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|  | **Most Realistic ★** | **Most Impact ✓** | **Most Compelling #** |
| **Clinical Care-1** | 1. Increase recruitment and retention of providers, residents, and staff of various diversities/culture:  * Recruiter who actively reaches out to people of diverse cultures * Need commitment from leadership * Need $$ * Have culturally diverse staff reach out to friends or others who are interested in working in health care.  1. Actively reach out to/involve community organizations and people to find out what they need and want:  * Identify what communities to reach out to * Identify leaders in those communities  1. Advertising and marketing developed with diversity and communities in mind | 1. Increase recruitment and retention of providers, residents, and staff of various diversities/culture:  * Recruiter who actively reaches out to people of diverse cultures * Need commitment from leadership * Need $$ * Have culturally diverse staff reach out to friends or others who are interested in working in health care.  1. Actively reach out to/involve community organizations and people to find out what they need and want:  * Identify what communities to reach out to * Identify leaders in those communities  1. Budgeted money is needed to fund the work | 1. Increase recruitment and retention of providers, residents, and staff of various diversities/culture:  * Recruiter who actively reaches out to people of diverse cultures * Need commitment from leadership * Need $$ * Have culturally diverse staff reach out to friends or others who are interested in working in health care.  1. Actively reach out to/involve community organizations and people to find out what they need and want:  * Identify what communities to reach out to * Identify leaders in those communities |

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| **Clinical Care-2** | 1. Robust staff advancement/development—helping increase educational opportunities 2. Patient-family advisory group with more diverse membership, mandatory for every clinic 3. Survey staff anonymously about what we are and are not doing | 1. Build diversity into formula for hires (MAs, staff):  * Educating people doing the hiring * Selecting champions to do recruitment—using diverse faculty * Reviewing hiring policies * Asking where recruitment is happening—outreach * Money to create new positions and hours to have time to do this work  1. Accessibility—hours/location/transportation/child care  * Money * Vans to pick up patients around the neighborhood * Hiring more staff for late hours and child care in clinic * Sending residents and faculty out to community  1. Build language competent clinic—Spanish/Hmong/French | 1. Build diversity into formula for hires (MAs, staff):  * Educating people doing the hiring * Selecting champions to do recruitment—using diverse faculty * Reviewing hiring policies * Asking where recruitment is happening—outreach * Money to create new positions and hours to have time to do this work  1. Accessibility—hours/location/transportation/child care  * Money * Vans to pick up patients around the neighborhood * Hiring more staff for late hours and child care in clinic * Sending residents and faculty out to community |
| **Clinical Care-3** | 1. Active recruitment of diverse faculty/residents and then look for leadership/administrative opportunities:  * Adequate funding and time * Priority * Partnership (UW Health) * Identify champions  1. Training/support/utilization of community health educators:  * Expertise * Identify leaders within the community * Stable leadership/coordination  1. Financial support and tie for conference attendance, diversity/health equity training (outside CME), and community engagement | 1. Active recruitment of diverse faculty/residents and then look for leadership/administrative opportunities:  * Adequate funding and time * Priority * Partnership (UW Health) * Identify champions  1. Periodically review CWD re: health equity issues 2. Early resident didactics on health disparities, cross-cultural care | 1. Active recruitment of diverse faculty/residents and then look for leadership/administrative opportunities:  * Adequate funding and time * Priority * Partnership (UW Health) * Identify champions  1. Training/support/utilization of community health educators:  * Expertise * Identify leaders within the community * Stable leadership/coordination |
| **Clinical Care-4** | 1. Recruit and retain more diverse/minority staff in all positions, especially at-risk minorities 2. Find out what target population’s concerns about health and wellness are by asking them 3. Work in EPIC to highlight social determinants, demographics, and/or hardships (part of the problem list) | 1. Recruit and retain more diverse/minority staff in all positions, especially at-risk minorities 2. Find out what target population’s concerns about health and wellness are by asking them 3. Continue to make local and national health disparity issues highly visible within the department and the UW 4. Identify each patient’s life goal(s) and make this easily accessible/highly visible in EPIC. | 1. Recruit and retain more diverse/minority staff in all positions, especially at-risk minorities 2. Find out what target population’s concerns about health and wellness are by asking them |

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|  | **Most Realistic** **★** | **Most Impact** **✓** | **Most Compelling #** |
| **Education-1** | 1. Engaging in active outreach to students and preceptors 2. Provide culturally ethnically/racially specific resources information for residency applicants if they have interest in it 3. Recruitment  * International students * Kansas City (are there other places) * Look at criteria for reviewing applications  1. Incorporate disparities data in educational presentations about clinical conditions | 1. Include patients and their family members, other community members as advisors and co-presenters in educational endeavors:  * Time * Money * Infrastructure to find the patients and families, outreach staff   + training and teaching   + allocated time   + Advertisement/publicity  1. Creating a more open environment for addressing questions/dialogue about issues pertaining to race and disparities: 2. Recruitment  * International students * Kansas City (are there other places) * Look at criteria for reviewing applications | 1. Include patients and their family members, other community members as advisors and co-presenters in educational endeavors:  * Time * Money * Infrastructure to find the patients and families, outreach staff   + training and teaching   + allocated time   + Advertisement/publicity  1. Creating a more open environment for addressing questions/dialogue about issues pertaining to race and disparities: |
| **Education-2** | 1. Develop a diversity committee (department chair, faculty, residents) that would influence selection of faculty and residents 2. In evaluations of lectures include the question… “Did the presenter address health disparities” 3. Integrate issues of diversity into lectures we give on basic science topics (i.e. HTN) 4. Make it clear that we are committed to issues of health equity and diversity. Communicate this well during recruitment. | 1. Develop intentional advocacy for political changes to address health disparities as part of the curriculum 2. Embed focus of residency educational within underserved neighborhoods (i.e. through sustainable community med projects) 3. Develop a diversity committee (department chair, faculty, residents) that would influence selection of faculty and residents | 1. Develop intentional advocacy for political changes to address health disparities as part of the curriculum 2. Embed focus of residency educational within underserved neighborhoods (i.e. through sustainable community med projects) |
| **Education-3** | 1. Never assume/open heart/patient--centeredness 2. Time for experiences in the community 3. Activate young leaders to “start the conversation” | 1. Never assume/open heart/patient--centeredness 2. Time for experiences in the community 3. Activate young leaders to “start the conversation” | 1. Never assume/open heart/patient--centeredness 2. Time for experiences in the community 3. Activate young leaders to “start the conversation” |

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| **Research & Comm Engage-1** | 1. Implementing an affirmative action hiring process:  * Buy-in from leadership * Messaging * Buy-in from community partners * Time * Advocacy at the University Level  1. Create a mentorship or job pipeline for community youth leading to potential employment at UW Health 2. Create a community advisory board consisting of community members charged with promoting equity, diversity, and inclusion in research practices | 1. Implementing an affirmative action hiring process:  * Buy-in from leadership * Messaging * Buy-in from community partners * Time * Advocacy at the University Level  1. Create a mentorship or job pipeline for community youth leading to potential employment at UW Health 2. Create programming that encourages the practice of advocacy on institutional local/state/national level | 1. Implementing an affirmative action hiring process:  * Buy-in from leadership * Messaging * Buy-in from community partners * Time * Advocacy at the University Level  1. Create a mentorship or job pipeline for community youth leading to potential employment at UW Health |
| **Research & Comm Engage-2** | 1. Community Advisory Board in partnership with led agencies that focus on minority health  * Incentives for community agencies to work with us (e.g. sponsorship, compensation for time) * Clear description/vision of Community Advisory Board  1. HR training with eye to diversity and retention best practices around hiring at all levels including residents | 1. Community Advisory Board in partnership with led agencies that focus on minority health  * Incentives for community agencies to work with us (e.g. sponsorship, compensation for time) * Clear description/vision of Community Advisory Board  1. Health care disparity research track including participatory research methods  * Dedicated time for development and maintenance of this track * Connecting with people outside of DFM to advise on this work * Recruitment for/of new faculty * Leadership support  1. Make sure DFM faculty, staff, and learners reflect the community | 1. Community Advisory Board in partnership with led agencies that focus on minority health  * Incentives for community agencies to work with us (e.g. sponsorship, compensation for time) * Clear description/vision of Community Advisory Board  1. Health care disparity research track including participatory research methods  * Dedicated time for development and maintenance of this track * Connecting with people outside of DFM to advise on this work * Recruitment for/of new faculty * Leadership support |
| **Research & Comm Engage-3** | 1. Community Advisory Board—research working with community, curriculum depending on populations served:  * Money   + Community Board support (stipends, food, childcare)   + Faculty time   + Endowed faculty position * Training   + Faculty on CBPR   + Community board on CBPR * Buy-in from health systems  1. Prioritize diverse people and viewpoints when hiring 2. Teach community engagement, CBPR, and leadership skills in community health rotation | 1. Community Advisory Board—research working with community, curriculum depending on populations served:  * Money   + Community Board support (stipends, food, childcare)   + Faculty time   + Endowed faculty position * Training   + Faculty on CBPR   + Community board on CBPR * Buy-in from health systems  1. Prioritize diverse people and viewpoints when hiring 2. Develop longitudinal relationships with community organizations around issues of diversity and health equity | 1. Community Advisory Board—research working with community, curriculum depending on populations served:  * Money   + Community Board support (stipends, food, childcare)   + Faculty time   + Endowed faculty position * Training   + Faculty on CBPR   + Community board on CBPR * Buy-in from health systems  1. Pipeline—develop mentoring schools (elementary, middle and high schools) with pre-med, med, resident recruitment, faculty recruitment and retention |