

MUSC Strategic Plan
Health Disparities Workgroup

Clinical Subcommittee Report

Objective(s)	Strategies/Actions	Expected Outcome/Benchmark	Evaluation
<p>1.o. Develop, maintain, and utilize a database for health disparities by December 2003.</p>	<p>1.1. Convene an interdisciplinary committee to identify available data related to health disparities in SC (work with ORS and DHEC to create a database related to health disparities).</p> <p>1.2. Compile an asset map of current programs that addresses health disparities at MUSC and in SC.</p> <p>1.3. Develop and maintain a database for clinical decision-making related to HD: a. Health issues for MUSC patients (by race, age, and gender), b. Health issues for South Carolinians.</p> <p>1.4. Convene an interdisciplinary committee to review the asset map and the data for redundant programs and gaps as well as make recommendations for decreasing the redundancy and filling gaps.</p>	<p>1.1. Database will be created, maintained and updated annually.</p> <p>1.2. Maps will be created, maintained, and updated annually.</p> <p>1.3. Database created.</p> <p>1.4. Committee convened.</p>	<p>1.1. Database Utilization measures.</p> <p>1.2. Utilization of asset maps.</p> <p>1.3. Minutes of committee.</p> <p>1.4. Database utilization rates.</p>
<p>2.o. Implement guidelines for clinical services addressing HD in underserved populations.</p>	<p>2.1. Appoint an interdisciplinary committee to; a) develop criteria by which all clinical programs addressing HDs can be assessed, and b) evaluate clinical services.</p> <p>2.2. Consider the following guidelines for evaluating current and future clinical programs addressing HDs.</p> <p>2.2.1. Clear rationale for each practice using clinical database.</p> <p>2.2.2. Establish academic/community advisory board.</p> <p>2.2.3. Strong academic focus, i.e. student training and/or research.</p> <p>2.2.4. Fiscally sound with multiple funding sources, e.g. disproportionate share, FFS, co-pay, grants, endowed chairs for clinical faculty, etc.</p>	<p>Clinical care programs will reflect health care needs for addressing HDs, be fiscally sound, and responsive to the identified roles of academic health science centers.</p>	<p>Annually by Center for Health Care Research</p>

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	2.2.5. Cost efficiency, e.g. telehealth, partner with FQHCs, coordinate MUSC's programs, appropriate provider mix, etc. 2.2.6. Interdisciplinary. 2.2.7. On-going evaluation.		
3.0. Increase and sustain the diversity of all health care providers, faculty, and staff.	3.1. Work with community and diverse university employees to develop, implement, and maintain a plan for effective recruitment and retention of diverse faculty, health care providers, and staff. 3.2. Develop, implement, and maintain mentoring program at all levels for delivery of quality care. 3.3. Provide year one (1) travel support for minority faculty delivering clinical care to facilitate networking at national meetings.	3.1. Plan will be identified and utilized for recruitment. Annual increases in the diversity of Faculty, health care providers, and staff by 5% until diversity reflects the diversity of the South Carolina population. 3.2. Minority junior faculty and staff will have identified mentors who are highly placed and respected. 3.3. Year one (1) minority faculty will have travel support to attend a national meeting.	3.1. Annual evaluation of our progress in reflecting the diversity of population of SC. 3.2. Annually 3.3. Annually
4.0. Foster culturally appropriate behavior in the provision of care.	4.1. Faculty, staff, and students document proficiency in cultural competency. 4.2. Implement patient satisfaction survey that specifically addresses cultural competence. 4.3. Develop and implement plan to assure that all new faculty and staff have essential skills related to cultural competence and racism, and identifying/reporting cultural incompetence and racism.	4.1. All faculty and staff will maintain cultural competency. 4.2. Patient satisfaction survey will be completed for inpatients and outpatients and will identify cultural competence of faculty and staff. 4.3. Orientation program for all faculty, staff, and students in clinical areas will include training and expectations related to cultural competence and racism.	4.1. Annual evaluation of our progress in fostering culturally appropriate and non-racist behaviors. 4.2. Annual evaluation and report. 4.3. Annual evaluation and report.

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5.o. Inform elected officials about the need for clinical care related to HDs.	5.1. Identify key policy issues based on documented need from the clinical database. 5.2. Coordinate contacts with elected officials to foster state policies that increase access to and quality of health care related to HDs.	5.1. Clear rationale for policy changes. 5.2. Contacts with officials and policy changes.	Summary of meetings with elected officials and actions taken. Annual report by OSI.

Education Subcommittee Report

Objective(s)	Strategies	Expected Outcome/Benchmark	Evaluation
1. Centralize and maintain an ongoing database of MUSC's existing human and educational resources related to diversity, cultural competency and health disparities within one year.	1.1. Identify issues related to underrepresented faculty, trainees (e.g. residents, post-docs, interns), and students at MUSC.	1.1. Comparative data on underrepresented and non-underrepresented faculty, trainee, and student performance and perceived problems.	Comprehensiveness of data
	1.2. Identify current curricula, continuing education programs, and other educational forums (e.g. orientations, workshops) that focus on 1) the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring.	1.2. List of current curricula, continuing education programs, and other educational forums that focus on 1) the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring.	Comprehensiveness of list
	1.3. Identify assessments and evaluation programs currently existing on campus that relate to 1) diversity and cultural competence, 2) health disparities literacy, and 3) "caring" as a key aspect of health care services.	1.3. List of assessments and evaluation programs currently existing on campus relate to 1) diversity and cultural competence, 2) health disparities literacy, and 3) "caring" as a key aspect of health care services.	Comprehensiveness of list
	1.4. Evaluate and make recommendations about MUSC's current human and educational resources related to 1) the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring.	1.4. An operational plan for the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring will be developed by each sector of MUSC (Colleges, MUHA, UMA, etc.)	Adequacy and feasibility of plan.

Objective(s)	Strategies	Expected Outcome/Benchmark	Evaluation
2. Increase MUSC's human and educational resources related to diversity, cultural competency and health disparities to levels as recommended (see Strategies 1.4 and 2.3) within five years.	2.1. <u>Create</u> a plan for fostering a university culture that demonstrates respect for all individuals as an integral component of the educational process.	2.1. An operational plan for fostering a university culture that demonstrates respect for all individuals as an integral component of the educational process	Adequacy and feasibility of plan.
	2.2. <u>Implement</u> the plan for fostering a university culture that demonstrates respect for all individuals as an integral component of the educational process.	2.2. A university culture that demonstrates respect for all individuals as an integral component of the educational process	Achievement of objectives identified in the operational plan
	2.3. Attain demographics of underrepresented (e.g., minorities, women) faculty, students, and trainees that reflect the demographic proportions of the citizens of South Carolina through targeted recruitment and retention initiatives.	2.3. Progressively increase the number of underrepresented (e.g., minorities, women) faculty, students, and trainees to reflect the demographic proportions of the citizens of South Carolina by year five	Absolute and percent increase in the number of underrepresented (e.g. minorities, women) faculty, students, and trainees at MUSC
	2.4. Enhance existing curricula and create new continuing education programs and other educational forums (e.g., orientation, elective and required training) that focus on diversity, cultural competency and impacting health disparities.	2.4. Increase in the number of curricula and continuing education programs and other educational forums related to 1) the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring.	Absolute and percent increase in the number of curricula and create new continuing education programs and other educational forums that focus on diversity, cultural competency, and impacting health disparities.
	2.5. Implement continuous assessments and evaluation programs that address 1) the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring.	2.5. Continuous assessment and evaluation programs that address 1) the promotion of diversity and cultural competency, 2) health disparities literacy, and 3) caring will be implemented by each sector of MUSC (Colleges, MUHA, UMA, etc.)	Comprehensiveness of the assessment and evaluation programs

Objective(s)	Strategies	Expected Outcome/Benchmark	Evaluation
	2.6. Add new initiatives to the ongoing database of MUSC's educational resources related to 1) the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring.	2.6. Current and accurate database of MUSC's educational resources related to 1) the promotion of diversity and cultural competency, 2) impacting health disparities, and 3) caring.	Number of new initiatives.
3. Enhance awareness and utilization of MUSC's existing human and educational resources related to the university's commitment to diversity, cultural competency and impacting health disparities by students, faculty, staff, trainees, other health professionals, and the general community through a targeted information campaign, within five years, to recommended levels (see strategy 3.1).	3.1. Evaluate current levels of awareness and utilization of existing resources (as measured by surveys, current levels of participation in programs, etc.) and make recommendations on desired levels.	3.1. Comparative data on awareness and use of existing resources by target populations (e.g. MUSC students/faculty/trainees/staff, non-MUSC health professionals, community leaders, patients, minorities, underserved, etc.)	Surveys
	3.2. Create mechanisms to communicate information related to diversity, cultural competence and health disparities to MUSC's internal and external constituencies (eg. Web site, public service announcements, dedicated media coverage, employee and student orientation and ongoing training, etc.).	3.2. A comprehensive information campaign	Communication related to CC & HD.
	3.3. Assess the impact and effectiveness of new communication mechanisms (as measured by surveys, increased access and use of resources, etc.) and modify and increase as indicated.	3.3. Modifications based upon measures of impact and effectiveness.	Surveys of target audiences

Research Subcommittee Report

Objective(s) Measurable & Time Frame	Strategies/Actions	Expected Outcome/Benchmark	Evaluation
1. Double extramural funding for research on health disparities (HD).	1.1. Devise specific incentives for faculty undertaking interdisciplinary research on HD and reward Chairs who meet the benchmarks.	1.1. Increase funding by 20% per year.	On a yearly basis by the Office of Special

Objective(s) Measurable & Time Frame	Strategies/Actions	Expected Outcome/Benchmark	Evaluation
	<p>1.2. Identify extra-mural funding for interdisciplinary research on causes of HD.</p> <p>1.3. Work with EXCEED investigators and NIH grant holders to develop supplement proposals with students, faculty and junior minority faculty as P.I.</p> <p>1.4. Provide intra-mural support for interdisciplinary proposals related to HD.</p> <p>1.5. Develop strategies to recruit underserved populations in research related to HD.</p> <p>1.6. Build on existing Centers and Programs and develop new ones to provide adequate infrastructure for interdisciplinary research on HD.</p> <p>1.7. Focus research activities on applying interventions in vulnerable populations with emphasis on children.</p>	<p>1.2. Funding data base</p> <p>1.3. Funding of minority supplement proposals</p> <p>1.4. Funding of one proposal per year.</p> <p>1.5. Special committee established to develop plan.</p> <p>1.6. Center-based research on HD.</p> <p>1.7. New research</p>	Initiatives (OSI)
2. Double by 2008 the number of funded investigators who work on HD research.	2. See above; moreover OSI will orient members of each search committee on strategies to recruit faculty working on HD.	2. No loss and net increase of faculty working on HD.	On a yearly basis by the Office of Special Initiatives (OSI)
3. Double by 2008 the number of minority faculty on research/education track.	<p>3.1. Implement a plan to retain, recruit and promote minority faculty on the research track.</p> <p>3.2. Provide partial salary support for at least one junior minority faculty per department.</p> <p>3.3. Provide time for research for up to 3 years to junior minority faculty investigators. Annual contracts have at least 50% time devoted to research for three years.</p>	3. Increase the number of minority faculty at MUSC by 20 % per year.	On a yearly basis by the Office of Special Initiatives (OSI)