

A comprehensive, multi-level strategy is needed to eliminate disparities in health. Since research shows that people of color tend to receive a lower quality of health care than Whites, attention must be focused on needed changes in virtually all sectors of the health care industry. However, the health of people of color is also affected by conditions outside of the health care field – such as the quality of housing, employment opportunities, the availability and affordability of healthful food, access to parks and recreational facilities, and the safety of the environment.

There are a total of twelve recommendations that have been divided into two major segments, those specifically germane to the health care field and those related to larger societal factors and circumstances. In developing these recommendations, we have tried to include concrete action steps that a broad range of stakeholders should take in City-wide efforts to eliminate health disparities. Health care organizations, insurers, public officials, community-based organizations, foundations and businesses can each play a role in implementing the proposed recommendations.

We have attempted to address two separate and distinct needs. Our first aim is to provide a series of overarching recommendations. These are broader, longer-term objectives for change. They include ambitions like the elimination of barriers to employment and a major change in the racial and ethnic composition of the healthcare workforce. Our Task Force and the Boston Public Health Commission can work towards the achievement of these outcomes, but our influence is limited and the time frame for accomplishment is long. Yet, to exclude these larger goals would minimize the deep societal changes that are needed to ensure that health disparities are eliminated.

Our second aim is to develop short-term and intermediate action steps, ones that can be reached in the next few years with the dedication of available resources and the prioritization of activities. These suggested action steps are not intended as the only ones needed to overcome health disparities. Rather, these are offered as examples to highlight that meaningful changes are within our grasp. Without such efforts, we run the risk that the Blueprint will fail to improve conditions for local residents in the near future, a compelling need given the daily suffering caused by preventable illness and premature death.

## Section 1 – Health Care and Public Health

### B1-1 Health Insurance:

Ensure that all residents have access to universal, affordable, high quality, and comprehensive health insurance, regardless of income and residency status. Insurance should cover a range of services that may help end disparities — such as reimbursement for interpreter services and community health workers — and should avoid payment mechanisms that may increase disparities, such as excessive co-payments.

#### Short-term/Intermediate Action Steps:

- a. Actively participate in the current State debate about the retention and expansion of insurance and retention of the Free Care Pool.
- b. Promote coverage for all racial and ethnic groups and expand the range of reimbursable services in the current advocacy efforts. Such efforts should include the development of a cost/benefit analysis of the recommended coverage.

### B1-2 Data Collection:

Require that all health care organizations and insurers gather uniform data on the race, ethnicity, preferred language, and socioeconomic status of patient/member populations. These same organizations should use these data to identify and reduce disparities in clinical practice and outcomes, incorporating them into performance assessment and quality improvement activities.<sup>168, 169</sup>

#### Short-term/Intermediate Action Steps:

- a. Implement standard data collection on the race, ethnicity, preferred language, and highest level of education of patients in all acute care hospitals and a subset of community health centers.<sup>170</sup>
- b. Collect and analyze information on access, utilization, and treatment by race and ethnicity at a subset of hospitals and community health centers to promote an internal process of monitoring performance, and identifying and addressing disparities in treatment.

### B1-3 Patient Education:

Develop programs that build the skills of community members to become better informed and equipped patients, able to effectively navigate through the health care system. Such efforts should include the use of population-specific and/or disease-specific training and educational tools and should expand access to English for Speakers of Other Languages (ESOL) programs.<sup>171</sup>

#### Short-term/Intermediate Action Steps:

- a. Develop and assess the efficacy of several model programs that build on the skills of patients and community members.
- b. Encourage additional resources for English of Speakers of Other Languages (ESOL) programs to include patient/clinician encounters as part of the curricula.
- c. Prioritize the design of model programs for the elderly, women of childbearing age, young men, and other segments of the populations for whom disparities are the greatest.

#### Cross reference

The Hospital Working Group Report has more detailed recommendations that hospitals can follow to improve data collection. The recommendations are listed in Chapters 1 and 2 and are available on-line at [www.bphc.org/disparities](http://www.bphc.org/disparities).

### **B1-4 Health Systems:**

Develop programs that identify and address specific obstacles to overcoming disparities. Such components should include mechanisms for patient input and feedback, specialized outreach and patient support efforts.

#### **Short-term/Intermediate Action Steps:**

- a. Develop and implement model patient ombudsperson programs in order to investigate and achieve solutions to patient complaints regarding their care; mechanisms like patient satisfaction systems should be available in multiple languages to allow feedback regarding the quality of health care provided.
- b. Support the work of community educators, outreach workers and/or patient navigators in order to increase their ability to reach and follow up with patients.

### **B1-5 Cultural Competence:**

Provide cultural competence education and training, including educational components on racism and other social determinants of health, as part of the training of all health professionals (undergraduate, graduate, and continuing). Training should focus on eliminating health disparities and pay particular attention to eliminating invalid assumptions that lead them to provide different treatment for people of color.

#### **Short-term/Intermediate Action Steps:**

- a. Identify a common set of educational objectives for cultural competence training, develop an inventory of available curricula and training materials, and identify gaps in training.
- b. Expand cultural competence training options for hospital and community health center staff.<sup>172</sup>
- c. Advocate<sup>173</sup> for training and education in cultural competence as a condition of licensure.

### **B1-6 Workforce Diversity:**

Increase resources to recruit, train, retain, and graduate persons from underrepresented groups of color in the health care field. Such efforts should include the use of specialized outreach and mentorship programs, the expansion of scholarships and other financial assistance and the commitment to increase the racial and ethnic diversity of educational faculty.

#### **Short-term/Intermediate Action Steps:**

- a. Identify and promote promising practices in workforce development to diversify the pool of health professionals. Programs could include those that promote creative outreach and incentive efforts and career ladders.
- b. Investigate the feasibility of creating a subsidized, seven-year joint BS/MD program, to expand access to medical school education for students of color and those with limited financial resources.<sup>174</sup>
- c. Build partnerships between health professions schools/ health care organizations and the Boston Public Schools health career academies to provide students with opportunities for academic enrichment in math and sciences and enhanced access to health career training.

#### **Cross reference**

Read the Hospital Working Group Report for more detailed recommendations on workforce diversity (Chapter 3) and cultural competence (Chapter 4). The report is also available on-line at [www.bphc.org/disparities](http://www.bphc.org/disparities).

### **B1-7 Public Health Programs:**

Establish and/or strengthen state and local government health agency offices to help guide the efforts to eliminate health disparities.<sup>175</sup> Non-health-oriented agencies involved in activities that have a significant impact on the health and well-being of communities of color should designate personnel to focus on this issue.

#### **Short-term/Intermediate Action Steps:**

- a. Secure additional funding to strengthen the capacity of local and state offices on the health of people of color.
- b. Strengthen core public health functions such as monitoring and evaluation that are linked to efforts to reduce health disparities.

### **B1-8 Research Needs:**

Conduct research to determine the causes of and solutions to health disparities. Such research should include examination of the link between social and environmental factors and health outcomes as well as the impact of positive and negative practices within the health care field.<sup>176</sup> Researchers and public officials should promote community-based participatory research to eliminate health disparities.

#### **Short-term/Intermediate Action Steps:**

- a. Evaluate programs funded under the Boston Disparities Project.
- b. Identify existing promising practices by reviewing available data and supporting those programs that yield positive results.<sup>177</sup>
- c. Monitor research findings as hospitals and health centers incorporate racial and ethnic data into their quality improvement efforts.

## Section 2 — Environmental and Societal Factors

### **B2-1 Neighborhood Investment:**

Undertake efforts to eliminate the disproportionate health risks in neighborhoods of color in order to make them healthier places to live. Such efforts should include the reduction of exposure to certain environmental hazards, the improvement of public safety conditions, the elimination of discriminatory practices, and the promotion of recreational activities and access to healthy foods.

#### **Short-term/Intermediate Action Steps:**

- a. Offer cultural competence, anti-racism, and anti-discrimination trainings to health care and community-based organizations.<sup>178</sup>
- b. Review the administrative policies, activities, and programs of key City agencies to examine their potential of having a positive impact on the health of communities of color.
- c. Support neighborhood and community participation in public policy, public decision-making, and the regulatory process.

### **B2-2 Jobs and Economic Security:**

Eliminate the disproportionate barriers to employment faced by residents of color. Whenever possible, jobs should include opportunities for promotion, training and comprehensive health insurance benefits.

#### **Short-term/Intermediate Action Steps:**

- a. Support efforts to increase access to jobs that offer comprehensive health insurance and sufficient income to cover employees' health care needs.
- b. Partner with higher education and workforce development organizations to identify and replicate successful job training and placement programs.
- c. Review and adapt hiring and employment practice such as current CORI policies to promote diversity at all levels of employment.
- d. Provide job training and career development programs for incumbent employees of color to enhance their skills and professional development.

### **B2-3 Public Awareness:**

Increase the awareness of all Boston residents about the impact of health disparities and related social justice issues. Specialized educational efforts should be undertaken for policy and decision makers.

#### **Short-term/Intermediate Action Steps:**

- a. Create a public information campaign to raise awareness among the general public about health disparities and the recommendation of the Boston Disparities Project.
- b. Meet with key policy and decision-makers about the importance of eliminating disparities and about the recommendations of the Boston Disparities Project.

### **B2-4 Promotion of Key Community Institutions:**

Enhance the ability of local community organizations and neighborhood residents to effectively address issues that have an impact on health disparities. Local practices with demonstrated positive outcomes should be identified, nurtured, and replicated in other neighborhoods or communities.

#### **Short-term/Intermediate Action Steps:**

- a. Build the capacity of existing coalitions and organizations with positive track records of mobilizing and educating community members.
- b. Encourage neighborhood-based non-health-related institutions – such as faith-based organizations, neighborhood associations and local businesses – to become more active in promoting environmental conditions that eliminate health disparities.