

State of the Health Equity Movement

2011 Update

Part B: Catalog of
Activities

State of the Health Equity Movement, 2011 Update

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DRA Project Report No. 11-02

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Introduction

Since 2009, the Disparity Reducing Advances Project (DRA Project) led by the Institute for Alternative Futures periodically releases Health Equity Movement Updates, a set of reports that serve as a resource and provide a window into the growing health equity movement in the U.S. The present report is a component of the DRA Project's 2011 Health Equity Movement Update, which also includes "Part A: Overview" (DRA Project Report 11-01), and "Part C: Compendium of Recommendations" (DRA Project Report 11-03). All three 2011 reports represent updates of a set of 2009 DRA Project reports that summarize health equity efforts and the movement prior to late 2009 (DRA Project Reports 09-01, -02, and -03). All of the DRA Project reports are available at www.altfutures.org/draproject.

Part B: Catalog of Activities is an illustrative compilation of 159 initiatives, conferences and events, publications, and social networking activities related to health equity that have been established or enhanced between 2009 and 2011. (In comparison, the 2009 State of the Health Equity Movement memo featured 60 initiatives, publications, and events.) In the 2011 Catalog of Activities, we organized the 159 entries into four sections:

- A. Initiatives (global, national, state, local, and regional initiatives that address health equity)
- B. Recent conferences and events
- C. Publications
- D. Social networking/Listserve

In terms of methodology, we have compiled readily available cases. All of the information in this report has been taken directly from internet-accessible sources, often quoting directly from the documents or website. We acknowledge that we may have overlooked some efforts. Furthermore, the breadth of the social determinants of health¹ means that this compilation does not deal with many of the components in

¹ The Centers for Disease Control and Prevention (CDC) defines the social determinants of health as: "The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services,

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detail (e.g. housing, jobs, education, transportation, social inclusion). Please note that the social determinants of health, rather than health care, are the focus of most of the health equity activities included in the Catalog of Activities.

If you would like to highlight an organization, event, activity, or other resource, please contact us at futurist@altfutures.org.

Overall Findings from the 2011 Catalog of Activities

The Health Equity Movement Continues to Grow.

Conferences, reports, and initiatives focused on or related to health equity have taken place at varying scales in the past two years, and the amount of these types of activities indicates that the movement plays an increasingly significant role in decision making. For example, at the national policy level, the federal government announced the Healthy People 2020 Objectives for the Nation, calling for the country to “achieve health equity.” Responses included the passing or implementation of the 2010 Patient Protection and Affordable Care Act, a National HIV/AIDS strategy, and the National Partnership for Action to End Health Disparities. Likewise, health equity activities are picking up at the state and local levels. The Catalog of Activities identifies 159 efforts across varying scales, whereas the 2009 version of the Catalog included 60 efforts. Similarly, the 2009 Compendium of Recommendations identified recommendations from 28 health equity related documents published roughly in the 2007 - 2009 period. In comparison, the 2011 update includes recommendations from 79 reports that were published since mid-2009. While the increases are significant, there are likely many more efforts and recommendations than we have been able to document in the 2011 State of Health Equity Movement Update reports.

The Themes Among Health Equity Activities and Recommendations Remain Consistent.

The same five key themes identified in IAF’s 2009 State of the Health Equity Movement documents continue to dominate. These are:

- Increasing awareness of health inequities and the social determinants of health;
- Advocacy and leadership for health equity and social justice;
- Emphasizing community empowerment;
- Increasing collaborative partnerships with all sectors; and
- The need for coordinating and utilizing research and outcome evaluations more effectively.

For a discussion of these themes, please see "Part A: Overview" (DRA Project Report 11-01).

and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world."

About The DRA Project

The Disparity Reducing Advances Project (the DRA Project, www.altfutures.org/draproject) is a multi-year, multi-stakeholder project developed by IAF to identify the most promising advances for bringing health gains to the poor and the underserved, and accelerating the development and deployment of these advances to reduce disparities. The DRA Project works to overcome health disparities by targeting the advances with the highest potential for reducing health disparities and then creating a network of organizations committed to accelerating the development and deployment of those advances. The network includes health care systems and local providers, major federal government agencies, technology developers, and consumer and patient organizations. The DRA Project has contributed to and facilitated many initiatives that address health disparities and increase awareness regarding health equity, including [reports](#), workshops, and [foresight briefings](#). As part of our commitment, the DRA Project will periodically identify and compile the actions that communities, governments, and others are taking to address health disparities and achieve health equity.

Table of Contents

A. Initiatives	11
Global Initiatives	11
1. WHO Commission on the Social Determinants of Health.....	11
2. Global Health Corps	11
3. Transition Network	12
National Initiatives for Health Equity in the U.S.....	12
4. Patient Protection & Affordable Care Act.....	12
5. Healthy People 2020	13
6. The National HIV/AIDS Strategy.....	13
7. IOM's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities ..	14
8. The Microenterprise and Health Intervention Development Project	15
9. National Association of County and City Health Officials	15
10. American Cancer Society	16
11. American Cancer Society Cancer Action Network (ACS CAN)	18
12. Advancing the Movement.....	19
13. Convergence Partnership.....	20
State & Local Initiatives that Address Health Equity	22
14. ASTHO 2010 Snapshots: State Activities to Promote Health Equity.....	22
15. ASTHO: Impact of Budget Cuts on State and Territorial Public Health Services.....	22
16. NCSL: State Profiles: Minority Health and Health Offices.....	23
17. American Cancer Society and the Colon Treatment Act.....	23
18. American Cancer Society and Cancer Education and Early Detection.....	24
Health Equity in Selected States.....	24
19. Arizona Health Disparities Center (AHDC)	24
20. Arkansas Minority Health Commission	25
21. California FreshWorks Fund.....	25
22. Connecticut Commission on Health Equity.....	26
23. Hawaii Office of Health Equity	26
24. Iowa Department of Public Health – Office of Minority and Multicultural Health	26
25. Kansas Department of Health and Environment – Center for Health Equity	27
26. Kentucky Office of Health Equity – Kentucky Department for Public Health.....	28
27. Maine Center for Disease Control- Office of Minority Health	29

28. Maryland Department of Health and Mental Hygiene, Office of Minority Health & Health Disparities29

29. Massachusetts Office of Health Equity31

30. Michigan Department of Community Health, Division of Health, Wellness and Disease Control Health Disparities Reduction and Minority Health Section31

31. Mississippi Health Advocacy Program: Food Policy Council32

32. Nebraska Office of Health and Human Services – Office of Minority Health and Health Equity .32

33. New Jersey Department of Health and Senior Services – Office of Minority & Multicultural Health.....33

34. North Carolina Department of Health and Human Services – Office of Minority Health and Health Disparities.....33

35. Ohio Commission on Minority Health33

36. Oklahoma Health Equity Campaign34

37. Oklahoma State Department of Health – Office of Minority Health.....34

38. Pennsylvania Department of Health Equity.....34

39. Tennessee Department of Health – Division of Minority Health and Disparity Elimination & Health Equity Commission35

40. Office of Minority Health & Health Equity (Virginia)35

41. Washington State Board of Health – Governor’s Interagency Council on Health Disparities36

Health Equity at the Local Level36

42. Country Health Rankings.....36

43. The PLACE MATTERS Initiative37

44. Positive Pathways (District of Columbia).....37

45. Health Development Measurement Tool (San Francisco, California).....37

46. Santa Clara County Public Health Department (California)38

47. Shasta County Public Health & Health Equity (California).....38

48. Health Equity Alliance of Tallahassee (HEAT) (Florida).....39

49. Health Equity Coalition Hillsborough County (HECHC) (Florida).....39

50. Health Access and Health Equity – Sedgwick County (Kansas).....40

51. Frederick County Health Department - Health Equity (Maryland).....40

52. The Port Towns Community Health Initiative (Maryland)41

53. Montgomery County Department of Health and Human Services (Maryland).....41

54. Washtenaw County Public Health – Health Equity/Social Justice Team (HESJT) (Michigan)42

55. Douglas County Health Equity Team (Nebraska)42

56. Albuquerque-Bernalillo County Health Equity Assessment Tool (ABCHEAT) (New Mexico).....42

57. Mahoning Valley –Organizing Collaborative: Health Equity (Ohio).....42

58.	King County – Equity & Social Justice Initiative (Washington).....	43
59.	Milwaukee Center for Health Equity (Wisconsin).....	43
	Regional Health Equity Networks.....	44
60.	Bay Area Regional Health Inequities Initiative (BARHII)	44
61.	California Pan-Ethnic Health Network (CPEHN).....	44
62.	Carolinas Association for Community Health Equity (CACHE).....	44
63.	CHOICE Regional Health Network (Central Western Washington)	45
64.	Institute for Public Health Innovation.....	45
65.	New England Partnership for Health Equity	45
66.	North Texas Health Equity Project.....	46
67.	Association of Academic Health Centers (AAHC) Task Force on Academic Health Centers and the Social Determinants of Health (2011).....	46
68.	American Cancer Society (ACS): Working in Communities to Reduce Disparities in Breast Cancer Screening – the Deep South Disparities Project	46
B.	Selected Conferences & Events.....	48
	National	48
69.	10 th Annual New Partners for Smart Growth: Building Safe, Healthy and Livable Communities.	48
70.	American Diabetes Association - American Diabetes Association 4th Annual Disparities Partnership Forum, Overcoming Disparities: Reducing the Burden of Diabetes Complications..	48
71.	Association of Academic Health Centers, The University of California, Davis and the University of New Mexico Health Sciences Center – Academic Health Centers and the Social Determinants of Disease: Measuring Success by our Populations’ Health	49
72.	American Public Health Association - The American Public Health Association Midyear Meeting – <i>Implementing Health Reform – A Public Health Approach</i>	49
73.	Centers for Disease Control and Prevention - 2011 Public Health Informatics Conference – <i>Engaging, Empowering, Evolving Together</i>	49
74.	Berkeley School of Public Health Annual Conference 2011	50
75.	2011 Congressional Black Caucus Foundation Fall Health Braintrust – The Politics of Race and Health Equity.....	50
76.	Communities Joined in Action - Communities Joined in Action Annual Conference and Workshops Improving Health ~ Eliminating Disparities in an Age of Healthcare Reform.....	50
77.	American Psychological Association – Inequity to Equity: Promoting Health and Wellness of Women with Disabilities	50
78.	American Public Health Association (APHA) - Annual Meeting & Exposition – Healthy Communities Promote Healthy Minds and Bodies.....	51
79.	Dialogue4Health Web Forums on Prevention & Equity	51
80.	Familias en Accion – 2011 and Beyond: Latino Health Equity Conference	54

81.	Families USA Health Equity Connection – Annual Conference.....	55
82.	Health Equity Summit – The Affordable Care Act and Beyond: Opportunities for Achieving Health Equity.....	55
83.	Joint Center for Political and Economic Studies – Place and Health Equity Conference: <i>Place Matters National Conference</i>	55
84.	Leadership for Healthy Communities – Childhood Obesity Prevention Summit: Making the Connection: Effective Approaches to Preventing Childhood Obesity	56
85.	Martin Luther King Jr. National Memorial Dedication Ceremony	56
86.	Michigan State University - 2011 Michigan State University Symposium on Multicultural Psychology: Occupational Health Disparities among Racial and Ethnic Minorities: Formulating Research Needs and Directions.	56
87.	National Association of County and City Health Officials (NACCHO) – NACCHO Annual 2011 Conference – Moving Public Health Forward During Challenging Times	57
88.	National Association of County and City Health Officials (NACCHO) Annual Public Health Preparedness Summit 2011	57
89.	National Rural Health Association (NRHA) - Rural Multiracial and Multicultural Health Conference, <i>New Horizons in Rural Health Care: Vision or Mirage</i>	57
90.	Policy Link – Equity Summit 2011	58
91.	Robert Wood Johnson Foundation Martin Luther King, Jr., Health Equity Summit	58
92.	Rural Nurse Organization (RNO) and Decker School of Nursing - The Canopy of Health Care for Rural & Underserved Populations: Strengthening the Root System	58
93.	William and Ida Friday Center for Continuing Education – UNC Minority Health Conference: “The Promise of Health Equity: Advancing the Discussion to Eliminate Disparities in the 21 st Century”	59
94.	University of Illinois at Chicago School of Public Health – 2011 Minority Health in the Midwest Conference – The Promise of Health Equity: Advancing the Discussion to Eliminate Disparities in the 21 st Century.....	59
	State Health Equity Events	60
95.	Maryland Public Health Association - Annual Meeting 2011	60
96.	North Texas Eye Research Institute - 6th annual Texas Conference on Health Disparities	60
97.	University of Tennessee Health Science Center – Consortium for Health Education, Economic Empowerment and Research 2011 (CHEER) Conference	60
98.	Virginia Public Health Association (VAPHA) Health Equity Conference – Advancing the Public Health through Community Engagement and Communication	61
	Canada	61
99.	Canadian Society for International Health, the Consortium of Universities for Global Health, and the Global Health Education Consortium – 2011 Global Health Conference: Advancing Health Equity in the 21 st Century.....	61
100.	Ryerson University – Promoting Health Equity: Action on the Social Determinants of Health....	62

Other Nations	62
101. Ethiopian Public Health Association – 2012 World Congress on Public Health.....	62
102. Public Health Association of South Africa (PHASA) – 7 th PHASA 2011 Conference – Closing the health equity gap: Public health leadership, education, and practice	63
International.....	63
103. The Center for Global Development – The Long Tail of Global Health Equity: Tackling the Endemic Noncommunicable Diseases of the Bottom Billion.....	63
104. International Society for Equity in Health – 6th International Conference: <i>Making Policy a Health Equity Building Process</i>	64
105. London School of Hygiene & Tropical Medicine (LSHTM) and the World Health Organization (WHO) - International Research Symposium: Equitable Health Services for People with Disabilities with a Focus on Low and Middle Income Countries.....	64
106. Social Determinants of Health – Inter-American Conference on Social Security (CISS) and the Universidad Iberoamerica (IBERO)	65
107. Street Medicine – International Street Medicine Symposium	65
108. Health in All Policies International Meeting, Adelaide	65
109. World Health Organization (WHO) – World Conference on Social Determinants of Health	66
C. Publications	67
110. Marmot Review.....	67
111. Cancer Disparities: Causes and Evidence-Based Solutions.....	67
112. Rockefeller Foundation Global Research Network on Urban Health Equity	68
113. A Framework for Public Health Action: The Health Impact Pyramid (2010)	68
114. A Green and Healthy Future: the settings approach to building health, equity, and sustainability (2010).....	69
115. A summary measure of health inequalities for a pay-for-population health performance system (2010).....	69
116. Action on Health Disparities in the United States: Commission on the Social Determinants of Health (2009)	70
117. Action on the Social Determinants of Health and Health Inequities Goes Global.....	70
118. Advancing Health Care Equity through Improved Data Collection.....	71
119. Bridging the Gap: Health Equality and the Deficit Framing of Health (2010).....	71
120. Can a Regional Government’s Social Inclusion Initiative Contribute to the Quest for Health Equity? (2010)	72
121. Complex problems require complex solutions: the utility of social quality theory for addressing the Social Determinants of Health.....	72
122. Data Systems Linking Social Determinants of Health with Health Outcomes: Advancing Public Goods to Support Research and Evidence-Based Policy and Programs	73

123.	Eliminating Health Disparities through Transdisciplinary Research, Cross-Agency Collaboration, and Public Participation (2009).....	73
124.	Emerging Issues in Improving Food and Physical Activity Environments: Strategies for Addressing Land Use, Transportation, and Safety in 3 California-Wide Initiatives	73
125.	Factors Influencing the Effectiveness of Interventions to Reduce Racial and Ethnic Disparities in Health Care (2010)	74
126.	Falling behind: life expectancy in US counties from 2000 to 2007 in an international context ...	74
127.	Feds Seek to Close African-American Health Gap	75
128.	Focusing on Solid Partnerships Across Multiple Sectors for Population Health Improvement (2010)	75
129.	From Healthy Homes to Health Equity (2010)	76
130.	From Concept to Practice: Synthesis of Findings	77
131.	From Politics to Parity: Using a Health Disparities Index to Guide Legislative Efforts for Health Equity	77
132.	Good Places to Live: Poverty and Public Housing in Canada	77
133.	Health Inequalities & Welfare State Regimes – A Research Note	78
134.	Leveling the Field – Ensuring Equity Through National Health Care Reform (2009)	78
135.	The National NAACP Obesity Advocacy Manual (2010-Present).....	79
136.	Public Values, Health Inequality, and Alternative Notion of a “Fair” Response (2010)	79
137.	Realizing Human Rights-Based Approaches for Action on the Social Determinants of Health (2010)	80
138.	Reducing health inequalities in priority public health conditions: using rapid review to develop proposals for evidence-based policy (2010)	80
139.	Reflections from the CDC 2010 Health Equity Symposium	81
140.	Social Conditions, Health Equity, and Human Rights.....	81
141.	Stereotype Threat and Health Disparities: What Medical Educators and Future Physicians Need to Know (2010).....	82
142.	Tackling Health Inequities through Public Health Practices (2010).....	82
143.	Taking the pulse of progress toward preconception health: Preliminary assessment of a national OMH program for infant mortality prevention.....	83
144.	NCHHSTP (The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention) 2010-2015 Strategic Plan and the Pursuit of Health Equity: A Catalyst for Change and A Step in the Right Direction	83
145.	The Science of Eliminating Health Disparities: Embracing a New Paradigm (2010).....	84
146.	The Ultimate Measures of Health.....	84
147.	The Social Determinants of Health, Health Equity, and Human Rights	84
148.	Use of Data Systems to Address Social Determinants of Health: A Need To Do More	85

149. Using Standardized Encounters to Understand Reported Racial/Ethnic Disparities in Patient Experiences with Care.....85

150. Health Communicator’s Social Media Toolkit – Center for Disease Control and Prevention (CDC), 201086

151. National Association of County & City Health Officials (NACCHO) – Roots of Health Inequity: A Web-Based Course for the Public Health Workforce88

152. Toolkit for Community Action – National Partnership for Action to End Health Disparities.....90

153. World Health Organization – Regional Office for Europe: Inequalities in Health System Performance and Their Social Determinants in Europe92

D. Social Networking & Listserves.....92

154. Advancing Health Equity Social Network (Virginia)93

155. Community Commons – Advancing the Movement.....94

156. National Association of County and City Health Officials (NACCHO) - Local Health Dept. National Coalition for Health Equity: *A place for local health departments to connect about health equity.*94

157. The PAHO Equidad List Serve on Equity, Health & Human Development.....95

158. Families USA’s Health Equity Newsletter.....95

159. The Spirit of 1848 Public Health Equity List Serve95

A. Initiatives

Global Initiatives

Organizations are introducing initiatives that strive to reduce disparities and promote equality across the globe, including the U.S. The World Health Organization and the Global Health Corps, for example, have introduced and campaigned worldwide for health equity-promoting government policies. Other initiatives offer solutions to assorted looming issues (e.g., housing, education) that will influence the distribution of health, disease, disability, death, and the structure and delivery of health systems.

1. WHO Commission on the Social Determinants of Health

The World Health Organization (WHO) established the Commission on Social Determinants of Health (CSDH) in 2005 to advise countries and global health partners in how to address the social, economic, and environmental circumstances leading to ill health and health inequity in the specific context of each country and region. Overarching recommendations, areas of work, and themes that emerged from the work of the Commission are described in an August 2008 final report, [Closing the gap in a generation: Health equity through action on the social determinants of health](#).

2011 WHO activities that have grown out of the work of the CSDH into global initiatives include:

World Conference on Social Determinants of Health

From October 19 to 21, 2011, the Government of Brazil hosted the [World Conference on Social Determinants of Health](#) in Rio de Janeiro, bringing Member States and other actors together to build support for implementing actions on the social determinants of health. On the second day of the conference, [125 participating Member States, including the U.S., adopted the Rio Political Declaration on Social Determinants of Health](#), which expresses global political commitment for the implementation of a social determinants of health approach to reduce health inequities and to achieve other global priorities. It is expected to help build momentum within countries for the development of dedicated national action plans and strategies. At the conference, the WHO also launched [Action: SDH](#), an electronic discussion platform, which aims to foster discussion and debate and to provide a clearing house to share experiences of actions aimed at improving health equity through addressing the social determinants of health.

For more information about the WHO Commission on Social Determinants of Health, visit www.who.int/social_determinants/en.

2. Global Health Corps

Founded in 2009, Global Health Corps (GHC) aims to mobilize a global community of emerging leaders to build the movement for health equity. GHC believes that a global movement of individuals and organizations fighting for improved health outcomes and access to healthcare for the poor is necessary in order to change the unacceptable status quo of extreme inequity. The program works to build the movement by:

- Increasing the impact of organizations today: During their fellowship year, fellows make a significant and measureable contribution to the partner organization and the target populations.
- Training and supporting the leaders of tomorrow: Over the course of the fellowship year, fellows participate in a wide range of activities aimed at increasing their effectiveness as practitioners and their development as leaders.
- Building a global community of change-makers: Fellows build a set of shared values, commitment, and skills that they carry well beyond the fellowship year.

Since its founding, GHC has been building an ever-growing community of GHC fellows and alumni devoted to health equity. In the first year of the program, 22 fellows served 5 nonprofits in 4 countries. For its third class (2011-2012), the program has grown to 68 fellows, serving in Burundi, Malawi, Rwanda, Uganda, and the U.S.

Visit the Global Health Corps' website at www.ghcorps.org.

3. Transition Network

The Transition Network, which began in early 2006, works to inspire, encourage, connect, support, and train communities as they self-organize around the transition model, creating initiatives that rebuild resilience and reduce CO2 emissions. As of November 14, 2011, nearly 400 official initiatives have started in over 35 countries around the world, and another nearly 500 groups and individuals are registered with the Transition Network as interested in actively using the Transition Model in their communities. Within the U.S., 103 official initiatives are spread across 31 states, in addition to nearly 160 potential initiatives.

The Transition Network is a UK based organization that supports the international Transition Movement as a whole. To view its website, visit www.transitionnetwork.org.

To learn about Transition Initiatives across the United States, visit www.transitionus.org.

National Initiatives for Health Equity in the U.S.

Major policies and activities aimed at promoting health equity have been introduced in national policy and by many organizations. The strategies proposed encourage healthy eating, active living, disease prevention and treatment, and a general overhaul of the United States health care system.

4. Patient Protection & Affordable Care Act

The Patient Protection and Affordable Care Act (also referred to as the Affordable Care Act or ACA) is a U.S. federal statute signed into law by President Barack Obama on March 23, 2010. The legislation will bring insurance coverage to more than 30 million people and also includes provisions related to disparities reduction, data collection and reporting, quality improvement, and prevention. The Affordable Care Act will also reduce health disparities by investing in prevention and wellness, and giving individuals and families

more control over their own care. As the Joint Center for Political and Economic Studies said in its report *Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations*, “The [Affordable Care Act] and its provisions to improve access, affordability and quality of care – in supporting comprehensive action to improve health and health services for racially and ethnically diverse patients and communities – lays a strong foundation for eliminating the legacy of health disparities.” To read the full report visit http://www.jointcenter.org/hpi/sites/all/files/PatientProtection_PREP_0.pdf

To learn more about the Patient Protection and Affordable Care Act, visit www.opencongress.org/bill/111-h3590/text and www.healthcare.gov/law/introduction/index.html.

5. Healthy People 2020

In January 2010, the U.S. Department of Health and Human Services launched “Healthy People 2020” as an extension of the program “Healthy People 2010.” Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of prevention activities. The overarching goals of Healthy People 2020 are to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminate disparities, and improve the health of all groups;
- Create social and physical environments that promote good health for all;
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Over the next decade, Healthy People 2020 will review health disparities in the U.S. population by “tracking rates of illness, death, chronic condition, behaviors, and other types of outcomes in relation to demographic factors.” These demographic factors include: race and ethnicity, gender, sexual identity and orientation, disability status or special health care needs, and geographic location (rural and urban).

Healthy People 2010 had included the overarching goal of “eliminating health disparities.” Healthy People 2020 explicitly adds “achieve health equity” as the part of the intent of the overarching goals.

For more information about this program, visit www.healthypeople.gov/2020/default.aspx.

6. The National HIV/AIDS Strategy

In July 2010, the White House released the National HIV/AIDS Strategy for the United States (Strategy) and the National HIV/AIDS Strategy Federal Implementation Plan (Federal Implementation Plan), which identifies specific actions to be taken by federal agencies to implement the Strategy’s goals. Together the Strategy and Federal Implementation Plan provide the nation’s first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015. The National HIV/AIDS Strategy seeks to:

1. Reduce the number of people who become infected with HIV;
2. Increase access to care and optimizing health outcomes for people living with HIV; and

3. Reduce HIV-related health disparities.

The Federal Implementation Plan is a companion to the National HIV/AIDS Strategy for the United States. It presents the Administration's plan for measuring progress toward meeting the Strategy's goals, and includes immediate and short-term federal actions (those that can be achieved in calendar years 2010 and 2011) that will move the nation toward improving its response to HIV/AIDS. Released in July 2011, the *Implementation Update* provides a short overview to reflect on key milestones and progress that has been made in implementing the Strategy in its first year. These include:

"Various parts of the government have become more engaged in the implementation effort. The White House has hosted meetings on topics such as responding to HIV among women and girls and the implementation of the Strategy in Latino communities. HHS has conducted numerous consultations on re-engaging the LGBT community and how to work with state and local governments to develop state and local implementation plans. DOL held a meeting on expanding employment opportunities for people living with HIV and DOJ has prioritized HIV discrimination in its civil rights enforcement actions." (from the July 2011 Implementation Update)

For more information regarding the specific actions being taken to target HIV in vulnerable communities, visit <http://aids.gov/federal-resources/policies/national-hiv-aids-strategy>.

The July 2011 Implementation Update is available at http://aids.gov/federal-resources/policies/national-hiv-aids-strategy/hiv_aids_july_2011.pdf.

7. IOM's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities

The Institute of Medicine's (IOM's) Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities (the Roundtable) was created to enable dialogue and discussion of issues related to:

1. The visibility of racial and ethnic disparities in health and health care as a national problem;
2. The development of programs and strategies to reduce disparities; and
3. The emergence of new leadership.

The Roundtable is the successor to the IOM effort that produced the landmark "Unequal Treatment" study. In 2009, they added Health Equity to their name to better reflect their focus. In November of 2011, the Roundtable will hold a workshop in Detroit, Michigan. The purpose of this workshop is to focus on the newly evolving equity model as a strategy for moving forward in improving health outcomes for people in the U.S.

What are the "lessons learned" about the equity model of addressing health disparities from those sectors that have embraced the equity model? To address these issues, the Roundtable will hear from: several of the major players in the philanthropic sector who are focusing their grant-making efforts on structural racism and addressing the social determinants of health from the perspective of an equity model, evaluation experts who consider what constitutes "evidence" in favor of a successful model, and how our perspective on evaluation data is changing to include a broader focus on practice evidence as well as

scientific evidence. Public health departments across the nation are including novel approaches to addressing health equity in their strategic plans; they are another important set of voices to learn from about the equity model.

For more information about this program, visit <http://iom.edu/Activities/SelectPops/HealthDisparities.aspx>.

8. The Microenterprise and Health Intervention Development Project

The CDC is partnering with CommonHealth ACTION to develop a long-term microenterprise intervention that seeks to improve health outcomes among low-income African-Americans by addressing poverty and its interrelated health risks, such as STDs, HIV/AIDS, and sexual violence. The ultimate goal of this partnership is to create an intervention manual with a curriculum, a training guide, and other key resources necessary to adjust, implement, and evaluate the program at the community level. The primary methods being used by the CDC and CommonHealth ACTION to carry out the scope of their project are a multi-disciplinary study group, community consultation boards, a national consultation meeting, and literature reviews.

For more information on this program, visit www.commonhealthaction.org/initiatives_1010.html.

9. National Association of County and City Health Officials

The National Association of County and City Health Officials (NACCHO) includes 2,700 local health departments across the United States.

Vision: Health, equity, and well-being for all people in their communities through public health policies and services.

Mission: NACCHO is a leader, partner, catalyst, and voice for local health departments. NACCHO strives to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

Core Values:

- Equity: Strive for fairness and justice by eliminating differences that are unnecessary and avoidable.
- Excellence: Achieve the highest quality of what we do.
- Participation: Promote shared interests and responsibilities and enable collective efforts to achieve common goals.
- Respect: Embrace the dignity and diversity of individuals, groups, and communities.
- Integrity: Ensure transparent, ethical, and accountable performance.
- Leadership: Promote, recognize, and reward creativity in action.
- Science: Support and promote evidence-based practice.
- Innovation: Turn ideas and problems into practical solutions.

NACCHO's Health Equity and Social Justice initiatives explore *why* certain populations bear a disproportionate burden of disease and mortality and what health departments can do to better address the causes of these inequities. The goal of NACCHO's Health Equity and Social Justice initiatives is to

advance the capacity of local health departments (LHDs) to tackle the root causes of health inequities through public health practice and their organizational structure. NACCHO's health equity and social justice initiatives include:

- [The Roots of Health Inequity: A Web-Based Course for the Public Health Workforce](#) offers health department staff a place to investigate the relationship between social injustice—the fundamental cause of health inequities—and everyday public health practice.
- The [LHD National Coalition for Health Equity](#), an organization dedicated to eliminating the fundamental causes of inequity in the distribution of disease and illness through public health practice;
- The [Health Equity Campaign](#), sponsored by the California Endowment, brings together health departments and others using the PBS documentary film series [Unnatural Causes: Is Inequality Making us Sick?](#) in their jurisdictions to host community dialogues about health equity;
- The [Health Equity and Social Justice Toolkit](#), a searchable database of Health Equity tools, publications, and resources, available in NACCHO's Toolbox; and
- Publications tailored to local health departments, including the anthology [Tackling Health Inequities through Public Health Practice: Theory to Action](#) (revised and expanded, February 2010) and NACCHO's [Guidelines For Achieving Health Equity in Public Health Practice](#).

For more information about the National Association of County and City Health Officials, visit www.naccho.org/topics/justice.

10. American Cancer Society

Together with our millions of supporters, the American Cancer Society (ACS) saves lives and creates a world with less cancer and more birthdays by helping people stay well, helping people get well, by finding cures, and by fighting back.

The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Headquartered in Atlanta, Georgia, the ACS has 12 chartered Divisions, more than 900 local offices nationwide, and a presence in more than 5,100 communities.

Mission:

- **American Cancer Society mission statement:** The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.
- **International mission statement:** The American Cancer Society's international mission concentrates on capacity building in developing cancer societies and on collaboration with other cancer-related organizations throughout the world in carrying out shared strategic directions

Actions:

- **HELPING YOU STAY WELL:** We help you take steps to prevent cancer or find it at its earliest, most treatable stage.
- **HELPING YOU GET WELL:** We're in your corner around the clock to help you through every step of a cancer experience.
- **FINDING CURES:** We fund and conduct research that helps us better understand, prevent, and cure cancer.
- **FIGHTING BACK:** We work with lawmakers to pass laws to defeat cancer and rally communities worldwide to join the fight.
- **ACCESS TO CARE:** We're working every day to create a world with less cancer and more birthdays. But we can't continue our progress while millions of underinsured and uninsured Americans don't have access to lifesaving cancer care.

Over the last decade, the American Cancer Society (ACS) has heightened its resolve to combat cancer disparities among underserved and minority populations, particularly through research. ACS frequently funds researchers who study disparities in cancer incidence and access to treatment. Despite the steady overall decline in cancer incidence and mortality rates in the United States, disparities in cancer burdens continue to exist among certain population groups. Such disparities include differences in incidence, prevalence, mortality and burden of cancer and related adverse health conditions, beyond what would be expected under equitable circumstances that exist among specific population groups (which may be characterized by gender, age, race/ethnicity, income, social class, disability, geographic location or sexual orientation) in the US. ACS is committed to reducing cancer health disparities and has created strategic priorities for eliminating such disparities through research, education, advocacy and service. The ACS has set as a Nationwide Objective the goal of eliminating disparities in cancer burdens by 2015.

Some particularly effective national-scale initiatives have included:

- ACS' in-house [Health Services Research Program](#) analyzes cancer treatment and outcomes. The Health Services Research Program focuses on defining the role of health insurance in cancer disparities, and has included studies examining the relationships between insurance status, race/ethnicity, stage at cancer diagnosis, quality of care, and cancer outcomes, including increasing understanding of the reasons for disparities in breast cancer. ACS researchers recently reported findings that African American breast cancer patients are less likely than whites to receive recommended breast cancer care, even after controlling for insurance and socioeconomic factors. ACS researchers also published findings that patients without health insurance or with Medicaid coverage were more likely to be diagnosed with advanced stage breast cancer.
- The American Cancer Society awarded a four-year \$1.8 million grant to Dr. Deborah Erwin, the Director of Health Disparities in the Cancer Prevention and Population Sciences program at Roswell Park Cancer Institute in Buffalo, NY (this is the largest grant ever awarded to a single researcher in NY and NJ). The grant is meant to evaluate the effectiveness of the intervention model "**Esperanza y Vida**" that aims to reach Latinos, particularly women, to increase cervical and breast cancer screening behaviors.
- The Extramural Research and Training Grants (EG) Department has made the reduction of cancer health disparities a priority area of focus for the Cancer Control and Prevention Research Program with a **call for applications in psychosocial and behavioral research and in health policy and health services research that address cancer health disparities**. Within the Cancer Control and Prevention Research Program (one of five research programs in the EG department), meritorious applications focusing on disparity reduction will be funded prior to meritorious applications

focusing on other areas in cancer control and prevention research. In order to qualify for the Priority Program, the application must explicitly demonstrate its relevance to cancer disparities and specify how the results of the proposed study can be used to reduce disparities.

11. American Cancer Society Cancer Action Network (ACS CAN)

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard.

ACS CAN is leading a nationwide grassroots movement that advances the cancer community's interests at all levels of government. ACS CAN's determined advocates put a face on cancer and work to ensure that the eleven million survivors of this dreaded disease are seen and heard by lawmakers and elected officials. ACS CAN empowers you to take action; ACS CAN unites our voices into one unstoppable force; ACS CAN will make cancer a top national priority that lawmakers cannot ignore. For more information, visit www.acscan.org.

ACS CAN builds on the almost more than 100 years of excellence of its partner organization, the American Cancer Society. As the Society's advocacy and lobbying affiliate, ACS CAN provides the muscle necessary to bring attention to issues related to research funding, access to quality care, prevention, early detection and treatment. ACS CAN also serves as a trusted source of information about candidate positions on cancer related concerns and on key issue campaigns like smoke-free workplace laws.

Vision: ACS CAN will defeat cancer by:

- Funding aggressive grassroots, lobbying and media campaigns to make every state smoke-free and to increase tobacco taxes and funding for cancer research. We advocate for early detection programs such as mammograms and colon cancer screenings
- Educating the public and media directly by supporting sophisticated training programs for volunteers to strengthen our movement and ensure that our voices are truly heard in the halls of government;
- Hosting debates and producing voter guides, candidate forums, and advertising to get every lawmaker and candidate on the record in support of laws and policies that help people fight cancer and save lives.

Mission: ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, is holding lawmakers accountable for their words and their actions. We demand that our leaders not only talk about fighting cancer but take real steps toward decreasing the number of people suffering and dying from cancer.

Actions:

- ACS CAN allows for increased lobbying of local, state and federal officials.
- ACS CAN allows cancer advocates to hold lawmakers accountable for their votes and actions through voter guides and town hall meetings.

- ACS CAN provides legal protection to the Society. By forming ACS CAN, the Society is able to encourage additional advocacy efforts without jeopardizing its tax-deductible status.

ACS CAN is dedicated to eliminating cancer disparities. Some of its national activities to address cancer disparities include support for major federal government efforts:

- **The National Breast and Cervical Cancer Early Detection Program (NBCCEDP):**
 - The American Cancer Society through ACS CAN, its nonprofit, nonpartisan advocacy affiliate, works tirelessly to boost both federal and state funding that supports the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which brings lifesaving breast and cervical cancer screening, information, and follow up services to women at highest risk – especially poor, low-income, racial and ethnic minority women.
 - The NBCCEDP has provided approximately 10 million screening exams to nearly 4 million women, detecting more than 52,000 breast cancers.
 - ACS CAN is urging Congress to increase NBCCEDP funding to \$275 million now, and continue funding increases in future years to sustain and build the program to serve more women.
- **Protecting the Breast and Cervical Cancer Prevention and Treatment Act:**
 - This act ensures that low-income women diagnosed with cancer through the NBCCEDP are eligible for Medicaid coverage for their treatment. ACS CAN advocates at the state level to protect Medicaid dollars so that there is sufficient funding for treatment of these women.
- **Funding the Patient Navigator Program:**
 - The Society and ACS CAN continue to work with Congress to secure additional funding for the Health Resources and Services Administration (HRSA) Patient Navigator Program, which helps patients in medically underserved communities work their way through the health care system, provides outreach and education for patients to encourage preventive screenings, and addresses needs that may impact compliance with screening and treatment. Navigators improve mammography compliance rates and follow up and decrease the average length of time between initial breast exams and biopsies to a rate comparable to patients in private care.
- **Funding for Cancer Research:**
 - The American Cancer Society and ACS CAN continue to advocate for increased government funding for cancer research at the National Institutes of Health, including the National Cancer Institute and the National Center on Minority Health and Health Disparities.

12. Advancing the Movement

Convened by Wayne Giles of CDC and Tyler Norris of Colorado, Advancing the Movement (ATM) is a network of leaders from communities, philanthropy, government agencies, and the private, academic, voluntary and civic sectors - serving across fields, political perspectives and issues - collaborating on policy, systems and environmental changes for a healthier, more equitable and prosperous U.S. ATM is divided into six different clusters: place-based community initiatives across the nation; public and private funders; and their national program offices; technical assistance providers; advocacy groups; and evaluators, scientific and academic partners. ATM is developing the Community Commons database tool (see www.communitycommons.org and entry in this compendium) to provide multi-stakeholders with information vital to creating healthy, equitable, and sustainable communities.

Mission: Increase and sustain the impact of multi-sector local, state and regional initiatives working towards a vision of healthy people in healthy places.

Platform:

- Enhance the reach and impact of currently funded place-based investments.
- Apply an asset-based approach to help grow and sustain impact once the funding is over.
- Support communities of highest burden who neither have grant funding, nor cohorts by leveraging the learning and outcomes of funded efforts, engaging more and diverse voices in the process, adding gaps, and catalyzing action on strategic opportunities.

Actions:

- Maximize positive impact of investments for the well-being of people and places by connecting and enhancing a community's movement based on learning, innovation and collective efficacy.
- Engage and galvanize diverse constituencies to frame the conversation and implement healthy public policy at all levels.
- Realize the "co-benefits" of these public policies for human public health; jobs and economic development; natural resource protection; health food systems; and vibrant civil life.
- Work with traditionally underserved communities to ensure that health equity is a national focus in this new American century.

For more information about *Advancing the Movement*, visit www.advancingthemovement.org.

13. Convergence Partnership

The Convergence Partnership was founded on the belief that health and place are inextricably linked. People are healthy when the places where they live support good health. Without a healthy environment, people are more likely to suffer from obesity or many other chronic diseases plaguing the United States including diabetes, asthma, and heart disease. To prevent disease we must create healthier neighborhoods that support healthy choices. It requires change in both the food environment—how food is grown, processed, distributed, and sold—and the physical environment—how neighborhoods are built to the transportation systems that serve them.

The Convergence Partnership, formed in 2006, is a collaborative of funders whose goal of policy and environmental change will help reinvent communities of healthy people living in healthy places. Achieving this vision requires the broad expertise and influence of funders, advocates, and practitioners working across multiple fields to change these environments. Through its outreach, investments, and activities, the partnership aims to strengthen and accelerate multi-field, equity-focused efforts among practitioners, policymakers, funders, and advocates in order to create environments that support healthy eating and active living.

Vision:

- The Convergence Partnership's vision is Healthy People, Healthy Places.
- This vision will be realized when all neighborhoods, schools, and workplaces offer fresh, local, healthy food, and safe places to play and be active. Achieving this vision requires the broad expertise and influence of funders, advocates, and practitioners working across multiple fields to change policies and environments.

Core Values:

- Equity
- Respect
- Learning
- Responsiveness

Core Strategies

- Build support for equitable policy and environmental changes that promote healthy people in healthy places.
- Promote and support coordination and connections among government officials, funders, advocates, and practitioners across multiple fields and sectors.
- Optimize and increase investments that will expand the intensity, reach, and number of community-based initiatives focused on equitable, multi-sector policy change that improve food and physical environments.

The Violence Prevention – Healthy Eating, Active Living Initiative

- The Violence Prevention – Healthy Eating, Active Living initiative was launched in January 2010, to explore the effectiveness of community-based strategies for violence prevention (VP) and the promotion of healthy eating and active living (HEAL). This is achieved by creating opportunities for advocates and practitioners from various fields to collaborate. The 20-month initiative is funding six communities across the country to establish a community partnership comprised of an organization engaged in active living and/or healthy eating; an organization focused on preventing violence; a public health department; and one youth or young professional.

To learn more about the Convergence Partnership, visit

www.convergencepartnership.org/site/c.fhLOK6PELmF/b.3917533/k.F45E/Whats_New.htm.

To learn more about The Violence Prevention – Healthy Eating, Active Living Initiative, visit

www.convergencepartnership.org/site/c.fhLOK6PELmF/b.6136269/k.730F/Violence_Prevention_HEAL.htm.

State & Local Initiatives that Address Health Equity

At this time, state and local offices are following the example of the national government and are implementing state- and local-level policies addressing health equity.

14. ASTHO 2010 Snapshots: State Activities to Promote Health Equity

In 2008, the Association of State and Territorial Health Officials (ASTHO), a non-profit public health organization, developed *ASTHO 2008 Snapshots: State Activities to Promote Health Equity* with the assistance of the Department of Health and Human Services' Office of Minority Health. In November 2010, ASTHO updated these snapshots, which include the following with respect to health equity:

1. History
2. Health Priorities
3. State Population and Racial Distribution
4. Overview
5. Organization, Infrastructure, and Resources
6. Strategic Planning
7. Partnerships
8. Human Capital Investments
9. Financial Investments
10. Activities
11. Primary Contact for Racial/Ethnic Minority Health and Health Disparities

To view individual state snapshots, visit www.astho.org/Map.aspx?id=2548&terms=%22state.

15. ASTHO: Impact of Budget Cuts on State and Territorial Public Health Services

In December 2010, ASTHO published their findings of a survey conducted three times during the 2009 fiscal year and twice during the 2010 fiscal year that aimed to “determine how the current economic environment was affecting their budgets and ability to protect the public’s health.” The report is based on responses from 50 states, three territories, and the District of Columbia.

Notable Findings

Percent of State and Territorial Health Agencies Experiencing Job Losses and Program Reduction:

- 46% - Layoffs
- 48% - Cut entire programs
- 87% - Loss of staff by attrition (13% experienced no losses)
- 89% - Reduced Services

For more information, visit www.astho.org/Display/AssetDisplay.aspx?id=5511.

16. NCSL: State Profiles: Minority Health and Health Offices

The National Conference for State Legislatures (NCSL) has posted *State Profiles: Minority Health and Health Offices* onto their website. The chart lists legislation and offices regarding minority health by state, and was last updated September 2010. According to the information posted by the NCSL (2010):

All 50 states have a minority health or health equity office or entity (usually a point of contact). These offices have various titles; some are established as official minority health entities (such as an office, commission, council, center, branch, project or other unit) by the governor, legislature, or, in the case of one state, the federal Office of Minority Health. All of these offices share a common goal to improve health disparities within their state. However, each state has a unique way of addressing issues that are most pressing among their needy populations. Many states are moving toward the idea of health equity instead of health disparities to put a more positive spin on addressing health care and ultimately, eliminating racial and ethnic disparities in health. Below is the contact information for directors along with a detailed description of state actions that created these offices.

NCSL has also posted a color coded state map highlighting *Statewide Plans to Reduce Health Disparities*. According to this information (2011):

Since 2005, 35 states have created statewide strategic plans to address health disparities. The plans are designed to reduce health disparities among minority populations. These plans coordinate efforts by different entities within the states. Of the 35 states with plans, 18 are legislative initiatives, 16 states have plans that are initiatives of the Department of Health, and Pennsylvania has a plan created by a governor's task force. “

To view NCSL's chart on *State Profiles: Minority Health and Health Offices*, visit www.ncsl.org/Default.aspx?TabId=14299.

To view NCSL's map on *Statewide Plans to Reduce Health Disparities*, visit www.ncsl.org/Default.aspx?TabId=14494.

17. American Cancer Society and the Colon Treatment Act

The American Cancer Society has made access to health care and improving coverage for colon cancer screening a high priority. The American Cancer Society continues to work with federal and state government agencies to increase availability of testing for colon cancer screening. In New York, under the **Colon Treatment Act**, any person diagnosed with colon cancer through New York's cancer screening program automatically qualifies for Medicaid assistance, thus alleviating worries about paying for treatment.

18. American Cancer Society and Cancer Education and Early Detection

In New Jersey, this program provides breast, cervical, prostate, and colorectal cancer screenings to low income residents, including an average of 20,000 women per year. This service is available to persons at or below 250% of the Federal Poverty Level and who are uninsured or under-insured.

The services provided by NJCEED include:

- Education
- Outreach
- Screening (as per ACS guidelines)
- Case Management
- Tracking
- Follow-up
- Facilitation into Treatment

For more information, visit <http://www.nj.gov/health/cancer/njceed/index.shtml>.

Health Equity in Selected States

19. Arizona Health Disparities Center (AHDC)

The Arizona Health Disparities Center (AHDC) was established in 2005 by the director of the Arizona Department of Health Services.

The ADHS's strategic plan for the fiscal years 2010-2014 includes reducing disparities in its guiding principles. In addition, health disparities are included as one of the plan's focus areas.

ADHS Strategic Plan – Fiscal Years 2010-2014

- Mission: Promote and protect healthy people and healthy communities throughout Arizona.
- Guiding Principles:
 - Improve in prevention and health promotion
 - Improve access to healthcare
 - Reduce disparities in health
 - Be prepared
 - Build partnerships
 - Measure results
- Health Disparities: ADHA will continue to seek greater equity of access to health services for all Arizonans, and to enhance the health of those who currently have the poorest health status.

For more information, visit www.azdhs.gov/diro/reports/pdf/ADHSStrategicPlan2010-2014.pdf.

20. Arkansas Minority Health Commission

The State Health Officer established the Arkansas Minority Health Commission.

Mission: Ensure all minority Arkansans have access to health care that is equal to care provided to other citizens of the state and to seek ways to provide education, address issues, and prevent diseases and conditions that are prevalent among minority populations.

In 2009, the Arkansas Minority Health Commission published *Arkansas Racial and Ethnic Health Disparity Study II*:

- Priorities:
 - Studying issues relating to the delivery and access of health services
 - Identifying gaps in health delivery systems
 - Making recommendations to relevant agencies and the General Assembly for improving health and health care delivery in Arkansas.
- Future Actions:
 - Increase awareness about racial and ethnic disparities.
 - Improve health care access and choice.
 - Address disparities as part of quality improvement.
 - Improve cultural competency and diversify healthcare workforce.

To view the Arkansas Minority Health Commission website, visit www.arminorityhealth.com.

To view *Arkansas Racial and Ethnic Health Disparity Study II (2009)*, visit www.arminorityhealth.com/research_health_disparity.html.

21. California FreshWorks Fund

FreshWorks is a \$200 million public-private partnership loan fund created to increase access to healthy, affordable foods in underserved communities, spur economic development, and inspire innovation in healthy food retailing. FreshWorks involves an innovative partnership between grocers, major banks, health care entities, research experts and other partners that came together to solve a problem. It was developed to align with the national Healthy Food Financing Initiative, a federal initiative that uses federal loans and grant programs to leverage capital and help grocers and farmers markets open new locations in underserved neighborhoods, providing access to healthy foods and much-needed jobs. The federal initiative has a \$45 million budget this year.

For more information about California FreshWorks Fund, visit www.cafreshworks.com.

For more information about the Healthy Food Financing Initiative, visit www.acf.hhs.gov/programs/ocs/ocs_food.html.

22. Connecticut Commission on Health Equity

The Connecticut Commission on Health Equity was established to eliminate disparities in health status based on race, ethnicity, gender and linguistic ability, thereby improving the quality of health for all of the state's residents.

Connecticut releases a state report card annually. To view the *State of Connecticut Commission on Health Equity First Annual Report*, released in 2010, please click [here](#).

For more information about the Connecticut Commission on Health Equity, visit www.ct.gov/cche/site/default.asp.

23. Hawaii Office of Health Equity

The Office of Health Equity (OHE) was established in 2000.

Mission: To increase the capacity of the Hawaii State Department of Health, its health care providers, and racial/ethnic communities to reduce or eliminate disparities among and improve the quality of life of Hawaii's diverse populations.

Purpose: The purpose of the Office of Health Equity (OHE) is to take a leadership role to identify and make recommendations to the Director that addresses health disparities among population segments with disproportionate health needs. OHE serves as the Department's focal point for improved planning and coordination of activities and programs related to racial and ethnic populations in Hawaii.

Current Projects: Development & implementation of the Cultural and Linguistic Appropriate Training for DOH employees.

- Assessing the feasibility of Faith-Based Organizations for Health Promotion Programs in Hawaii.
- Partnering with DOH Informatics Office in the development of DOH data warehouse.
- Developing DOH policy for standardizing reporting of race/ethnicity data.
- Developing DOH policy on the use of Bilingual Interpreters.
- Collaboration with Papa Ola Lokahi and the 5 Native Hawaiian Health Systems to improve the health status of Kanaka maoli.

For more information about the Hawaii Office of Health Equity, visit <http://hawaii.gov/health>.

24. Iowa Department of Public Health – Office of Minority and Multicultural Health

In 2005, Iowa Department of Public Health (IDPH) established the Office of Minority and Multicultural Health (OMMH) in an effort to increase access to culturally competent health care for Iowa's minority, immigrant, and refugee populations.

In 2010, OMMH received its first federal DHHS OMMH State Partnership Grant.

OMMH is working to strengthen public health infrastructure.

What OMMH does:

- Work with companies, communities, faith-based groups, and others across Iowa to develop strategies for providing culturally and linguistically appropriate services.
- Coordinate and provide education and training in culturally and linguistically appropriate health care and service delivery to any state, local, or regional agency, program, or institution.
- Assure access to networks, contacts, and resources necessary to apply for local, regional, and federal grants and rewards.
- Assure a comprehensive health assessment for newly arriving refugees. Work with partnering agencies to assure appropriate health services are received.
- Provide information to the public about health disparities.
- Plan, evaluate, assess, and research health disparities.
- Develop legislation, rules, and policies related to health disparities.
- Work with and provide links to communities, local agencies and programs, and regional and federal entities to address the health issues that affect Iowa's minority, immigrant, and refugee populations.

To view the OMMH website, visit www.idph.state.ia.us.

To view the OMMH report, visit

www.idph.state.ia.us/search/search.aspx?q=Health+disparities&x=21&y=21.

25. Kansas Department of Health and Environment – Center for Health Equity

In 2005, the Office of Minority Health (eventually the Center for Health Equity [CHE]) was established. In 2010, CHE transitioned from the Office of the Secretary to the Division of Health. Also in 2010, the CHE was awarded its first federal grant from Health and Human Services, Office of Public Health Sciences. In 2011, the Kansas Department of Health and Environment published *Working Together for a Healthier Kansas: A Status Report on the Social Determinants of Health in Kansas*.

Mission: Promote and improve the health status of all Kansans through shared leadership and collaboration across the public health system in order to reduce identified and emerging health disparities among racial, ethnic, tribal, and underserved populations.

Goals:

- Strengthen Kansas's public health infrastructure/system in order to meet the health needs of racial, ethnic, tribal, and underserved populations.
- Serve as a centralized source for information regarding the health of minorities, sovereign nations, and underserved populations as well as evidence-based, best practice strategies to address reduction in disparities among these populations.
- Serve as the leading source of information, advocacy, and training for cultural competency in the Kansas public health system.
- Promote multi-sector collaboration with private, public, and tribal sector partners that contribute to improved wellbeing of Kansas communities by reducing health disparities.

Priorities:

- Identification, coordination, leveraging, and communication about existing resources within the Division of Health to address reduction of health disparities.
- Data collection strategies that characterize disparities, analysis of data, and dissemination of reports documenting health disparities to state, federal, and community partners.
- Education about the role of equity, social and economic determinants of health, and cultural competence in community health assessment.
- Integration of equity, social determinants, and disparities in state-level strategic plans for health improvement.
- Public health workforce training to address disparities through cultural competency, health literacy training, etc.
- Representation and participation of the state of Kansas in initiatives and activities of the federal Office of Minority Health, Region VII Office of Minority Health, National Association of State Offices of Minority Health, and other groups, task forces, etc.

In 2011, the CHE released, *Kansas Report on Health Disparities*, a report on the state of health equity in Kansas offering myriad suggestions to governments, communities, and individuals.

To learn more about the Kansas CDH, visit <http://www.healthequityks.org>.

To view the *Kansas Report on Health Disparities*, visit <http://healthequityks.org/download/DisparitiesReport.pdf>.

26. Kentucky Office of Health Equity – Kentucky Department for Public Health

In September 2009, Kentucky received funding from the Office of Minority Health to establish the Office of Health Equity (KY OHE) functioning through the Commissioner of the Public Health Office at the Kentucky Department for Public Health (KDPH). The focus of the office is to eliminate health disparities among racial and ethnic minorities, rural, and low-income populations.

Goals:

- Build the state’s infrastructure to address the elimination of health disparities through strategic planning, data collection, and program evaluation.
- Train and develop a culturally competent public health workforce across the state of Kentucky.
- Disseminate culturally and linguistically appropriate products, health programs, and health services.
- Enhance community capacity to develop health equity.
- Support policies for the elimination of health disparities.

Current Projects: In collaboration with the Center for Health Equity, Louisville Metro Department of Public Health and Wellness, KY OHE is conducting focus groups to address the social determinants of infant mortality health disparities among African Americans.

Healthy Planning and Policy Development: KY OHE is in the beginning stages of forming the Eliminating Health Disparities Advisory Committee. This committee will advise state and local health departments on program development, tracking, monitoring, and collecting health disparities related data. The committee will also provide training and support capacity building and policy development. Members will consist of state and local health department directors, epidemiologists, policy makers, health researchers, and

community members. The ultimate goal of the Advisory Committee will be to devise a Health Disparities Report. This report will offer health professionals across the state a snapshot of health disparities in the state. Furthermore, the report will provide a foundation for moving towards health equity.

Data Collection: Through the leadership of the Foundation for a Healthy Kentucky, the KDPH has the opportunity to oversample minority populations to enhance the Behavioral Risk Factors Surveillance Survey. The data from this survey will contribute to the understanding of underserved populations in the state. Additionally, the state will assure a policy of collecting data for all racial and ethnic populations as well as that of rural Appalachian populations.

For more information about the Kentucky Office of Health Equity, visit <http://chfs.ky.gov/dph/OfficeofHealthEquity.htm>.

27. Maine Center for Disease Control- Office of Minority Health

The Office of Minority Health promotes health and wellness in Maine’s racial and ethnic minority communities.

Priority Areas:

- **Data Collection:** Enhance data systems and improve the collection of racial and ethnic data in order to better understand and identify existing health disparities.
- **Cultural and Linguistic Competence:** Address cultural and linguistic barriers to accessing all health services resulting in improved systems that are both culturally and linguistically competent.
- **Partnerships and Collaborations:** Service to inform, advise, and assist in prioritizing actions to efficiently and effectively address racial and ethnic health disparities.

To learn more about Maine’s Office of Minority Health, visit www.maine.gov/dhhs/boh/minority_health.

28. Maryland Department of Health and Mental Hygiene, Office of Minority Health & Health Disparities

The Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities (MHHD) envisions a state in which health care services are organized and delivered in a manner designed to eliminate health disparities among all populations, thereby leading to health equity for all Marylanders.

Mission: In fulfillment of the Department’s mission to promote health equity for all Maryland citizens, the Office of Minority Health and Health Disparities works to focus the department’s resources on eliminating health disparities through assessment of the health status of all populations, demonstrating and promoting promising practices, engaging local communities, and partnering with government and private sector programs in the State. The office focuses its efforts of promoting health equity to African Americans, Hispanic/Latino Americans, Asian Americans, Native Americans, and all other groups experiencing health disparities.

In March 2010, the Department of Health and Mental Hygiene released the Maryland *Plan to Eliminate Minority Health Disparities, Plan of Action (2010-2014)*, published by MHHD. The plan incorporates lessons learned from the 2006-2010 action plan and acknowledges that new action plans to eliminate health disparities will have to include health system changes that will come about through the Affordable Care Act enacted by Congress and President Obama in March 2010.

About Maryland's *Plan to Eliminate Minority Health Disparities, Plan of Action (2010 – 2014)*:

The *Maryland Plan to Eliminate Minority Health Disparities, Plan of Action for 2010 - 2014*, provides specific action steps to be implemented within the next five years to continue Maryland's momentum in the elimination of health disparities. Key sections include:

- **Minority Health Disparities in Maryland** – Presents the current state of racial and ethnic health disparities in Maryland, including current data, charts, graphs, and accompanying discussion.
- **The 2004 – 2010 Health Disparities Plan & Progress** – Offers a detailed description of actions and activities that MHHD has put forth, since the publication of the first Plan in 2006, including accomplishments and progress in the areas of racial and ethnic data collection; collaborations and outreach; information and resource support; workforce diversity and cultural competency; health department assessment and systems change; legislative activity; MHHD-funded grant and pilot projects; and publications and presentations.
- **Revising the Plan for 2010 – 2014** – Discusses the strategy used to revise and create a *Plan of Action* for the State. Primary strategies included the review of findings from the first Plan and subsequent activities and progress, and collaboration with the U.S. Department of Health and Human Services, Office of Minority Health (HHS OMH) in their development of a “Blueprint for Action” set forth by the National Partnership for Action to End Health Disparities. Key to the review of the *Plan of Action* at the state and local level was the participation of the Maryland Health Disparities Collaborative, a statewide advisory group, as well as a call for public comment.

The Action Plan – Presents a collection of specific *Objectives, Action Steps, Possible Stakeholders, and Measures* to address health disparities in the state. The Action Plan's main objectives include:

- Objective 1: AWARENESS – Increase awareness of the significance of health disparities, their impact on the state and local communities, and the actions necessary to improve health outcomes for Maryland's racial and ethnic minority populations.
- Objective 2: LEADERSHIP – Strengthen and broaden leadership for addressing health disparities at all levels.
- Objective 3: HEALTH AND HEALTH SYSTEM EXPERIENCE – Improve health and health care outcomes for racial and ethnic minorities and underserved populations and communities.
- Objective 4: CULTURAL AND LINGUISTIC COMPETENCY – Improve cultural and linguistic competency.
- Objective 5: RESEARCH AND EVALUATION – Improve coordination and use of research and evaluation outcomes. The Implementation Strategy - Provides the roadmap that MHHD will use to focus the implementation efforts of each action step. The strategy includes the following steps: Form an Action Team for each of the five Plan objectives; Develop an Action Plan for the Team; Present the Action Step to the stakeholder; Finalize the Action Step; and Begin Action Step Implementation.

For more information about the Office of Minority Health and Health Disparities, visit

<http://dhmh.state.md.us/hd>.

For more information about the *Plan to Eliminate Minority Health Disparities Plan of Action*, visit http://dhmh.state.md.us/hd/pdf/2010/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf.

29. Massachusetts Office of Health Equity

The Massachusetts Office of Health equity promotes the health and wellbeing of racial, ethnic, and linguistic minority populations throughout the Commonwealth by increasing the Department of Public Health's capacity to respond effectively to critical public health needs of these communities.

Priorities:

- Policy
 1. Establish health disparity elimination goals.
 2. Consult minority representatives and the scientific and health services communities.
 3. Examine the Commonwealth's research, data, service, and prevention programs and recommend necessary changes.
- Research
 1. Improve data for determining priorities and designing programs.
 2. Research state-of-the-art interventions in minority communities.
- Action:
 1. Implement relevant risk reduction and disease prevention programs.
 2. Reduce barriers and promote access to care.
 3. Increase participation of minority professionals and students in the Health Professions.
- A Framework for Eliminating Health Disparities in the Commonwealth of Massachusetts. Six objectives:
 1. Adopt Social Policies that Increase Equity
 2. Promote Healthy Communities
 3. Promote Institutional Transformation
 4. Promote Provider Transformation
 5. Promote Healthy Individual Behaviors
 6. Improve Access to and Quality Healthcare and Health Outcomes.

For more information about the *Massachusetts Office of Health Equity*, visit www.mass.gov/dph/healthequity.

For more information about the *Framework for Eliminating Health Disparities in the Commonwealth of Massachusetts*, visit www.mass.gov/hdc/about/health_disparities_framework.pdf.

30. Michigan Department of Community Health, Division of Health, Wellness and Disease Control Health Disparities Reduction and Minority Health Section

[Public Act 653](#) mandated the Michigan Department of Community Health to develop and implement a structure to address racial and ethnic health disparities in the state. As a result a series of reports have

been published, the most recent includes the Michigan Health Equity Roadmap, published in 2009. The report includes strategic approaches and recommendations to eliminate health disparities in the state.

For more information about the Michigan Department of Community Health, visit www.michigan.gov/mdch.

For more information about the Michigan Health Equity Roadmap (2009), visit www.michigan.gov/documents/mdch/MI_Roadmap_FINAL_080310_revised_WEB_VERSION_329422_7.pdf

31. Mississippi Health Advocacy Program: Food Policy Council

The Mississippi Food Policy Council of the Mississippi Health Advocacy Program is leading the fight to make healthier foods available to all individuals and to allow small farmers and producers to enter local markets in Mississippi.

The council has recommended that the government make healthy foods available to people of low-income households by:

- Eliminating barriers to third party sale of produce
- Supporting the use of SNAP/EBT (food stamps) at farmers' markets
- Expanding farm to school programs
- Advocating for regulations that allow for in-home production of some low risk food items
- Establishing school and community gardens

For more information regarding the Mississippi Health Advocacy Program or the Mississippi Food Council, visit www.mhap.org/index.php/issues/details/food-policy-council.

32. Nebraska Office of Health and Human Services – Office of Minority Health and Health Equity

Priority Issues:

- Improve access to health services for racial/ethnic minorities
- Improve data collection strategies
- Increase racial/ethnic minority representation in the science and health professions
- Develop a relevant and comprehensive research agenda
- Expand community-based health promotion and disease prevention outreach efforts.

[Neb. LB 315 \(2009\)](#) includes an appropriation to operate satellite offices of minority health in the second and third congressional districts. Also includes an appropriation for minority public health services in counties having a minority population equal to or exceeding five percent of the total population of the county in the first and third congressional districts and an appropriation for federally qualified health centers in a congressional district with a minority population greater than seventy-five thousand inhabitants.

For more information about Nebraska's Office of Minority Health and Health Equity, visit www.hhs.state.ne.us/minorityhealth.

33. New Jersey Department of Health and Senior Services – Office of Minority & Multicultural Health

The Office of Minority and Multicultural Health is committed to helping people in these diverse communities live longer, healthier lives and to leading the effort to reduce – and eventually eliminate – health disparities in New Jersey.

In 2010, the *Strategic Plan to Eliminate Health Disparities in New Jersey: Update and Addendum* was released. The follow-up report provides an update on the progress made since the initial report was released and adds new medical areas to the plan, as mandated by the 2004 legislation.

For more information about New Jersey's Office of Minority and Multicultural Health, visit www.hhs.state.ne.us/minorityhealth.

For more information about *The Strategic Plan to Eliminate Health Disparities In New Jersey: Update & Addendum*, visit www.state.nj.us/health/omh/plan/index.shtml.

34. North Carolina Department of Health and Human Services – Office of Minority Health and Health Disparities

Mission: To promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in North Carolina.

In 2010, OMHHD released the *Racial and Ethnic Health Disparities in North Carolina – Report Card 2010*. This report measures the health indicators in North Carolina, showing the progress the state has made and highlighting areas where gaps still exist.

For more information about North Carolina's Office of Minority Health and Human Disparities, visit www.ncminorityhealth.org/omhhd/index.html.

For more information about the *Racial and Ethnic Health Disparities in North Carolina – Report Card 2010*, visit [www.epi.state.nc.us/SCHS/pdf/MinRptCard WEB_062210.pdf](http://www.epi.state.nc.us/SCHS/pdf/MinRptCard_WEB_062210.pdf).

35. Ohio Commission on Minority Health

In 2009, the Ohio Department released the Ohio Department of Health Strategic Plan SFY 2009 to SFY 2011. The plan listed eliminating health disparities and pursuing health equity as one of its priorities.

For more information about the Ohio Commission on Minority Health, visit <http://mih.ohio.gov/index.stm>.

For more information about the [Ohio Department of Health Strategic Plan SFY 2009 to SFY 2011](http://mih.ohio.gov/index.stm), visit <http://mih.ohio.gov/index.stm>.

36. Oklahoma Health Equity Campaign

Achieving Health Equity

- Organizations and families create communities by building and nurturing a healthier Oklahoma. This will require leadership, and a partnership of business, government, civic, religious, and educational institutions. We can't eradicate illness, but we can foster health by positively impacting the factors affecting health.

The Oklahoma Health Equity Campaign (OHEC)

- OHEC will collaborate with public and private organizations, governmental and community partnerships to build public commitment to achieve health equity and decrease the health inequities in Oklahoma.
- Our partners will include businesses, advocacy groups, community non-profits, environmental justice organizations, chambers of commerce, religious organizations, labor organizations, professional associations and people like you and me that want our families to be healthy and happy.

For more information about the *Oklahoma Health Equity Campaign*, visit www.oklahomahelthequitycampaign.com.

37. Oklahoma State Department of Health – Office of Minority Health

Mission: To lead Oklahoma in improving the health status of Oklahoma's minority and underserved populations by partnering, developing policies and implementing strategies to reduce and ultimately eliminate health disparities.

In January 2010, the Governor's Task Force on the Elimination of Health Disparities released its final report. The report offers recommendations focused on the interaction between direct and indirect influences on health and health care issues.

For more information about the *Oklahoma Office of Minority Health*, visit www.ok.gov/health/Community_Health/Community_Development_Service/Minority_Health.

For more information about the *Governor's Task Force on the Elimination of Health Disparities – Final Report*, visit www.ok.gov/health/documents/GovTaskForceRpt1-14-10.pdf.

38. Pennsylvania Department of Health Equity

The Office of Health Equity (OHE) was formally integrated into the Pennsylvania Department of Health through an executive order signed in May 2007.

The role of OHE is to:

1. Provide leadership to increase public awareness of health disparities in Pennsylvania.
2. Advocate for the development of programs to address health disparities.
3. Work with policy makers, insurers, health care providers and communities to implement policies and programs that result in measurable and sustained improvements in health status of underserved and disparate populations.
4. Collaborate with state agencies, academic institutions, community based organizations, health partners, providers and others in the public and private sectors to eliminate health disparities in Pennsylvania.

For more information about Pennsylvania's Office of Health Equity, visit www.portal.state.pa.us/portal/server.pt/community/health_equity/18862.

39. Tennessee Department of Health – Division of Minority Health and Disparity Elimination & Health Equity Commission

In 2009, the Tennessee Health Equity Commission (the Commission) released the Health Disparities Elimination Report 2009. The report identifies disparities in the state and actions the Commission has taken to reduce those disparities.

Mission: The Commission collaborates with lawmakers, State departments, health equity stakeholders, and community members to ensure that health priorities and concerns of Tennessee's minority and underserved populations are adequately addressed. The Commission examines current initiatives to ensure we are utilizing Best practices and disseminates information focused on improving minority health and the elimination of health disparities. We accomplish our mission by developing effective health policies and programs, educating citizens on the social determinants of health, participating in State action meetings to share strategies and solutions, improve coordination and utilization of research and outcome evaluations, and by promoting cultural competency in health care delivery.

For more information about the Tennessee Division of Minority Health and Disparity, visit <http://health.state.tn.us/dmhde/minorityhealth.shtml>.

For more information about the Tennessee Health Equity Commission, visit www.capitol.tn.gov/joint/committees/health-equity.html.

For more information about the *Tennessee Health Disparities Elimination Report 2009*, visit www.capitol.tn.gov/joint/staff/healthequity/2009_Health_Disparities_Report.pdf.

40. Office of Minority Health & Health Equity (Virginia)

Vision: Health equity for all Virginians.

Mission: The mission is to identify health inequities and their root causes, and to promote equitable opportunities to be healthy.

Office priority areas:

1. Analyze data to characterize inequities in health and healthcare, their geographic distribution (e.g. neighborhood, rural, inner city), and their association with social determinants of health; and identify high priority target areas.
2. Promote equitable access to quality health care and providers.
3. Empower communities to promote health equity.
4. Influence health, healthcare, and public policy in order to promote health equity (“health in all policies”).
5. Enhance the capacity of public health and our partners to promote health equity.

For more information about Virginia’s Office of Minority Health & Health Equity, visit www.vdh.state.va.us/healthpolicy.

41. Washington State Board of Health – Governor’s Interagency Council on Health Disparities

Action: By 2012, create a state action plan for eliminating health disparities by race/ethnicity and gender in Washington.

In June 2010, the Governor’s Interagency Council on Health Disparities released the first draft of the State Action Plan to Reduce Disparities. This plan contains policy recommendations focused on five priority areas: health insurance coverage, health workforce diversity, obesity, diabetes, and education.

For more information about the Washington Governor Interagency Council on Health Disparities, visit <http://healthequity.wa.gov>.

For more information about the *State Action Plan to Reduce Disparities*, visit <http://healthequity.wa.gov/About/docs/ActionPlan.pdf>.

Health Equity at the Local Level

42. Country Health Rankings

In 2011, the Robert Wood Johnson Foundation and The University of Wisconsin Population Health Institute created the County Health Rankings: *Mobilizing Action toward Community Health* system.

The *Country Health Rankings* show us that where we live matters to our health. The health of a community depends on many different factors – ranging from individual health behaviors, education and jobs, to quality of health care, to the environment.

To view the *County Health Rankings* website, visit www.countyhealthrankings.org.

43. The PLACE MATTERS Initiative

The PLACE MATTERS Initiative is a nationwide program of the Joint Center for Political and Economic Studies with funding from the Kellogg Foundation that aims to empower community leaders to address the social, economic, and environmental determinants of health at the local level. Through shared learning experiences and developed partnerships with other participating communities, leaders can aim to achieve health equity from the ground-up.

Sixteen PLACE MATTERS Teams (the Teams), made up of multiple and diverse stakeholders, are responsible for assisting 21 counties and three cities implement health equity strategies and programs dealing with the “upstream causes” of health outcomes, such as employment, poverty, and living environment. The Health Policy Institute of the Joint Center provides necessary technical assistance to the Teams.

The Teams also share best practices and strategize together in innovative Design Laboratories, aiming to solve problems, clarify legal issues, foster solutions, and develop a fair health manual for dissemination and further education.

For more information, visit www.jointcenter.org/hpi/pages/place-matters.

44. Positive Pathways (District of Columbia)

This is a new initiative developed with the purpose of assisting HIV-positive African Americans (especially women) in the District of Columbia’s poorest areas gain access to medical care. A collaborative partnership between over 15 community partners will leverage the power of certified Community Health Workers (CHWs), who will work out of local community and medical organizations to identify HIV-positive individuals who are not receiving care, provide educative services, and act as a gateway to the HIV medical care system. With the help of CHWs, traditionally underserved individuals and communities can take advantage of HIV medical care and other local services to improve their health outcomes and well-being.

For more information, visit www.commonhealthaction.org/initiatives_0311.html.

45. Health Development Measurement Tool (San Francisco, California)

In San Francisco, the Department of Public Health has responded to the need for health and planning tools and guidelines by creating the **Healthy Development Measurement Tool (HDMT)**, a comprehensive evaluation metric to consider the health needs in urban development plans and projects. The HDMT encompasses three core components:

1. Community Health Indicator System

Over 100 indicators of social, environmental, and economic conditions that can be used to evaluate baseline conditions in a neighborhood, planning area or city, and to monitor those conditions prospectively. Data are disaggregated by neighborhood and where possible are mapped spatially to highlight disparities.

2. “Health Development” Checklist

A downloadable checklist of development targets (associated with each indicator) that can be used to assess whether urban plans and projects help achieve community health objectives.

3. Menu of Policies and Design Strategies

A listing of potential actions that can be taken by project sponsors or policy-makers to achieve development targets in the checklist and advance community health objectives.

For more information about the Health Development Measurement Tool, visit www.thehdmtool.org.

46. Santa Clara County Public Health Department (California)

Mission: The mission of the Santa Clara County Public Health Department is to prevent disease and injury and create environments that promote and protect the community's health.

On May 12, 2011, The Santa Clara County Public Health Department released a report focusing on the origins of disease.

The Health and Social Inequity in Santa Clara County report examined various factors and their impact on health. These factors include: race and ethnicity, income, education, employment, immigration, housing, access to health care, and neighborhood conditions. The report shows that an individual's health and well-being are heavily influenced by social determinants.

For more information about the Santa Clara County Public Health, visit www.sccgov.org/sites/sccphd/en-us/Pages/default.aspx.

For more information about the *Santa Clara Health and Social Inequity Report*, visit www.sccgov.org/sites/sccphd/en-us/Media/Pages/DataReports.aspx.

For more information about the *Analysis/Overview of Santa Clara County Health and Social Inequity Report*, visit www.sccgov.org/sites/sccphd/en-us/Media/Pages/Social%20and%20Health%20Inequity.aspx.

47. Shasta County Public Health & Health Equity (California)

Programs within the County:

- Northwest County:
 - **Health Equity Housing Assistance Program:** provide deposit assistance to qualified persons to establish an independent residence.
- East County:
 - **Intermountain Health Equity Education Project:** raise intermountain community awareness of a range of HE [health equity] issues by providing 11 educational forums and related outreach.
- Southwest County:
 - **For a Better Future: Employment & Education Preparation at the Anderson Teen Center**

For more information about the Shasta County Public Health & Health Equity initiative, visit www.cdph.ca.gov/programs/cclho/Documents/DeckertShastaCountyPublicHealthfall2009.pdf.

48. Health Equity Alliance of Tallahassee (HEAT) (Florida)

Vision and Mission: The Health Equity Alliance of Tallahassee (HEAT) is a community-academic partnership for health equity in Tallahassee, FL. **We envision health for all.** Our mission is to bridge the gap between research and action to explain and eliminate the causes of social inequalities in health.

Objectives:

- We aim to increase scientific knowledge and raise community consciousness about the causes of health inequalities;
- Create equitable partnerships between researchers and community members;
- Promote community capacity building and empowerment; and
- Translate research into policy to change the unequal social and economic conditions that harm people's health.

Principles: HEAT embraces the principles of community-based participatory research (CBPR). Drawing on our own discussions and previous groups' attempts to forge CBPR partnerships, we identify the following principles:

- HEAT strives to translate research into policy to change the unequal social and economic conditions that cause social inequalities in health.
- HEAT values integration of research and action for the mutual benefit of all partners.
- HEAT fosters mutual respect, trust, accountability, and learning among all partners.
- HEAT promotes research and action that are responsive to local needs, strengths, and resources.
- HEAT believes that active collaboration between researchers and community members enhances the validity of scientific research.
- HEAT promotes capacity building, empowerment, and ownership of research.
- HEAT recognizes that a meaningful partnership requires an enduring commitment and long-term relationships.
- HEAT emphasizes the multiple determinants of population health, including unequal social, economic, and political resources.
- HEAT is committed to disseminating knowledge to partners, policy makers, and the community in ways that are meaningful and accessible.

For more information about the Health Equity Alliance of Tallahassee, visit www.healthequityalliance.org.

49. Health Equity Coalition Hillsborough County (HECHC) (Florida)

The goal of the Office of Health Equity Hillsborough County is to implement a practice-based chronic disease community program that promotes policy, organizational, systems and environmental community change. This initiative will serve to:

- Promote physical activity and nutrition.
- Reduce tobacco use and exposure.

- Build capacity for communities to be able to institute systems, environmental, organizational and policy changes related to these health risk factors.
- Foster improvement and increased access to quality care.
- Help eliminate racial and ethnic health disparities.
- Reduce complications from and incidence of cardiovascular disease, diabetes, and obesity.

For more information about the Hillsborough County's Health Equity Coalition, visit www.healthequitycoalition.com.

50. Health Access and Health Equity – Sedgwick County (Kansas)

Affordable health care is essential for all Sedgwick County citizens. Approximately 10.9% of Sedgwick County residents were uninsured in 2005. The impact of this problem does not just affect those individuals; it also affects businesses and our entire health care system.

Initiative Strategies:

- Coverage: lack of health access for people who are uninsured or underinsured.
- System coordination: lack of health access due to the difficulties of coordinating services between hospitals and safety net clinics.
- System navigation: lack of health access caused by people having a limited understanding of options.

Community Health Navigators:

- In order to improve system navigation, the ideal of the community health navigator was born. The community health navigators are volunteers who provide health information to other citizens. Navigators go into the community at the neighborhood, church, and other civic organization levels with health access information and health education toolkits.

For more information about the Sedgwick County's Health Access and Health Equity initiative, visit www.sedgwickcounty.org/healthdept/healthaccess.asp.

For more information about the Health Access and Health Equity Program, visit www.sedgwickcounty.org/healthdept/fact_sheets/access%20fast%20fact.pdf.

For more information about Sedgwick County's community health navigators, visit www.sedgwickcounty.org/healthdept/fact_sheets/health%20navigators.pdf.

51. Frederick County Health Department - Health Equity (Maryland)

Vision: The Frederick County Health Department envisions improved health and wellness for all citizens of Frederick County through the elimination of health disparities among our lower income and ethnic and racial populations.

Mission: To improve the health and wellness of all citizens of Frederick County by providing culturally competent care, partnering with community members, implementing prevention programs, and developing policies that address health disparities.

For more information about the Frederick County Health Department's health equity initiative, visit www.frederickcountymd.gov/index.aspx?NID=2370.

52. The Port Towns Community Health Initiative (Maryland)

This partnership between the Port Towns (MD) Community, Kaiser Permanente, the Consumer Health Foundation, and other institutions was developed with the intention of combating obesity, chronic illness and health inequities in Port Towns. Mobilizing around the theme *Healthy Eating, Active Living*, the initiative aims to improve nutritional and physical health outcomes over a 7-10 year period and to concurrently act as a community model for combating the social, physical, environmental, and economic determinants of health disparities and ill-health.

For more information, visit www.commonhealthaction.org/initiatives_0508.html.

53. Montgomery County Department of Health and Human Services (Maryland)

The Department of Health and Human Services has primary responsibility for the delivery of public health and human services that address the basic and critical needs of the country's most vulnerable children, adults, and seniors in Montgomery County.

In 2011, Montgomery County introduced the **Healthy Montgomery** initiative. The Healthy Montgomery community health improvement process is a community-based effort to improve the health and well-being of Montgomery County residents. Healthy Montgomery is under the leadership of the Healthy Montgomery Steering Committee, which includes planners, policy makers, health and social service providers and community members. The community improvement process includes data collection, identification of areas for improvement, priority-setting, collaborative efforts to address the priority needs in Montgomery County and monitoring the success of the improvement efforts.

In 2011, Montgomery County began work with CommonHealth ACTION to develop an **Equity and Social Justice Workshop**. The aim of this partnership is to develop issue framing, goal setting, and messaging for the MCDHHS's health equity activities, provide educational services for key staff working to further these goals in the long term, and gather qualitative data on knowledge, attitudes, etc. towards health equity among key partners and staff.

For more information about what the Montgomery Department of Health and Human Services is doing to address health equity, visit www.montgomerycountymd.gov/hhstmpl.asp?url=/content/hhs/index.asp.

For more information about the Healthy Montgomery initiative, visit www.healthymontgomery.org/index.php.

For more information about the Equity and Social Justice Workshop, visit www.commonhealthaction.org/initiatives_1009-p.html.

54. Washtenaw County Public Health – Health Equity/Social Justice Team (HESJT) (Michigan)

The Health Equity/Social Justice Team (HESJT) at Washtenaw County Public Health is focused on assuring, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs. It is the vision of HESJT to create a healthy community in which every resident enjoys the best possible state of health and well-being.

For more information about the Washtenaw County Public Health's Health Equity/Social Justice Team, visit www.ewashtenaw.org/government/departments/public_health/health-promotion/nutrition-education-information.

55. Douglas County Health Equity Team (Nebraska)

Mission: To evaluate and address Douglas County Health Department's (DCHD) policies and procedures to ensure the creation of a respectful and diversified workforce in an attempt to better understand the cultural complexity and sensitivity of health related issues. To empower all DCHD staff with the ability to work effectively and efficiently in a cultural appreciative environment.

For more information about the Douglas County Health Equity team, visit www.douglascountyhealth.com/healthy-living/health-equity-team.

56. Albuquerque-Bernalillo County Health Equity Assessment Tool (ABCHEAT) (New Mexico)

ABCHEAT is a collaborative health equity initiative with the goal of providing communities and decision-makers in our city and county with evidence to build health into public and private policies and practices.

We believe that decision-makers must have reliable data on health status, disparities, and the effects of social determinants of health. These data must be monitored at the local level in collaboration with the people and families who live there, and funding must be available to promote community participatory assessment to understand these health effects and to promote the application of findings to decision-makers.

For more information about the Albuquerque-Bernalillo County Health Equity Assessment Tool (ABC HEAT), visit www.bcplacematters.com/resources/health-equity-assessment-tool.

57. Mahoning Valley –Organizing Collaborative: Health Equity (Ohio)

Vision: The Mahoning Valley Organizing Collaborative is dedicated to improving the quality of life in the Youngstown/Warren Region through the creation and support of healthy neighborhoods.

Mission: To identify and develop leaders, to organize neighborhoods, to build capacity to achieve healthy communities.

Goals:

- To organize individuals, organizations, and neighborhoods working on quality of life issues in the Valley into a supportive and united entity that can deliver people and get things done;
- To train individuals and organizations to identify the needs of the community and to hold public institutions accountable for meeting those needs;
- To provide resources through technical assistance and support and to assist local organizations in developing membership, raising funds, and identifying issues and problems which block the attainment of a healthy, vibrant community;
- To link neighborhoods to larger community initiatives; regional, state and national for the betterment of the Valley;
- To give hope to individuals and local grassroots organizations working to create healthy, sustainable neighborhoods; and
- To encourage individuals and neighborhoods affected by a problem to create a campaign to address the issue.

For more information about Mahoning Valley's Organizing Collaborative,
www.mvorganizing.org/about/mission.

For more information about Mahoning Valley's Organizing Collaborative regarding health equity,
www.mvorganizing.org/campaigns/health-care.

58. King County – Equity & Social Justice Initiative (Washington)

Goal: All King County residents live in communities of opportunity. To reach this goal, all communities must be given the ability to provide individuals with access to livable wages, affordable housing, quality education, quality health care, and safe and vibrant neighborhoods. King County is applying the principles of the equity and social justice in its actions, decisions, and policies.

For more information about King County's Equity and Social Justice Initiative,
www.kingcounty.gov/healthservices/health/ehs/healthyplaces/health.aspx.

59. Milwaukee Center for Health Equity (Wisconsin)

Vision: To create a society where all people have an equal chance to be healthy.

Mission: To improve the social and economic conditions that contribute to health equity through education, civic capacity building, and public policy.

For more information about the Milwaukee Center for Health Equity, visit
www.ci.mil.wi.us/ImageLibrary/Groups/healthAuthors/MINT/PDFs/MCHE_4_pager_for_web.pdf.

Regional Health Equity Networks

60. Bay Area Regional Health Inequities Initiative (BARHII)

BARHII is a unique undertaking by local health departments in the San Francisco Bay Area to confront health inequities. The regional collaboration includes public health directors, officers, senior managers, and staff from Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma counties, and the City of Berkeley.

BARHII and Planning for Healthy Places developed *Partners for Public Health*, a publication that provides a broad overview of the many public agencies that make policy decisions affecting aspects of the built environment, and outlines the structure and decision-making process for each agency, pointing public health professionals toward opportunities for engagement.

Mission: Transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.

For more information about the Bay Area Regional Health Inequities Initiative (BARHII), visit www.barhii.org/index.html.

For more information about the *Partners for Public Health* report, visit www.barhii.org/resources/downloads/partners_for_public_health.pdf.

61. California Pan-Ethnic Health Network (CPEHN)

As the only statewide multicultural health advocacy group in California, CPEHN is a leader in the fight for health equity. From advocating for culturally and linguistically appropriate care to advancing social and environmental conditions that promote health, CPEHN is at the forefront of improving the health of our communities.

Mission: To improve access to health care and eliminate health disparities by advocating for public policies and sufficient resources to address the health needs of our communities.

To learn more about CPEHN, visit www.cpehn.org.

62. Carolinas Association for Community Health Equity (CACHE)

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

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

To learn more about CACHE, visit www.cachenc.org.

63. CHOICE Regional Health Network (Central Western Washington)

Mission: CHOICE is the place where organization leaders with regional interdependencies jointly plan and act to the mutual benefit of each other, their organizations, and the communities they operate within.

CHOICE Regional Health Network is a non-profit coalition of rural and urban hospitals, practitioners, public health, clinic, community health centers, behavioral health providers, and other partners dedicated to improving the health of our community. We define our community as the residents of Mason, Grays Harbor, Pacific, Lewis, and Thurston counties – Central Western Washington.

CHOICE meets its mission by bringing together owners of our community's diverse health care organizations who are committed to building a better, more coordinated system of patient care through planning and action. Our initiatives:

- Help more people access health care services.
- Improve the quality and delivery of health care for all.
- Lower the cost of health care.

For more information about CHOICE Regional Health Network, visit <http://crhn.org/www/index.asp>.

64. Institute for Public Health Innovation

The Institute for Public Health Innovation (IPHi) was developed by CommonHealth ACTION in 2009 to aid the District of Columbia, Virginia, and Maryland develop strategies to combat health inequities and advance public health. Bringing together the combined expertise of the public and private sectors, and local, state and national partnerships, IPHi believes that protecting and improving public health requires a *health in all* policies approach to policies and programs that impact health, especially in the areas of education, housing, economic development, et cetera. Its main role in this network of partners is to: convene and facilitate coordination and planning across disciplines and sectors; design, test, evaluate and disseminate public health strategies; conduct training, research, advocacy, resource development; and provide fiscal support through activities including grantmaking.

For more information, visit www.commonhealthaction.org/IPHi-Overview-Brief4.pdf.

65. New England Partnership for Health Equity

The New England Partnership for Health Equity (NEPHE) is a New England regional learning community whose scope of work centers on addressing and eliminating health inequities. NEPHE consists of nine Boston-based and eight New England-based grantees, three funding partners, and the Office of Health

Equity and the REACH CEED at the commission, and the Latino CEED REACH New England at the Greater Lawrence Family Health Center.

Vision: To build capacity across New England communities to develop strategies that address the social determinants of health and achieve health equity through community, system, and policy level changes.

Goals: For grantees partner agencies to:

- Become catalysts for change;
- Create institutional and community changes in policies, programs, and practices;
- Create and build sustainable equity work;
- Have equity work rooted in community.

For more information about the New England Partnership for Health Equity, visit

www.bphc.org/chesj/Documents/New%20England%20Partnership%20for%20Health%20Equity%20RFA%20Summer%202010.pdf.

66. North Texas Health Equity Project

To address striking difference in the incidence, prevalence, and mortality of many diseases within minority and poor populations in North Texas, the University of North Texas Health Science Center (UNTHSC) is establishing the North Texas Health Equity Project (NTHEP). The NTHEP is designed to build the capacity of community-based organizations to reduce and eliminate disparities in infant mortality, obesity, and related conditions in this region through community-based participatory training, education, and outreach activities.

For more information about the North Texas Health Equity Project, please click on the link:

<http://www.healthytexas.org/modules.php?op=modload&name=News&file=article&sid=30000>.

67. Association of Academic Health Centers (AAHC) Task Force on Academic Health Centers and the Social Determinants of Health (2011)

The AAHC has created a Task Force on Academic Health Centers and the Social Determinants of Health that is considering the opportunities to share best practices and build a movement in this area. Their report will be out in late 2011 or 2012.

For more information, visit www.aahcdc.org.

68. American Cancer Society (ACS): Working in Communities to Reduce Disparities in Breast Cancer Screening – the Deep South Disparities Project

In 2011, the American Cancer Society launched the Deep South Disparities Project across the Southeast United States, in which community health advisors are trained to work in their local communities to increase cancer screening, especially for detection of female breast and male and female colorectal

cancers. We are also collaborating with the Walmart Foundation to provide grants to underserved communities to support community education on cancer screening and prevention and to help reduce disparities in screening.

B. Selected Conferences & Events

National

69. 10th Annual New Partners for Smart Growth: Building Safe, Healthy and Livable Communities

3 – 5 February 2011, Charlotte, North Carolina

“Today, we are faced with environmental, social and economic challenges that will define our generation, shape our future, and test our resilience as neighborhoods, cities and a nation. Join leaders from across the U.S. as we tackle these challenges head-on and demonstrate smart growth solutions that will reduce our dependency on foreign oil, create a green economy, assure a healthy population, foster more equitable development, and expand transportation and housing options for all Americans.”

For more information about this conference, visit www.cachenc.org/PDF/NPSG11%20Conference%20Brochure.pdf.

70. America Diabetes Association - American Diabetes Association 4th Annual Disparities Partnership Forum, Overcoming Disparities: Reducing the Burden of Diabetes Complications

6 – 7 April 2011 in Arlington, Virginia

Overall Goals:

1. Explore collaborative methods of decreasing the burden of diabetes complications in populations at highest risk.
2. The forum will also highlight promising practices that address the overall goal and can be tailored to community and work environments.

It is recommended that the following attend: Healthcare Professionals, Community Health Educators, Academicians, Community Leaders, Public Health Practitioners and Officials, Policy Makers and Analysts, Government Officials, Researchers, Program Administrators, Patient Advocacy Groups, Voluntary Health Organizations.

To view more information about this conference, visit www.diabetes.org/in-my-community/programs/partnership-forum/2011-disparities-partnership.html.

71. Association of Academic Health Centers, The University of California, Davis and the University of New Mexico Health Sciences Center – Academic Health Centers and the Social Determinants of Disease: Measuring Success by our Populations’ Health

27 – 28 April 2011, Albuquerque, New Mexico

For more information about this conference, visit

www.thecommonwealthmedical.com/evc/Page.asp?PageID=EVC000051.

72. American Public Health Association - The American Public Health Association Midyear Meeting – Implementing Health Reform – A Public Health Approach

23 – 25 June 2011, Chicago, Illinois

Goals:

- To discern the next steps in implementing health reform from a public health and population-based perspective. The American Public Health Association Midyear Meeting: *Implementing Health Reform — A Public Health Approach* will draw public health officials, administrators, practitioners and partners to learn more about advancing prevention and wellness and improving the health of our communities as we transform our nation’s health system.
- To provide a forum for those interested in moving from a medical care delivery system to a system that assures health and wellness.

For more information about this conference, visit

www.apha.org/about/calendar/aphacalendar/amplanning/9BABC792-FEB9-461B-B306-EEF1FE6E2190.htm.

73. Centers for Disease Control and Prevention - 2011 Public Health Informatics Conference – Engaging, Empowering, Evolving Together

21 – 24 August 2011, Atlanta, Georgia

Goal: To facilitate shared learning and planning for building informatics capacity in order to advance public health.

Objectives:

- Increase the scope of operational public health informatics work and best practices
- Summarize current issues and trends in the field of public health informatics
- Translate issues and opportunities in public health informatics and health information technology for public health stakeholders
- Facilitate the development of public health communities, international, national, state, local, tribal and territorial partnerships, by focusing on accelerating the field of public health informatics.

For more information about this conference, visit www.cdc.gov/phiconference/about.html.

74. Berkeley School of Public Health Annual Conference 2011**25 – 26 August 2011, Berkeley, California****Theme:** Collaborative Matters: Building Effective Partnerships Within Communities and Health Organizations and Across Sectors

For more information about this conference, visit <http://chl.berkeley.edu/events/chl-conferences/2011-conference>.

75. 2011 Congressional Black Caucus Foundation Fall Health Braintrust – The Politics of Race and Health Equity**23 September 2011, Washington, DC**

This year's theme is "The Politics of Race and Health Equity." The opening session reframes the health equity dialogue around racial inequities that exist in every aspect of American society - disparities in wealth, housing, education, employment, and health care access.

To view more information about the conference, visit www.jointcenter.org/events/2011-congressional-black-caucus-foundation-fall-health-braintrust.

76. Communities Joined in Action - Communities Joined in Action Annual Conference and Workshops Improving Health ~ Eliminating Disparities in an Age of Healthcare Reform**5 – 7 October 2011, Washington, DC****Goal:** Provide information and tools to successfully implement healthcare reform, ensure positive health outcomes for ALL, and bend the cost curve.

To view more information about the conference, visit www.cjaonline.net/events/annualConf/2011/index.htm.

77. American Psychological Association – Inequity to Equity: Promoting Health and Wellness of Women with Disabilities**17 – 18 October 2011, Washington, DC****Goals:**

- To promote and exchange knowledge and information among psychologists and other health care providers to develop best practices that will improve and/or increase positive health care outcomes for women with disabilities.
- To promote empowerment of women with disabilities to take charge of and advocate for their own health and health care.
- To develop relationships and cooperation among organizations and professionals concerned with health issues related to women with disabilities.
- To identify gaps in research and formulate recommendations for future research, practice, education, and policy to positively influence the lives of women with disabilities.
- To strengthen the capacity of psychological and health services professionals to provide informed and appropriate health care to women with disabilities.

For more information about this conference, visit www.apa.org/pi/women/programs/disabilities-conference.

78. American Public Health Association (APHA) - Annual Meeting & Exposition – Healthy Communities Promote Healthy Minds and Bodies

29 October – 2 November 2011, Washington, DC

The 139th APHA Annual Meeting theme, “Health Communities Promote Healthy Minds and Bodies” provides the perfect platform for an in-depth look at efforts to improve the health of our communities. Public health starts in the communities where we live, work, and play.

A healthy communities approach recognizes that physical and social environments and community resources heavily impact health behavior. Through integrated systems and policy changes we can create long-term sustainable opportunities to advance health.

Join APHA as we explore some successful community models and discuss how these practices can be adopted to reduce health disparities and improve health outcomes for all.

For more information about this conference, visit www.apha.org/meetings/AnnualMeeting.

79. Dialogue4Health Web Forums on Prevention & Equity

THE FINAL PUSH: Taking Action to Support Community Prevention and Equity in Health Reform, December 10, 2009

- The Prevention Institute, Trust for America’s Health, Warren Institute on Race, Ethnicity, and Diversity, and Public Health Institute

The United States House of Representatives passed health reform legislation. Now it is time for the Senate...The Senate health reform bill contains certain provisions that will advance community prevention and equity; please join our web forum to learn how **you** can have an impact.

Topics:

- Update on health reform legislation and status of community prevention and equity elements.
- How to make the case for community prevention and equity in health reform
- Actions to reach all US State Senators
- Priority states and Senators for outreach
- Taking advantage of media opportunities
- How organizations and individuals can educate without lobbying

For more information about this webinar, visit www.dialogue4health.org/hcr/12_10_09.html.

A Time for Action: Taking a Stand for Prevention and Protecting the Affordable Care Act, March 10, 2010

- The American Health Association, Policy Link, Prevention Institute, Public Health Institute, and Trust for American's Health

This was a discussion concerning how community, public health and healthcare leaders can take focused action to protect community prevention building up to the March anniversary of passage of the Affordable Care Act.

Topics:

- Provide concrete action steps that community advocates can take to support and protect community prevention and the Affordable Care Act;
- Discuss strategies that individuals and organizations can use to describe the value and benefit of investing resources in community prevention and wellness in local communities;
- Share an update from Senator Harkin's office on threats to community prevention within HR1 and outline actions needed to education Congress on the importance of the Affordable Care Act;
- Provide a prioritized list of target legislators that advocates can contact to make the case for prevention.

To learn more about this webinar, visit www.preventioninstitute.org/press/highlights/594-a-time-for-action-taking-a-stand-for-prevention-and-protecting-the-affordable-care-act-.html.

Implementing the Affordable Care Act: Principles for Prevention, June 25, 2010

- Public Health Institute, Prevention Institute, PolicyLink, Trust for America's Health

Objectives:

1. To provide an update on federal funding of prevention activities.
2. To discuss action steps moving forward
3. To discuss signing on to a shared set of general principles to decide how our organizations and partners can best collaborate and speak with a unified voice to advocate for community-based prevention in the future.

Principles for Future Prevention and Wellness Spending:

- Emphasize communities with the greatest need
- Directly engage and fund communities
- Create sustainable change

- Encourage collaboration across sectors (including health care)
- Change policy, organizational practice, and norms
- Focus on environments (communities, schools, and workplaces)
- Build on existing evidence and experience

For more information about this webinar, visit www.preventioninstitute.org/press/highlights/411-implementing-the-affordable-care-act-principles-for-prevention.html.

Taking Action for Community Prevention: Protecting the Prevention and Public Health Fund, September 8, 2010

- The Prevention Institute and Public Health Fund

The Prevention Institute and Public Health Fund we all worked so hard for is in jeopardy. On September 14, Congress will vote on an amendment to the Small Jobs and Credit Act that would virtually eliminate the Prevention Fund.

The Prevention and Public Health Fund represents a historic opportunity to support the health, safety, and equity of individuals, families, and communities across the country. Community prevention efforts – from building safe and accessible play areas to farmers’ markets – are essential to saving money, saving lives, and building equity.

The webinar will cover:

- The status of the Johanns Amendment;
- Activities taking place in Washington DC to advocate for community-based prevention now and in the future; and
- Options for how you, your organizations, and your partners can take action in support of the Prevention and Public Health Fund.

For more information about this webinar, visit www.preventioninstitute.org/press/highlights/472-taking-action-for-community-prevention-protecting-the-prevention-and-public-health-fund.html.

Investing in Community Prevention: A Dialogue with Federal leadership on the Community Transformation Grants and the National Prevention Strategy, November 4, 2010

- Representatives from the Department of Health and Human Services Office and the Centers for Disease Control and Prevention will share current information concerning efforts underway to advance the community prevention provisions of the Affordable Care Act.

Objectives:

- Provide updates on Community Transformation Grants and the National Prevention Strategy; and
- Offer an opportunity to comment on and provide input to the implementation of Community Transformation Grants and development of the National Prevention Strategy.

For more information about this webinar, visit www.dialogue4health.org/hcr/11_4_10.html.

Health Reform IS Working – A Discussion on Next Steps for Community Prevention in the Affordable Care Act, December 20, 2010

- American Public Health Association, Prevention Institute, Public Health Institute, Policy Link, and Trust for America’s Health

In this webinar, we’ll provide opportunities for communities, public health, and healthcare leaders to get involved and ensure that the prevention provisions of the Affordable Care Act live up to their full potential.

Topics:

- Provide updates on the status of community prevention provision in the Affordable Care Act;
- Share next steps and actions that communities and advocates can take to further the understanding of politicians, media, and the local community about the values of prevention; and
- Share recent examples of community prevention successes.

To learn more about this webinar, visit www.preventioninstitute.org/press/highlights/528-health-reform-is-working-a-webinar-discussion-on-next-steps-for-community-prevention-in-the-affordable-care-act.html.

Putting the “Transformation” in Community Transformation Grants: Building the Momentum for Equity and Prevention, June 6, 2011

- The American Public Health Association, PolicyLink, Prevention Institute, Public Health Institute, and the Trust for America’s Health

Discussion on strategies for leveraging Community Transformation Grants to achieve meaningful, and sustainable community transformations.

Topics:

- Discuss the role CTGs can play in maximizing national momentum to achieve health, equity, and safety;
- Share key lessons from Communities Putting Prevention to Work of relevance for CTG;
- Describe cross cutting strategies to achieve greater synergy across the CTG’s Strategic Directions;
- Share strategies for leveraging partnerships and resources; and
- Provide an update on the list for legislative news and actions from Washington DC.

To learn more about this webinar, visit www.preventioninstitute.org/press/calendar/event/107.html.

80. Familias en Accion – 2011 and Beyond: Latino Health Equity Conference

12 May 2011, Portland, Oregon

The interactive summit will build the path for a Latino Health Initiative with strategies to eliminate health disparities.

Goals:

- Enhance participants’ understanding of social, economic, and political factors that impact health for Latinos.

- Understand major disease prevention and health promotion challenges facing Latinos locally, nationally, and globally and potential solutions to those challenges.
- Build understanding of culturally appropriate public health practice and research that promote health for Latinos.
- Develop partnerships between Latino communities and key stakeholders in building community capacity for health through research, education and advocacy.

For more information about this conference, visit www.latinohelthequityconference.com.

81. Families USA Health Equity Connection – Annual Conference

19 – 21 January 2012, Washington, DC

In January of each year, Families US has a major national conference that considers health equity, health care and family policy. In 2011, President Obama addressed the conference.

For more information about this conference, visit <http://www.healthaction2012.org>.

82. Health Equity Summit – The Affordable Care Act and Beyond: Opportunities for Achieving Health Equity

17 September 2011, Oakland, CA

Members of the Congressional Asian Pacific American Caucus, Congressional Black Caucus, Congressional Hispanic Caucus, and policymakers, policy experts, community members, and researchers examine the roots causes of and solutions to health disparities.

For more information about the 2011 conference, visit <http://helthequitysummit2011.eventbrite.com>.

83. Joint Center for Political and Economic Studies – Place and Health Equity Conference: Place Matters National Conference

7 September 2011, Washington, DC

A one-day convening to address the relationship between place and health, particularly as it pertains to racial and ethnic health inequities.

The conference will convene key stakeholders, including grassroots leaders, elected officials, researchers, public health practitioners, policy makers and community organizers.

To view more information about this conference, visit <http://jointcenter.org/place-matters-national-conference>.

84. Leadership for Healthy Communities – Childhood Obesity Prevention Summit: Making the Connection: Effective Approaches to Preventing Childhood Obesity**8-9 September 2011, Washington, DC**

This year's summit will focus on the significant social and economic benefits of preventing and reducing childhood obesity, and the importance of making it a policy priority, particularly in challenging economic times. Workshops and plenary sessions will demonstrate how policy-makers can champion "win-win" policies that support other policy areas, including economic development, job market expansion and academic achievement while helping to improve children's health. The summit will provide policy-makers with tools and information and opportunities to collaborate within and across sectors - public and private - to help reverse the childhood obesity epidemic by 2015.

For more information about this conference, visit www.cvent.com/events/2011-leadership-for-healthy-communities-childhood-obesity-prevention-summit/event-summary-2b90faab0090494b99cad8c785e4ea94.aspx.

85. Martin Luther King Jr. National Memorial Dedication Ceremony**16 October 2011, Washington, DC**

The official dedication of the Martin Luther King, Jr. National Memorial occurred on October 16, 2011, following the 48th anniversary of King's "I Have a Dream Speech."

For more information about this event, visit www.dedicatethedream.org/site/c.4nJHJQPoEiKWE/b.6715605/k.BDE7/Home.htm.

86. Michigan State University - 2011 Michigan State University Symposium on Multicultural Psychology: Occupational Health Disparities among Racial and Ethnic Minorities: Formulating Research Needs and Directions.**22 – 23 September 2011, East Lansing, Michigan**

Provide a review of the current state of the field and to formulate research needs and identify directions for future research and interventions to address these occupational health disparities. Leading researchers in the field have been invited as speakers and the conference will also include submissions.. Selected papers from the conference will be published in as a volume in the MSU Symposium Book Series by the American Psychological Association for the CMPR. Keynote speakers: Drs. John Howard, Lois Tetrick, and Rafael Moure-Eraso

To view more information about this conference, visit http://psychology.msu.edu/cmpr/msu_symposium.aspx.

87. National Association of County and City Health Officials (NACCHO) – NACCHO Annual 2011 Conference – Moving Public Health Forward During Challenging Times**20 – 22 July 2011, Hartford, Connecticut**

NACCHO Annual 2011 will provide an interactive setting for local health officials and their public health partners around the country to examine strategies, share ideas, and plan actions necessary for public health leaders to create and build upon a forward-looking vision of local public health through disease-prevention interventions and wellness promotion, elimination of health inequities among individuals and communities, and expanded leadership capacity within local health departments (LHDs).

For more information about this conference, visit <http://www.naccho.org/events/nacchoannual2011>.

88. National Association of County and City Health Officials (NACCHO) Annual Public Health Preparedness Summit 2011**22 – 25 February 2011, Atlanta, Georgia**

The Summit is the largest conference for public health and emergency preparedness professionals offering a variety of learning opportunities including posters, interactive sessions and workshops focused on building, enhancing, and sustaining our nation's ability to plan for, respond to, and recover from disasters and other public health emergencies.

For more information about the 2011 conference, visit www.naccho.org/events/summit.cfm.

To learn more about the 2012 conference, visit

www.phprep.org/2012/?CFID=40221768&CFTOKEN=22110322&jsessionid=8430aa174a31ed6def86d7c4b373d182b4d3.

89. National Rural Health Association (NRHA) - Rural Multiracial and Multicultural Health Conference, New Horizons in Rural Health Care: Vision or Mirage**7 – 8 December 2011, Daytona Beach, Florida**

One of the only meetings in the nation to focus on rural multiracial and multicultural health issues, this conference is designed to benefit those who are dedicated to bringing quality health care and health services to this underserved and often under-represented portion of the rural population.

For more information about this conference, visit www.ruralhealthweb.org/mm.

90. Policy Link – Equity Summit 2011**8 – 11 November 2011, Detroit, Michigan**

Bringing together the nation’s equity movement to advance a truly inclusive policy agenda. Join us in Detroit to share in a vision for more sustainable and equitable development with access to jobs, transportation, education, health, and housing for all.

Participants will explore how issues like healthy food access, transportation choice, housing access, jobs and education are crucial for America’s future competitiveness and prosperity.

For more information about this conference, visit <http://www.equitysummit2011.org>.

91. Robert Wood Johnson Foundation Martin Luther King, Jr., Health Equity Summit**23 August 2011, Washington, DC**

This summit, entitled “Enhancing Health Status and Achieving Health Equity at Lowest Cost,” is an annual public review and assessment of the nation’s progress in addressing inequalities in health and reducing health disparities and brings together leaders in health care, academia, industry and consumer/civic organizations as well as federal, state and local officials.

For more information about this conference, visit www.rwjf.org/pr/product.jsp?id=72727&cid=XEM_205591.

92. Rural Nurse Organization (RNO) and Decker School of Nursing - The Canopy of Health Care for Rural & Underserved Populations: Strengthening the Root System**5 – 7 October 2011, Binghamton, NY**

Goal: The strength of these systems and the canopy of health care provided require a variety of health care providers, researchers and educators addressing problems from multiple perspectives, working together, and dedicated to the care of rural and underserved populations.

To view more information about this conference, visit www2.binghamton.edu/continuing-education/non-credit-programs/rural-health.html.

93. William and Ida Friday Center for Continuing Education – UNC Minority Health Conference: “The Promise of Health Equity: Advancing the Discussion to Eliminate Disparities in the 21st Century”

25 February 2011, Chapel Hill, North Carolina

The conference provided a forum for scholarly understanding and addressing continuing health disparities in minority populations.

Topics:

- The National HIV/AIDS Strategy: What does it mean for the future of HIV prevention
- HIV policy in the national, state, and local context
- Rural health
- LGBT health
- Mental health among the Latino population
- Occupational health
- Diabetes among the American Indian population
- Food Deserts
- Grassroots advocacy and activism
- Health issues among older adults

For more information about this conference, visit <http://www.minority.unc.edu/sph/minconf/2011>.

94. University of Illinois at Chicago School of Public Health – 2011 Minority Health in the Midwest Conference – The Promise of Health Equity: Advancing the Discussion to Eliminate Disparities in the 21st Century

25 February 2011, Chicago, Illinois

The conference provided a forum for scholarly understanding and addressing continuing health disparities in minority populations. Held in conjunction with the 32nd Annual Minority Health Conference at the University of North Carolina at Chapel Hill [see above].

For more information about this conference, visit <http://www.uic.edu/sph/minority%20health%20conference>.

State Health Equity Events

95. Maryland Public Health Association - Annual Meeting 2011

8 September 2011, Baltimore, Maryland

As the state's affiliate to the American Public Health Association, the Maryland Public Health Association (MdPHA) is an organization of professionals representing all aspects of public health. Current priority areas include:

- Increasing physical activity and decreasing sedentary lifestyle for all Marylanders.
- Reducing or eliminating racial and ethnic health disparities.

For more information about this conference, visit www.mdpha.org/index.php?page=annual-meeting.

96. North Texas Eye Research Institute - 6th annual Texas Conference on Health Disparities

16 – 17 June 2011 at the University of North Texas in Fort Worth, TX.

Intent: Highlight the ongoing research programs and efforts (including community engagement programs) aimed at understanding the underlying causes of such disparities and devising innovative strategies to ultimately eliminate them.

To view more information about the conference, visit www.hsc.unt.edu/Research/TPI/HealthDisparities/Conference2011.cfm.

97. University of Tennessee Health Science Center – Consortium for Health Education, Economic Empowerment and Research 2011 (CHEER) Conference

20 – 22 June 2011, Memphis, Tennessee

Mission: To engage in community-based collaborations to conduct research and incorporate the role of community assets and personal economic efficacy.

Purpose: To drive healthy lifestyles for at risk and disadvantaged persons of every age and background, in families living in rural, suburban, and urban communities in the Memphis and Mississippi Delta region.

Goals:

- Increase community awareness and understanding of the effects of social and economic conditions in the Delta region on the overall health and well-being of African American communities.
- Discuss the importance of community-based participatory research (CBPR), faith-based institutions, social justice, and economic empowerment as vehicles for creating a healthy village.
- Ignite new scholarships and partnerships focused on creating healthy villages in the Delta region.
- Provide attendees with tools for implementing CBPR in their respective communities.

For more information about this conference, visit www.uthsc.edu/CHEER/healthy_village_2011.

98. Virginia Public Health Association (VAPHA) Health Equity Conference – Advancing the Public Health through Community Engagement and Communication

22-23 September 2011, Richmond, Virginia

Purpose: The conference will serve as a forum to discuss practices and policies to strengthen communities and address the root social, political and economic causes of inequities in health in Virginia.

Objectives: The program will help participants increase awareness and identify needs surrounding health disparities, and evaluate the effectiveness of current practices, in order to improve the capacity of the public health workforce to address health equity.

Participant Learning:

- Participants will be educated about health inequities and their root causes and some of the effective methods being developed at the local level to address them.
- Participants will discuss how place can affect health and what we can do to mitigate negative impacts and transform neighborhoods.
- Participants will discuss how health equity can be used to help improve health at the local level.
- Participants will understand and apply specific tools that can aid in addressing inequities in the neighborhood environment, including community-based participatory approach; coalition-building; and health impact assessments.

For more information about this conference, visit <http://vapha.org/documents/brochure1.pdf>.

Canada

99. Canadian Society for International Health, the Consortium of Universities for Global Health, and the Global Health Education Consortium – 2011 Global Health Conference: Advancing Health Equity in the 21st Century

13 – 15 November 2011, Montreal, Canada

Themes:

- Global burden of disease
- Innovations and interventions to advance global health equity
- Globalization, global trade and movement of populations as drivers of health inequity
- Partnerships and capacity building for education and research in global health
- Social, economic and environmental determinants of health
- Human rights, legal issues, ethics, and policy

For more information about this conference, visit <http://globalhealth.duke.edu/news-events/calendar/b2011-global-health-conference-achieving-health-equity-in-the-21st-century->.

100. Ryerson University – Promoting Health Equity: Action on the Social Determinants of Health

11 February 2011, Toronto, Canada

Goal: To promote health equity by taking action on the Social Determinants of Health (SDOH) in the following themes:

- Children’s rights
- Food security and policy
- Violence against women and children
- Reducing health disparities
- Vulnerable populations
- Health education
- Interventions for healthy social change

Objectives:

- Build community-university partnerships by providing creative venues and networking opportunities to engage participants in the exchange of ideas and dialogue.
- Explore inter-connections between global and local perspectives on SDOH.
- Critically analyze areas that work on health equity in relation to the SDOH through the sharing of research, education, policy, and practice initiatives to identify priorities for action.
- Build meaningful and measureable evaluative criteria related to promoting health equity on the identified priorities.

For more information about this conference, visit <http://www.ryerson.ca/fcs/conference>.

Other Nations

101. Ethiopian Public Health Association – 2012 World Congress on Public Health

21 April 2012, Ethiopia

Theme: Moving Toward Global Health Equity: Opportunities and Threats

Goal: To successfully host the World Congress of Public Health in Ethiopia and to contribute towards protecting and promoting global public health.

Objectives:

- Make the congress a forum for exchange of knowledge and experiences on prominent public health issues among the Global Public Health community by:

- Ensure that major Global, Continental and National public health issues are adequately addressed in the Congress
- Create better understanding on Africa’s major public health challenges to the Global Public Health community
- Facilitate and support the formation of “Federation of African Public Health Associations”
- Ensure the effective organization, process, conduct, and documentation of the congress

For more information about this conference, visit

www.etpha.org/2012/index.php?option=com_content&view=frontpage&Itemid=1 .

102. Public Health Association of South Africa (PHASA) – 7th PHASA 2011 Conference – Closing the health equity gap: Public health leadership, education, and practice

28 – 30 November 2011, Gauteng, South Africa

The 2011 PHASA conference will have as its focus a scientific debate and discussion on health inequities and the role of public health in leadership, education, and practice in reducing health equity gaps.

Theme: Closing the health equity gap: Public health leadership, education, and practice

Tracks:

- Social Determinants of Health
- Burden of disease and population health
- Performance of the health system
- Public health leadership and education
- Community action and best practices

For more information about this conference, visit www.phasaconference.org.za.

International

103. The Center for Global Development – The Long Tail of Global Health Equity: Tackling the Endemic Noncommunicable Diseases of the Bottom Billion

2 – 3 March 2011, Boston, Massachusetts, webcast event

This two-day conference sponsored by Partners in Health and the Harvard School of Public Health brought together global health experts and experts in non-communicable diseases (NCDs) in the world’s poorest countries. Participants prepared recommendations for the September 2011 UN high-level assembly meeting on NCDs. Conference presenters included Rachel Nugent, CGD deputy director of global health, who discussed global governance and financing for NCDs. Livevideo of the conference will be available through a free online webcast. To access the conference agenda and link to the webcast, go to:

<http://www.pih.org/pages/harvardnacd>.

For more information about this conference, visit www.cgdev.org/content/calendar/detail/1424874.

104. International Society for Equity in Health – 6th International Conference: *Making Policy a Health Equity Building Process*

28 – 28 September 2011, Cartagena, Columbia

Equity is an important issue to champion for, and is far from been overcome by governments, international or global institutions, or academia. However nobody disagrees with it because it is too broad. We would like to provide more detail, be more specific, and at the same time offer a multi-disciplinary look. Following this, we intend to “qualify” equity, defining a series of key topics:

- Inequity in access to essential drugs
- Inequity in access to high cost treatments
- Inequity in access to primary health care
- Inequity in the process of health care provision
- Sexual and reproductive health and equity
- Financially catastrophic out of pocket expenditures in health
- Community Participants and health equity
- Quality assurance and its impact to equity
- Communication campaigns, advocacy, and health
- Equity to care in different health systems and the impact on equity of Health reforms (decentralization, primary health care strategies, georeference)
- Impact evaluation of health programs and health promotion interventions
- Environment, water, sanitation and inequity in health status and treatment

For more information about this conference, visit www.iseqh.org/call.html.

105. London School of Hygiene & Tropical Medicine (LSHTM) and the World Health Organization (WHO) - International Research Symposium: Equitable Health Services for People with Disabilities with a Focus on Low and Middle Income Countries

8 November 2011, London, England

The World Report on Disability will be launched in June 2011. The Report includes the first updated prevalence estimates for disability since the 1970s, reviews the factors that affect disability trends, the barriers that prevent people with disabilities from participating fully in their societies and the impact that these barriers have on the lives of disabled people.

For more information about this conference, visit <http://disabilitycentre.lshtm.ac.uk/news-and-events/equityhealthdisability>.

106. Social Determinants of Health – Inter-American Conference on Social Security (CISS) and the Universidad Iberoamerica (IBERO)

7 November 2011, Mexico City, Mexico

The main aim of this conference is to help systematize and socialize the evidence in relation to principles, methods, and strategies for the development of interventions that impact the social determinants of health and health equity at both the community and country level, especially the region of the Americas.

For more information about this conference, visit <http://equity.posterous.com/call-for-papers-determinantes-sociales-de-la>.

107. Street Medicine – International Street Medicine Symposium

5 – 7 October 2011, Philadelphia, Pennsylvania

Topics:

- Socio-ecological determinants of health (housing, shelter related issues, environmental threats, community systems, advocacy)
- Acute disease/condition diagnosis and management
- Chronic disease management
- Management of co-morbidities (mental health and substance abuse)
- Advance directive planning and implementation
- Maintaining service and quality care in times of financial constraints

For more information about this conference, visit www.streetmedicine.org/index.php?option=com_content&view=article&id=123&Itemid=80.

108. Health in All Policies International Meeting, Adelaide

Adelaide Statement on Health in All Policies: April 13–15, 2010, the [Adelaide Statement](#) was developed by the participants of the *Health in All Policies International Meeting, Adelaide*. The Statement is part of a global process to develop and strengthen a Health in All Policies approach based on equity. The meeting drew on a number of significant documents, including the 2008 report of the WHO Commission on Social Determinants of Health. The Statement provided input into the World Conference on Social Determinants of Health in Brazil 2011, and will be considered in the 8th Global Conference on Health Promotion in Finland 2013 and preparations for the Millennium Development Goals post-2015.

109. World Health Organization (WHO) – World Conference on Social Determinants of Health

19 – 21 October 2011, Rio de Janeiro, Brazil

Themes as stated on the WHO's website:

- Governance to tackle the root causes of health inequities: implementing action on social determinants of health;
- The role of the health sector, including public health programmes, in reducing health inequities;
- Promoting participation: community leadership for action on social determinants;
- Global action on social determinants: aligning priorities and stakeholders;
- Monitoring progress: measurement and analysis to inform policies on social determinants

To view more information about the conference, visit www.who.int/social_determinants/en.

C. Publications

110. Marmot Review

In February 2010, [‘Fair Society, Healthy Lives: The Marmot Review’](#) was published. This report was the culmination of an independent review of health inequalities in England, inspired by the 2008 report of the WHO Commission on Social Determinants of Health. At request by the British Government, Professor Sir Michael Marmot chaired a review to propose the most effective evidence-based strategies for reducing health inequalities in England post-2010. The team is now involved in a number of implementation activities, including advising and assisting local and regional actions, strategies and interventions; and further research, which builds on the Review’s recommendations. Most of these activities are found in the U.K.; however, the recommendations have also inspired strategies and activities elsewhere, including in the United States.

In September 2010, the WHO published an [executive summary of a review chaired by Professor Sir Michael Marmot on the social determinants of health and the health divide in the WHO European Region](#). Inspired by the ‘Fair Society, Healthy Lives’ report, the European Office of the WHO commissioned this review to identify the relevance of the findings of the WHO Commission on the Social Determinants of Health, the Strategic Review of Health Inequalities in England post 2010 (Marmot Review), and other new evidence to the European context and translate these into policy proposals. The European Review will feed into the development of a renewed European Regional Health Policy, Health 2020, and contribute to specific aspects of the policy, especially where it relates to the social determinants of health.

To learn more, visit www.marmotreview.org.

111. Cancer Disparities: Causes and Evidence-Based Solutions

Elk, Ronit, and Hope Landrine, eds. *Cancer Disparities: Causes and Evidence-based Solutions*. New York: Springer Pub., 2011. Print. Co-published by the American Cancer Society and Springer Publishing Company.

About:

During the past 10 years, the American Cancer Society has [targeted a portion of its research](#) into poor and medically underserved populations (see previous description of activities of ACS’ Extramural Research and Training Grants [EG] Department). During that time, the program awarded 133 grants worth more than \$113.5 million. The results of this work are featured in a new book, [Cancer Disparities: Causes and Evidence-Based Solutions](#). The book is the first to focus on proven solutions and strategies – not just the evidence of cancer disparities. The Society’s investment in this area proves reducing cancer disparities is possible with the right interventions.

This volume, co-published by the American Cancer Society and Springer Publishing Company, and edited by Drs. Ronit Elk and Hope Landrine, is the first to examine the biological, racial, and socioeconomic factors that influence cancer incidence and survival.

The book explains the nature, scope, and causes of cancer disparities across different populations, including African-American, Hispanic, and Native American. It also addresses incidence and response of various types

of cancer, including breast, colorectal, cervical, and prostate. It then presents unique programs proven to reduce such inequalities in the areas of cancer prevention, screening and early detection, treatment, and survivorship.

The book includes 15 never-before published, evidence-based interventions to reduce or eliminate disparities. Descriptions of each intervention include tests of effectiveness and are written in sufficient detail for readers to replicate them within their own communities.

For more information on this book, to request a review copy, or to schedule an interview, please contact Dara Salem at dsalem@springerpub.com or 212-431-4370 x211.

112. Rockefeller Foundation Global Research Network on Urban Health Equity

Following the work of the Commission on Social Determinants of Health, the Global Research Network on Urban Health Equity (GRNUHE) was established in 2009 with support from the Rockefeller Foundation to bring to the forefront the argument and evidence for urgent action on key societal and environmental factors – governance, urban design, social infrastructure and climate change – to improve the health premium from urbanization and ensure its fair distribution. GRNUHE also highlights major gaps in the global evidence base and outlines an action-oriented research agenda. The network is convened by [Dr Sharon Friel](#), and comprises [Professor Sir Michael Marmot](#) of University College London, researchers predominantly from low and middle income countries, as well as key urban health researchers in high income countries, urban planners, non-government organizations and international development agencies.

During the course of 2009/2010, GRNUHE met three times to review the current knowledge in urban health, set direction for a global research agenda, and develop concrete collaborative research projects in low and middle income countries. GRNUHE has five final and working documents pertaining to health equity:

1. Improving urban health equity through action on the social and environmental determinants of health – Final Report
2. GRNUHE Working Paper on Governance and Urban Health Equity
3. GRNUHE Working Paper on Urban Design and Health Inequities
4. GRNUHE Working Paper on Social Conditions and Health Inequities
5. GRNUHE Working Paper on Climate Change and Urban Health Inequities

To view the Global Research Network on Urban Health Equity's publications, visit www.ucl.ac.uk/gheg/GRNUHE/GRNUHEPublication.

113. A Framework for Public Health Action: The Health Impact Pyramid (2010)

Frieden, Thomas R. "A Framework For Public Health Action: The Health Impact Pyramid." *American Journal of Public Health* 100.4 (2010): 590-95.

"A 5-tier pyramid best describes the impact of different types of public health interventions and provides a framework to improve health. At the base of this pyramid, indicating interventions with the greatest

potential impact, are efforts to address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling. Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit.”

To view the entire article, visit <http://ajph.aphapublications.org/cgi/content/abstract/100/4/590>.

114. A Green and Healthy Future: the settings approach to building health, equity, and sustainability (2010)

Dooris, Mark, and Blake Poland. "A Green Healthy Future: the Settings Approach to Building Health, Equity, and Sustainability." *Critical Public Health* 20.3 (2010): 281-98.

“As we move further into the twenty-first century, there is growing realization that the relationship between humans and the wider environment is crucially important, and a recognition that unfettered globalization linked to an increasingly dominant consumer culture has wrought devastating impacts. Within this context, and catalyzed particularly by concerns about climate change, there has also been increased appreciation that public health and the health of the planet are closely interrelated. This article focuses on the opportunities and potential value of encouraging joined-up thinking and integrated action in the settings where people live their lives. Having set the broad context regarding health, equity and sustainability, we scope current activity in relation to 'greening' settings before honing in on two concerns: that few such initiatives reflect the holistic and ecological perspective that underpins a settings approach to health promotion, and that work on sustainability and work on health have largely been developed in parallel rather than in an integrated manner. Having discussed these concerns, we propose six principles for progressive practice as a means of grounding a healthy and sustainable settings approach, before concluding by looking to the future and highlighting the likely need and benefits of daring to make more radical changes to our individual, community and working lives.”

To view the entire article, visit www.informaworld.com/smpp/content~db=all~content=a926299053.

115. A summary measure of health inequalities for a pay-for-population health performance system (2010)

Asada, Yukiko. "A Summary Measure of Health Inequalities for a Pay-for-Performance Health Performance System." *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 7.4 (2010): 1-9.

“A system that rewards population health must be able to measure and track health inequalities. Health inequalities have most commonly been measured in a bivariate fashion, as a joint distribution of health and another attribute such as income, education, or race/ethnicity. I argue this practice gives insufficient information to reduce health inequalities and propose a summary measure of health inequalities, which gives information both on overall health inequality and bivariate health inequalities. I introduce two approaches to develop a summary measure of health inequalities.

- The bottom-up approach defines attributes of interest, measures bivariate health inequalities related to these attributes separately, and then combines these bivariate health inequalities into a summary index.
- The top-down approach measures overall health inequality and then breaks it down into health inequalities related to different attributes.

After describing the 2 approaches in terms of building-block measurement properties, aggregation, value, data and sample size requirements, and communication, I recommend that, when data are available, a summary measure should use the top-down approach. In addition, a strong communication strategy is necessary to allow users of the summary measure to understand how it was calculated and what it means.”

To view the entire article, visit www.rwif.org/files/research/4672.64711.pdf.

116. Action on Health Disparities in the United States: Commission on the Social Determinants of Health (2009)

Marmot, Michael G., and Ruth Bell. "Action on Health Disparities in the United States." *The Journal of the American Medical Association* 301.11 (2009): 1169-171.

“There are two truisms. Rich countries have better health than poor countries, and medical care improves health. Consider, then, the case of the United States, which is among the richest countries in the world and spends more than any other country on medical care, US \$6250 per person in 2005. Does the United States have the best health? Not quite. Life expectancy from birth to age 65 years is one useful measure of premature mortality: the United States ranks 36th in the world for men and 42nd for women. If not greater national income or more spending on medical care, how should the task of improving health in the United States be approached? Pay attention to the social determinants of health.”

To view the entire article, visit <http://jama.ama-assn.org/content/301/11/1169.short>.

117. Action on the Social Determinants of Health and Health Inequities Goes Global

Friel, Sharon, and Michael G. Marmot. "Action on the Social Determinants of Health and Health Inequities Goes Global." *Annual Review of Public Health* 32 (2011): 225-36.

“Marked health inequities exist between regions, between countries, and within countries. Reducing these inequities in health requires attention to the unfair distribution of power, money, and resources and the conditions of everyday life. These are the social determinants of health. The World Health Organization (WHO) Commission on Social Determinants of Health (CSDH) brought together a global evidence base of what could be done to reduce these health inequities, demonstrating that economic and social policy, if done well, can improve health and health equity. A global movement for health equity was reignited by the WHO Commission on Social Determinants of Health when it made a call to action upon delivering its final report.”

To view the entire article, visit www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-031210-101220.

118. Advancing Health Care Equity through Improved Data Collection

Weissman, Joel S., and Romana Hasnain-Wynia. "Advancing Health Care Equity Through Improved Data Collection." *The New England Journal of Medicine* (2011).

The authors state that the first step of identifying and targeting disparities begins with the need to collect and analyze data that appropriately describes the population.

Recent legislation targets this issue, such as the “meaningful use” section in the Health Information Technology for Economic and Clinical Health (HITECH) Act required physicians to record the race or ethnic background for at least half their patients in order for them to be available for incentives related to implementing electronic records.

- Eventually all health information exchanges may be able to share information with insurance companies, however, no data will be collected from people who do not seek health care services.

The Affordable Care Act (ACA) includes provisions requiring the collection of “relevant data,” but only through particular federal programs such as population surveys, Medicaid, and the Children’s Health Insurance Program (CHIP).

Health plans (e.g., commercial insurers, Medicaid, and Medicare) perhaps have the greatest possibility for creating a cohesive national database for tracking health care disparities.

“Simply collecting data will not ensure that disparities are eliminated. We need to link data to quality measures and target initiatives to reduce inequities where we find them. Self-reported data are preferred...”

To view the entire article, visit <http://healthpolicyandreform.nejm.org/?p=14700>.

119. Bridging the Gap: Health Equality and the Deficit Framing of Health (2010)

Morton, Alec. “Bridging the Gap: Health Equality and the Deficit Framing of Health.” *Health Economics* 19.12 (2010):1497-1501

“The analyst tasked with measuring population health, with appraising healthcare investments, or allocating healthcare resources, may frame their task in one of two possible ways: either as being concerned with health assets (e.g. health expectancy or stock of QALYs), or with health deficits (a ‘health gap’, analogous to the poverty gap). In this paper, we discuss the consequences of taking the asset or the deficit concept as one’s basic building block in developing a health measurement system when one has concerns about equitable distribution. We conclude that building metrics from a primitive health gap concept is possible and indeed may offer insights not otherwise easily accessible.”

To view the entire article, visit <http://onlinelibrary.wiley.com/doi/10.1002/hec.1556/full>.

120. Can a Regional Government's Social Inclusion Initiative Contribute to the Quest for Health Equity? (2010)

Baum, Newman, Biefrzycki, and Patterson. "Can a Regional Government's Social Inclusion Initiative Contribute to the Quest for Health Equity?" *Health Promotion International* 24.4 (2010): 474-85.

"Despite decades of concern about reducing health inequity, the Commission on the Social Determinants of Health (CSDH) painted a picture of persistent and, in some cases, increasing health inequity. It also made a call for increased evaluation of interventions that might reduce inequities. This paper describes such an intervention—the Social Inclusion Initiative (SII) of the South Australian Government—that was documented for the Social Exclusion Knowledge Network of the CSDH. This initiative is designed to increase social inclusion by addressing key determinants of health inequity—in the study period these were education, homelessness and drug use. Our paper examines evidence from a rapid appraisal to determine whether a social inclusion initiative is a useful aspect of government action to reduce health inequity. It describes achievements in each specific area and the ways they can be expected to affect health equity. Our study highlighted four factors central to the successes achieved by the SII. These were the independent authority and influence of the leadership of the SII, the whole of government approach supported by an overarching strategic plan which sets clear goals for government and the clear and unambiguous support from the highest level of government. We conclude that a social inclusion approach can be valuable in the quest to reduce inequities and that further research on innovative social policy approaches is required to examine their likely impact on health equity."

To view the entire article, visit <http://heapro.oxfordjournals.org/content/25/4/474.full>.

121. Complex problems require complex solutions: the utility of social quality theory for addressing the Social Determinants of Health

Ward, Paul R., Samantha B. Meyer, Fiona Verity, Tiffany K. Gill and Tini CN Luong. "Complex problems require complex solutions: the utility of social quality theory for addressing the Social Determinants of Health." *BMC Public Health*. 11:630 (2011)

"In order to improve the health of the most vulnerable groups in society, the WHO Commission on Social Determinants of Health (CSDH) called for multi-sectoral action, which requires research and policy on the multiple and inter-linking factors shaping health outcomes. Most conceptual tools available to researchers tend to focus on singular and specific social determinants of health (SDH) (e.g. social capital, empowerment, social inclusion). However, a new and innovative conceptual framework, known as social quality theory, facilitates a more complex and complete understanding of the SDH, with its focus on four domains: social cohesion, social inclusion, social empowerment and socioeconomic security, all within the same conceptual framework. This paper provides both an overview of social quality theory in addition to findings from a national survey of social quality in Australia, as a means of demonstrating the operationalization of the theory."

To view the entire article, visit www.biomedcentral.com/content/pdf/1471-2458-11-630.pdf.

122. Data Systems Linking Social Determinants of Health with Health Outcomes: Advancing Public Goods to Support Research and Evidence-Based Policy and Programs

Sandan, Ritu, and Harper, Sam. "Data Systems Linking Social Determinants of Health with Health Outcomes: Advancing Public Goods to Support Research and Evidence-Based Policy and Programs." Guest Editorial. In *Public Health Reports*. 126: Supp. 3 (2011). 6-13.

"The knowledge gained from studies of SDH needs to be critically consolidated and widely shared through systematic reviews of evaluated interventions that might help to reduce inequalities in health. These reviews should, to the extent possible, incorporate local, national, and global evidence; describe carefully the context of interventions; and consider the advantages or disadvantages of targeted vs. universal programs. Integrating qualitative studies will certainly refine interpretation and applicability to different contexts, further support policy narratives to illustrate macro issues as well as specific case studies, and aid civil society and the media to communicate what can be done to address SDH and reduce inequalities."

To view the entire article, visit www.publichealthreports.org/issueopen.cfm?articleID=2719.

123. Eliminating Health Disparities through Transdisciplinary Research, Cross-Agency Collaboration, and Public Participation (2009)

Rashid, Spengler, Wagnor, Skillen, Mays, Heurtin-Roberts, and Long. "Eliminating Health Disparities through Transdisciplinary Research." *American Journal of Public Health* 99 (2009): 1955-961.

"Despite efforts to the contrary, disparities in health and health care persist in the United States. To solve this problem, federal agencies representing different disciplines and perspectives are collaborating on a variety of transdisciplinary research initiatives."

To view the entire article, visit

<http://ajph.aphapublications.org/cgi/content/full/99/11/1955?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=%22health+equity%22&searchid=1&FIRSTINDEX=0&resourcetype=HWFID>.

124. Emerging Issues in Improving Food and Physical Activity Environments: Strategies for Addressing Land Use, Transportation, and Safety in 3 California-Wide Initiatives

Aboelata, Manal J., Navarro, Amanda M. "Emerging Issues in Improving Food and Physical Activity Environments: Strategies for Addressing Land Use, Transportation, and Safety in 3 California-Wide Initiatives." *American Journal of Public Health* 100.11 (2010): 2146 – 2148.

"Mounting research has suggested linkages between neighborhood safety, community design, and transportation patterns and eating and activity behaviors and health outcomes. On the basis of a review of evaluation findings from 3 multisite healthy eating and activity initiatives in California, we provide an

overview of 3 community process strategies engaging local advocates, linking safety to health, and collaborating with local government officials— that may be associated with the successful development and implementation of long-term community improvement efforts and should be explored further.”

To view the entire article, visit

www.calendow.org/uploadedFiles/Publications/Publications_Stories/4146_emerging_issues_improving_fo od_phy_activity.pdf.

125. Factors Influencing the Effectiveness of Interventions to Reduce Racial and Ethnic Disparities in Health Care (2010)

Jones, Rhys G., Amal N. Trivedi, and John Z. Ayanian. "Factors Influencing the Effectiveness of Interventions to Reduce Racial and Ethnic Disparities in Health Care." *Social Science & Medicine* 70.3 (2010): 337-41.

“Reducing racial and ethnic disparities in health care has become an important policy goal in the United States and other countries, but evidence to inform interventions to address disparities is limited. The objective of this study was to identify important dimensions of interventions to reduce health care disparities. We used qualitative research methods to examine interventions aimed at improving diabetes and/or cardiovascular care for patients from racial and ethnic minority groups within five health care organizations. We interviewed 36 key informants and conducted a thematic analysis to identify important features of these interventions. Key elements of interventions included two contextual factors and four factors related to the organization or intervention itself. Consideration of these elements could improve the design, implementation, and evaluation of future interventions to address racial and ethnic disparities in health care.”

To view the entire article, visit www.sciencedirect.com/science/article/pii/S0277953609007205.

126. Falling behind: life expectancy in US counties from 2000 to 2007 in an international context

Kulkarni, Sandeep C., Alison Levin-Rector, Majid Ezzati and Christopher JL Murray. “Falling behind: life expectancy in US counties from 2000 to 2007 in an international context.” *Population Health Metrics*. 9:16 (2011)

“The US picture, with its remarkable combination of poor health outcomes despite the highest levels of health spending per capita, is even more stark and disturbing when examined at the local level. Both as an input to the ongoing reform process and as a baseline for future changes in the public health and medical care systems, we believe it is essential to track county and race-county health outcomes in a timely fashion. In this study, we develop life tables for US counties in 2000 and 2007. We compare life expectancies of counties to those of the lowest-mortality nations to assess both absolute and relative progress for each county.”

Major finding:

- “National life expectancy in the US in 2007 was lower than the international frontier by 3.2 years (13 years behind) for men and 3.2 years (16 years behind) for women. In 2000, county-level life expectancies range from nine years ahead of the international frontier to over 50 years behind for men and one year ahead of the international frontier to 45 years behind for women. In 2007, county-level life expectancies range from 15 years ahead of the international frontier to over 50 years behind for men and 16 years ahead to over 50 years behind for women.”

To view the entire article, visit www.pophealthmetrics.com/content/pdf/1478-7954-9-16.pdf.

127. Feds Seek to Close African-American Health Gap

Eversley, Melanie. "Feds Seek to Close African-American Health Gap." *USA Today*. Gannett Co. Inc., 9 June 2011. Web. 1 July 2011. <<http://yourlife.usatoday.com/health/healthcare/story/2011/06/Feds-seek-to-close-African-American-health-gap/48170580/1>>.

This is a newspaper article addressing the health gap in the United States and government actions to reduce and eliminate the disparities.

From the report:

- New efforts are attacking the gap. As part of last year’s health care law, the Department of Health and Human Services put forth a plan in April to better understand and find solutions to health disparities.
- One element: expand data collected on hospital admissions to include race, ethnicity, and language of patients. “Health disparities [...] are often driven by the social conditions in which individuals live, work, and play,” according to the action plan.
- In May, the department announced \$100 million community grants for programs that promote healthier lifestyles among groups that experience more chronic illness.
- Separately, the CDC is targeting health problems that occur more frequently in African Americans, Hispanics, and other minorities through a program called REACH (Racial and Ethnic Approaches to Community Health) that steers grants to local organizations.
- In Alabama’s black belt...the CDC and UAB [University of Alabama] are working to get more black women screened and treated for breast and cervical cancer.

To view the entire article, visit <http://yourlife.usatoday.com/health/healthcare/story/2011/06/Feds-seek-to-close-African-American-health-gap/48170580/1>.

128. Focusing on Solid Partnerships Across Multiple Sectors for Population Health Improvement (2010)

Coursey-Bailey, Stephanie B. "Focusing on Solid Partnerships Across Multiple Sectors for Population Health Improvement." *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 7.6 (2010).

“Partnerships create a way forward when no clear solution exists and no single entity can claim the necessary expertise, authority, or resources to bring about change. Cross-sectoral partnerships are needed to mobilize community action and improve population health.”

To view the entire article, visit www.ncbi.nlm.nih.gov/pmc/articles/PMC2995604.

129. From Healthy Homes to Health Equity (2010)

Smith, Kenneth. "From Healthy Homes to Health Equity." *The Journal of Public Health Management & Practice* 16.5 (2010): S3-S4.

The article explains the significance of the Healthy Homes Initiative established by the Department of Housing and Urban Development (HUD) and the impacts it has had upon public health.

The article calls for the local health departments (LHD) to take social justice and health equity into consideration when implementing public health policies. Multnomah County is an example of an LHD that incorporated myriad ecological factors that impacted health.

LHD also needs not to forget the environment in which a home is constructed. “Homes are porous, and pollution from nearby factories enters the home thorough windows. Perhaps, healthy homes programs could be expanded to focus on the conditions of the neighborhoods in which substandard and low-income housing are imbedded.”

Multnomah County is used as a case study throughout the article, especially when describing creative financing. “By combining funding streams from the HUD, the CDC, general revenues, Medicaid reimbursement, and coordinating resources with other stakeholders, Multnomah County was able to implement a complex, multilevel initiative.”

Offers suggestions to other LHDs: “Consider cross-training community health workers that are engaged in healthy homes visits to assess neighborhood conditions, including housing, transportation, access to foods, parks and green space, and safety. This could facilitate greater integration between environmental health and the health promotion staff...”

Finally, the article concludes: “Public health practice must be both an art and a science to address 21st-century threats to the public health...They should consider where to carve out of, slap on to, or reshape what currently exists as public health practice while maintaining a vision for social justice and health equity. In this way, they can refashion existing public health practice to further our profession while empowering the communities we serve.”

To view the entire article, visit

http://journals.lww.com/jphmp/Fulltext/2010/09001/From_Healthy_Homes_to_Health_Equity.2.aspx#P21

130. From Concept to Practice: Synthesis of Findings

Erik Blas. *Social Determinants Approach to Public Health: From Concept to Practice*. Geneva, Switzerland: World Health Organization, 2011. Online.

Social Determinants Approach to Public Health: From Concept to Practice presents thirteen case studies, which cover a wide breadth of experiences with implementing public health programs intended to address the social determinants of health and have a maximal impact on health equity. Included also are descriptions of the challenges facing stakeholders trying to implement these programs, including challenges of scaling up, managing policy changes, managing intersectoral processes, adjusting design and ensuring sustainability. The chapter entitled “From Concept to Practice: Synthesis of Findings” discusses these challenges in detail, as well as lessons learned under each of these five aspects of the program.

For more information about *Social Determinants Approach to Public Health: From Concept to Practice*, visit http://whqlibdoc.who.int/publications/2011/9789241564137_eng.pdf.

131. From Politics to Parity: Using a Health Disparities Index to Guide Legislative Efforts for Health Equity

Webb, Bryant C., Sean L. Simpson, and Kristen G. Hairston. "From Politics to Parity: Using a Health Disparities Index to Guide Legislative Efforts for Health Equity." *American Journal of Public Health* 101.3 (2011): 554-60.

Conclusion: “On the basis of the HDI-established trends in the extent and distribution of racial health disparities, and their correlated social determinants of health, policymakers should consider incorporating this tool to advise future efforts in minority health legislation.”

To view the entire article, visit <http://ajph.aphapublications.org/cgi/content/abstract/101/3/554>.

132. Good Places to Live: Poverty and Public Housing in Canada

Silver, Jim. *Good Places to Live: Poverty and Public Housing in Canada*. Fernwood Publishing (2011).

Public housing projects are stigmatized and stereotyped as bad places to live, as havens of poverty, illegal activity and violence. In many cities they are being bulldozed, ostensibly for these reasons but also because the land on which they are located has become so valuable. In *Good Places to Live*, Jim Silver argues that the problems with which public housing is so often associated are not inherent to public housing itself but are the result of structural inequalities and neoliberal government policies. This book urges readers to reconsider the fate of public housing, arguing that urban poverty — what Silver calls spatially concentrated racialized poverty — is not solved by razing public housing. On the contrary, public housing projects rebuilt from within, based on communities’ strengths and supported by meaningful public investment could create vibrant and healthy neighborhoods while maintaining much-needed low-income housing. Considering four public housing projects in Vancouver, Toronto, Halifax and Winnipeg, Silver contends that public housing projects can be good places to live — if the political will exists.

To view the entire article, visit www.fernwoodpublishing.ca/Good-Places-to-Live.

133. Health Inequalities & Welfare State Regimes – A Research Note

Hurrelmann, Klaus, Rathmann, Katharina, and Richter, Matthias. "Health Inequalities & Welfare State Regimes – A Research Note." *Journal of Public Health*. 19.1 (2010): 3-13

"Comparative research on health and health inequalities has recently begun implementing a welfare regime perspective. The aim of the study was to review the existing evidence for identifying the determinants of health and health inequalities in highly developed welfare states and to develop a theoretical model for future research approaches. Subject A welfare state regime typology is applied to comparatively analyze (1) the relationship between the level of economic prosperity in a society and its respective level of overall population health and (2) the nature of the corresponding relationship between economic inequalities and health inequalities in different groups of countries. Results Although the Social Democratic welfare states have a relatively equal distribution of material wealth as well as the highest levels of population health, they are not characterized by the smallest levels of health inequality. Rather, with respect to health equality, conservative countries seem to perform better than social democracies. We propose a comprehensive theoretical model that takes into account different factors on the structural (macro), organizational (meso) and individual (micro) level in order to contribute to a better understanding of this important challenge for public health policy and practice. Conclusion Future research will require an appropriate theoretical model with the potential to explain health and health inequalities in different types of welfare states. On the basis of this model, future research should test the hypothesis that in highly developed countries not only economic, but also social, cultural and lifestyle factors are important in determining health outcomes in different segments of the population."

To view the entire article, visit www.springerlink.com/content/g8704u44184kt386/fulltext.pdf.

134. Leveling the Field – Ensuring Equity Through National Health Care Reform (2009)

Siegel, Bruce, and Lea Nolan. "Leveling the Field - Ensuring Equity Through National Health Care Reform." *The New England Journal of Medicine* (2009).

This article reminds readers of both the challenges of and opportunities for equity in its implementation.

- Major reform proposals intent to increase coverage may address some of the racial and ethnic disparities that continue to exist in the U.S. health care system.
- The authors cite that by 2050, racial and ethnic minority groups will be the majority. This growing demographic does not have enough health insurance, and are at higher rates of disease, poor health, and limited health care access. Yet, while reform proposals may increase the quantity of those covered, the authors wonder about the quality offered, suggesting that the health care system may be unable or unwilling to provide adequate health care to newly-covered minority members.

- The authors cite three models upon which the health care system must build both to measure and improve the quality of care given to minorities.
- The authors argue that **four things must happen for health care reform to adequately address disparities**:
 1. New health care plans must meet nationally set quality benchmarks that are rigorously implemented.
 2. The system must better track the specifics of patients' race and ethnicity in addition to the care they receive.
 3. Disparities should be addressed through meaningful incentives provided to providers.
 4. A safety net must be established and supported with substantial evidence.

To view the entire article, visit <http://healthpolicyandreform.nejm.org/?p=2461>.

135. The National NAACP Obesity Advocacy Manual (2010-Present)

NAACP Health Programs Department and Common Health Action

This text will act as a community-based advocacy manual focused on childhood obesity, educating communities about the epidemic's social, economic, and political determinants. It will provide tools and strategies for communities to identify and combat such determinants through advocacy and policy change. Ultimately, the manual will fuel an NAACP-based national pilot training program.

For more information, visit www.commonhealthaction.org/initiatives_1110.html.

136. Public Values, Health Inequality, and Alternative Notion of a "Fair" Response (2010)

Blacksher, Erika, Rigby, Elizabeth, and Epsey, Claire. "Public Values, Health Inequality, and Alternative Notion of a 'Fair' Response." *Journal of Health Politics, Policy, and Law*. 35.6 (2010): 889-920

"The fact that disadvantaged people generally die younger and suffer more disease than those with more resources is gaining ground as a major policy concern in the United States. Yet we know little about how public values inform public opinion about policy interventions to address these disparities. This article presents findings from an exploratory study of the public's values and priorities as they relate to social inequalities in health. Forty-three subjects were presented with a scenario depicting health inequalities by social class and were given the opportunity to alter the distribution of health outcomes. Participants' responses fell into one of three distributive preferences: (1) prioritize the disadvantaged, (2) equalize health outcomes between advantaged and disadvantaged groups, and (3) equalize health resources between advantaged and disadvantaged groups. These equality preferences were reflected in participants responses to the second, more complex scenario in which trade-offs with other health-related values – maximizing health and prioritizing the sickest – were introduced. In most cases, participants moderated their distributive preferences to accommodate these other health goals, particularly prioritize the allocation of resources to the very sickest regardless of socioeconomic status."

To view the entire article, visit <http://jhppl.dukejournals.org/cgi/content/abstract/35/6/889>.

137. Realizing Human Rights-Based Approaches for Action on the Social Determinants of Health (2010)

Rasanathan, Norenhag, Valentine. "Realizing Human Rights-Based Approaches for Action on the Social Determinants of Health." *Health and Human Rights: An International Journal*. 12.2. (2010).

"Health inequities are clear evidence of violations of the right to health. Yet despite this common ground, action on the social determinants of health aiming to reduce health inequities is sometimes disconnected from implementation of human rights-based approaches. This is explained in part by differing histories, disciplines, and epistemologies. The capacity of human rights instruments to alter policies on social determinants can seem limited. An absolutist focus on individuals and processes can seem at odds with the attention to differences in population health outcomes central to the concern for health equity. However, developments in rights-based approaches have seen the terrain of human rights increasingly address social determinants. Human rights provide a firm legal basis for tackling the inequities in power and resources that the Commission on Social Determinants of Health identifies as fundamental to achieving health equity. Indicators and benchmarks developed for rights-based approaches to health systems can be developed further within health sectors and translated to other sectors and disciplines. The discourse and evidence base of social determinants can also contribute to implementing rights-based approaches, as its resultant policy momentum can provide essential levers to realize the right to health. Therefore, there is no clear-cut delineation between the human rights and health equity movements, and both may constructively work together to realize their goals. Such constructive collaboration will not prove straightforward; it will, instead, require profound engagement and innovations in both theory and practice. Yet this effort represents an important opportunity for those who seek social justice in health."

To view the entire article, visit www.hhrjournal.org/index.php/hhr/article/viewFile/368/566.

138. Reducing health inequalities in priority public health conditions: using rapid review to develop proposals for evidence-based policy (2010)

Bambra, Joyce, Bellis, Greatley, Greengross, Hughes, Lincoln, Lobstein, Naylor, Salay, Wiseman, and Maryon-Davis. "Reducing Health Inequities in Priority Public Health Conditions: Using Rapid Review to Develop Proposals for Evidence-based Policy." *Oxford Journals - Journal of Public Health* 32.4 (2010).

Conclusion: "The combination of rapid review and Delphi distillation produced a shortlist of evidence-based recommendations within the allocated time frame. There was a dearth of robust evidence on the effectiveness and cost-effectiveness of the interventions we examined: our proposals had to be based on extrapolation from general population health effects. Extensive, specific and robust evidence is urgently needed to guide policy and programmes. In the meantime, our methodology provides a reasonably sound and pragmatic basis for evidence-based policy-making"

To view the entire article, visit <http://jpubhealth.oxfordjournals.org/content/32/4/496.full.pdf+html>.

139. Reflections from the CDC 2010 Health Equity Symposium

Colbert, Sha Juan J., and Kathleen McDavid Harrison. "Reflections from the CDC 2010 Health Equity Symposium." In *Public Health Reports*. 126: Supp. 3 (2011). 38-40.

This viewpoint article summarizes the events and conclusions of the 2010 CDC symposium entitled "Establishing a Holistic Framework to Reduce Inequities in Human Immunodeficiency Virus (HIV), Viral Hepatitis, Sexually Transmitted Diseases (STDs), and Tuberculosis (TB) in the United States." Included is a list of discussion questions addressed by participants on how to best incorporate the social determinants of health (SDH) into the work of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). The three main conclusions of the symposium were that: 1.) The CDC's approach to publishing data on health disparities may be perpetuating negative stereotypes with respect to race/ethnicity; 2.) The CDC and NCHHSTP must establish strong collaborative partnerships with a wide variety of sectors of society; and, 3.) To successfully evolve and advance a holistic approach to addressing health inequities, the importance of addressing SDH must be shared. Finally, the symposium participants acknowledged that stakeholders must ensure conceptual clarity and encourage a national discussion and agenda toward incorporating multilevel interventions to address disease, reporting more comprehensive epidemiological and surveillance data, recognizing the role of public health law research, and diversifying partnerships to address SDH.

To view the entire article, visit www.publichealthreports.org/issueopen.cfm?articleID=2725.

140. Social Conditions, Health Equity, and Human Rights

Braveman, Paul. "Social Conditions, Health Equity, and Human Rights." *Health and Human Rights Journal* 12.2 (2010).

"The fields of health equity and human rights have different languages, perspectives, and tools for action, yet they share several foundational concepts. This paper explores connections between human rights and health equity, focusing particularly on the implications of current knowledge of how social conditions may influence health and health inequalities, the metric by which health equity is assessed. The role of social conditions in health is explicitly addressed by both 1) the concept that health equity requires equity in social conditions, as well as in other modifiable determinants, of health; and 2) the right to a standard of living adequate for health. The indivisibility and interdependence of all human rights — civil and political as well as economic and social — together with the right to education, implicitly but unambiguously support the need to address the social (including political) determinants of health, thus contributing to the conceptual basis for health equity. The right to the highest attainable standard of health strengthens the concept and guides the measurement of health equity by implying that the reference group for equity comparisons should be one that has optimal conditions for health. The human rights principles of non-discrimination and equality also strengthen the conceptual foundation for health equity by identifying groups among whom inequalities in health status and health determinants (including social conditions) reflect a lack of health equity; and by construing discrimination to include not only intentional bias, but also actions with unintentionally discriminatory effects. In turn, health equity can make substantial contributions to human rights 1) insofar as research on health inequalities provides increasing understanding and empiric evidence of the importance of social conditions as determinants of health; and,

more concretely, 2) by indicating how to operationalize the concept of the right to health for the purposes of measurement and accountability, which have been elusive. Human rights laws and principles and health equity concepts and technical approaches can be powerful tools for mutual strengthening, not only by contributing toward building awareness and consensus around shared values, but also by guiding analysis and strengthening measurement of both human rights and health equity.”

To view the entire article, visit www.hhrjournal.org/index.php/hhr/article/view/367/563.

141. Stereotype Threat and Health Disparities: What Medical Educators and Future Physicians Need to Know (2010)

Burgess, Diana J., Jennifer Warren, Sean Phelan, John Dovidio, and Michele Van Rhy. "Stereotype Threat and Health Disparities: What Medical Educators and Future Physicians Need to Know." *Journal of General Internal Medicine* 25.2 (2010): 169-77.

“Patients’ experience of stereotype threat in clinical settings and encounters may be one contributor to health care disparities. Stereotype threat occurs when cues in the environment make negative stereotypes associated with an individual’s group status salient, triggering psychological and psychological processes that have detrimental consequences for behavior. By recognizing and understanding the factors that can trigger stereotype threat and understanding its consequences in medical settings, providers can prevent it from occurring or ameliorate its consequences for patient behavior and outcomes. In this paper, we discuss the implications of stereotype threat for medical education and trainee performance and offer practical suggestions for how future providers might reduce stereotype threat in their exam rooms and clinics.”

To view the entire article, visit www.springerlink.com/content/5522007r3n722g80.

142. Tackling Health Inequities through Public Health Practices (2010)

Hofrichter, Richard, and Rajiv Bhatia. *Tackling Health Inequities through Public Health Practice: Theory to Action*. 2nd ed. Oxford: Oxford UP, 2010. Print.

Tackling Health Inequities raises questions and provides a starting point for health practitioners ready to reorient public health practice and address the root causes of health inequities. This reorientation involves restructuring the organization, culture, and daily work of public health. *Tackling Health Inequities* is meant to inspire readers to imagine or envision public health practice and their role in ways that question contemporary thinking and assumptions, as emerging trends, social conditions, and policies generate increasing inequities in health. No predefined set of protocols or tools can eliminate health inequity. It will require reimagining practice, taking risks, and active and strategic engagement of the public health community in the political process. Recent experiences in many jurisdictions suggest that many health practitioners are ready and able to act.

For more information about *Tackling Health Inequities through Public Health Practice: Theory to Action*, visit www.naccho.org/topics/justice.

143. Taking the pulse of progress toward preconception health: Preliminary assessment of a national OMH program for infant mortality prevention

Schiavo, Rena., Matilde Gonzalez-Flores, Radhika Ramesh and Isabel Estrada-Portales. "Taking the pulse of progress toward preconception health: preliminary assessment of a national OMH program for infant mortality prevention." *Journal of Communication In Healthcare*. 4.2 (July 2011): 106-117(112)

"Infant mortality rates in the United States continue to be more than twice as high among African-Americans as Caucasians. The United States ranks 37th of 191 countries in infant mortality, well behind most industrialized and many developing countries. Preconception care has long been identified as a key intervention to improve birth outcomes. In 2007, the Office of Minority Health (OMH) of the Department of Health and Human Services (DHHS) launched a national program, *A Healthy Baby Begins with You*, to raise awareness about the disproportionately high infant mortality rates among African-Americans, and to promote preconception health behaviors as a key measure to help prevent infant mortality. This article discusses findings from an initial program assessment, focusing primarily on the peer education component. Findings highlight several factors that may aid or prevent the adoption of preconception behaviors, offer implications for program refinement, and provide useful insights for peer education and community-based communication designed to reach college and graduate students and vulnerable populations on this topic. Recurring themes within key findings include: the impact of chronic stress associated with a history of racial discrimination; the role of healthcare providers in preconception counseling; the role of men; and the significance of community involvement."

To view the entire article, visit

www.ingentaconnect.com/content/maney/cih/2011/00000004/00000002/art00007;jsessionid=p8fw7umysy

144. NCHHSTP (The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention) 2010-2015 Strategic Plan and the Pursuit of Health Equity: A Catalyst for Change and A Step in the Right Direction

Allen, Johnnie (Chip), Robert Jennings, Robyn S. Taylor and Michele Shipp. "The NCHHSTP 2010-2015 Strategic Plan and the Pursuit of Health Equity: A Catalyst for Change and A Step in the Right Direction." In *Public Health Reports*. 126: Supp. 3 (2011). 31-37.

Using the NSCHHSTP 2010-2015 Strategic Plan's objectives to address health equity as a starting point, this viewpoint article provides a number of critiques of current strategies being employed to combat health inequities. The authors call for a more holistic framework to address these inequities to be integrated into public health systems.

- The article calls for stakeholders to frame health equity concepts such as health disparity data in concrete terms as means to devise realistic solutions.
- Stakeholders should move away from programmatic silos and, along with empowered leadership, embrace syndemic orientation in the areas of funding, evaluation, training, data and surveillance, retooling of current projects, and defining best practices.
- The ability to effectively carry out a health equity plan will further depend upon stakeholders' ability to use data and technology to identify the interactions of various SDH to make data-driven decisions on resource allocation.

- Finally, there must be a concerted and collective effort to overcome the public health community's discomfort with addressing racism as a social determinant.

To view the entire article, visit www.publichealthreports.org/issueopen.cfm?articleID=2724.

145. The Science of Eliminating Health Disparities: Embracing a New Paradigm (2010)

Ruffin, John. "The Science of Eliminating Health Disparities: Embracing a New Paradigm." *American Journal of Public Health* 100.1 (2010): S8-S9.

"Health disparities in the United States will not be solved by an isolated cadre of public health experts—the problems are complex, and achieving health equity will require a profound transformation of our health care system and our society. Solutions will have to emerge from a large and expanding network of institutional partnerships in which organizations that represent health disparity communities play a preeminent role."

To view the entire article, visit <http://ajph.aphapublications.org/cgi/content/extract/100/S1/S8>.

146. The Ultimate Measures of Health

Koh, Howard K. "The Ultimate Measures of Health." In *Public Health Reports*. 126: Supp. 3 (2011). 14-15.

Conclusion: "Changing what we measure can lead to a new directions in how we act. Indeed, the time-honored core public health function of *assessment* catalyzes two others: *assurance* and *policy*. In 21st century public health, we understand that health is too important to be left to the health sector alone. Indeed, we need a broad social determinants approach – that is, health in all policies – that involves a multisector approach and collaboration with a host of nontraditional partners. Doing so will allow more people the opportunity for better health choices – and help make the healthy choice the easier choice [...] We also need to communicate the social determinants of health [...] in ways that better resonate with the general public."

To view the entire article, visit www.publichealthreports.org/issueopen.cfm?articleID=2720.

147. The Social Determinants of Health, Health Equity, and Human Rights

Chapman, Aubrey R. "The Social Determinants of Health, Health Equity, and Human Rights." *Health and Human Rights Journal*. 12.2 (2010).

"This article explores the benefits of a rights-based approach to health according greater attention to the social determinants of health, health equity, and the power structure. It uses the report issued by the World Health Organization Commission on Social Determinants of Health (CSDH), 'Closing the gap in a generation: Health equity through action on the social determinants of health,' as a lens through which to address these issues. After presenting a brief overview of the CSDH report, the article compares the

document with a rights-based approach to health on three topics: 1) the social determinants of health and the underlying determinants of health; 2) health inequalities and inequities; and 3) power, money, and resources. The article argues that the right to health requires greater attention to the social determinants of health, health inequalities, and power dynamics than these topics have received to date.”

To view the entire article, visit www.hhrjournal.org/index.php/hhr/article/view/366/560.

148. Use of Data Systems to Address Social Determinants of Health: A Need To Do More

Harrison, Kathleen McDavid, and Dean, Hazel D. “Use of Data Systems to Address Social Determinants of Health: A Need To Do More.” Guest Editorial. In *Public Health Reports*. 126: Supp. 3 (2011). 1-5.

This article serves to introduce the objective for the special issue of *Public Health Reports* on “Data Systems and the Social Determinants of Health.”

The special supplement and the articles it includes “aims to reflect on the types of data we routinely gather, analyze, report, and communicate, and it calls us to take a holistic approach to data use both in the sources (e.g., United Nations, Centers for Disease Control and Prevention [CDC], Census Bureau, Department of Transportation, and Department of Justice) and kinds (e.g., disease outcome, policy, financial, land use, service usage, achievement, and segregation) of data used in public health. It calls us to be good public health stewards by challenging us to move beyond our routine analyses based mostly on individual-level data and include data from other sectors and levels in the work we do. This supplement provides examples of innovative uses and analyses of data for local, state, and national governments and organizations to consider.”

To view the entire article, visit www.publichealthreports.org/issueopen.cfm?articleID=2718.

149. Using Standardized Encounters to Understand Reported Racial/Ethnic Disparities in Patient Experiences with Care

Weinick, Robin M., Marc N. Elliott, Angelo E. Volandes, Lenny Lopez, Q. Burkhart, and Mark Schlesinger. “Using Standardized Encounters to Understand Reported Racial/Ethnic Disparities in Patient Experiences With Care.” *Health Services Research* 46.2 (2011): 491-509.

This article examines whether patient ratings of health care experiences reflect true difference based on race or ethnicity or difference in expectation or use of survey instruments. The study assessed the response of different racial and ethnic groups to standardized vignettes on health care service.

Key Findings:

- Different races and ethnicities had similar expectations regarding physician behavior.
- The study found no evidence that African-Americans, Latinos, or Whites responded more negatively to identical vignettes of health care encounters. African-Americans and Latinos were more likely to use both positive and negative extremes of ranking system than white participants.

To view the entire article, visit <http://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2010.01214.x/abstract;jsessionid=2F886C695E0F8D58BFE61B29E73C88B7.d02t02>.

150. Health Communicator's Social Media Toolkit – Center for Disease Control and Prevention (CDC), 2010

Prevention for Disease Control and Prevention, August 2010

A guide to using social media to improve reach of health messages, increase access to your content, further participation with audiences and advance transparency to improve health communication efforts.

Excerpt:

Social Media Overview

- In the last several years, the use of Facebook, YouTube, Twitter, and other social media tools to disseminate health messages has grown significantly, and continues to trend upward. Using social media tools has become an effective way to expand reach, foster engagement, and increase access to credible, science-based health messages. Social media and other emerging communication technologies can connect millions of voices to:
 - Increase the timely dissemination and potential impact of health and safety information.
 - Leverage audience networks to facilitate information sharing.
 - Expand reach to include broader, more diverse audiences.
 - Personalize and reinforce health messages that can be more easily tailored or targeted to particular audiences.
 - Facilitate interactive communication, connection, and public engagement.
 - Empower people to make safer and healthier decisions.
- Integrating social media into health communication campaigns and activities allows health communicators to leverage social dynamics and networks to encourage participation, conversation, and community – all of which can help spread key messages and influence health decision making.
- Social media also helps to reach people when, where, and how they want to receive health messages; it also improves the availability of content and may influence satisfaction and trust in the health messages delivered.
- Likewise, tapping into personal networks and presenting information in multiple formats, spaces and sources helps to make the message more credible and effective.
 - The 2009 Edelman Trust Barometer found that 60% of informed publics aged 25 to 64 years need to see a message three to five times before they believe the information is true.
 - People also need to see the messages from both peers and experts.

CDC's Top Lessons Learned from Using Social Media

Over the last four years, the CDC social media team has learned a number of lessons we wanted to share with you. We hope these lessons will help others in developing, implementing and evaluating strong social media at their organizations.

1. Make Strategic Choice and Understand the Level of Effort

- Be strategic and follow demographic and user data to make choices based on audience communications objectives, and key messages.
- Assess the level of effort needed to maintain these channels and ensure you have the necessary time and effort to commit to your efforts.

2. Go Where the People Are

- The popularity of key social media sites can be assessed by reviewing user statistics and demographics.
- There are several niche social networking sites that target specific groups, like moms, physicians, or racial or ethnic groups, or sites that focus on a particular topic like travel or health.

3. Adopt Low-Risk Tools First

- If you are starting out and finding resistance to using social media among your communication team or stakeholders, it may be helpful to first adopt low-risk solutions and later build on your successes

4. Make Sure Messages are Science-based

- Messages developed for dissemination through social media channels should be accurate consistent, and science-based.

5. Create Portable Content

- Develop portable content – such as widgets and online videos – that can easily extend reach beyond your website to provide credible, timely, and accurate content for partners and other who want to help spread your message.

6. Facilitate Viral Information Sharing

- Make it easy for people to share your message and become health advocates.
- This can be accomplished by using social media sites such as Facebook and YouTube that encourage sharing among users, or you can use tools with sharing features, like widgets or eCards.

7. Encourage Participation

- Social media allows for the tailoring of messages to help express empathy and acknowledge concern, promote action, and listen to what people are saying about health-related topics in your community.

8. Leverage Networks

- Social media allows people to easily establish networks that they can access on a regular basis.
- By strategically leveraging these established networks you can facilitate information sharing and in turn, expand the reach of your message.

9. Provide Multiple Formats

- Providing messages in multiple formats increases accessibility, reinforces messages, and gives people different ways to interact with your content based on their level of engagement and access to media.

10. Consider Mobile Phones

- Over ninety percent of adults in American subscribe to mobile services.
- Mobile technologies offer an opportunity to rapidly reach a large percentage of your audience no matter where they are.

11. Set Realistic Goals

- Like traditional communication, social media alone may not be able to meet all of your communication goals or address all of the target audiences' needs. Set your goals accordingly.

12. Learn from Metrics and Evaluate Your Efforts

- Metrics can help you to report usage, monitor trends, and gauge the success of specific promotions or outreach efforts.

- Social media can also be evaluated by measuring the use of information, engagement, and participation of people with your content, and its health impact.
- Monitoring trends and discussions on social media networks can also be a valuable way to better understand current interest, knowledge levels, and potential misunderstandings or myths about your health topic.

To view the entire document, visit

www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf.

151. National Association of County & City Health Officials (NACCHO) – Roots of Health Inequity: A Web-Based Course for the Public Health Workforce

The course considers the roots causes of inequity in the distribution of illness, disease, and death. The course, based on a social justice framework, is a conceptual introduction to ground public health practitioners in concepts and strategies for taking action in everyday practice.

Each module explores a particular concept or aspect of public health practice related to health equity and social justice. The course answers questions such as the following:

- What can public health do about the unequal structuring of life chances beyond repairing the consequences of poor health outcomes?
- Where does public health begin to act on root causes?
- How can public health respond to daunting social injustices such as racism, class oppression, and gender inequity?
- How can public health broaden its mandate to act on root causes, given barriers, and political pressures?

Major themes:

- Public health has a legitimate role and responsibility for acting on root causes of health inequity.
- Social and economic inequity is bad for health.
- Successful strategies require a challenge to the process, structures, and rules that generate negative social and economic conditions.
- Health inequity is about social injustice, derived from systematic imbalances in political power, not accidents of history, nature, bad luck, or individual failure.
- Achieving health equity requires a form of practice beyond remediation and treating the consequences of health inequity.
- Today's public health practice has evolved as a result of political struggle over time.
- Major increases in life expectancy results in primarily from social change.
- Health inequities are not fixe or inevitable.
- The public health workforce can work more effectively with community residents by sharing knowledge and power.

Course Units:

- Where do we start?
 - Assess the relationship between internal capacity building and authentic community engagement, reflect on the impact of political pressures, and explore possibilities.
- Perspectives

- Consider how “mental models” or frames influence practice. Consider how values, assumptions, and interests impact public health work and the capacity for tackling health inequity effectively.
- Root causes:
 - Examine the importance of class structure, racism, and gender inequity on tackling health inequities.
- The Evolving Role of Public Health:
 - Explore the transformation of public health over the last 150 years, the forces that influences its advances and limits and the implications for contemporary transformation to address health inequity.
- Social Justice
 - Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity.

Features:

- Animated presentation on class structure
- Geographic storytelling: Racism and Hurricane Katrina
- Interactive timeline of the history of public health
- Multimedia presentation: A Neighborhood Fights Back
 - The story of the North River Wastewater Treatment Plant in West Harlem.
 - A map of West Harlem depicting poverty, race, asthma rates, and the location of polluting sites.
 - Related resources: A variety of selected materials, including books, articles, reports, images, websites, and videos.
- Voices from the field: public health practitioners discuss their experiences tackling health inequity.
- Discussion forums:
 - Create customizable online communities.
 - Observe and track other people’s comments and contributions; add your own comments
 - Upload documents, share links and original content, and join in and initiate discussions.
 - Create custom notifications and landing pages for learning groups and the commons to facilitate dialogue, collaboration, and social networking.
- Opportunities to engage with social media.

Benefits for your Organization:

- Learn critical concepts in the field of health equity.
- Reflect on social processes that continually produce health inequity.
- Identify strategies for acting on root causes and transforming practice.

Benefits for the Learner:

- Work within groups or independently
- Identify colleagues committed to working for health equity.
- Share ideas and experiences with colleagues.
- Self-paced course.

To learn more about this program, visit www.rootsofhealthinequity.org.

152. Toolkit for Community Action – National Partnership for Action to End Health Disparities

To support community efforts in the goal of ending health disparities and promoting health equity, the Office of Minority Health of the U.S. Department of Health and Human Services released in 2011 the National Partnership for Action to End Health Disparities Toolkit for Community Action.

The Toolkit is intended to be a guide for individuals, communities and organizations from the public and private sectors so that they collaborate and form partnerships to end health disparities in the United States. Specifically, the Toolkit can aid these stakeholders in: raising awareness about health disparities, engaging others in conversations about the problem and potential solutions, and taking action to address health in their communities.

U.S. government’s comprehensive and coordinated approach to combating health disparities:

- [U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities](#)
- [National Stakeholder Strategy for Achieving Health Equity](#)

Definition of Health Disparity

- A *health disparity* is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Addressing Health Disparities

- Improving Access to Care: Reliable, consistent access to health care enables individuals and families to obtain timely and necessary health services such as screenings, diagnoses, and appropriate treatment of chronic diseases and conditions. Racial and ethnic minorities and other underserved communities face disproportionately high barriers to care. Stakeholders must work towards:
 - Expanding Insurance Coverage
 - Reducing Health Care Costs
 - Addressing Health Care Workforce Shortages
- Increasing Quality of Care: Providing Culturally and Linguistically Competent Health Care: Health care providers who understand the diverging ways that cultural and linguistic background affect behaviors, attitudes, practices and policies play into individuals’ relationships with health will be able to provide better diagnoses and treatments for diverse sets of patients. Stakeholders must work towards:
 - Improving Language and Health Literacy Services
 - Providing Culturally Appropriate Services
 - Diversifying the Health Care Workforce

Five Steps to Address Health Disparities in Our Communities

- Increase Awareness About Health Disparities
 - Use social media to share information about health disparities in your communities.
 - Contact the media with stories about health disparities in your communities.

- Write letters of opinion articles for your local newspaper discussing health disparities issues.
- Speak at community gatherings such as health fairs for faith-based events.
- Take the *NPA Pledge*
- Issue a statement from your organization endorsing the NPA.
- Become Leaders for Addressing Health Disparities
 - Educate others and share stories about model programs with local organizations or community leaders, and the NPA.
 - Start a petition to get local citizens to support policy recommendations; send petitions to elected officials.
 - Organize local organization meetings and partner to ensure that health disparities are on the local and state health agenda.
 - Form diverse coalitions of local organizations, including those organizations representing under-served populations, and join the NPA.
 - Mentor young persons in your family, neighborhoods or communities to understand health disparities and healthy lifestyle choices, and provide them resources.
- Support Healthy and Safe Behaviors in Our Communities
 - Act as a role model and serve nutritious food at work or social events.
 - Get employees involved in group physical activities or challenges by hosting local events around National Health Observances such as AIDS Awareness Days.
 - Host seminars in local forums to discuss health disparities.
 - Join the First Lady's *Let's Move!* Initiative, the *President's Challenge*, or similar initiatives.
 - Join the Consumer Product Safety Commission's *Pool Safely*.
- Improve Access to Health Care
 - Partner with local stakeholders such as health care providers to offer free health screenings in your workplace or place of worship.
 - Encourage local health care providers to translate health and health care information or refer them to individuals or organizations that can provide translation services.
 - Establish a Community Health Worker or *Promotoras de Salud* program in your community.
- Create Healthy Neighborhoods
 - Advocate for more walking-, biking- and recreation-friendly additions to your neighborhoods.
 - Encourage local schools, workplaces and assisted living facilities to provide healthier snack and lunch options.
 - Ask local supermarkets and restaurants to carry or serve fruits and vegetables and other healthy options, and organize a farmers' market that accepts food stamps.
 - Work with local government and organizations in your community to collect and track data about health disparities and monitor changes over time.

Talking Points

- *What is the problem?*
 - "We know that a healthier America is a stronger America. Yet too many Americans don't have the opportunity to lead a healthy life. As a result they suffer substantially more health problems than others. Some Americans can expect to live 20 years less than others because of where they live, their race, their education or income."
 - "Although the overall health of Americans has improved, differences in health for racial, ethnic and underserved communities have been persistent and pervasive for years. Where

we live, learn, work and play has an enormous impact on our ability to make healthy decisions. We are never going to improve the health and well-being of people in the United States until we close these health gaps.”

- “Reducing these differences in health – known as health disparities – is not only the right thing to do; it is the smart thing to do. Poor health influences a student’s ability to pay attention in class, a parent’s ability to care for their children and a worker’s ability to perform well at his job. It also hurts our country’s ability to reach its potential and be competitive in the global market.”
- *What is the solution?*
 - “Every American should have the opportunity to live a healthier, more prosperous and more productive life, regardless of who they are and where they live. That’s why the United States has made a commitment to eliminate health disparities.”
 - “Working in partnership with community and government leaders, the federal government has produced complementary approaches to combating health and health care disparities. The *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* and the *National Stakeholder Strategy for Achieving Health Equity* represent a road map that the public and private sectors can follow to achieve health equity.”

To view the entire Toolkit, visit www.minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf.

153. World Health Organization – Regional Office for Europe: Inequalities in Health System Performance and Their Social Determinants in Europe

As a part of its Equity in Health, the Regional Office for Europe (World Health Organization) developed three interactive data atlases detailing inequalities in health system performance. These databases include variables representing demographic, socioeconomic, health status and health system resources categories, including more than 600 individual indicators. These three database are:

- Correlation Map Atlas – allows for quick visualization of two variables in maps and their association in graphs, where correlation analysis can also be performed. Includes a country filter function.
- Atlases of Social Inequalities – allows for visualization of differences between the target value (the population weighted average of the most advantaged quintile of the population) and the value in a region or group of regions. These differences can be viewed as absolute differences (area target differences) and/or relative differences (area target ratios).
- Performance Comparison Atlas – allows for quick comparison of several indicators between a limited number of regions.

For more information about these Equity in Health assessment tools and information sharing, visit <http://data.euro.who.int/equity>.

D. Social Networking & Listserves

Social networking is one of the fastest growing means for communicating about health equity. Often the same effort or organization utilizes many forms, e.g. the Spirit of 1848 – a network of people concerned about social inequalities in health – communicating via Facebook, Yahoo!, and email. States and organization have started to establish and/or join social networking sites and list-serves in order to circulate information regarding the health equity movement. These networks serve as a forum not only for sources of information, but also for exchanging ideas, collaborating, and advising. Established networks have used listserves for some time and have begun shifting to both email and social media formats. Below are a few of the many examples.

154. Advancing Health Equity Social Network (Virginia)

The Advancing Health Equity Social Network was created to provide a place where Virginians who are working in this area [public health, health equity] can learn, ask questions, share and connect with others.

Website Features:

- Had 139 members in September 2011
- Multimedia with pictures and videos – the user may upload their own.
- Users can invite friends to join.
- Each user has their own profile which they can customize. Users have their own inbox for messages, notifications, friends, and can update their “status.”
- View events such as conferences, trainings, book releases, etc.
- Blogs where people can post their ideas.
- Forums for discussion of health equity related ideas.
- “Groups” to join, which include:
 - Dismantling racism (4 members)
 - Health Impact Assessment (8 members)
 - Community-Based Participatory Approaches to Coalition Building (4 members)
 - Creating Healthy Built Environments (7 members)
 - Users may also start new groups
- Resources:
 - Conferences
 - Publications
 - Recommendations

For more information or to become a member of the Advancing Health Equity initiative, visit <http://healthequityinva.ning.com>.

155. Community Commons – Advancing the Movement

The Community Commons tool will provide registered users with mapping, networking, and learning utilities so that they, as leaders of health equity initiatives, can advance the scope and efficacy of their work.

Registered users will have access to:

- Thousands of GIS data layers at varying levels of geography (state, county, zip code, tract, block group, point) and contextualized tools providing the ability to map, visualize, analyze and communicate.
- Valuable information about *what's working* across the full array of place-based initiatives in the nation (strategies, policies, mistakes, impact stories, videos, etc)
- Dynamic peer learning forums in the “interactive commons” with colleagues who are exploring similar interests/challenges; hosted by leading TA providers.
- News feeds, policy updates, new tools, applications, etc.

For more information about Community Commons, visit www.communitycommons.org.

156. National Association of County and City Health Officials (NACCHO) - Local Health Dept. National Coalition for Health Equity: *A place for local health departments to connect about health equity*

The Local Health Department National Coalition for Health Equity, open to all local health departments (LHDs), is an organization dedicated to eliminating fundamental causes of inequity in the distribution of disease and illness through public health practice. The coalition provides members the opportunity to build solidarity with other health departments organizing and strategizing to achieve health equity.

Rationale:

- Historically, public health played a crucial role in advocating for progressive policy changes that improved the health of all members of a society by establishing the conditions for healthy communities. The coalition reconnects public health with its roots as a social justice enterprise focused on the conditions in which people live, work, and play.

Objectives:

- Identify and meet the need for support, dialogue, guidance, and information of coalition members;
- Design strategies in support of the Recommendations of the WHO Commission on the Social Determinants of Health’s Report Closing the Gap in a Generation;
- Engage the public through coordinated local media campaigns; and
- Strengthen alliances and build solidarity with relevant social movements and peer agencies to establish a critical mass at all levels of support of health equity.

Website Features:

- Had 333 members in September 2011
- Individual member profiles. Members can post on their own blog and provide contact information to either be a mentored or request help from a public health worker.
- Topic areas which include:
 - Gender Inequity

- Racism
- Class Structure & Power
- Built Environment & Community Planning
- Foundations & Capacity Building
- Politics & Policy of Public Health

For more information or to become a member of the coalition, visit <http://healthequity.naccho.org>.

157. The PAHO Equidad List Serve on Equity, Health & Human Development

The Pan American Health Organization (PAHO) provides the Equidad List that identifies and shares health equity related reports and information from around the globe.

For more information about the Equidad List Serve see: <http://listserv.paho.org/Archives/equidad.html>.

158. Families USA's Health Equity Newsletter

Health Equity Connection is a monthly newsletter designed to keep advocates connected to the most pressing issues affecting minority health. Sections include the latest resources in minority health, the impact of health policy issues on communities of color, and highlights from activists in the field who are addressing racial and ethnic health disparities.

For more information about Families USA Health Equity Newsletter see: www.familiesusa.org/issues/health-equity/newsletter.

159. The Spirit of 1848 Public Health Equity List Serve

The Spirit of 1848 is an activist and scholarly network of people concerned about social inequalities in health. Our purpose is to spur new connections among the many of us involved in different areas of public health, who are working on diverse public health issues (whether as researchers, practitioners, teachers, activists, or all of the above), and live scattered across diverse regions of the United States and other countries. In doing so, we hope to help counter the fragmentation that many of us face: within and between disciplines, within and between work on particular diseases or health problems, and within and between different organizations geared to specific issues or social groups. By making connections, we can overcome some of the isolation that we feel and find others with whom we can develop our thoughts, strategize, and enhance efforts to eliminate social inequalities in health.

Our common focus is that we are all working, in one way or another, to understand and change how social divisions based on social class, race/ethnicity, gender, sexual identity, and age affect the public's health. As an activist and scholarly network

For more information about the Spirit of 1848, visit www.spiritof1848.org.