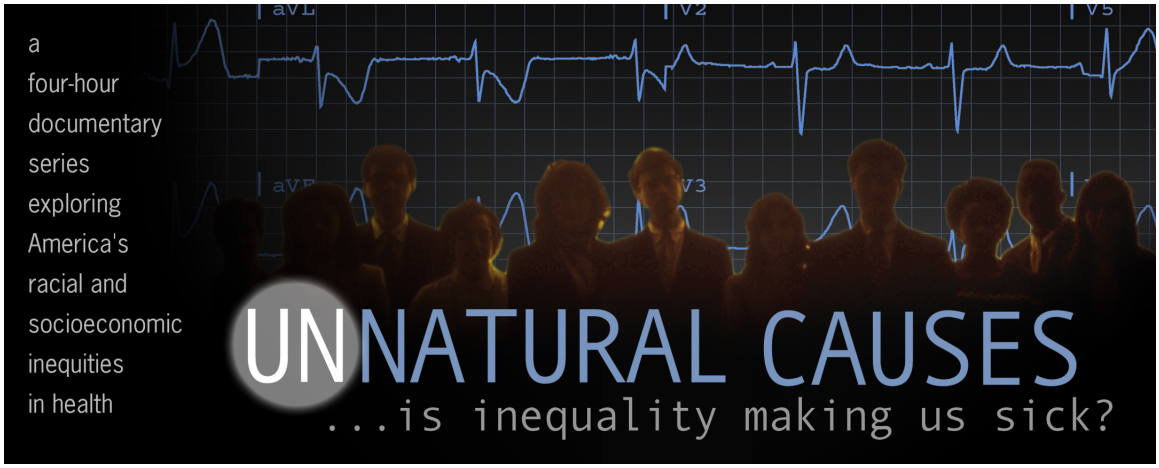

MAKING HEALTH EQUITY VISIBLE

Results and Recommendations from the *Unnatural Causes* User Survey

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SURVEY SUMMARY

Americans are beginning to change the way they think about health. The *Unnatural Causes* User Survey found that for the first time in recent history, there is growing recognition outside academic circles that tackling the inequities shaping where and how we live, learn, work, and play is key to improving health and wellbeing for all.

Since the release of *Unnatural Causes* in spring 2008, thousands of organizations of widely varied size and focus have hosted screenings in all 50 states. The series has been used *internally* for staff, member, and leadership development, and *externally*, with existing and new partners, the public, and the policy community. For many, convening events around *Unnatural Causes* marked their first attempt to operationalize a commitment to health equity.

However, even as more and more organizations commit to tackling health inequities, many are struggling over how to integrate a health equity framework into their work and what concrete actions and strategies they can pursue to address the inequitable distribution of health-essential resources and improve neighborhood conditions.

RECOMMENDATIONS (see Page 14)

1. Health equity is not an issue but a framework. Apply a health equity lens to the issues you already tackle.

2. Start with internal screenings and discussions.

3. Plan. Take the time to develop your screening goals and strategy.

4. Make screenings steps to future engagement, not one-time events
    - *4.1 Be ready to redirect discussion from unequal outcomes (or biomedical and behavioral explanations for them) back to inequities in the policies, systems, and power relationships that* generate *unequal outcomes.*
    - *4.2 Help audiences appreciate how these issues affect them.*
    - *4.3 Provide specific opportunities for audiences and participants to become involved.*

5. Reach out to other sectors; don't expect them to come to you.

6. Document and publicize your events, outcomes, and follow-up activities widely.

7. Engage and educate the press.

CONDUCTING THE SURVEY

In Spring 2008, *Unnatural Causes: Is Inequality Making Us Sick?* was broadcast nationally by PBS and released on DVD by California Newsreel. The four-hour documentary series explores the root causes of America's alarming class and racial inequities in health. It was conceived as part a larger public engagement campaign to help inject the importance of equity and social justice into discussions of health and to introduce health consequences into debates over social and economic policies.

In December 2008, California Newsreel conducted a web-based survey to better ascertain just how *Unnatural Causes* was being used as a tool to educate, organize, and advocate for health equity. By then more than 8,000 community dialogs, policy forums, trainings, town hall meetings, and other events designed around screenings of the series had been held across the country (at the time of this writing in June 2009, this number exceeds 15,000).

The survey was intended to clarify:

1. Who is using *Unnatural Causes*
2. What types of screening events are being organized
3. Which audiences are being reached
4. What kinds of actions and next steps are emerging from screenings

We administered the survey over four weeks using the online tool Survey Monkey. Invitations were sent to several thousand *Unnatural Causes* e-newsletter subscribers, selected listservs, and California Newsreel's own database of DVD purchasers. The survey took 20 to 30 minutes to complete. We aimed to collect at least 250 completed surveys, but 789 individuals responded, a surprising number that we believe reflects the enthusiasm of *Unnatural Causes* users to change the way we address health in the United States.

Clearly, because surveys were collected in a non-randomized fashion, they don't represent a rigorous, scientific sample of the use and reception of the series. Still, in combination with our own experience, we believe they paint a fairly accurate picture of what organizations are doing and have learned.

WHO IS USING THE SERIES?

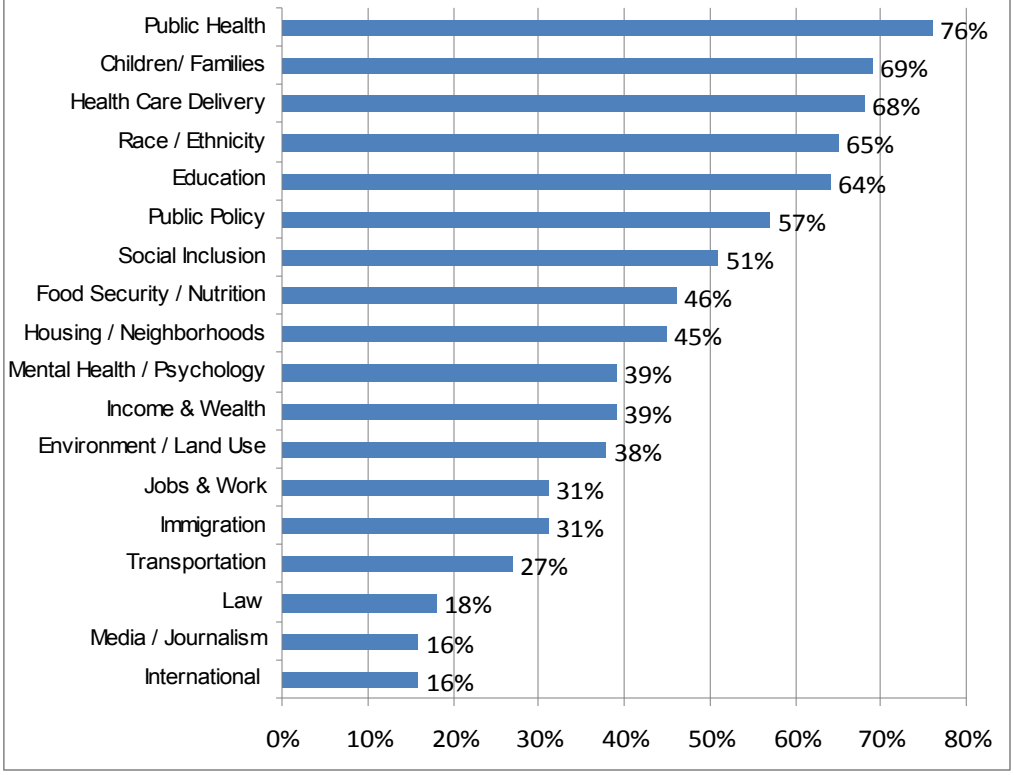
A wide range of organizations responded, representing foundations, businesses, community-based organizations, research institutes, faith-based groups, nonprofits, government agencies, and educational institutions. Educational, government, and nonprofit groups were most strongly represented, comprising about a fourth of respondents each.

About half the organizations had an exclusively local footprint, while 29% worked at the state level and 21% worked nationally.

Respondents expressed interest in multiple issues influencing health equity. As presented in Chart 1, public health, children / families, health care delivery, race / ethnicity, and education were their primary interests, while media / journalism and law were least mentioned.

Given that the survey was administered only seven months after release of the series, it's not surprising that the majority of users, the "early adapters," had a health focus. However, it's worth noting that 93% of the organizations that indicated a health focus also identified a "non-health" area of interest, implying that most groups using the series have some understanding of their work as cross-sectoral.

Chart 1: Areas of interest indicated (% of all respondents)

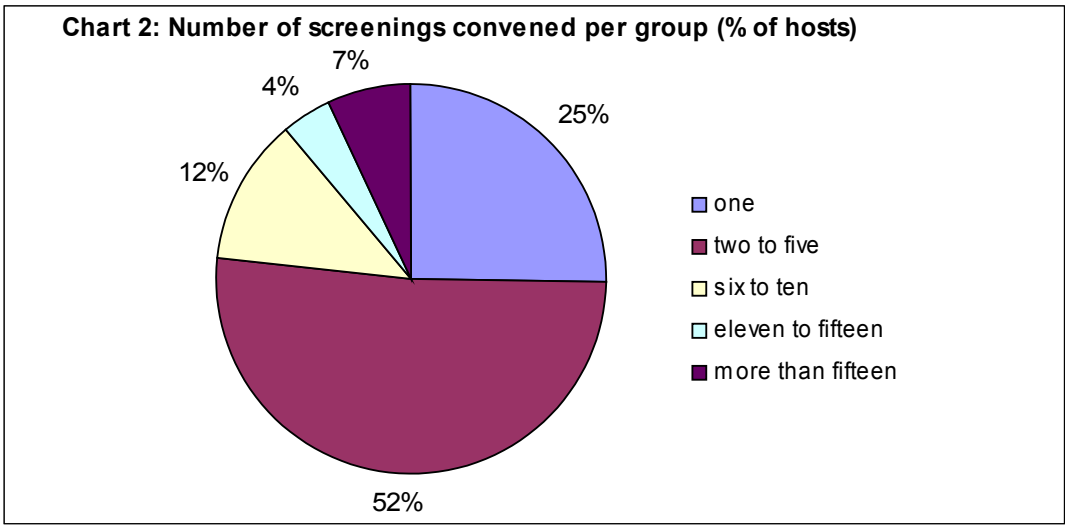


We classified survey respondents into three general categories:

- Hosts: those who had organized at least one screening event at the time of the survey (61%)
- Planners: those in the process of planning their first screening at the time of the survey (15%)
- Active Participants: those who had participated or attended screenings as speakers, facilitators or audience members (24%)

The following analysis of screenings generally focuses on the 467 respondents who had already hosted events at the time of the survey.

As shown in Chart 2, the majority of hosts had already conducted two to five screenings, though 11% had already conducted more than 10.



We then broke down screenings into two general categories:

- *Internal* -- with staff and leadership
- *External* -- with *existing* allies and partners, to create *new* alliances, with *community* members, and / or to brief *policymakers and elected officials*.

HOW IS THE SERIES BEING USED *INTERNALLY*?

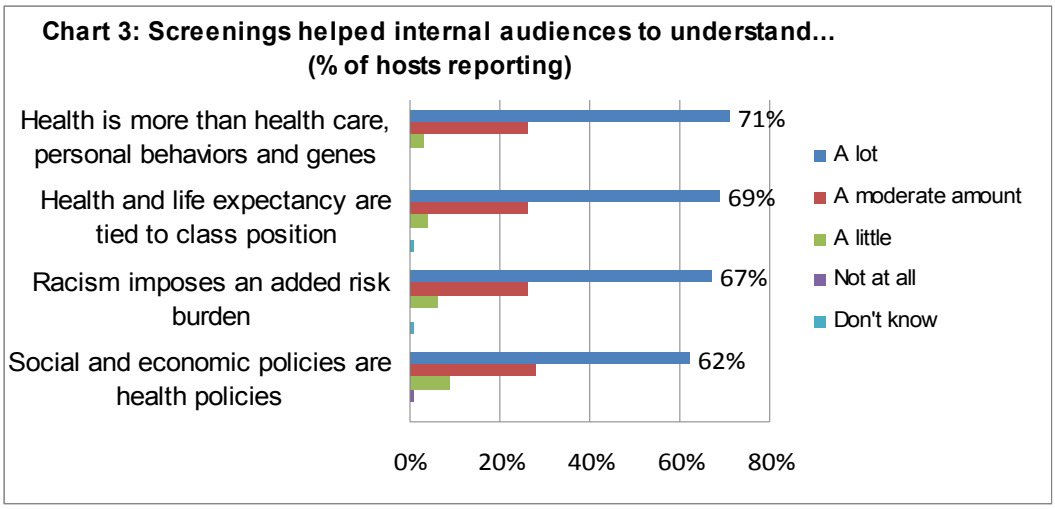
The great majority of respondents (88%) used the series internally with staff and / or leadership. Of those, most (78%) found it "very" or "moderately easy" to secure organizational commitment and investment to create or strengthen a health equity framework within their organization. We did not ask respondents to provide details on these commitments, though from other communications we know that many are organizing health equity teams and incorporating the series into staff and new-hire trainings. Such efforts allow for staff and members to understand the importance of health equity in the organization's mission and for the team to develop structures to integrate and operationalize a health equity frame into their daily work.

Most respondents (84%) found it "very" or "moderately easy" to incorporate the series into *pre-existing* programs, and 75% found it "very" or "moderately easy" to create a *new* training or workshop with *Unnatural Causes* and its on-line companion materials.

Internal screening audiences most often included program and administrative staff (65%), although leadership and board members were not far behind (59%). Half of the reported screenings (50%) also included support staff.

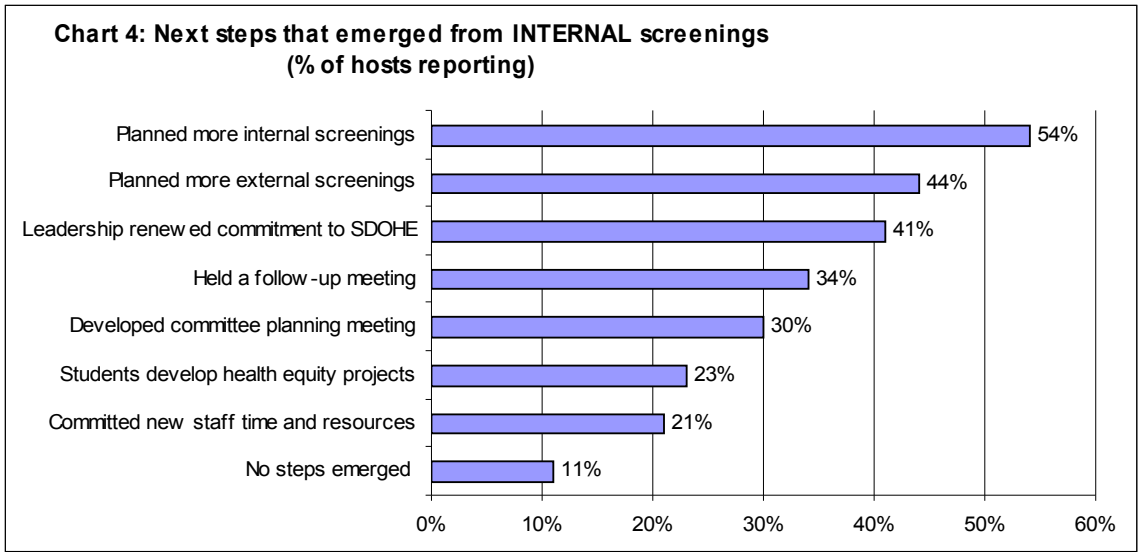
Attitude Change and Messaging

As evident in Chart 3, the majority of respondents believed that their internal screenings helped "a lot" to improve understandings of key health equity principles to leadership and staff. Very few believed that the screenings helped only "a little" or "not at all," though the policy message may have been slightly harder to get across.



Actions and Next Steps

The most common next step to emerge from internal screenings was to plan more internal screenings (Chart 4).



Notably, though nearly half of the groups reported renewed leadership commitment to addressing the social determinants of health and many planned follow-up meetings or formed health equity committees, so far only 21% had provided program staff with time or resources to integrate health equity understandings into the organization's day-to-day work.

HOW IS THE SERIES BEING USED WITH *EXTERNAL* GROUPS?

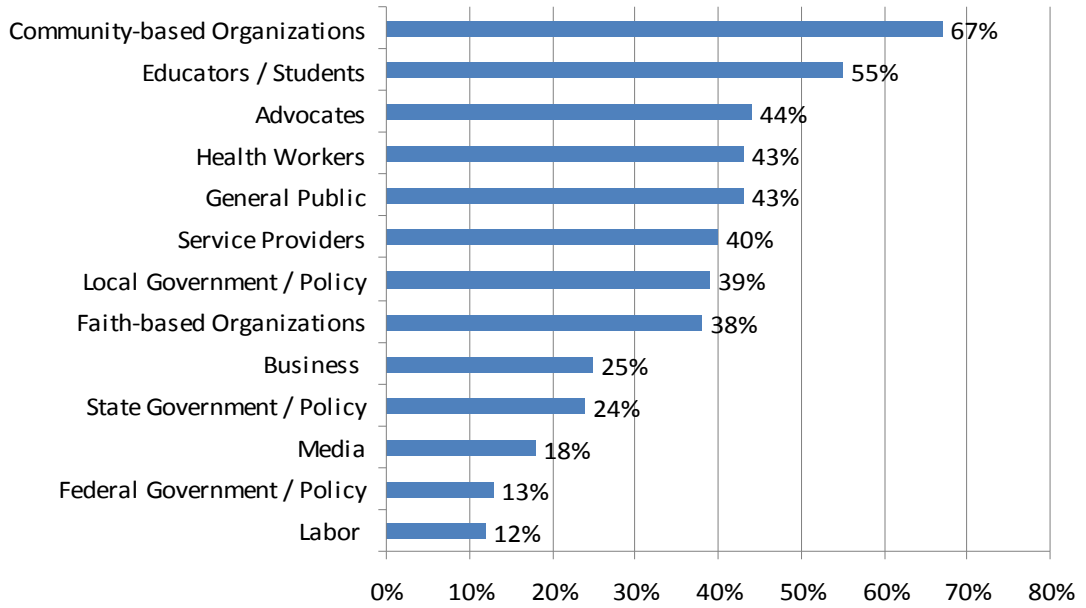
With New or Existing Partners:

A little over half the respondents (55%) had used the series with their *existing* allies. Of those, 35% engaged one to three existing partners, while 27% engaged ten or more partners in their screenings, potentially setting the groundwork for a broader coalition or alliance. Regarding their partners' areas of interest, 38% of hosts reported that "most" of their partners worked in health care while 30% said "most" worked to address the social determinants of health.

More than a third (37%) of respondents used the series to create *new* alliances with organizations. Of those, three fourths (74%) reported that it had been "very easy" or "moderately easy" to engage members from other sectors on the planning team.

Audiences attending alliance-building external screenings most frequently included representatives of community-based organizations, educators and students, and advocacy organizations (Chart 5). Representatives from labor, federal government, and media were least often represented.

Chart 5: Diversity of audiences at screenings for NEW partners
(% of hosts reporting presence of group)



With Community Members

Half of the organizations surveyed (50%) screened the series for community members. Most (76%) *planned* their events in partnership with other organizations and 73% *invited* other community agencies to table and share resources at the event.

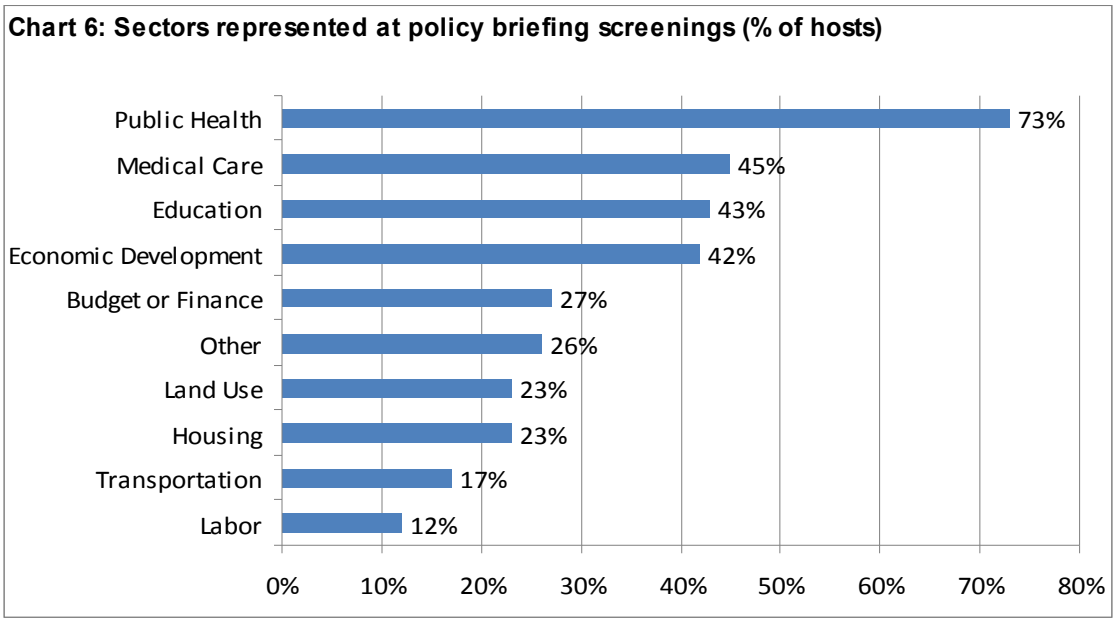
With Policymakers and Elected Officials

The majority of respondents indicated that they believed public policy change was important, but by the time of the survey only a fifth had already used the series as part of briefings with policymakers and governments officials such as city council members, legislators, department directors, and agency or legislative staff.

Most of the groups who had successfully engaged policymakers and elected official did so at the municipal level (80%), although many also worked at the state level (42%) and some reached policymakers at the federal level (10%).

Groups most often targeted policymakers and elected officials in public health, medical care, education, and economic development (See Chart 6). Groups least often reached out to representatives of transportation and labor.

Chart 6: Sectors represented at policy briefing screenings (% of hosts)



Half of the respondents who had screened the series at policy briefings indicated that their primary goal had been to educate and raise awareness about the social determinants of health equity, while 12% actually used the series to educate or advocate for a particular piece of legislation. Specific examples of legislation included the creation of a state commission on health equity, expanded infant mortality prevention and child development programs, zoning and land use issues, and childhood obesity initiatives.

With the Press

Only 12% of screenings involved the press, which is consistent with the small number of organizations that reported “media” as a major interest or concern.

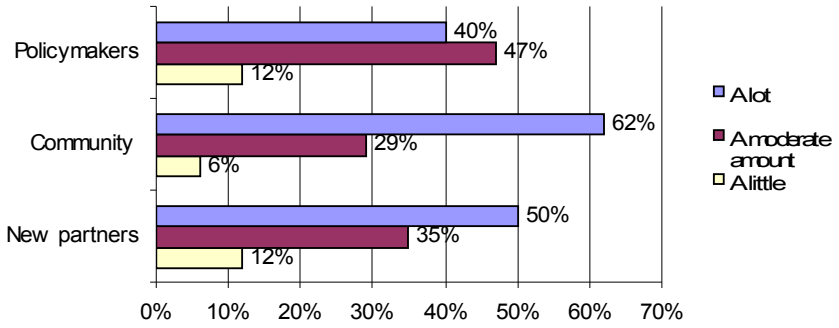
Attitude Changes from External Screenings:

Perhaps unsurprisingly, external audiences had more trouble that internal audiences in breaking through the prevailing individual bio-medical paradigm and making the connection between social and economic policies as health policies.

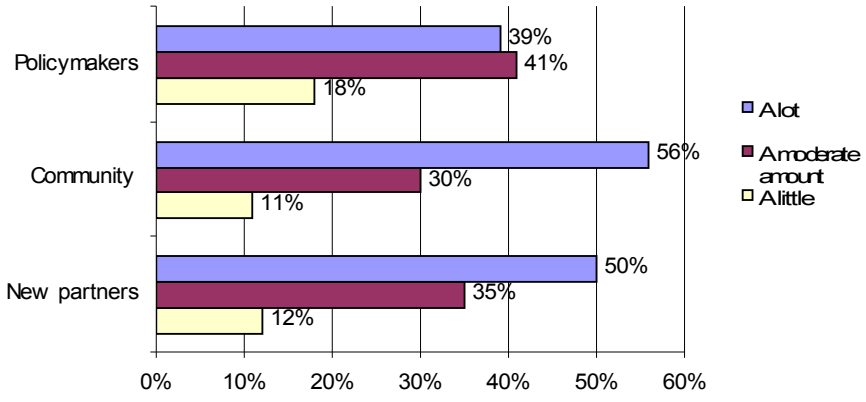
Revealingly, community groups seemed most open to these messages, while policymakers were most resistant.

Chart 7: External screenings helped audiences understand that... (% of hosts reporting)

Health is more than health care and genes



Health outcomes are linked to social and economic policy



Breaking free of the individual, bio-medical paradigm

The survey and other research suggests that normative understandings about health (i.e., the "common sense" prism through which many people filter, interpret, and make sense of health information) are grounded in several deep-seated assumptions:

- "Health" means "health *care*."
- "Prevention" means access to primary care and avoiding "risk" behaviors.
- The future of health depends on medical advances and genetic research.

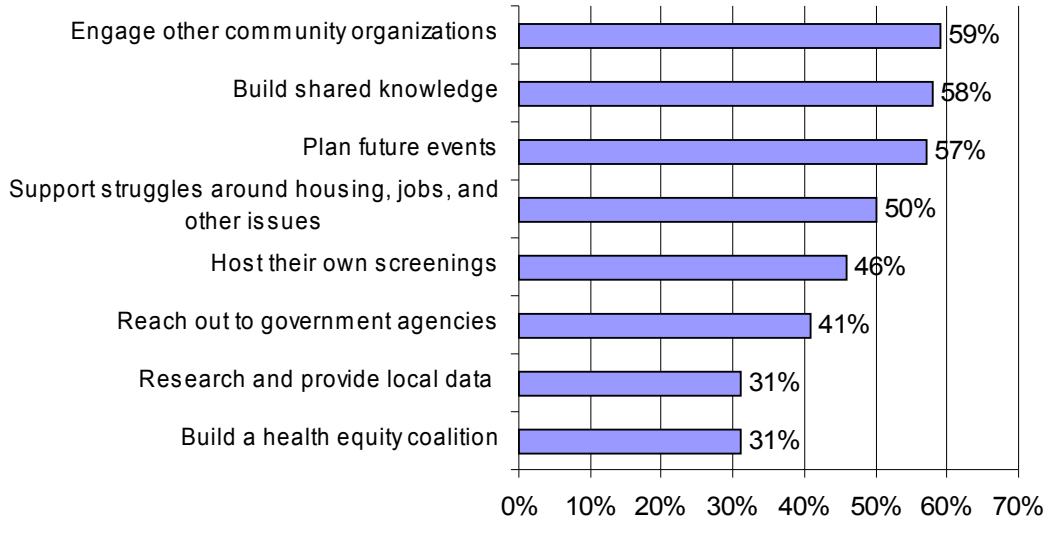
Seen through the prism of this individual, bio-medical paradigm, population health differences appear to stem from lack of access to health care or reflect the "unhealthy choices" made by "self-determining individuals," be it from ignorance, lack of self-discipline, cultural practices, or "lifestyle" choices. Hence, health gaps are commonly seen as unfortunate but not necessarily unfair or unjust.

Preconceptions are can be extremely powerful and difficult to change: It takes more than a screening to unlearn them. See our recommendations for tips on helping your audience hear and understand the evidence for the relevance of social determinants.

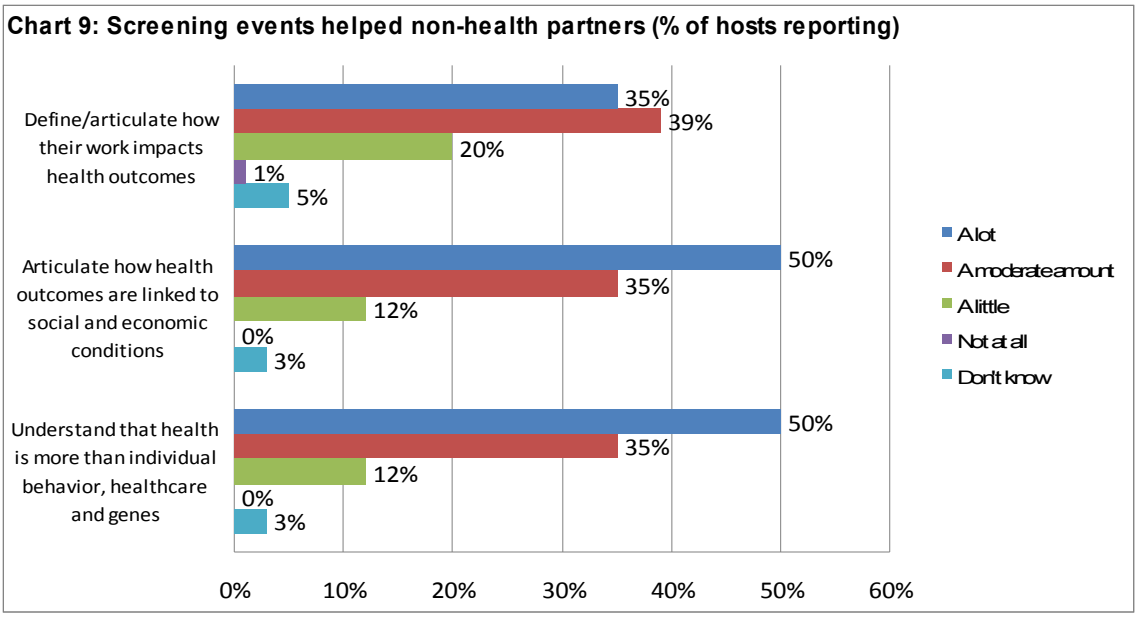
Actions and Next Steps

With New or Current Partners
Most respondents indicated that "all" or "most" *existing* partners at their events agreed to some sort of next step or action item (Chart 8).

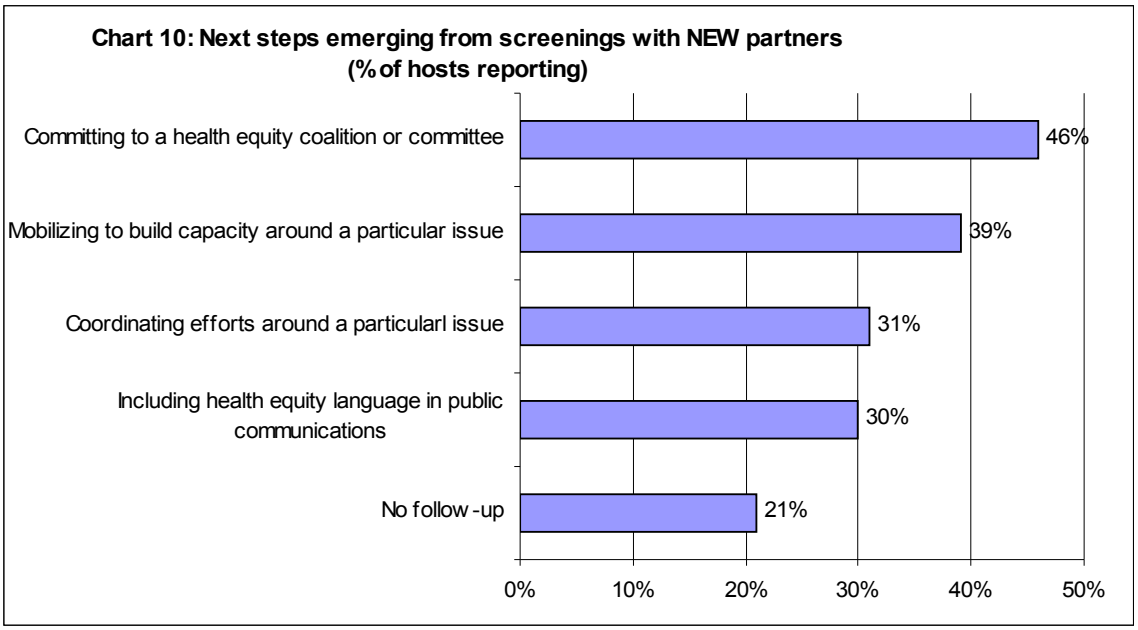
Chart 8: Commitment of EXISTING partners to next steps (% of hosts reporting)



Most organizations believed that their screening event helped *new* allies working in *non-health* sectors "a lot" or "a moderate amount" to articulate how health outcomes are linked to social and economic conditions and to define/articulate how their work impacts health (Chart 9).



Commitments from *new* partners were similar to those from *existing* partners, though one fifth of respondents indicated that no follow-ups steps emerged from their screenings (Chart 10).



Screenings with the Community

The majority of hosts reported that they provided community members with

- Research and data about local conditions (71%),
- Specific examples of local health equity initiatives (73%),
- Actions community members could take to get involved (61%).

Of respondents who reported that actions steps emerged from their community screenings, only half provided specific information on the action steps. These steps included:

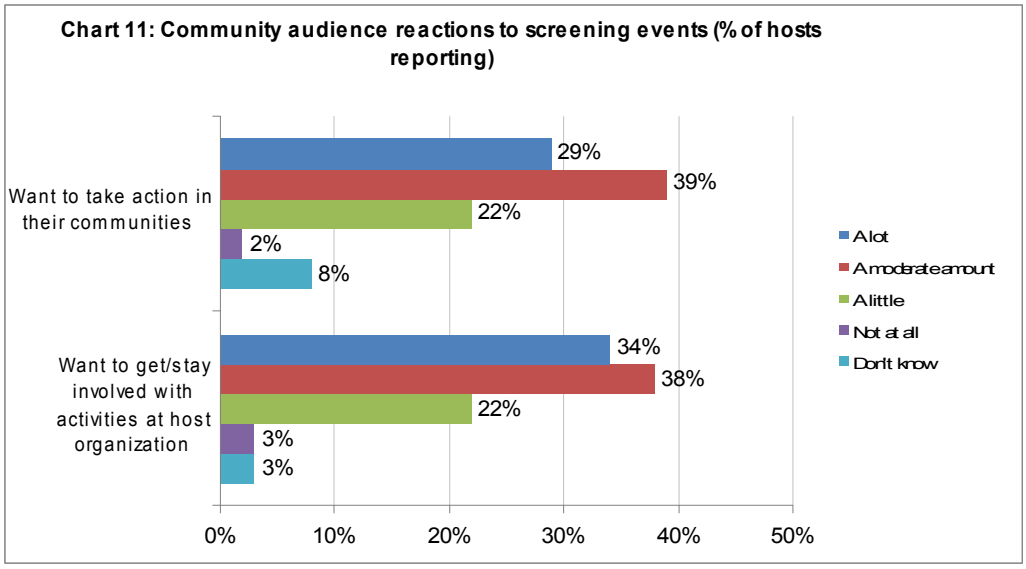
- Referrals to other organizations doing health equity work
- Letter-writing campaigns (focused mostly on health *care* issues, not the social determinants of health)
- Urban planning issues and highway construction (mentioned by two groups)
- Testifying before city councils (several groups invited participants to do so)

The vast majority of reported action steps consisted of encouraging audiences to educate others about the social determinants of health, and examples reported for potential actions tended to be very general, such as:

- Get this message out
- Continue the dialogue in your organization
- Write to the governor and other elected officials
- Work on state and local health initiatives
- Get involved with community-based organizations
- Join existing boards
- Start a book club, or community garden, or screen the film
- Get to know your neighbors and get involved in your local neighborhood activities

When asked about follow up activities, 48% of those organizing community screenings reported that they had not planned any, possibly indicating that their screenings were organized as one-time educational events rather than as a component of a larger health equity strategy or action plan.

Still, the majority of respondents believed that their screenings had encouraged community members to become involved with their organization and / or to take action in the community (Chart 11).



Screenings with Policymakers

Two thirds (68%) believed that their screenings had helped policymakers and elected officials “a lot” or “a moderate amount“ to identify opportunities for advancing health equity. We have little information, though, on particular policy outcomes.

DISCUSSION AND RECOMMENDATIONS

When California Newsreel began the *Unnatural Causes* project, scientific evidence already indicated that the social and economic conditions that surround us drive population health even more than our individual behaviors, genes, and health care access. However, the *story* of how society shapes our health was virtually absent from the mainstream media, and public dialogue on health was narrowly focused on health insurance and healthy behaviors. Today, while “health equity” is far from a household term, the general discourse has changed considerably.

Thousands of organizations around the country are using *Unnatural Causes*. Dozens have already organized ten or more events or distributed DVDs to all their member organizations or grantees. Comments from survey respondents were overwhelmingly positive: “Amazing tool.” “Great discussion starter.” “It changed how I do my job.” “Puts into simple language complex issues.” “Community partners are very grateful for a piece that highlights how racism and poverty adversely affect health.” “The most outstanding tool on social justice policies we’ve ever used.”

Clearly the commitment to health equity is large and momentum is growing. For many organizations, screening the series was their first experience engaging in health equity work. But that also meant they had to grapple with what a commitment to health equity actually implies for their organizations. Moreover, many groups had little prior experience hosting and structuring film screenings, doing outreach, convening community dialogs, and building alliances. Because health equity has not yet coalesced into a national movement able to provide guidance and leadership, many actors seem hindered by a lack of a specific action, policy, or legislative agenda around which to organize on the municipal, state and national levels and find themselves stymied by the question of what to do next.

Respondents often write to us, “We had a great discussion but wonder where to go from here,” or, “People really want to take action but are unsure how.” Unsurprisingly, many feel paralyzed by the abyss separating the conventional, immediate, and do-able (e.g., building jogging paths, starting an employee wellness program, fighting for health care access) and what appears to be aspirational, distant, and hence overwhelming (e.g., fighting for living wage jobs, desegregating neighborhoods, achieving universal pre-school, increasing job autonomy and security).

Providing ways for audiences to get involved and take action is key to transforming anger and distress into energy, engagement, and a commitment to work for social justice. As one respondent commented:

> It is critical that there be real organizing vehicles for people to be able to plug into around concrete proposals and policies. Otherwise it is just an interesting conversation. Second, there needs to be a strategy to move this frame [forward] in the context of national health reform in the current climate and context.

Clearly, those using *Unnatural Causes* are eager to get moving.

Advocacy for health equity is particularly challenging since by its very nature health equity demands reforms not in any *one* arena but in *all,* and is tightly linked to the movement for a more democratic and just society. Anti-poverty work, early childhood development work, racial justice, community organizing, affordable housing, residential desegregation…they're all health equity work.

However, the wide-reaching relevance of health equity also means there are a wide variety of ways to take action. And as discussed below in our recommendations, the role of many organizations may be to keep doing what they're doing – *with* new awareness and attention to the health equity implications of their work.

Based on the survey findings, other feedback from outreach partners, and the observations of our team during the past year, we compiled the following tips and recommendations for using *Unnatural Causes* more effectively in the development and mobilization of a stronger movement for health equity.

1. Health equity is not an issue but a framework. Apply a health equity lens to the issues you already tackle.

Health equity doesn't need to be a "new issue" to worry about. Consider it a framework, a lens through which to view the forces and policies shaping our economic, social and built environments.

Start with the issues and programs your organization already addresses (such as health care, access to affordable housing, land use, urban development, public health, healthy food access, transportation, education, research, or racial justice) and ask yourselves:

- How does our current work impact the health of different population groups? What evidence is there to illustrate this impact?
- What does a health equity frame imply for our own organization's priorities, work flow, allocation of resources, and outreach? What changes might we have to make? Are there tradeoffs in accepting this frame?
- How can we communicate the positive impacts of our work on population health to increase support for our efforts among our constituencies, other organizations, the public, the media, and policymakers?
- What opportunities does the health equity frame provide for alliance building? Who are our obvious – and not-so-obvious – partners? How are community members engaged and empowered, and is their capacity for tackling inequities enhanced?
- What role can we play in building a larger movement for a more equitable society that provides resources and opportunities for health for all, especially historically excluded populations?
- Can we, by law, or independent action, apply a health equity lens to ensure that public and private initiatives, actions, and laws are assessed by their impact on health equity, or that health equity objectives are incorporated into the city / county strategic plan?
- What existing struggles, initiatives, or social policies show promise for reducing health inequities? How can we support them?
- How can we help the media, the public and policymakers understand the health equity implications of an issue currently receiving public attention?

2. Start with internal screenings and discussions.

If your own leadership, program and support staff, members, and board don't fully understand and support the framework, it will be hard to undertake effective outreach and alliance building with others.

Internal screenings followed by discussion allow organizations to:

- Build a shared language and understanding of the social determinants of health equity, including the historical forces of racism and segregation, among all staff, leadership and (if relevant) members
- Assess the organization's capacity
- Address the questions raised above regarding the relevance of health equity to current and future work.
- Develop structures that will allow the organization to operationalize its commitment to health equity

Consider different and novel ways to integrate screenings into your organizational development programs: Include the series in new hire / membership orientation. Provide continuing education credits for attending screenings and discussions. License closed-network streaming rights that allow personnel to log in and view episodes on-line on their own schedules.

The *Unnatural Causes* Action Toolkit, Discussion Guide and other materials available at www.unnaturalcauses.org contain ideas for planning and structuring internal dialogs.

3. Plan. Take the time to develop your goals and strategy.

Unnatural Causes is only a tool. A film screening, no matter how compelling, is but a gesture towards social change unless paired with the hard work of a thoughtful and self-critical group dialog, consideration of next steps, and organizing for action.

When planning a screening, discuss and articulate with your team:

- What are your goals?
- What pre and post-viewing discussions and activities will best contextualize the screening?
- What preconceptions, default understandings, and resistances do you anticipate the group will bring to the screening?
- What "next steps" do you hope to see emerge from your event?

Whether working internally or externally, your screening will be more effective if your organization invests time and resources into planning how the event fits into your larger strategies.

For guidelines on event planning, see the Action Toolkit at www.unnaturalcauses.org or *Promoting Health Equity*, from the Centers for Disease Control, at http://www.cdc.gov/nccdphp/dach/chaps/pdf/SDOHworkbook.pdf.

4. Three guidelines to turn screenings into steps to future engagement, rather than one-time events

4.1 Be ready to redirect discussion from unequal outcomes (or biomedical and behavioral explanations for them) back to inequities in the policies, systems, and power relationships that generate *unequal outcomes.*

Many people who identify as progressives view unequal outcomes as self-evident indications of injustice. But for most Americans, unequal outcomes merely reinforce their normative understandings of a hierarchical world: If some groups have worse health than others, it's the result of unhealthy choices, lack of will-power, or just bad luck (or genes). Unequal outcomes may be unfortunate, but they are not necessarily unfair or unjust.

It is helpful, therefore, to keep the discussion focused not on unequal health outcomes themselves, but on the underlying inequities that generate those outcomes, what Michael Marmot calls, "the cause of the causes." Not only are the choices people make constrained by the choices people have, exposures to many health threats (and promoters) have nothing to do with individual choices whatsoever. Health inequities refer to those unequal outcomes that are systemic, socially produced, and avoidable and thus inherently unfair. And, by implication, *changeable*.

Find resources for facilitating these discussions (such as 10 Things to Know about Health, the Discussion Guide, and Handouts) at www.unnaturalcauses.org.

4.2 Help audiences appreciate how these issues affect them.

When possible, provide local data and examples that link health outcomes to social determinants. Demonstrate the *patterning* of health outcomes in your community according to the distribution of health-producing resources along class and racial lines. Use data, maps, and examples when possible.

- Link the ways class and racism (not race) operate in *your* community to shape exposure to health promoters – or health threats – and affect levels of chronic stress.
- Identify inequities in other non-health arenas (access to pre-school and good schools, high reward / high control jobs, quality affordable housing, paid vacations, affordable nutritious food, etc.) that drive health inequities in your community.
- Communicate possibility, how actions large and small can advance policies that decrease inequality, decommodify access to health-promoting resources, and deepen democracy by empowering communities and excluded voices.

Collecting and comparing community indicator data on health promoters and health threats neighborhood-by-neighborhood (e.g., access to liquor stores vs. supermarkets or green space vs. brown lots) can be an informative, engaging, and alliance-building group activity.

For examples of how to conduct an informal community health indicators assessment, see the "Place Matters" lesson plan and the report of the Community Health Councils of South Los Angeles at www.unnaturalcauses.org.

4.3 Provide specific opportunities for audiences and participants to become involved. Communicate possibility.

Leaving action ideas and follow-up suggestions "up to the community" sounds democratic but can be a non-starter. Audience members want to know that something can be done. Otherwise, momentum can be lost and the screening may simply become a one-off thought exercise.

Provide examples of actions, policies and initiatives (existing or proposed) that can advance health equity, invite dialogue and feedback, and use the screening as an opportunity to build towards further engagement.

See the *Unnatural Causes* Action Toolkit, Policy Guide, Inspiring Stories, the CDC's *Promoting Health Equity*, the Prevention Institute's Thrive Tool, The Praxis Project's *Public Policy is Not Out of Reach,* and other action ideas listed on or linked from www.unnaturalcauses.org.

Consider providing immediate, mid-term, and long-term goals and actions when offering audience members ways to get involved:

The immediate short-action item can be done by anyone in the audience that very day, such as:

- subscribe to the *Unnatural Causes* eNewsletter;
- commit to join a follow up conversation or committee;
- identify a list of potential allies, health equity champions, and local initiatives that can improve health equity;
- define how your organization's own work impacts health equity;
- identify other venues where the series should be screened;
- post on your blog or comment on other blogs;
- share video clips, handouts, and fact sheets from the unnaturalcauses.org web site via Facebook or other social sharing sites;
- write a letter to a government official or the newspaper drawing attention to local health inequities.

The mid-term action item will require a bit more time commitment, such as:

- host an internal screening;
- join an existing health equity coalition;
- support local organizing efforts around racial and economic justice issues that can improve population health (housing, land use, living wage, tax and spending, education, etc.);
- reach out to bloggers and web sites;
- engage non-traditional partners
- conduct a community health indicators survey;
- compile evidence for how the organization's work promotes health equity;
- write and release a brief or report.

The long-term action item demands deeper level of engagement, such as:

- initiate internal dialogues to define what a health equity framework means for your organization and develop an action plan;

- build a cross-sectoral health equity coalition to develop a health equity policy agenda;
- pressure local government to adopt an ordinance requiring that legislation and public and private development initiatives be assessed by their impact on health equity;
- develop and promote regular use of health impact assessments;
- ensure that the municipal or county "strategic plan" targets health inequities.

5. Reach out to other sectors; don't expect them to come to you.

Unnatural Causes has proven itself an effective tool for injecting consideration of health consequences into many "non-health" arenas. Some organizations – such as Black Women's Agenda and the SEIU – have adopted and promoted use of the series specifically because it adds a health lens to their existing work, be it racism or labor rights. In Minnesota, 15 cross-sectoral partnerships for healthy and sustainable communities have been organized with significant interfaith and labor involvement. New Mexico now has a statewide health equity coalition whose members regularly provide public commentary on the health effects of public policy.

Still, most "non-health" organizations aren't accustomed to seeing their work as health work and may need an extra push to get them to the table (or screening) in the first place.

Identify and contact your counterparts in other organizations and offer to host screenings and discussions with them to help everyone understand how "their" issue (housing, living wage jobs, schools, etc.) is a health equity issue. Similarly, encourage government officials to reach across agencies and departments (housing, commerce, appropriations, etc.) and invite them to co-sponsor internal and inter-agency events and dialogs. Some public health departments, foundations, government agencies, businesses, civic organizations, even school districts are distributing DVDs to chapters, partners, grantees, and board members to further understanding and support for health equity.

6. Document and publicize your events, outcomes, and follow-up activities widely.

Reach a broader public through your web site and blogs, listservs, newsletters, Facebook page, and other venues. Invite others to comment or post their own impressions, suggestions, and ideas for new audiences.

Organizations are using *Unnatural Causes* in many different ways, and one of their best sources of inspiration, lessons, and guidance is each other. Send a note about what actions you have taken and lessons you have learned to health@unnaturalcauses.org, so that we may post it on the Inspiring Stories page, www.unnaturalcauses.org/inspiring_stories.php.

7. Engage and educate the press.

Invite journalists and bloggers to learn how inequities in your community can become embedded in the body to affect health, and alert them to initiatives that could reverse those inequities. Many organizations have received local TV, radio, and print coverage of their events, raising their profile and triggering larger discussions about the issues.

Identify and cultivate relationships with individual health policy reporters. Tell them about your work. But also reach out to "metro" journalists, local columnists, talk show hosts, and producers and talk to them about how specific social and economic policies – the location of a park or diesel depot, the opening of a supermarket or fast food joint, a new "redevelopment" project or the outsourcing of a business – is helping or hindering your community's chances for health. Provide them with local data, maps, and figures that tie differential population health outcomes to inequities in other arenas. Draw attention to initiatives that can make a difference.

How does one advance "health in all policies"? How can local, state, and national public policy action in support of health equity be brought about? What is the legislative agenda? What are the policy and program levers? What does this imply for organizations' own strategies and structures? How do engaged groups communicate with each other and so avoid having to climb the same learning curve over and over again? How do we build a comprehensive and sustained focus? Can this work be brought together under one health equity national strategy, umbrella, or coalition? Should it?

These larger questions are beyond the scope of this report, of course, but we hope that the preceding recommendations help spur the discussion, debate, and alliance-building that we all must undertake to answer them.

The challenges to achieving health equity are daunting, no doubt. But unlike when we first began production on *Unnatural Causes* three years ago, understanding is growing, initiatives are flowering, and there is an eagerness among many to move into policy. Let us savor our victories, learn from our missteps, communicate a vision of a healthy society, and keep moving forward.