

National Plan for Action to End Health Disparities Goals, Benchmarks, and Strategies

| Goal # Description | National Benchmarks | Strategies |
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| 1 AWARENESS— Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations | 1. Increase in the percentage of adults who believe that ending health disparities is a national priority 2. Increase in active state and regional partnerships with representation from key public, nonprofit, and private sectors (e.g., government, business, faith-based and community organizations, health and human services, environmental protection, housing, labor, transportation, and youth groups) and working collaboratively with federal agencies | 1. Healthcare Agenda. Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas. |
| | | 2. Partnerships. Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan. |
| | | 3. Media. Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience—including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically-isolated individuals—to encourage action and accountability. |
| | | 4. Communication. Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health. |
| 2 LEADERSHIP— Strengthen and broaden leadership for addressing health disparities at all levels | 3. Increase in the percentage of youth on national, regional, state, tribal, and city/county health disparities coordinating bodies for the <i>National Plan for Action</i> | 5. Capacity Building. Build capacity at all levels of decisionmaking to promote community solutions for ending health disparities. |
| | | 6. Funding and Research Priorities. Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services. |
| | | 7. Youth. Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives. |
| 3 HEALTH SYSTEM AND LIFE EXPERIENCE— Improve health and healthcare outcomes for racial, ethnic, and underserved populations | 4. Reduction in barriers to health care 5. Increase in provision and utilization of coordinated, holistic care for and by older adults 6. Increase in high school graduation rates and local coalitions working to promote holistic school readiness 7. Changes in policies, procedures, and practices that affect the social, environmental, and economic conditions that contribute to health disparities | 8. Access to Care. Ensure access to quality health care for all. |
| | | 9. Children. Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at-risk children, including children in out-of-home care. |
| | | 10. Older Adults. Enable the provision of needed services and programs to foster healthy aging. |
| | | 11. Health Communication. Enhance and improve health service experience through improved health literacy, communications, and interactions. |
| | | 12. Education. Substantially increase high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long-term health benefits. |
| | | 13. Social and Economic Conditions. Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes. |
| | | 14. Workforce. Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities. |
| 15. Diversity. Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems. | | |
| 4 CULTURAL AND LINGUISTIC COMPETENCY— Improve cultural and linguistic competency and the diversity of the health-related workforce | 8. Increase in diversity of leadership in local, state, and federal agencies; healthcare professional associations; and major health organizations (e.g., health systems, hospitals, health plans, etc.) 9. Increase in number of health professionals and organizations that use professionally trained and certified health interpreters | 16. Ethics and Standards for Interpreting and Translation Services. Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation. |
| | | 17. Data. Ensure the availability of health data on all racial, ethnic, and underserved populations. |
| | | 18. Community-Based Research and Action, and Community-Originated Intervention Strategies. Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities. |
| 5 DATA, RESEARCH, AND EVALUATION— Improve data availability, and coordination, utilization, and diffusion of research and evaluation outcomes | 10. Standard race and ethnicity categories in all national healthcare-related databases 11. Increase in cross-disciplinary and cross-agency supported research at the federal level | 19. Coordination of Research. Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities. |
| | | 20. Knowledge Transfer. Expand and enhance transfer of knowledge generated by research and evaluation for decisionmaking about policies, programs, and grantmaking related to health disparities and health equity. |