



# **Strategic Plan and Progress Report 2006 - 2009**

# *From the Board Chair...*

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Dear Fellow Carolinians,

CACHE has worked with you, our community partners, to fulfill the mission of creating “*collaborative partnerships focused on improving health by eliminating health disparities that affect racial, ethnic, and other at-risk populations.*” We are pleased now on behalf of the community at-large and our dedicated board members, to present this strategic plan and progress report. The plan is a summary document of our history, current status and our vision for the future.

Thank you for your commitment to this important cause. We are excited about the work CACHE has done to impact healthcare disparities in our community. Please feel free to contact CACHE at 704-405-5600 or visit [www.cachenc.org](http://www.cachenc.org) to provide input, volunteer your time, join a Council, or to make financial contributions.

We look forward to our continued partnership.

Joining you in service,

Vernease H. Miller, MHA, JD  
Chair, Board of Directors



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## **History**

### **Carolinas Association for Community Health Equity - CACHE**

#### **Health Care Disparities in the United States**

In the United States, access to health care cannot be taken for granted. Quality health care is even less guaranteed for a growing number of citizens in our communities. Despite monumental advances in technology and the proliferation of pharmaceuticals that decrease death and disability, a large and ever growing segment of the population continues to suffer from many treatable and curable diseases.

#### **Published Scientific Health Care Data**

Health disparities are real. The American Journal of Public Health reported in December 2004 that 886,000 more African Americans died between 1991 and 2000 as a result of unequal healthcare compared to Caucasian Americans. Latino Americans, Asian Americans, and American Indians show similar and often worse outcome statistics.

Minorities suffer chronic illnesses in disproportionately greater percentages than their majority counterparts. Their illnesses include cardiovascular disease, diabetes, HIV/AIDS, sexually transmitted diseases, asthma, cancer, stroke, end-stage kidney disease, which requires extensive dialysis treatment.



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Published scientific data confirms that women are often treated differently than men in the healthcare system. More recent medical literature implies that racial and ethnic minorities may not receive the same treatment as the majority of the population.

Senior citizens are also victims of healthcare disparities. Minority populations are faced not only with the intrinsic human paranoia about disease, but also with barriers of literacy and language, social and cultural practices, and the pressures of understanding a complex healthcare system. Given these facts, it is easy to see how large populations remain underserved or not served at all.

### **Sources of Health Care Disparities**

The sources of the disparities, rooted in historic and contemporary inequities, involve many participants at several levels. These participants include health systems' administrative processes and bureaucracies, health care professionals, and patients. The important issue of health care disparity cannot be ignored or diminished.

Unequal health care presents ethical problems of injustice. Equally important though, if unchecked, disparities in the growing minority populations will become problems of the whole community, affecting the very fabric of our society.



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## **North Carolina Appoints a Community Health Administrator**

In 2000, North Carolina's health director deemed the elimination of health disparities a critical issue. In an effort to address health disparity problems in Charlotte and Mecklenburg County, the director of the Mecklenburg County Health Department created the position of Community Health Administrator.

The current Community Health Administrator, Cheryl Emanuel, led a series of community think tank dialogues. These dialogues brought together various representatives from health groups, minority organizations, universities, community and faith-based organizations, as well as the private sector.

## **Educational Collaborative for the Elimination of Health Disparities in Mecklenburg County**

In June 2004 a leadership symposium initiated by the Mecklenburg County Health Department-in cooperation with Johnson C. Smith University, Pfeiffer University, and UNC Charlotte, was held to address health disparity issues in the Charlotte Mecklenburg and the surrounding communities.



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Ms. Emanuel of the Mecklenburg County Health Department, Dr. Vernease Miller of Pfeiffer University, Drs. Diane Bowles and Charlotte Cobb-Grant of JCSU, and Drs. Jackie Dieneman and Lutchmie Narine of UNCC exercised strong collaborative leadership during the symposium. From that symposium was born the **Educational Collaborative for the Elimination of Health Disparities in Mecklenburg County.**

Uniquely, our Educational Collaborative sought a constituency base and heard many concerned voices about healthcare disparities within Mecklenburg County.

In October 2004, the Educational Collaborative for the Elimination of Health Disparities hosted a successful health summit, "Our Health, Our Priority, Our Policy," to raise awareness, prioritize solutions, and formulate an agenda for policy development. Over 300 at risk citizens, community leaders, and public officials attended.



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## **Independent Initiatives**

Also in October 2004, Drs. Yele Aluko and Jerome Williams, Jr., members of the Charlotte Medical Society, were involved in an independent and parallel initiative to address health disparities in the community targeting at-risk populations. Apparent to the participants was that empowering patients through education was instrumental in reducing health disparities.

Partnering with Presbyterian Healthcare System, Carolinas Healthcare System, the Charlotte Medical Society, the Mecklenburg County Medical Society, and several other corporate supporters, this initiative resulted in the inauguration of a series of annual minority health symposiums evaluating health care disparities for minority populations. More than 600 concerned citizens, public officials, health care providers, and corporate leaders attended this inaugural conference.



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## **CACHE emerges**

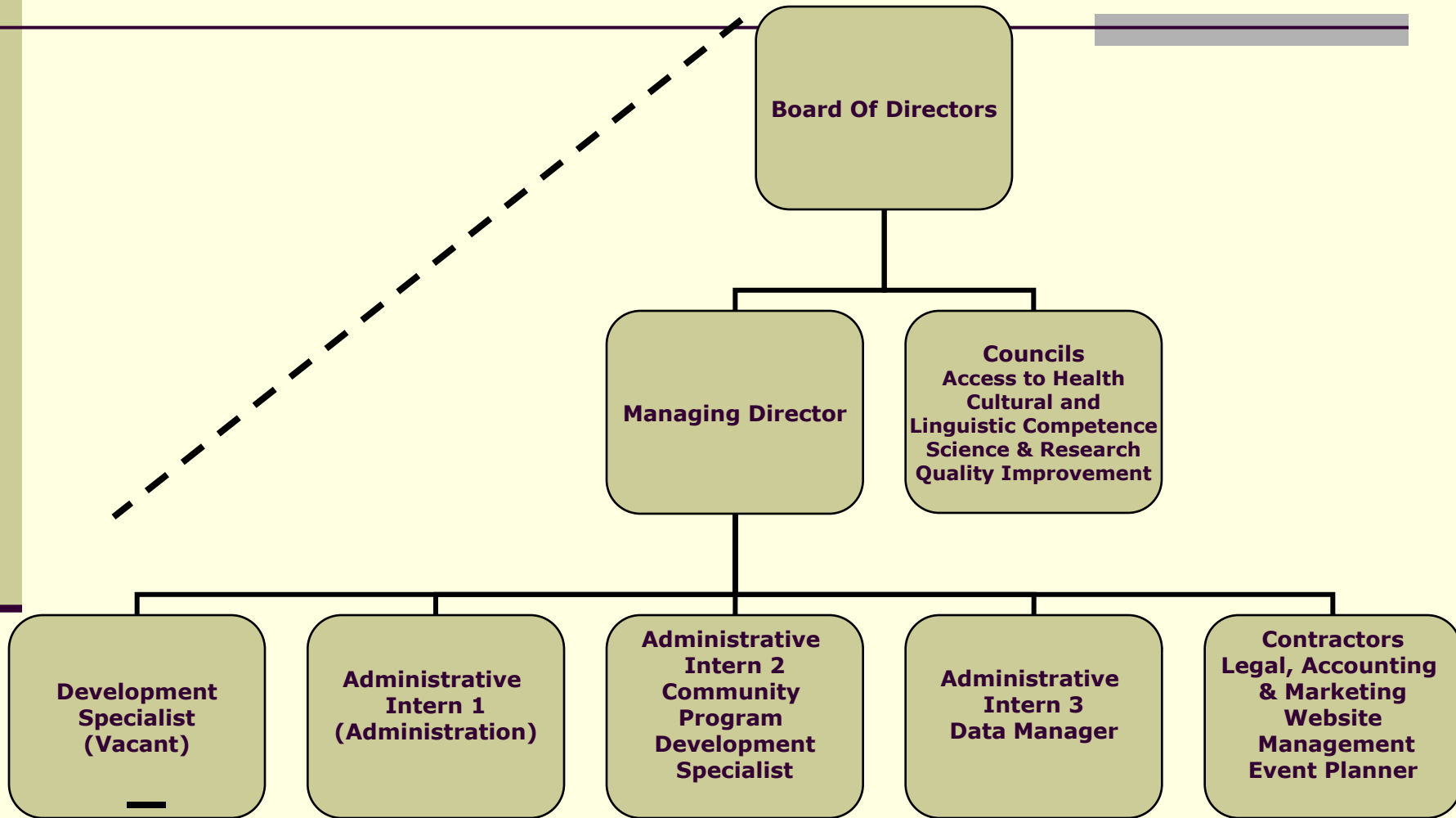
The organizers of these separate yet similar conferences realized that both initiatives had commonality of vision and purpose, with a primary goal of eliminating health disparities in Mecklenburg County. A coalescence of these independent efforts resulted in the formation of the **Carolinas Association for Community Health Equity - CACHE**.

The strength of this effort is the unprecedented commitment by individuals and organizations partnering for the greater good of all constituents in Mecklenburg County. The collaboration includes local and state governments, health professionals, institutions of higher learning, community associations, faith based groups, and other public and private health related organizations.

## **Purpose**

CACHE, a 501(c) 3, strives to be a leading partnership-based organization for achieving community health equity in the Carolinas. Our mission is to create collaborative partnerships focused on improving health by eliminating health disparities that affect racial, ethnic, and other at-risk populations.

# Organizational Structure



Key: - - - Collaborative Reporting Relationship



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## Our Mission

Create collaborative partnerships focused on improving health by eliminating health disparities that affect racial, ethnic, and other at-risk populations.

## Our Vision

Become the Carolinas' leading partnership-based organization for achieving community health equity.

## Our Values

**Diversity:** We represent the community with respect to race, ethnicity, gender, class, age, language, etc.

**Collaboration:** We work with community organizations to achieve our mission, vision, and goals.

**Accountability:** We honor our commitments to one another, to members, to the organization, to the community, and to our supporters.

# CACHE

## Strategy Deployment



# ***CACHE***

## ***Strategic Goal: Develop Structure***

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### **Strategy 1**

Develop an operating governance agreement

### **Actions/Projects**

Write policies and procedures that govern the transitions of CACHE

### **Indicators of Success**

- Written guidelines
- Actions taken on behalf of CACHE are approved by the Board

# **CACHE**

## ***Strategic Goal: Develop Structure***

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### **Strategy 2**

Build a cooperative CACHE Team for buy-in to a process for maintaining effective interpersonal relationships with the CACHE team

### **Actions/Projects**

Conduct a Team Building Retreat (1-2 days) to develop the knowledge and skills for engaging in cooperatively working together

### **Indicators of Success**

- Written documentation outlining the Cooperative Process (see appendix)
- Agreed upon common language and framework for addressing the “isms” in relationship to healthcare disparities

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## ***Strategic Goal: Develop Structure***

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### **Strategy 3**

Develop the governance and operations model

### **Actions/Projects**

- Develop formal governance documents  
-bylaws, human resource policy and procedures, and financial policy and procedures
- Develop marketing plan to promote CACHE
- Obtain office space and staffing

### **Indicators of Success**

- Functional website
- Designed and printed stationary
- Functional office space

# ***CACHE***

## ***Strategic Goal: Develop Structure***

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### **Strategy 4**

Obtain sources of funding

### **Actions/Projects**

Write and submit grant applications  
Hire a development specialist

### **Indicators of Success**

Funding obtained to support the activities and staffing

# **CACHE**

## ***Strategic Goal: Develop Structure***

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### **Strategy 5**

Complete legal requirements for being a recognized 501 (c)3 non-profit organization by the IRS and the State of North Carolina

### **Actions/Projects**

Write policy and procedures manual

### **Indicators of Success**

- Completed Policy and Procedure Manual
- Filing is complete for legal documents
- Plan for staffing and funding provides for the needs of the organization

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## ***Strategic Goal: Improve Access***

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### **Strategy 1**

Connect people to healthcare services and healthcare services to people

### **Actions/Projects**

- Health and Wellness Education and Screening Program
- Community Resource Book for Seniors
- Survey Card for Providers

### **Indicators of Success**

- Increase in the utilization of available healthcare resources by making at-risk populations aware of their existence and how to access them
- Increase in the utilization of allied health providers and mobile health units at community-based sites
- Institutional providers will make their resources (human and capital) available where people live, work, worship and play

# **CACHE**

## ***Strategic Goal: Improve Access***

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### **Strategy 2**

Empower community-based organizations to better attend to the basic healthcare needs of their constituents

### **Actions/Projects**

- Encourage the development of Parish/Congregational Nurse Ministries
- Train Lay Health Advisors
- Foster an environment of trust and cooperation between established institutional providers and community-based organizations

### **Indicators of Success**

- Distribution of resource materials and coordinated training sessions for Lay Health Advisors on how to better connect people to appropriate services
- Education for the public about the availability of community resources and demonstration of empowerment to use the resources appropriately
- Increase in the number of faith-based organizations actively engaged in Parish/Congregational nursing
- Increase in the number of certified Parish/Congregational Nurse programs in the Mecklenburg County Region

# **CACHE**

## ***Strategic Goal: Improve Access***

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### **Strategy 3**

Educate health service providers about health disparities and how their practice patterns impact the problem

### **Actions/Projects**

- Assist in the education of providers about the NC Best Care Project
- Distribute information about new innovations in health care
- Publish professional papers on health disparities

### **Indicators of Success**

- Key leaders symposium participation
- Number of published materials

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## ***Strategic Goal: Improve Access***

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### **Strategy 4**

Engage community-based organization on the process of improving the health of their constituencies

### **Actions/Projects**

- Promote participation in CACHE
- Promote participation in Parish Nurse Certification Programs
- Send communications to Neighborhood Groups (key gathering places)
- Workshop on community capacity planning

### **Indicators of Success**

- Number of participants
- Identification of and communication with key community and neighborhood leaders
- Regular attendance and presentations to Northwest Corridor Neighborhood Leaders
- Number of Memorandum of Agreements established

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## ***Strategic Goal: Improve Access***

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### **Strategy 5**

Advocate for public policy changes that advance health equity and access

### **Actions/Projects**

- Monitor legislation (local/state)
- Comment on proposed legislation
- Encourage servant leadership projects in the community by students (high school, college and graduate school)

### **Indicators of Success**

- Number of comments submitted for appropriate legislative review
- Number of involved students
- Access Council's Annual Report
- Survey of the community on Access Activities

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## ***Strategic Goal: Improve Quality***

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### **Strategy 1**

Serve as key regional leaders and partners in community based initiatives and efforts to reduce disparities in the quality of healthcare locally and nationally

### **Actions/Projects**

- Identify the problems related to quality and healthcare disparities.
- Link to other organizations in the Carolinas who are working on health disparity issues
- Identify key ideas, concerns, and initiatives
- Sponsor education and outreach programs
- Develop measuring tool to gauge how we are doing

### **Indicators of Success**

- Representative input from respective stakeholders
- Analysis of data outcomes resulting in development of vision and goals for the community
- Adoption and incorporation of quality standards
- Positive change in outcomes reported by measuring tool

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## ***Strategic Goal: Improve Quality***

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### **Strategy 2**

Define and formulate benchmarks for quality of care for minorities and under-served populations.

### **Actions/Projects**

- Research and analysis ( needs and gaps)
- Measure diabetes and cancer data
- Identify cost-effective, efficacious, and evidence-based strategies

### **Indicators of Success**

- Report(s) generated on issues related to disparities and healthcare quality
- A clear picture is established on how our target groups are impacted
- Application of strategies to improve and measure outcomes

# ***CACHE***

## ***Strategic Goal: Improve Quality***

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### **Strategy 3**

Identify system-wide barriers (provider and consumer) to providing high quality care and to create workable solutions

### **Actions/Projects**

- Develop community initiatives based upon research outcomes
- Annual disease focused symposium
- Develop outreach and education projects that employ creative thinking

### **Indicators of Success**

- Development of audience appropriate community initiatives.
- Deliver a break-out session and/or materials related to quality outcomes
- Initiate outreach and education projects

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## ***Strategic Goal: Improve Cultural & Linguistic Competence***

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### **Strategy 1**

Increase the number of students of color (i.e. African-American, Latina/Latino, Asian American, Native American) who choose health care as a field of study

### **Actions/Projects**

- Identify health care administrators and others committed to introducing students of color to healthcare professionals (i.e. who already are working with youth)
- Partner with identified others to develop a week long institute designed to encourage students of color to consider health care as a profession
- Partner with identified others to be speakers on issues of health disparities to students of color

### **Indicators of Success**

- 100 students of color will participate in a week long institute designed to encourage students of color to choose health care as a field of study
- 2% increase in the number of students of color in Mecklenburg County who choose health care as a field of study

# **CACHE**

## ***Strategic Goal: Improve Cultural & Linguistic Competence***

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### **Strategy 2**

Empower the CACHE board to increase its interpersonal effectiveness in addressing issues of cultural and linguistic competence at the personal, interpersonal, institutional, and cultural levels

### **Actions/Projects**

- Conduct a 2-3 day cultural and linguistic strategic competency workshop
- Conduct a 2-3 hour cultural and linguistic strategic competency session each quarter
- Review the Cultural and Linguistic Competence plan yearly

### **Indicators of Success**

- Each CACHE board member will have a tool kit of knowledge, skills, and tools to effectively assist the Cultural and Linguistic Competency Council achieve its cultural and linguistic goals
- By the end of each year, each Board members will have developed 3 allies who will commit to supporting the elimination of health care disparities in their sphere of influence
- Each board member will use him/herself as a personal example of how to be an “empowered advocate” for the elimination of health disparities

# **CACHE**

## ***Strategic Goal: Improve Cultural and Linguistic Competence***

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### **Strategy 3**

Offer cultural and linguistic competence workshops to patients (including youth and children), community groups, and health care providers to help improve the quality of health care

### **Actions/Projects**

- Each year, provide at least 4 empowering patients workshops designed to increase patients ability to be advocates for themselves in their health care
- Each year, provide at least 4 empowering the community workshops designed to increased the community's ability to create a climate where health care is a priority through the community

### **Indicators of Success**

- Pre and post test results administered to patients, community groups, and health care providers will indicated a 5% increase in 1) patients feeling empowered to be advocates in their health care, 2) community groups having created networks of health ambassadors throughout their communities, and 3) health care providers "behaviorally" demonstrating cultural and linguistic humility
- Survey results representing increased appreciation among whites and people of color about the importance of cultural and linguistic competence in administering effective health care

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## ***Strategic Goal: Improve Cultural & Linguistic Competence***

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### **Strategy 3**

Offer cultural and linguistic competence workshops to patients (including youth and children), community groups, and health care providers to help improve the quality of health care

### **Actions/Projects**

- Each year, provide at least 4 cultural and linguistic competence workshops to health care providers that primarily work in communities of color
- Partner with AHEC, Mecklenburg County Health Department and identified others to conduct these workshops

### **Indicators of Success**

By year's end, 4 workshops for patients, community groups, and health care providers will have been conducted

# **CACHE**

## ***Strategic Goal: Improve Cultural & Linguistic Competence***

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### **Strategy 4**

Advocate for state and local policies that address issues of cultural and linguistic competence in health care

#### **Actions/Projects**

- Identify state and local entities that distribute monies for health care disparities and determine if policies are in place that address cultural and linguistic competence
- Develop alliances with other advocates for cultural and linguistic competence in health care
- Develop and/or advocate for policies that insure that those receiving monies for health care and health care disparities have policies in place that addresses cultural and linguistic competency skill issues

#### **Indicators of Success**

- State and local entities that distribute money for health care and health care disparities have policies on cultural and linguistic competence care
- State and local entities that distribute money for health care and health care disparities require that those that receive monies for health care and health care disparities have in place policies on cultural and linguistically competence care

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## ***Strategic Goal: Science & Research***

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### **Strategy 1**

Develop an interdisciplinary academic community research partnership in health disparities

### **Actions/Projects**

- Seek external funding to support infrastructure development
- Develop a Directory of University Professors engaged in health disparities research in our region
- Identify mechanisms to foster awareness of health disparities education and training

### **Indicators of Success**

- Publish directory
- Identify community research opportunities

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## ***Strategic Goal: Science & Research***

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### **Strategy 2**

Promote education and training in health disparities

### **Actions/Projects**

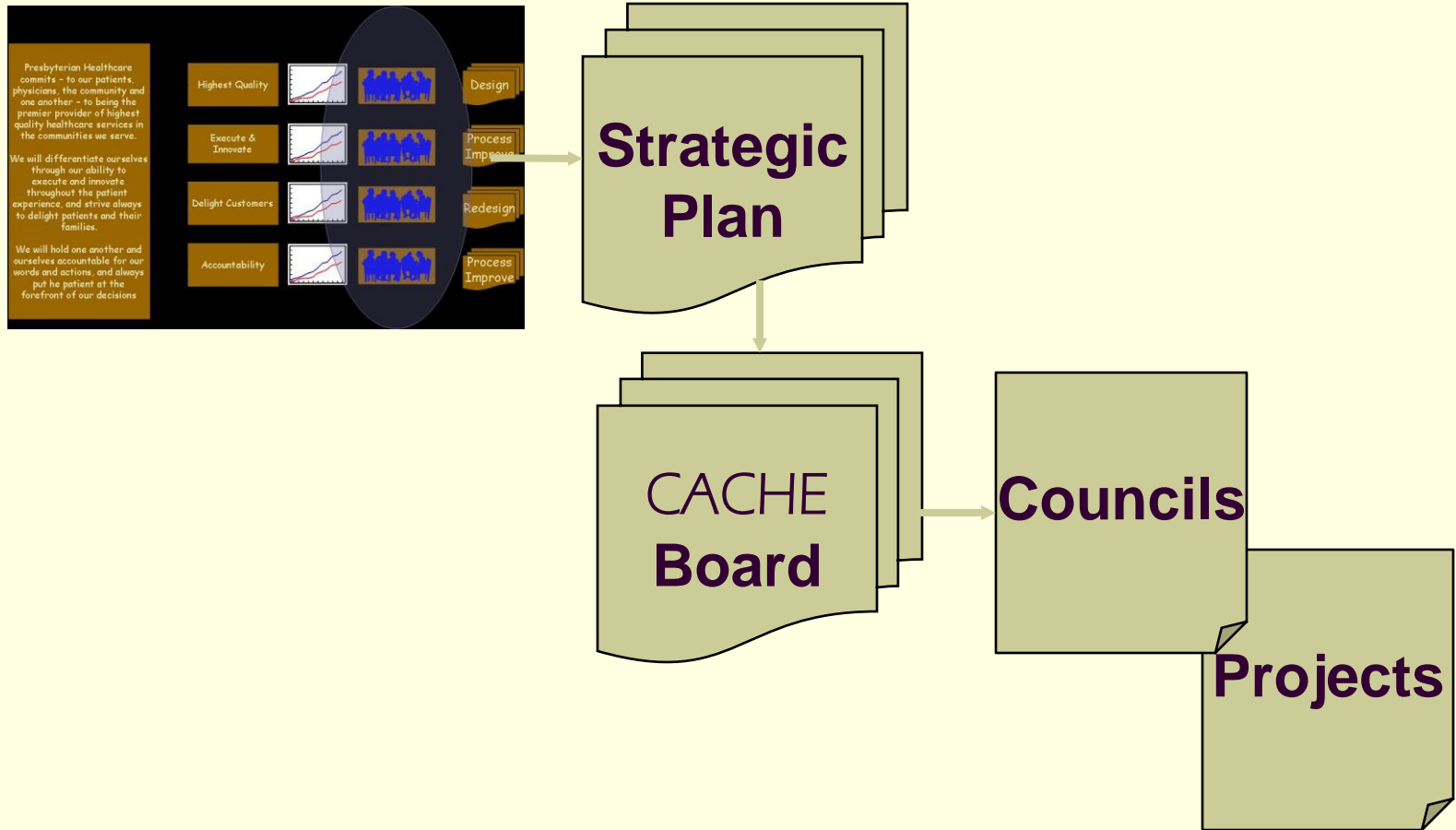
- Collaborate with the National and Local Urban League
- Collaborate with local agencies who provide training opportunities to increase exposure of their services

### **Indicators of Success**

Number of collaborative trainings scheduled and implemented

# CACHE

## Next Steps



# CACHE

## Progress Report

Action Item	Objectives	Responsible Person	Target Completion Date	Status
<b>Board</b>				
Appoint Managing Director	To confer express authority to the Board Chair to serve as Managing Director until such time as other administrative oversight is arranged.	Board	April 2007	Completed
Prepare press release announcing Board composition, corporate contact information, upcoming symposium topic, date and location.	Notify the general membership and public of our location and contact information	Managing Director	May 2007	Completed
Instruct General Counsel to review Bylaws and recommend changes that will add clarity to Board structure, process and organizational membership	Stabilize corporate structure	Executive Committee	Dec. 2007	In Progress

# CACHE

## Progress Report

Action Item	Objectives	Responsible Persons	Target Completion Date	Status
<b>Board</b>				
Review company policies	Establish an official Policy Manual for Board Approval	Executive and Policy Committees	September 2007	Accounting Procedures are under review by Treasurer, and Accountant
Investigate staffing options	Decide on corporate structure and hire a staff person to handle development functions	HR Committee	August 2007	Completed
Contact former active members of CACHE and invite them to re-engage with Councils	Revitalizing core constituencies	Chair Secretaries Board Members		Completed
Finalize Strategic Plan and submit to Board for approval	Prepare document for dissemination at 2007 Symposium	Managing Director Board	July 2007	Completed
Hold Board Retreat	Planning	Board	April 17th	Completed

# CACHE

## Progress Report

Action Item	Objectives	Responsible Persons	Target Completion Date	Status
<b>ADMINISTRATION</b>				
Open office at 4701 Park Rd.	Establish a functional office space that can accommodate staff and official records	Managing Director	May 2007	Completed
Hire and hold orientation training for three Graduate Interns	Create an administrative team -Administrative Lead Intern -Data Management -Community Program Development	Managing Director	May – August	Completed
Hold Open House	Notify public of our official office location	Administrative Team	June 12 <sup>th</sup>	Completed
Implement accounting and check writing procedures	Establish and implement office management	Treasurer Managing Director Accountant	Jan. 2007	Completed
Purchase office supplies and business equipment	Establish a functional office for staff and Board use	Managing Director Treasurer Secretaries Staff	May 2007	Completed
Audit banking records and meet with Accountant	Review and validate official records for reporting purposes	Treasurer	July 2007	In Progress

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## Progress Report

Action Item	Objectives	Responsible Persons	Target Completion Date	Status
<b>ADMINISTRATION</b>				
Review/revise 2007-08 Corporate Budget	Establish financial guidelines for the current fiscal year for Board approval	Treasurer in cooperation with Managing Director	August 2007	Completed
Contact major vendors	Review project status	Managing Director Administrative Team	May/June	Completed
Prepare job description for Development Specialist	Prepare to recruit	Personnel Committee Linda Gallehugh	July 2007	Completed
Recruit, interview, screen and hire Development Specialist	Fill vacant position	Personnel Committee L. Gallehugh & Board	October start date	Completed

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## Progress Report

Action Item	Objectives	Responsible Persons	Target Completion Date	
<b>ADMINISTRATION</b>				Completed and ongoing
Create and disseminate PR materials <ul style="list-style-type: none"> <li>•E-blast communications</li> <li>•Newsletter (Connections)</li> <li>•Website Update</li> <li>•Meeting Reminders</li> <li>•Save-the-date Card for Symposium</li> <li>•Press Releases</li> </ul>	Establish a public brand and facilitate timely communications	Contractor and Administrative Team	May/June 2007	Ongoing
Symposium Planning	Participate in symposium planning efforts; volunteer recruitment and training and management of Media Consultant and Event Planner	Symposium Directors: Drs. Aluko and Williams and Managing Director	May – October	

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## Progress Report

Action Item	Objectives	Responsible Persons	Target Completion Date	
<b>Councils and Committees</b>				Ongoing
Development & Advancement Committee	Provide monthly progress reports	Symposium Directors: Drs. Aluko and Williams	Monthly	Ongoing
Finance & Audit Committee	Provide monthly financial reports and quarterly statements	Treasurer Mark Martin	Monthly/Quarterly	Ongoing
Submit grant applications	Provide for operational support	Managing Director Development Specialist		Ongoing
Access Committee	Reassemble committee and continue established action plan. Provide monthly progress report.	LaTonya Chavis	Meeting held with Chair and objective established	Ongoing
Education, Research & Evaluation	Provide monthly progress reports	Dr. Ruth Greene	Meeting held with Chair & objectives established	Ongoing
Cultural/Linguistic Competence	Define action plan and report monthly on activities	Dr. Deborah Walker	Meeting held & objectives established	Ongoing
Quality Council	Establish committee and work plan	Byron Grimmatt	Meeting held with Chair & objectives established	Ongoing

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## Progress Report

Action Item	Objectives	Responsible Persons	Target Completion Date	
<b>General Assembly</b>				In Progress
Establish membership requirements in keeping with Bylaws and General Counsel recommendations	Concretely establish membership records for voting and Council participation purposes	Secretaries Membership Committee	To be done in concert with Bylaws revisions	Ongoing
Join a Council	Participating in ongoing community projects	Individuals	Can be done online	Ongoing
Participate in General Meetings	Program input and information dissemination	Individuals	Ongoing	Ongoing
Purchase tickets for the symposium	Support the educational programs of CACHE	Individuals and organizations	Online registration	



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# ***Annual Symposia***

# 1<sup>st</sup> Annual Health Symposium Description (2004)

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## **Disease Focus: Cardiovascular Disease**

The 2004 health symposium focused on heart disease. Over 300 people attended. That event raised \$15,000 to benefit Physicians Reach Out, a program that serves uninsured and low-income residents of Mecklenburg County. An additional \$15,000 was donated to free medical clinics in Mecklenburg County.

Attendance: 350

# 2<sup>nd</sup> Annual Health Symposium Description (2005)

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## **Disease Focus: Cancer**

The 2005 health symposium focused on cancer and its devastating impact on minorities.

Goals: To increase awareness of healthcare disparities; to facilitate prevention and early detection of disease; and to aid minorities in better understanding the healthcare system

Event raised \$40,000 to benefit Physician's Reach Out and CACHE.

Speakers: James Gavin, MD, PhD (keynote), Emory University School of Medicine, and Representative Mel Watt.

Attendance: 500

# 3<sup>rd</sup> Annual Health Symposium Description (2006)

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## **Disease Focus: Diabetes**

### Goals:

- To increase awareness of, and provide an understanding of the factors contributing to healthcare disparities in diabetes case outcomes within minority populations
- To provide a forum to facilitate a better understanding of the need for preventive modalities, and the importance of early detection and initiation of treatment programs in diabetes
- To foster dialogue that will educate minorities on how to more efficiently access and navigate healthcare systems
- To facilitate the development of more effective strategic partnerships between CACHE and other organizations to create processes to eradicate health care disparities among at-risk populations
- To obtain funding to support the mission of CACHE and its programs

Speakers: Sam Dagogo-Jack, MD – Professor of Medicine, University of Tennessee College of Medicine

Special Guest: Vivian Maddox PhD. Assistant Director National Institute of Child Health and Human Development, National Institutes of Health, Bethesda MD

Attendance: 800

# 4<sup>th</sup> Annual Health Symposium Description (2007)

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## **Disease Focus: HIV/AIDS**

### Goals:

1. To increase awareness of, and provide an understanding of the contributing factors which result in the disparities in HIV/AIDS healthcare outcomes
2. To provide a forum to facilitate a better understanding of the need for preventing modalities, and the importance of early detection and initiation of treatment programs
3. To foster dialogue geared toward educating minority populations how to more efficiently access and navigate healthcare systems
4. To facilitate the development of more effective strategic partnerships between CACHE and other organizations
5. To obtain funding to support the mission of CACHE and its programs

### Speakers:

Mr. Phill Wilson, Executive Director of Black AIDS Institute, Los Angeles, CA  
Therman Evans, M.D, Ph.D., Pastor, Morning Star Community Christian Center, New Jersey

Special Guest: Actress Sheryl Lee Ralph



Our Health  
Our Priority  
Our Policy

CACHE

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***CACHE receives funding from corporate partners who have provided donations and in-kind support to fund our program planning, development and office maintenance. It would not be possible to address our mission to eliminate health disparities in the Carolinas without their generous support.***

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# CACHE Website

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[www.cachenc.org](http://www.cachenc.org)

