health parity goals.

11. Informed, engaged and mobilized communities are critical to the success of efforts to eliminate health disparities. Faith institutions, professional associations, minority institutions of higher learning, organizations, and individuals from communities of color are essential coalition partners and their leadership must be supported and sustained in the development, implementation and evaluation of policies, programs, research and health promotion and disease prevention efforts.

12. Priority attention must be given to community-driven, neighborhood-based development, wellness promotion, disease prevention, and health education as indispensable tools for achieving health parity and health care quality.

13. Health disparities research should address a wide range of strategies for eliminating the gap among racial and ethnic populations; must involve researchers from groups experiencing disparities; and must include opportunities for the substantive participation of institutions of higher learning, particularly historically black colleges and universities, tribal colleges and Hispanic-serving entities, as well as other organizations serving communities of color.

The responsibility for eliminating health disparities rests with all institutions.

14. Public and private institutions—federal, state, and local—must commit to specific action plans, with milestones and measurable benchmarks for achievement, that have maximum potential for the elimination of racial and ethnic health disparities within a specific timeframe (e.g. Healthy People 2010), with the federal government assuming a key leadership and financing role.

15. Proposals affecting the health of U.S. residents as a whole must incorporate targeted strategies to overcome disparities among racial and ethnic groups across the life span and all socio-economic levels, in order to close existing gaps while benefiting all health care consumers.

Relevant National Policies and Action Strategies

Eliminating racial and ethnic health disparities is a national imperative.

1. Enact federal legislation in 2004 that will contribute substantially to the elimination of health disparities, and is responsive to the vision and principles presented in this document.

2. Link federal payment policy to the reduction of health disparities and the delivery of high quality services through incentives; concurrently, establish or use existing mechanisms to ensure that federal funds are not used to pay for inadequate, discriminatory care.

3. Ensure linguistic and cultural competence of federal/state purchasers and organizations receiving federal funds through adequate funding of language access services, organizational assessments using culturally and linguistically appropriate standards (CLAS), and improved monitoring and enforcement of existing legal requirements.

4. Establish requirements for cultural competency education and training of all current and future health professionals who receive federal financial support or who deliver federally supported health services.

5. Conduct health disparity impact and monitoring studies, comparable in concept to environmental impact studies, to determine the extent to which proposed federal policies and programs in health and related areas have potential to prevent, ameliorate or worsen racial and ethnic health disparities.

6. Compile and conduct cost-benefit analyses at the federal level, as required, and inform payers and policy makers who make decisions of consequence (e.g. Council of Economic Advisors) about the costs associated with the continuation of health disparities, and the cost-savings to be realized from successful health parity and quality initiatives.

7. Ensure that federal agency personnel at all levels, particularly at HHS and its constituent agencies, reflect the communities they serve.

Attaining health parity will require substantial investments of creativity, resources and political will.

8. Require all public and private entities receiving federal funds to collect and report data uniformly by race, ethnicity and language preference, using, at minimum, data categories established by the Office of Management and Budget, and give priority attention to strategies to address the statistical invisibility of undercounted racial and ethnic subpopulations, while ensuring appropriate privacy safeguards.

9. Identify the scarcity of health professionals from underrepresented racial and ethnic groups as a "national emergency", and provide resources to public and private entities to implement effective strategies for youth preparation, recruitment, financial support and retention (pre- and post-graduation) of these individuals.

10. Strengthen and expand the National Health Service Corps and other federal scholarship/loan forgiveness initiatives; and provide federal funding for these programs that is commensurate with current and projected demand for minority health professionals in underserved communities and rural areas.

11. Provide for the stabilization and enhancement of "safety net " health entities, to include public hospitals, neighborhood clinics and community health centers, and make resources available to support the recruitment and training of diverse and culturally competent staff, greater access to specialist care, expanded community outreach, management information systems, capital improvements and increased health promotion and disease prevention activities.

12. Strengthen the capacity of the federal government to work effectively to eliminate health disparities by authorizing and funding adequately Offices of Minority Health within the Department of Health and Human Services and its constituent agencies, while also holding all HHS entities accountable for goal attainment.

13. Make internal changes at HHS required in order to achieve health parity, to include: establish civil rights compliance offices within each HHS agency that administers health programs; reaffirm and strengthen the Department's leadership role regarding Healthy People 2010; implement legal requirements with respect to ensuring the linguistic and cultural competence of federal/state purchasers and all other entities receiving federal funds, and provide resources commensurate with the prioritization of health parity as a national goal.

Partnerships with communities of color are essential to accomplish health parity goals.

14. Establish "health empowerment zones" for public/private intervention, which support comprehensive approaches to health parity; acknowledge the impact on the health of individuals and communities of multiple social, economic, educational and environmental factors; and provide resources for community capacity-building and sustained development initiatives.

15. Maximize the ability of the National Institutes of Health, the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration and other federal health-supporting agencies to support multi-year community-based research, outreach and demonstration programs (e.g., REACH) to eliminate health disparities, with sufficient funding to permit each racial and ethnic group experiencing disparities to address its own individual needs.

16. Enlist historically black colleges and universities, Hispanic-serving institutions, tribal colleges and universities, Asian American and Pacific Islander organizations and other institutions serving racial and ethnic minorities as underutilized resources for the advancement of a health disparities research, outreach and education agenda, and engage them in the identification of research priorities, and the development and implementation of studies that focus on strategies with the greatest potential for closing the gap and changing health disparity graphs.

17. Give priority to providing mechanisms by which a greater number of individuals from minority groups underrepresented among federal grantees can be supported in pursuing research careers, and can also be enlisted as members of peer review panels.

18. Foster and finance the utilization of promotoras (health promoters), health coaches, outreach workers, navigators, community advocates, intergenerational health partners and other support systems created to help members of racial and ethnic minority groups – of all ages and socio-economic backgrounds – promote their own health, negotiate health care systems effectively, and receive the respect and quality of health care services to which they are entitled.

19. Recognize that, based on guarantees given to sovereign nations by the United States government, the existing system for addressing the health needs of American Indians and Alaska Natives is unique and warrants special consideration. A minimum requirement is that payment for the Indian Health Service be considered by the U.S. Congress as an entitlement, and that levels of support be substantially increased to address unmet needs.

20. Acknowledge the critical need to invest in and improve the health of immigrants and refugees as an important public health goal, the achievement of which will contribute to attaining health parity for racial and ethnic minorities in the nation.

The responsibility for eliminating health disparities rests with all institutions.

21. Incorporate requirements for the achievement of measurable progress toward the elimination of disparities, as well as cultural and linguistic competency, as key national quality and institutional accreditation standards.

22. Review these recommendations, as well as those contained in the Institute of Medicine's Unequal Treatment report and the Agency for Healthcare Research and Quality's National Health Disparities Report, and determine appropriate actions to be taken by federal agencies, the U.S. Congress, private sector and other institutions, individuals and groups at national, state and community levels.

CONTRIBUTORS TO THE NATIONAL POLICY AGENDA: *

Dave Baldridge
National Indian Project Center

Anne Beal, M.D., M.P.H.
The Commonwealth Fund

Georges Benjamin, M.D.
American Public Health Association

Jordan Cohen, M.D.
Association of American Medical Colleges

Russell J. Davis, D.P.A., M.A.P.T.
Summit Health Institute for Research and Education, Inc.

Mary Lou de Leon Siantz, Ph.D., R.N., F.A.A.N.
National Coalition of Ethnic Minority Nurse Associations

Robert Gumbs, M.P.H.
Community Health Alliance of North Manhattan

Marilyn Hughes Gaston, M.D.
Gaston & Porter Health Improvement Center

Jeannette Noltenius, Ph.D.
Out of Many, One

Ruth T. Perot
Summit Health Institute for Research and Education, Inc.

Winston Price, M.D.
National Medical Association

Robert Ross, M.D.
The California Endowment

Melieni F. Talakai, R.N.
Ravenswood Family Health Center/Pacific Islander Community

Sheila L. Thorne
Multicultural Healthcare Marketing Group, Inc.

Ho Tran, M.D., M.P.H.
Asian and Pacific Islander American Health Forum

Eleanor A. Walker, Ph.D., R.N.
National HBCU Research Network for Health Services and Health Disparities

Fredette D. West
African American Health Alliance

*Organizations listed for identification purposes only.

FOR MORE INFORMATION, PLEASE CONTACT:

Anne C. Beal, M.D., M.P.H.
Senior Program Officer
Quality of Care for Underserved Populations
The Commonwealth Fund
One East 75th Street
New York, NY 10021
Phone: 212-606-3854
Fax: 212-249-1276
Email: acb@cmwf.org
Website: www.cmwf.org

Ruth T. Perot, M.A.T.
Executive Director
Summit Health Institute for Research and Education, Inc.
440 1st Street, NW, Suite 430
Washington, DC 20001
Phone: 202-371-0277, x 201
Fax: 202-371-0460
Email: rperot@shireinc.org
Website: www.shireinc.org