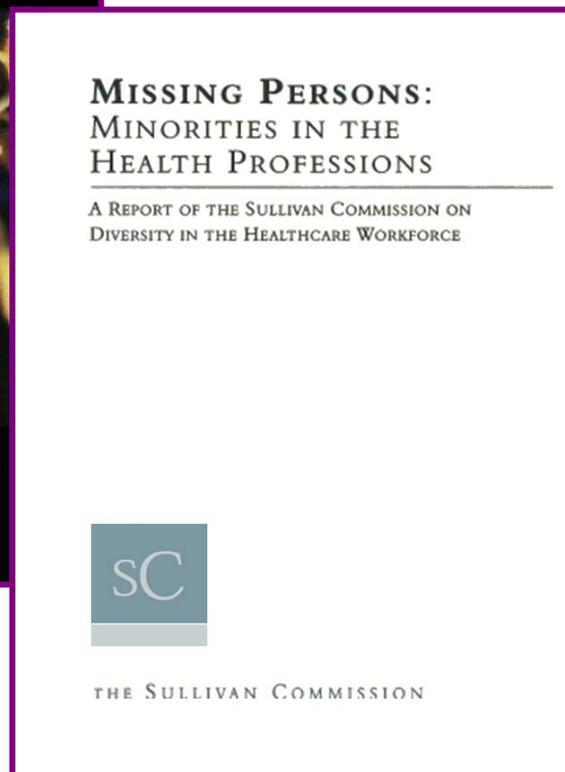
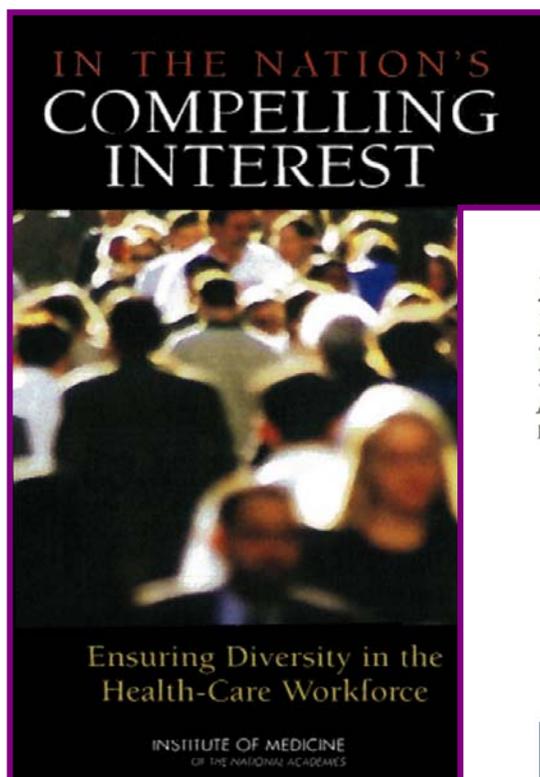


**Combined Recommendations from:**

**The Sullivan Commission's report "Missing Persons: Minorities in the Health Professions" and**

**The Institute of Medicine's "In the Nation's Compelling Interest"**



## **Sullivan Commission Recommendations Extracted from 2004 report “Missing Persons: Minorities in the Health Professions”**

### **THE HISTORICAL ROOTS OF DISPARITIES**

- 2.1 The complementary strategies of increasing diversity and ensuring cultural competence at all levels of the health workforce should be endorsed by all in our society, with leadership from the key stakeholders in the health care system.
- 2.2 There should be increased recognition of underrepresented minority health professionals as a unique resource for the design, implementation, and evaluation of cultural competence programs, curriculums, and initiatives.
- 2.3 Public and private funding entities, including U.S. Public Health Service agencies, foundations, and corporations, should increase funding for research about racial disparities in health care and health status, including, but not limited to: research on culturally competent, how to measure and eliminate racial bias and stereotyping, and strategies for increasing positive health behaviors among racial and ethnic groups.
- 2.4 Health systems should set measurable goals for having multilingual-staff and should provide incentives for improving the language skills of all health care providers.
- 2.5 Health professions schools should work to increase the number of multilingual students, and health systems should provide language training to health professionals.
- 2.6 Key stakeholders in the health system should promote training in diversity and cultural competence for health professions students, faculty, and providers.

### **THE PIPELINE OF THE HEALTH CARE PROFESSIONS**

- 4.1 Health professions schools, hospitals, and other organizations should partner with businesses, communities, and public school systems to: a) provide students with classroom and other learning opportunities for academic enrichment in the sciences; and b) promote opportunities for parents and families to increase their participation in the education and learning experiences of their children.
- 4.2 The U.S. Public Health Service, state health departments, colleges, and health professions schools should provide public awareness campaigns to encourage underrepresented minorities to pursue a career in one of the health professions. Such a campaign should have a significant budget, comparable to other major

- public health campaigns.
- 4.3 For underrepresented minorities who decide to pursue a health profession as a second career, health professions schools should provide opportunities through innovative programs.
  - 4.4 Baccalaureate colleges and health professions schools should provide and support “bridging programs” that enable graduates of two-year colleges to succeed in the transition to four-year colleges. Graduates of two-year community college nursing programs should be encouraged (and supported) to enroll in baccalaureate degree-granting nursing programs.
  - 4.5 Key stakeholders in the health system should work to increase leadership-development opportunities in nursing in order to prepare minority nurses with graduate degrees for roles as scholars, faculty, and leaders in the profession.
  - 4.6 Key stakeholders in the health system should work to increase leadership training amid opportunities for underrepresented minority physicians and dentists.
  - 4.7 Colleges, universities, and health professions schools should support socio-economically disadvantaged college students who express an interest in the health-professions and provide these students with an array of support services, including mentoring, test-taking skills, counseling on application procedures, and interviewing skills.
  - 4.8 The Association of American Medical Colleges, the American Association of Colleges of Nursing, the American Dental Education Association, and the Association of Academic Health Centers should promote the review and enhancement of health professions schools admissions policies and procedures to: a) enable more holistic, individualized screening processes; b) ensure a diverse student body with enhanced language competency and cultural competency for all students; and c) develop strategies to enhance and increase the pool of minority applicants.
  - 4.9 Dental and medical schools should reduce their dependence upon standardized tests in the admissions process, the Dental Admissions Test and the Medical College Admissions Test should be utilized, along with other criteria in the admissions process as diagnostic tools to identify areas where qualified health professions applicants may need academic enrichment and support.
  - 4.10 Diversity should be a core value in the health professions. Health professions schools should ensure that their mission statements reflect a social contract with the community and a commitment to diversity among their students, faculty, staff, and administration.

- 4.11 Health systems and health professions schools should use departmental evaluations as opportunities for measuring success in achieving diversity, including appropriate incentives.
- 4.12 Health systems and health professions schools should have senior program managers who oversee: a) diversity policies and practices; b) assist in the design, implementation, and evaluation of recruitment, admissions, retention, and professional development- programs and initiatives; c) assess the institutional environment for diversity; and d) provide regular training for students, faculty, and staff on key principles of diversity and cultural competence.
- 4.13 Health professions schools should increase the representation-of minority faculty on major institutional committees, including governance boards and advisory councils. Institutional leaders should regularly assess committee/board composition to ensure the participation of underrepresented minority professionals.

## **FINANCING EDUCATION IN THE HEALTH PROFESSIONS**

- 5.1 Congress should substantially increase funding to support diversity programs within the National Health Service Corps, and Titles VII and VIII of the Public Health Service Act. Such funding should also provide for collection of data on diversity.
- 5.2 To reduce the debt burden of underrepresented minority students, public and private funding organizations for health professions students should provide scholarships, loan forgiveness programs, and tuition reimbursement strategies to students and institutions, in preference to loans.
- 5.3 Public and private entities should significantly increase their support to those health professions schools with a sustained commitment to educating-and-training underrepresented minority students.
- 5.4 Businesses, foundations, and other private organizations should be encouraged to support health professions schools and programs to increase financial resources needed to implement the recommendations of the Sullivan Commission.
- 5.5 The President and Congress should increase the funding for the National Institutes of Health's National Center for Minority Health and Health Disparities Loan Repayment Programs, with a special emphasis on programs for underrepresented minority students.
- 5.6 The National Institutes of Health should develop a Centers of Excellence program for schools of nursing.

## ACCOUNTABILITY

- 6.1 Health systems and health professions schools should gather data to assess institutional progress in achieving racial and ethnic diversity among students, faculty, administration, and health services providers, as well as monitor the career patterns of graduates.
- 6.2 Health professions schools and health systems should have strategic plans that outline specific goals, standards, policies, and accountability mechanisms to ensure institutional diversity and cultural competence.
- 6.3 Health professions organizations and accrediting bodies for health professions education-and health care programs should promote the development and adoption of measurable standards for cultural competency for health professions faculty and health care providers.
- 6.4 Accrediting bodies for programs in medicine and the other health professions should embrace diversity and cultural competence as requirements for accreditation.
- 6.5 State licensure boards for nurses, physicians, and dentists should determine the value of having continuing education in cultural competence as a condition of licensure.
- 6.6 Community and civil rights organizations should collaborate with-health care organizations and health professions schools to advance institutional diversity and cultural competence goals, including community needs assessment and evaluation.
- 6.7 Federal and state regulatory agencies should monitor and enforce health care institutions' fulfillment of community-benefit obligations pertaining to diversity and cultural competence. Data collected should be readily available to the public.
- 6.8 The Department of Health and Human Services should establish and report national standards and measurements for diversity and cultural competence in the health workforce-and -health professions schools in the Agency for Healthcare Research and Quality's National Health Care Disparities Report.
- 6.9 The Department of Education should work with the appropriate accrediting bodies to ensure that health professions education institutions promulgate, monitor, and implement standards for diversity and cultural competence for students, faculty, staff, and administration.
- 6.10 The Department of Labor and the Department of Health and Human Services should ensure that the appropriate accrediting bodies hold medical residency and health professional training programs accountable for promulgating and implementing standards for diversity and cultural competence.

- 6.11 The Commission recommends the passage and funding of comprehensive state and federal legislation that will: 1) ensure the development of a diverse and culturally competent workforce; and 2) strengthen health care institutions that serve minority and underserved populations.
  
- 6.12 The President should appoint an advisory council or interagency task force on health workforce diversity to develop and implement a more effective national response to the shortage of minorities in the health professions.

# **In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce<sup>i</sup>**

## **RECOMMENDATIONS**

### **IMPROVING ADMISSIONS POLICIES AND PRACTICES**

Recommendation 2-1: Health Profession Education Institutions (HPEIs) should develop, disseminate, and utilize a clear statement of mission that recognizes the value of diversity in enhancing its mission and that of the relevant health-care professions.

Recommendation 2-2: HPEIs should establish explicit policies regarding the value and importance the institution places on the teaching and provision of culturally competent care and the role of institutional diversity in achieving this goal.

Recommendation 2-3: Admissions should be based on a comprehensive review of each applicant, including an assessment of applicants' attributes that best support the mission of the institution (e.g., race, ethnicity, background, experience, multilingual abilities). Admissions models should balance quantitative data (i.e., prior grades and standardized test scores) with these qualitative characteristics.

Recommendation 2-4: Admissions committees should include voting representation from underrepresented groups. In addition, should provide special incentives to faculty for participation on admissions committees (e.g., by providing additional weight or consideration for service during promotion review) and provide training for committee members on the importance of diversity efforts and means to improve diversity within the committee purview.

Recommendation 3-1: HRSA's health professions programs should be evaluated to assess their effectiveness in increasing the numbers of URM students enrolling and graduating from HPEIs to ensure that they maximize URM participation.

## **REDUCING FINANCIAL BARRIERS**

Recommendation 3-2: Congress should increase funding for Public Health Service Act Titles VII and VHI programs shown to be effective in increasing diversity, and should develop other financial mechanisms to enhance the diversity of the health-care workforce.

Recommendation 3-3: State and local entities, working where appropriate with HPEIs, should increase support for diversity efforts through programs such as loan forgiveness, tuition reimbursement, loan repayment, GME, and supportive affiliations with community-based providers.

Recommendation 3-4: Private entities should be encouraged to collaborate through business partnerships and other entrepreneurial relationships with HPEIs to support the common goal of developing a more diverse health-care workforce.

## **ENCOURAGING DIVERSITY EFFORTS THROUGH ACCREDITATION**

Recommendation 4-1: The U.S. Department of Education should strongly encourage accreditation bodies to be more aggressive in formulating and enforcing standards that result in a critical mass of URM students throughout the health professions.

Recommendations 4-2: Health professions education accreditation bodies should develop explicit policies articulating the value and importance of providing culturally competent health care and the role it sees for racial and ethnic diversity among health professionals in achieving this goal.

Recommendation 4-3: Health professions education accreditation bodies should develop standards and criteria that more effectively encourage health professions schools to recruit URM students and faculty, to develop cultural competence curricula, and to develop an institutional climate that encourages and sustains the development of a critical mass of diversity.

Recommendation 4-4: Accreditation standards should include criteria to assess the number and percentage of URM candidates, students admitted and graduated, time to degree, and number and level of URM faculty.

Recommendation 4-5: Accreditation-related advisory boards and accreditation bodies should include URM students and other individuals with expertise in diversity and cultural competence.

Recommendation 4-6: If diversity-related standards are not met, the institution should be required to declare formally what steps will be put in place to address the deficiencies. Repeated deficiencies should result in accreditation-related sanctions.

## **IMPROVING INSTITUTIONAL CLIMATE**

Recommendation 5-1: HPEIs should develop and regularly evaluate comprehensive strategies to improve the institutional climate for diversity. These strategies should attend not only to the structural dimensions of diversity, but also to the range of other dimensions (e.g., psychological and behavioral) that affect the success of institutional diversity efforts.

Recommendation 5-2: HPEIs should proactively and regularly engage and train students, house staff, and faculty regarding institutional diversity-related policies and expectations, the principles that underlie these policies, and the importance of diversity to the long-term institutional mission. Faculty should be able to demonstrate specific progress toward achieving institutional diversity goals as part of the promotion and merit process.

Recommendation 5-3: HPEIs should establish an informal, confidential mediation process for students and faculty who experience barriers to institutional diversity goals (e.g., experiences of discrimination, harassment).

Recommendation 5-4: HPEIs should be encouraged to affiliate with community-based health-care facilities in order to attract and train a more diverse and culturally competent workforce and to increase access to health care.

## **APPLYING COMMUNITY BENEFIT PRINCIPLES TO DIVERSITY EFFORTS**

Recommendation 6-1: HPEI governing bodies should develop institutional objectives consistent with community benefit principles that support the goal of increasing health-care workforce diversity including, but not limited to efforts to ease financial and nonfinancial obstacles to URM participation, increase involvement of diverse local stakeholders in key decision-making processes, and undertake initiatives that are responsive to local, regional, and societal imperatives (see Recommendation 5-4).

Recommendation 6-2: Health professions accreditation institutions should explore the development of new standards that acknowledge and reinforce efforts by HPEIs to implement community benefit principles as they relate to increasing health-care workforce diversity.

Recommendation 6-3: HPEIs should develop a mechanism to inform the public of progress toward and outcomes of efforts to provide equal health care to minorities, reduce health disparities, and increase the diversity of the health-care workforce.

Recommendation 6-4: Private and public (e.g., federal, state, and local governments) entities should convene major community benefit stakeholders (e.g., community advocates, academic institutions, health-care providers), to inform them about community benefit standards and to build awareness that placing a priority on diversity and cultural competency programs is a societal expectation of all institutions that receive any form of public funding.

## **MECHANISMS TO ENCOURAGE SUPPORT FOR DIVERSITY EFFORTS**

Recommendation 7-1: Additional data collection and research are needed to more thoroughly characterize URM participation in the health professions and in health professions education and to further assess the benefits of diversity among health professionals, particularly with regard to the potential economic benefits of diversity.

Recommendation 7-2: Local and national efforts must be undertaken to increase broad stakeholders' understanding of and consensus regarding steps that should be taken to enhance diversity among health professionals.

Recommendation 7-3: Broad coalitions should advocate to vigorously encourage HPEIs, their accreditation bodies, and federal and state sources of health professions student financial aid to adopt policies to enhance diversity among health professionals.

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