National Goals, Benchmarks, and Strategies

#	Goal Description	National Benchmarks	Strategies
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 other disparities populations	1. Increases 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 and private sectors (e.g., government, community- and faith-based organizations, business, health and human services, youth, and ethnic groups)	1. **Healthcare Agenda**. Ensure that ending health disparities is a priority on local, state, regional, tribal and federal healthcare agendas.
			2. **Partnerships**. Develop and support partnerships among public and private entities to provide a comprehensive infrastructure for awareness activities, 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 (i.e., social marketing, media advocacy) as well as information technology to reach a multi-tier audience-including racial and ethnic minority communities, rural populations, youth, persons with disabilities, older persons, and geographically isolated individuals-to compel action and accountability.
			4. **Communication**. Create messages targeted towards and appropriate for specific audiences across their life spans, and present varied views of the consequences of health disparities that will compel (motivate/promote) individuals and organizations to take action and to reinvest in public health.
2	**LEADERSHIP**—Strengthen and broaden leadership for addressing health disparities at all levels	3. Increases in the percentage of youth on national, regional, tribal, state, and city/county coordinating bodies	5. **Capacity Building**. Support capacity building at all levels of the decision-making process as a means of promoting 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.
			7. **Youth**. Invest in young Americans to prepare them to be future health leaders and practitioners by actively engaging and including them in the planning and execution of health initiatives.
3	**HEALTH SYSTEM AND LIFE EXPERIENCE**—Improve health and healthcare outcomes for racial and ethnic minorities and for underserved populations and communities	4. Decrease in prevalence of health conditions for which racial and ethnic disparities exist (e.g., asthma, hypertension) every five years 5. Increased high school graduation rates and local coalitions working to promote holistic school readiness 6. Increased provision and utilization of coordinated, holistic care for and by older adults	8. **Access to Care**. Ensure access to quality health care for all.
			9. **Children**. Ensure the provision of needed services (e.g., mental, oral and physical health, and nutrition) for at-risk children.
			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, with a goal of 100%, high school graduation rates by establishing a coalition of schools, community agencies, and public health organizations to promote the connection between educational attainment and long-term health benefits; and ensure health education and physical education for all children.
			13. **Social and Economic Conditions**. Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes.
4	**CULTURAL AND LINGUISTIC COMPETENCY**—Improve cultural and linguistic competency and the diversity of the health-related workforce	7. Increases in diversity of leadership in local and state health care professional associations as well as in the leadership of major health organizations (e.g., health systems, hospitals, etc.) 8. Increased percent of insured population whose public and private health insurers offers full reimbursement for medical interpretation costs	14. **Workforce Training**. Develop and support broad availability of cultural and linguistic competency training for physicians, other health professionals, and administrative workforces that are sensitive to the cultural and language variations of racially and ethnically diverse communities.
			15. **Diversity**. Increase diversity and competency of the healthcare and administrative workforces through recruitment and retention of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.
			16. **Standards and Interpretation Services**. Require interpreters and bilingual staff providing services in languages other than English to adhere to national standards of practice for interpreters and improve financing and reimbursement for medical interpretation services.
5	**DATA, RESEARCH, AND EVALUATION**—Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes	9. Standard race and ethnicity categories in all national healthcare-related databases 10. Increased cross-disciplinary and cross-agency supported research at the federal level	17. **Data**. Ensure the availability of health data on all racial and ethnic minority populations.
			18. **Authentic Community-Based Research [and Action] and Community-Originated Intervention Strategies**. Invest in authentic community-based participatory research and evaluation of community-originated intervention strategies in order to enhance capacity development at the local level for ending health disparities.
			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 knowledge transfer regarding successful programs that are addressing social determinants of health (e.g., housing, education, poverty).