

USU Health Initiative RECOMMENDATIONS

DRAFT – TO BE APPROVED BY BOARD

The USU Health Initiative recommendations have been developed by and for the Coalition of Urban Serving Universities. They are based on data collected over the fall and winter of 2010 by the Coalition, and the feedback of a broad set of health leaders from member campuses nationally.

The recommendations provide a framework for member institutions to make progress on the USU health initiative goal to: *strengthen urban university engagement to increase the numbers, diversity, and cultural competence of the urban health workforce and to reduce urban health disparities.*

Included are six overarching recommendations for member presidents to mobilize their leadership and resources to address the health workforce needs of cities. These are followed by “proposed actions” - a set of strategies for implementing recommendations that will vary according to each university’s goals, context, and resources.

Summary of Recommendations

ONE: Bolster urban university capacity to execute and measure health workforce goals

TWO: Lead organizational change to ensure an adequate, diverse, and culturally competent health workforce for cities

THREE: Augment and strengthen urban education pipeline partnerships and programs to health careers

FOUR: Ensure cultural competency in graduates, and prepare more health professionals for underserved urban communities.

FIVE: Align recruitment and admission practices with health workforce goals

SIX: Work with other stakeholders to build an “evidence-base” needed to inform university efforts and policy on the health workforce

Proposed Actions to Implement Recommendations

ONE: Bolster urban university capacity to execute and measure health workforce goals

Proposed Actions

- ❖ Develop integrated university-wide strategies to ensure an adequate, diverse, and culturally competent health workforce for cities. Align health professions strategic plans with institutional goals.
- ❖ Define “meaningful terms” for the university (i.e. diversity, under-represented, underserved, cultural competence) responsive to national and local community needs, and establish baseline measurements
- ❖ Identify metrics, and timelines for related goals
- ❖ Invest in and improve university data systems to track outcomes & inform decision making
- ❖ Allocate funding to support these efforts

TWO: Lead organizational change to ensure an adequate, diverse, and culturally competent health workforce for cities

Proposed Actions

- ❖ Increase presidential leadership & make the campus commitment visible
- ❖ Strengthen management capacity to oversee and track progress
- ❖ Target the expansion or development of new health professions programs to meet community needs, including that of urban underserved and health disparity populations
- ❖ Develop mechanisms for reporting from health professions deans and others based on data collection
- ❖ Allocate funding to support these efforts

THREE: Augment and strengthen urban education pipeline partnerships and programs to health careers

Proposed Actions

- ❖ Consider specific strategies to link minority serving institutions (e.g. HBCUs) with advanced health professions and training
- ❖ Develop regional, long-term approaches or partnerships with urban K-12 schools and 2 year and 4 year institutions
- ❖ Consider efforts to streamline & facilitate pathways to high-need health degrees, particularly for underserved students and communities
- ❖ Improve data systems to track participants and measure outcomes of pipeline programs and partnerships
- ❖ Allocate funding to support these efforts

FOUR: Ensure cultural competency in graduates, and prepare more health professionals for underserved urban communities.

Proposed Actions

- ❖ Support strategies that enable health professions schools to measure and improve cultural competency.
- ❖ Establish definitions of cultural competence and baseline measurements for health professions schools
- ❖ Develop service-learning requirements for health professions graduates
- ❖ Encourage innovation in health professions education. Develop community-based and/or inter-disciplinary health professions education in underserved communities. Develop educational models to increase leadership and skills of health professions graduates to reduce health disparities and improve urban health.

FIVE: Align recruitment and admission practices with health workforce goals

Proposed Actions

- ❖ Assess and align health professions admission strategies to meet institutional/school goals related to diversity, cultural competence, and care of underserved populations
- ❖ Consider adopting promising practices to advance diversity goals (specific to the various professions)
- ❖ Evaluate outcomes data to inform admissions practices

SIX: Work with other stakeholders to build an “evidence-base” needed to inform university efforts and policy on the health workforce

Proposed Actions

- ❖ Support efforts to identify and disseminate best practices in preparing, recruiting and retaining minority and disadvantaged students along the “birth to career” pipeline to the health professions.
- ❖ Partner with national, state, and urban/regional stakeholders to ensure meaningful, reliable data on community health and health workforce needs
- ❖ Collect data and support outcomes research on university efforts that increase the adequacy, diversity, and cultural competence of the health workforce. This would include: types of organizational change that are most effective; ways to assess students and graduates’ cultural competence; activities that constitute a full spectrum pipeline program, what these activities impact, and “what works; and outcomes research on innovative recruitment and admission practices specific to health professions.