



AAMC & USU/APLU Partnership Initiative U-HEALTH DEMONSTRATION

Envisioning the Future - Health Equity

Achieving health equity is the aspiration guiding many national initiatives to reform the health system. The passage of the Patient Protection and Affordable Care Act has invigorated efforts to reconsider how the system should evolve to better meet the health needs of all. Broadening access to care through insurance coverage for 32 million citizens in 2014 is only one solution for a system encumbered by health workforce shortages, shifting U.S. population demographics, and persistent health disparities. Other provisions in the law reflect complementary strategies, including workforce development, culturally and linguistically appropriate care, and coordinated care systems, to meet the public's health needs. While each strategy has individual benefit, too often they occur as parallel efforts that are not well integrated.

The recent HHS Action Plan to Reduce Racial and Ethnic Disparities and its accompanying Stakeholder Strategy provide a comprehensive framework to galvanize stakeholders to work in concert on a connected set of strategies to eliminate health disparities. The launch of the Action Plan provides an opportunity for public and private entities to leverage their resources and position themselves to make progress on selected goals.

Universities and their academic medical centers often serve as “anchor institutions” for their communities. These institutions - focused on education, research, and practice - are well positioned to lead the change necessary to address health equity, one community at a time.

Accelerating the HHS National Plan of Action

The Association of American Medical Colleges (AAMC) & the Association of Public and Land-grant Universities (APLU)/Coalition of Urban Serving Universities (USU) propose a demonstration project, U-HEALTH (**U**niversities for **H**ealth **E**quity through **A**lignment, **L**eadership, and **T**ransformation of the **H**ealth Workforce) to bolster the capacity and engagement of universities and health professions schools to increase health equity in their locales through the health workforce. U-HEALTH is an Initiative that builds on –

and accelerates the ability to achieve – high-level strategies identified in the National Action Plan Action to Reduce Racial and Ethnic Disparities.

Through the U-HEALTH Initiative, USU/APLU & AAMC will work with a set of ten institutions, including urban university presidents and health professions deans, to strengthen institutional capacity, develop metrics, and implement a “learning collaborative” to test and share novel approaches to talent development with the aim of improving the health of urban underserved and minority populations.

U-HEALTH is proposed as an integrated effort to build an evidence-base for “what works,” in partnership with universities and their academic medical centers. It would also seek to leverage public and private entities that are already engaged in health workforce initiatives to increase health equity, and who have unique resources to contribute.

Leveraging for Greater Impact: Institutional Capacity, Engagement & Metrics

Urban universities and their academic medical centers are key drivers for change in their locales, and many are innovating and implementing solutions with an eye toward health equity. However, these efforts are often not well integrated or core to the institution. Research conducted by the Coalition of Urban Serving Universities on urban universities and health professions schools suggests that efforts to develop an adequate, culturally competent, and diverse workforce require high-level leadership, organizational capacity, and greater reliance on data to inform institutional efforts and change. Key findings include:

- 1) Leadership is critical to success.** USU members consistently identified greater leadership as one of the “top effective actions.”¹ This leadership includes university boards, presidents, and health professions deans. These leaders are tied to the national stakeholders, policymakers, and accrediting bodies that impact and evaluate these efforts, and have a “stake” in ensuring efforts are successful.
- 2) Nearly all institutions prioritize diversity and cultural competence of the health workforce, but organizational capacity is lacking** (e.g. objectives, benchmarks, responsible agents, funding allocations, and data systems). Health professions leaders consistently rate health disparities and diversity of the health workforce as a top priority (4.59 out of 5). However, many institutions are still developing – and challenged with – the ability to execute and measure goals related to diversity and cultural competence.²

¹USU Survey of Member Institutions: Efforts to Increase the Adequacy, Diversity and Cultural Competence of the Urban Health Workforce, 2011 (publication pending)

² Among USU institutions, a decline in frequency is noted when asked about benchmarks/timelines, responsible agents, accountability mechanisms, or additional allocated funding related to workforce diversity goals. Many are developing metrics, but these efforts are nascent. Lack of infrastructure and funding are cited as reasons for difficulty collecting data, measuring outcomes, or tracking graduates.

3) Academic institutions are developing innovative partnerships and programs, but evidence to inform policy and practice is scarce. The will of academic institutions to implement interventions impacting the pipeline of diverse talent in their locales, and the production of graduates and leaders needed to create health equity is evident.³ Universities have leveraged diverse funding sources – including their own – to sustain these efforts.⁴ In an environment of increasingly tight budgets and accountability, data is needed by both institutions and policymakers to direct resources and investments to what works.

A Unique Partnership: AAMC & USU/APLU U-HEALTH Initiative

Through its programs and services, the AAMC strengthens the world's most advanced medical care by supporting the entire spectrum of education, research, and patient care activities conducted by member institutions. The AAMC represents all 134 accredited U.S. medical schools and approximately 400 major teaching hospitals and health systems, including 62 Department of Veterans Affairs medical centers and nearly 90 academic and scientific societies. The AAMC and its members are dedicated to the communities they serve and steadfast in the desire to earn and keep the public's trust for the role they play in improving the nation's health.

The USU is a university president-led organization committed to escalating urban university engagement to increase prosperity and opportunity in the nation's cities, and to tackling key urban challenges. Included are 47 public urban research universities representing all U.S. geographic regions. USU's health agenda aims to increase member engagement and efforts to produce an adequate, diverse, and culturally competent workforce and to reduce urban health disparities. Underlying all USU initiatives is a commitment to develop an evidence base that can inform university engagement for the 21st century, and to identify and replicate solutions with measurable impact.

USU has partnered with APLU to establish a joint Office of Urban Initiatives, housed in APLU, to lead an urban agenda in health, education and community development for our institutions. APLU is the nation's oldest higher education association with 218 members, including 76 U.S. land-grant institutions, and 18 historically black institutions. In addition, APLU represents the interests of the nation's 33 American Indian land-grant colleges through the membership of the American Indian Higher Education Consortium (AIHEC).

³ More than half of USU member institutions are developing innovative partnerships and programs to strengthen the educational pipeline, or to increase cultural competence and prepare graduates for underserved communities.

⁴ The USU Survey shows funding for pipeline programs is diversified, with most coming from the health professions schools, followed by general university funding, federal funds, and various other sources including foundations, city and state funds, and fees.

A strategic partnership between the AAMC and USU/APLU brings together two prominent organizations capable of working with national stakeholders while mobilizing local action among member campuses. The U-HEALTH Initiative links AAMC's influence with and connection to the nation's Academic Health Centers along with a longstanding commitment to this agenda, with the USU's leverage with university presidents committed to engagement in cities, and the involvement of its member campuses in the full spectrum of health professions. It builds upon data collected by the Coalition in the last year regarding institutional capacity needs and efforts among member institutions to ensure an adequate, diverse and culturally competent health workforce.

U-HEALTH Goals

The PRIMARY goal of the initiative is to strengthen institutional metrics and capacity to execute institution-wide health workforce goals that increase health equity in cities.

The SECONDARY goal of the initiative is to facilitate a cohort of institutions in implementing systemic change, partnership development, and programmatic efforts supportive of their health equity goals.

The TERTIARY goal of the initiative is to enhance or develop data systems and research infrastructure capable of informing current and future workforce efforts and building a foundation for a broader research agenda targeting urban health disparities.

U-HEALTH Structure & Program Components

The U-HEALTH Initiative is structured as a collaborative to achieve:

- 1) A set of highly effective institutions nationally that can be models of the engaged "anchor" institution driving local health equity;
- 2) An interdisciplinary learning collaborative capable of testing existing or new approaches, and developing a much-needed evidence base for what is effective.

USU/APLU & AAMC will jointly serve as the national office for the demonstration program. A cohort of ten institutions will be identified, which are committed to and capable of carrying out the goals of the U-HEALTH Initiative. These institutions will develop integrative activities in all four core areas: education/training, institutional capacity building, research and data systems, and outreach/community engagement. A comprehensive approach is intended to align and integrate the full spectrum of university resources.

Education and Training Core

Education/training is the signature component around which other supported activities will be integrated and synergistic. Educational/training efforts will target one or more of

the following objectives: 1) to develop a health and biomedical sciences workforce that is diverse and culturally competent broadly; 2) to cultivate a subset of highly committed health and biomedical professionals to work within, and lead efforts to improve, urban health, health research and policy; 3) to produce the right type and field of health professionals and researchers for underserved areas, and to place and retain these individuals effectively over the long-term; 4) to prepare health and biomedical sciences graduates with the anticipated skills for new delivery systems, including those aimed at improving population health and reducing health disparities; 5) to increase access to health and biomedical sciences careers for students from urban underserved and health disparity populations.

Activities within the education/training core are meant to assist universities in developing, enhancing, or accelerating innovative undergraduate and graduate programs or to strengthen the "birth to career" pipeline in the biomedical sciences and health professions. Efforts will address goals within the HHS National Plan of Action, and other federal initiatives targeting health disparities and health workforce, and have a primary intent to improve the health of urban and urban underserved communities.

Universities selected for this demonstration will employ a systemic approach by including several health professions schools as the aim is to move beyond isolated approaches and programs. Education/training initiatives will include a rigorous evaluative component, be responsive to evidence-based community needs, and be aligned with institutional goals and metrics. Effort will be made to include both purely university-based initiatives, and partnerships or consortiums of other regional institutions and organizations.

Efforts may include, but are not limited to:

- ❖ developing, strengthening, or implementing inter-institutional or regional partnerships that accelerate or streamline educational pathways to high-need degrees;
- ❖ innovative "engaged" health professions education programs, particularly within urban underserved communities;
- ❖ interdisciplinary models for health professions and/or research training;
- ❖ integrative programs preparing health professionals with additional credentials related to public health, research, or health policy relevant to urban health and health disparities;
- ❖ efforts to assess, align, and enhance existing pipeline programs toward a more longitudinal and comprehensive institutional and region-wide approach;
- ❖ initiatives to link minority serving institutions with health professions schools and research-intensive institutions.

Capacity Building and Infrastructure Core

While most academic institutions have numerous interventions targeting the above goals, little is known about the effectiveness of existing efforts, either from an evaluative

perspective or community health impact. The success of educational and training initiatives is predicated on an integrated system that is evidence-based and responsive to evolving community needs and assets. Such a system would require planning, and the development of infrastructure and data systems that don't currently exist.

Activities within this core would aim to build capacity and infrastructure, including such activities as:

- ❖ institutional and community needs assessment;
- ❖ collaborative planning at both the institutional and regional level;
- ❖ identifying metrics associated with institutional education and training interventions, and developing data systems to track them;
- ❖ assessing the adequacy of existing local/regional data needed to inform efforts, including identifying existing databases and gaps, as well as possible solutions to strengthen these data systems;
- ❖ developing partnerships for purposes of both education/training interventions, as well as local/regional data systems development;
- ❖ identifying a set of local/regional health equity measures that will spur and undergird collaborative efforts at the local/regional level, and that will inform national policy and practice.

Research & Data Core

The educational and infrastructure investments outlined above will provide a fruitful environment for effectiveness research, while developing the foundation for a broader research agenda on urban health disparities. Selected institutions will spend the first two years strengthening relevant data systems and infrastructure, with the conduct of research on the programmatic elements in years 3-5 of the initiative. Institutions with significant existing capacity may choose to implement research projects at an earlier stage. In keeping with the program's focus, research projects will be relevant to and integrated with efforts of the institution in the other cores.

Some examples of research activities include:

- ❖ effectiveness research on interventions to address health and health workforce needs in underserved communities;
- ❖ understanding the impacts of health workforce characteristics on urban health disparities or quality of care for minority and urban underserved populations;
- ❖ development and implementation of a regional health equity index and database.

The outcome of such activities is a deepening evidence base and understanding of best practices that will assist universities and academic medical centers and guide HHS and its agencies to be more targeted and effective.

Partnership Building and Outreach

Partnership building and outreach are integral components of every other core, and are fundamental to the success of the overall effort. This component will thus include activities that strengthen regional collaboration, and directly engage with and share knowledge and benefit with urban underserved and health disparity populations. The exact nature of these activities will depend on the selected focus of the institution, whether that be data systems development, pipeline education efforts, engaged education initiatives, or others.

Proposed Work Plan

The following table proposes a process for developing, launching and implementing the U-HEALTH Initiative.

Phase I (Year 1): RFP Development, Infrastructure Development, and Site Selection
✓ Criteria for participation is developed
✓ Call for proposals is launched
✓ Proposal review committee is formed
✓ Up to 10 grantees are selected as demonstration sites
✓ National announcement of the ten sites
✓ Knowledge management infrastructure is developed <ul style="list-style-type: none">✓ Website✓ Metrics✓ Resource database✓ Progress report template✓ Training activities✓ Assessment tools✓ Sustainability structure✓ Evaluation framework
Phase II (Year 2): Assessment and Strategy Development
✓ Kick off grantee meeting is convened
✓ Core Capacity Assessment Tool is administered
✓ Culture Assessment Tool is administered
✓ Action plan is developed by grantees
Phase III (Years 3-5): Implementation and Learning
✓ Learning cooperative is fully implemented
✓ Grantees are convened annually
✓ Progress reports are provided on a quarterly basis
✓ Training and other resources are rolled out

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