

**Sullivan Commission Recommendations**  
Extracted from 2004 report “Missing Persons: Minorities in the Health Professions”  
(Most relevant recommendations for Exemplary Practices in bold face)

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- 2.1 The complementary strategies of increasing diversity and ensuring cultural competence at all levels of the health workforce should be endorsed by all in our society, with leadership from the key stakeholders in the health care system.
- 2.2 There should be increased recognition of underrepresented minority health professionals as a unique resource for the design, implementation, and evaluation of cultural competence programs, curriculums, and initiatives.
- 2.3 Public and private funding entities, including U.S. Public Health Service agencies, foundations, and corporations, should increase funding for research about racial disparities in health care and health status, including, but not limited to: research on culturally competent care, how to measure and eliminate racial bias and stereotyping, and strategies for increasing positive health behaviors among racial and ethnic groups.
- 2.4 **Health systems should set measurable goals for having multilingual staff and should provide incentives for improving the language skills of all health care providers.**
- 2.5 **Health professions schools should work to increase the number of multilingual students, and health systems should provide language training to health professionals.**
- 2.6 **Key stakeholders in the health system should promote training in diversity and cultural competence for health professions students, faculty, and providers.**
- 4.1 **Health professions schools, hospitals, and other organizations should partner with businesses, communities, and public school systems to: a) provide students with classroom and other learning opportunities for academic enrichment in the sciences; and b) promote opportunities for parents and families to increase their participation in the education and learning experiences of their children.**
- 4.2 **The U.S. Public Health Service, state health departments, colleges, and health professions schools should provide public awareness campaigns to encourage underrepresented minorities to pursue a career in one of the health professions. Such a campaign should have a significant budget, comparable to other major public health campaigns.**
- 4.3 **For underrepresented minorities who decide to pursue a health profession as a second career, health professions schools should provide opportunities through innovative programs.**
- 4.4 **Baccalaureate colleges and health professions schools should provide and support “bridging programs” that enable graduates of two-year colleges to succeed in the transition to four-year colleges. Graduates of two-year community college nursing programs should be encouraged (and supported) to enroll in baccalaureate degree-granting nursing programs.**
- 4.5 **Key stakeholders in the health system should work to increase leadership development opportunities in nursing in order to prepare minority nurses with graduate degrees for roles as scholars, faculty, and leaders in the profession.**
- 4.6 **Key stakeholders in the health system should work to increase leadership training and opportunities for underrepresented minority physicians and dentists.**

- 4.7 Colleges, universities, and health professions schools should support socio-economically disadvantaged college students who express an interest in the health professions, and provide these students with an array of support services, including mentoring, test-taking skills, counseling on application procedures, and interviewing skills.**
- 4.8 The Association of American Medical Colleges, the American Association of Colleges of Nursing, the American Dental Education Association, and the Association of Academic Health Centers should promote the review and enhancement of health professions schools admissions policies and procedures to: a) enable more holistic, individualized screening processes; b) ensure a diverse student body with enhanced language competency and cultural competency for all students; and c) develop strategies to enhance and increase the pool of minority applicants.
- 4.9 Dental and medical schools should reduce their dependence upon standardized tests in the admissions process, the Dental Admissions Test and the Medical College Admissions Test should be utilized, along with other criteria in the admissions process as diagnostic tools to identify areas where qualified health professions applicants may need academic enrichment and support.**
- 4.10 Diversity should be a core value in the health professions. Health professions schools should ensure that their mission statements reflect a social contract with the community and a commitment to diversity among their students, faculty, staff, and administration.**
- 4.11 Health systems and health professions schools should use departmental evaluations as opportunities for measuring success in achieving diversity, including appropriate incentives.**
- 4.12 Health systems and health professions schools should have senior program managers who oversee: a) diversity policies and practices; b) assist in the design, implementation, and evaluation of recruitment, admissions, retention, and professional development programs and initiatives; c) assess the institutional environment for diversity; and d) provide regular training for students, faculty, and staff on key principles of diversity and cultural competence.**
- 4.13 Health professions schools should increase the representation of minority faculty on major institutional committees, including governance boards and advisory councils. Institutional leaders should regularly assess committee/board composition to ensure the participation of underrepresented minority professionals.**
- 5.1 Congress should substantially increase funding to support diversity programs within the National Health Service Corps, and Titles VII and VIII of the Public Health Service Act. Such funding should also provide for collection of data on diversity.
- 5.2 To reduce the debt burden of underrepresented minority students, public and private funding organizations for health professions students should provide scholarships, loan forgiveness programs, and tuition reimbursement strategies to students and institutions, in preference to loans.**
- 5.3 Public and private entities should significantly increase their support to those health professions schools with a sustained commitment to educating and training underrepresented minority students.**
- 5.4 Businesses, foundations, and other private organizations should be encouraged to support health professions schools and programs to increase financial resources needed to implement the recommendations of the Sullivan Commission.**

- 5.5 The President and Congress should increase the funding for the National Institutes of Health's National Center for Minority Health and Health Disparities Loan Repayment Programs, with a special emphasis on programs for underrepresented minority students.
- 5.6 The National Institutes of Health should develop a Centers of Excellence program for schools of nursing.
- 6.1 Health systems and health professions schools should gather data to assess institutional progress in achieving racial and ethnic diversity among students, faculty, administration, and health services providers, as well as monitor the career patterns of graduates.**
- 6.2 Health professions schools and health systems should have strategic plans that outline specific goals, standards, policies, and accountability mechanisms to ensure institutional diversity and cultural competence.**
- 6.3 Health professions organizations and accrediting bodies for health professions education and health care programs should promote the development and adoption of measurable standards for cultural competency for health professions faculty and health care providers.**
- 6.4 Accrediting bodies for programs in medicine and the other health professions should embrace diversity and cultural competence as requirements for accreditation.
- 6.5 State licensure boards for nurses, physicians, and dentists should determine the value of having continuing education in cultural competence as a condition of licensure.
- 6.6 Community and civil rights organizations should collaborate with health care organizations and health professions schools to advance institutional diversity and cultural competence goals, including community needs assessment and evaluation.**
- 6.7 Federal and state regulatory agencies should monitor and enforce health care institutions' fulfillment of community-benefit obligations pertaining to diversity and cultural competence. Data collected should be readily available to the public.
- 6.8 The Department of Health and Human Services should establish and report national standards and measurements for diversity and cultural competence in the health workforce and health professions schools in the Agency for Healthcare Research and Quality's National Health Care Disparities Report.
- 6.9 The Department of Education should work with the appropriate accrediting bodies to ensure that health professions education institutions promulgate, monitor, and implement standards for diversity and cultural competence for students, faculty, staff, and administration.
- 6.10 The Department of Labor and the Department of Health and Human Services should ensure that the appropriate accrediting bodies hold medical residency and health professional training programs accountable for promulgating and implementing standards for diversity and cultural competence.
- 6.11 The Commission recommends the passage and funding of comprehensive state and federal legislation that will: 1) ensure the development of a diverse and culturally competent workforce; and 2) strengthen health care institutions that serve minority and underserved populations.
- 6.12 The President should appoint an advisory council or interagency task force on health workforce diversity to develop and implement a more effective national response to the shortage of minorities in the health professions.