

Update Memo: The State of the Health Equity Movement

A DRA Project "State of the Health Equity Movement" Memo 09-02

August 17, 2009 Draft

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The Disparity Reducing Advances Project ([the DRA Project](#)) is a multi-year, multi-stakeholder project developed by the Institute for Alternative Futures (IAF) to identify the most promising advances for bringing health gains to the poor and underserved and accelerating the development and deployment of these advances in order 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 DRA Project has contributed to and facilitated many initiatives that address health disparities and increase awareness regarding health equity, including creating [reports](#), facilitating workshops, and hosting [foresight briefings](#). As part of our commitment, the DRA Project is trying to identify the actions that the government and non-profit organizations are currently taking to address health disparities and achieve health equity.

The purpose of this memo is to serve as a resource on the state of the health equity movement by compiling information on activities and reports around the U.S. This memo consists of a list of basic information about organizations and conferences working towards health equity. This memo is divided into 3 sections:

1. State and Local Initiatives that Address Health Equity (11)
2. Recent Conferences and Events (42)
3. Publications (7)

This memo should be used as a way to quickly learn about the current happenings in the health equity movement, and all of the information provided is hyperlinked to provide more information regarding the organizations, conferences, and publications noted. A companion memo, which focuses on recommendations made from several activities noted here as well as recommendations from other health equity focused efforts, may be found at the DRA Project website [here](#).

All of the health equity activities included in the memo have focused on the social determinants of health. The significant impact that the social determinants of health have upon individuals as well as the health of communities has been thoroughly documented across several scientific disciplines. In response to these advances in the field of health disparities public health departments, non-profit organizations and community health officials have increasingly emphasized health equity over health disparities.

To bring light to the issue of health equity, numerous conferences, reports, and initiatives have taken place at varying scales within the past few years. The increasing frequency with which such conferences reports, and initiatives are occurring give an indication that the health movement is gaining momentum. Of the forty-two health equity conferences listed, thirty-six are occurring or have occurred in 2009. The remainder of 2009 is a key period in gaining momentum for the health equity movement as there are twelve health equity conferences and events that have yet to take place.

"The challenge is not only to anticipate the future, but to create it."

The DRA Project - Institute for Alternative Futures

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Five key themes have emerged across these 60 various health equity activities:

- 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 across all sectors
- the need for coordinating and utilizing research and outcome evaluations more effectively

Many of these activities have also considered equity in health care as well as focusing on the social determinants of health. Recurring themes for health care equity included the need for culturally appropriate care and optimizing minority health care delivery through evidence based practices

While health equity and the social determinants of health have had an increasing presence in national discourse, long-term and wide-scale commitments to making improvements in health equity have yet to be seen. The coming months will be influential in determining the course of the health equity movement with such decisive factors such as proposed health reform, growing recognition outside of academic circles of the key role that inequities play in shaping health and well being (as reflected by the activities identified in this memo), and large state budget deficits across the nation. State budget cuts across the nation have significantly affected funding for key public health programs. According to the Center on Budget and Policy Priorities, more than 75% of states have made funding cuts that severely reduce necessary health services. The Center reports that at least twenty-one states have enacted cuts that restrict low-income children's and families' eligibility for health insurance and reduce their access to health care services. At a time when need for services to vulnerable populations have increased in some instances, curtailing funds for programs that provide such services would potentially increase the magnitude of health inequities.

The significance of the health inequities and the social determinants of health has been popularized and widely disseminated by the documentary, *Unnatural Causes*. *UNNATURAL CAUSES: Is Inequality Making Us Sick?* is a four-hour documentary series broadcasted by PBS that originally premiered March 27, 2008. *Unnatural Causes* explores research from a wide variety of disciplines and examines the profound role social determinants have in creating health inequities. Produced by California Newsreel and Vital Pictures, the documentary has received considerable attention since its original broadcast as well as receiving several awards including the 2009 Alfred I. DuPont-Columbia Award and the 2009 Radio & Television Journalism Award. *Unnatural Causes* has been critical in garnering attention to the importance of the social determinants of health and health equity. The documentary's accessibility has allowed it to be a key tool in public education and mobilization efforts around health equity as evidenced by the numerous screenings of the film hosted by community groups, public health departments, and other interested organizations. The film has been used so frequently that according to the official website, "When the film was first released, we made efforts to track screenings as they occurred around the country. As more and more groups and organizations have adopted *UNNATURAL CAUSES* as a tool for their own work, tracking has become impossible." The documentary will be rebroadcasted on PBS in October 2009. For more information on the documentary as well as Connect Up! (a directory of organizations committed to health equity) please visit [the UNNATURAL CAUSES website](#).

Please note that all of the information in this document has been taken directly from the internet accessible sources which are hyperlinked next to the information provided. This information is not exhaustive, and if you have information to add, please email jhaasenner@altfutures.com – as this resource will be updated.

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State and Local Initiatives that Address Health Equity

Currently, state and local entities are designing plans that address health equity in specific areas. Some states have specifically created an Office of Health Equity within their Department of Minority Health while others states are lagging behind in addressing this issue. Some local governments have also recently implemented Health Equity Initiatives to advocate for health equity. As this issue receives more publicity, it will be interesting to identify which offices and initiatives are most effective at eliminating health inequities.

Resources

ASTHO 2008 Snapshots: State Activities to Promote Health Equity

In 2007, the Association of State and Territorial Health Officials (ASTHO), a non-profit membership association, with the support of the Department of Health and Human Services' Office of Minority Health launched a survey from which they developed *ASTHO 2008 Snapshots: State Activities to Promote Health Equity*. Each snapshot reports the following in relation to state 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

All of the information is very informative to explain exactly what has happened in each state in regards to health equity. To view more information about the survey as well as viewing each state snapshot (of those who participated), please visit: [here](#).

NCSL: State Profiles: Minority Health and Health Offices.

Similarly, the National Conference for State Legislatures (NCSL) has posted the following to their website: *State Profiles: Minority Health and Health Offices*. This chart lists out legislation and offices regarding minority health by state, and was last updated February 2009. According to the information posted by the [NCSL](#) (2009):

40 states have offices of minority health. 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 either executive or legislative action. 4 states have designated minority health contacts but do not have an official office or commission. 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 disparity in hopes to put a more positive spin on addressing health care, as a

result 6 states have created a health equity office or initiative which involves eliminating racial and ethnic disparities in health.

NCSL has also posted a color coded state map which highlights *Statewide Plans to Reduce Health Disparities*. According to this information ([2009](#)):

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*, please visit [here](#).

To view the map on *Statewide Plans to Reduce Health Disparities*, please visit [here](#).

Health Equity at the State Level

The Connecticut Commission on Health Equity

- This commission was created in 2008 by the State of Connecticut through [Public Act No. 08-171](#), and the chairman of the Commission is James Rawlings.
- Mission: To eliminate disparities in health status based on race, ethnicity, national origin, and linguistic ability; and to improve the quality of health for all of the state's residents.
- The Commission will report its findings to the General Assembly and the Governor no later than June 1st 2010.
- The Commission had a planning meeting on [March 17th, 2009](#) to define its first-term priorities and form work groups.
 - Priorities:
 1. Collect and analyze data relevant to the mission of the Commission -- including on metrics, best practice, and promising models/initiatives -- to inform its arguments, recommendations, and call for action.
 2. Monitor, review, analyze, and comment on the impact of current or proposed legislation and policies on the Commission's mission: i.e., on eliminating health disparities and improving the quality of health for all of the state's residents.
 3. Build public voice, public involvement, and public support for the Commission's work: by connecting with and convening populations experiencing health disparities, as well as by holding convenings of the diverse general public -- to listen and learn from these residents of Connecticut, and to share and get feedback on the Commission's work.
- Another planning meeting was scheduled for June 16th; however a summary is not yet posted.
- Resource: [The 2009 Connecticut Health Disparities Report](#)
- To find out more about the Commission, including viewing meeting summaries, please visit [here](#).

Georgia Health Equity Initiative

- The Georgia Health Equity Initiative is a comprehensive long-term effort aimed at reducing racial/ethnic inequalities in health care across the state.
- The Initiative has three phases:
 - Phase 1: Release of the [Health Disparities Report 2008: A County-Level Look at Health Outcomes for Minorities in Georgia](#)
 - Phase 2: A statewide series of “Community Conversations” (town hall meetings) to discuss the report findings and engage the public for feedback
 - Phase 3: The Georgia Health Equity Grant Program
- For more information, click [here](#).

Hawaii Office of Health Equity

- 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 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
- To learn more about the Hawaii Office of Health Equity, please visit [here](#).

KDHE (Kansas Department of Health and the Environment) Center for Health Disparities

- Mission: To promote and improve the health status of racial, ethnic and tribal populations in Kansas by advocating for and coordinating access to primary and preventive services that are effective, efficient and culturally and linguistically competent.
- Guiding Principles:
 - Public health advocacy for health equity.
 - Capacity building to provide cultural and linguistically appropriate services in all areas of public health.

- Promotion of health awareness, prevention initiatives and access to quality healthcare.
- Creating linkages and establishing networks through collaboration among Local, State, Federal and National entities.
- Providing technical assistance to existing agencies/organizations that provide services to racial/ethnic and tribal consumers in the utilization of data to develop targeted, culturally specific programs and/or services.
- Resource identification and development.
- Monitoring of health status of racial, ethnic and tribal populations through data collection, analysis and dissemination.
- Social Marketing through media and awareness campaigns to improve public awareness about health disparities.
- Policy Leadership to advocate for changes in policy, practices and programs.
- Advocate for the utilization of CLAS (Culturally and Linguistically Appropriate Services) in all areas of service delivery.
- Resource: [KDHE Center for Health Disparities Strategic Plan \(2007\)](#)
- To view information about the Center, please visit [here](#).
- To view the Center's website, please visit: [here](#).

Massachusetts Office of Health Equity

- **About:** The Massachusetts Office of Health Equity promotes the health and well being of racial, ethnic and linguistic minority populations throughout the Commonwealth by increasing the Department of Public Health's capacity to respond effectively to the critical public health needs of these communities.
- The office has priorities in the following areas:
 - 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.
- To learn more about the Massachusetts Office of Health Equity, please visit [here](#).

Office of Healthy Ohio (Ohio Department of Health)

- **Envisioned Future State of Ohio:** Ohioans are achieving and maintaining optimal health through personal wellness management and a health care delivery system that focuses on the promotion of health and the prevention of disease. At each stage of life, every Ohioan has access to timely, patient-centered and efficient physical and behavioral

health care choices. All Ohioans have access to primary and preventive services as well as education and opportunities for healthy lifestyles, and the incidence of preventable diseases are at the lowest levels in the nation across all population groups. Services and care are coordinated through widespread use of health information technology, thereby improving health outcomes and delivering effective, efficient and culturally competent health care.

- The office has three main components:
 - Health Equity
 - Prevention
 - Healthy Lifestyles
- To learn more about this office, please visit [here](#).

Oklahoma Health Equity and Resource Opportunities (HERO)

(Created within the Community Development Service of the Oklahoma State Department of Health)

- **About:** Health Equity and Resource Opportunities (HERO) was created within the Community Development Service to address inequities that are a result of social determinants of health. HERO will promote active and full community involvement and build and strengthen relationships among faith-based organizations, culturally based organizations, social service organizations, businesses, community non-profit organizations, tribal governments, community health boards, community clinics and other health care providers, and the Oklahoma State Department of Health. HERO will provide the opportunity for these groups to build on the strengths, assets, and resources of a community, and work toward reducing the health inequities of underserved populations in Oklahoma.
- Specific areas to be addressed may include: socioeconomic status; transportation, housing; access to health services; education and after school services; and social or environmental stressors.
- For more information about HERO, please visit [here](#).

Office of Minority Health & Health Equity (Nebraska Department of Health and Human Services)

- **Mission:** Equalizing health outcomes and eliminating health disparities. The Nebraska Office of Minority Health is dedicated to improving the health status of racial/ethnic minorities, Native Americans, refugees, and newly-arrived immigrant groups in Nebraska.
- **Goals:**
 - Become the centralized source for information relevant to the health of minorities in Nebraska.
 - Provide strong and effective leadership in advocating for policies and programs to ensure access of racial/ethnic minorities to comprehensive health services in Nebraska.
 - Become the leading source of information, advocacy and training for cultural competency in the Nebraska health care system.
 - Enhance Nebraska's Public Health infrastructure to better meet the health needs of racial/ethnic minorities.

- Resource: [Equalizing Health Outcomes & Eliminating Health Disparities: Strategic Plan of the Nebraska Office of Minority Health \(2006\)](#)
- To learn more about this Office, please visit [here](#).

Office of Health Equity (Pennsylvania Department of Health)

- The Office of Health Equity in Pennsylvania was created through Executive Order.
- About: The Office of Health Equity is a new office within the Bureau of Health Planning in the Pennsylvania Department of Health that will take a systematic approach to eliminate health disparities. Through continued collaboration and coordination with academic institutions, community-based organizations, state agencies and others in public and private sectors, OHE will work with policy makers, insurers, health care providers and communities to implement policies and programs that result in a measurable and sustained improvement in the health status of underserved and disparate populations.
- To learn more about this Office, please visit: [PA Office of Health Equity](#)

Office of Minority Health and Public Health Policy (Virginia Department of Health)

- Mission: To identify health inequities, assess their root causes, and address them by promoting social justice, influencing policy, establishing partnerships, providing resources and educating the public.
- Director: Michael O. Royster, MD, MPH
- The office has 3 divisions:
 - Division of Health Equity
 - Division of Primary Care and Rural Health
 - Data and Policy – Analysis and Research
- Resource: [Unequal Health Across the Common Wealth: A Snapshot](#)
- To learn more about this office, please visit: [Office of Minority Health & Public Health Policy](#)

Health Equity at the Local Level

Health Equity Initiative (City of Berkeley Public Health Division)

- About: Berkeley is just like everywhere else in the country with respect to health inequities. The color of your skin, your home address and your income are very good predictors of whether you will have a low birth-weight baby, die from heart disease or stroke, graduate from high school, own a home, or end up in jail. The Public Health Division works to promote health equity in Berkeley.
- Resource: [City of Berkeley Health Status Report, 2007](#)
- To learn more about this initiative, please visit: [Health Equity Initiative](#)

The Center for Health Equity (Louisville Metro Department of Public Health and Wellness)

- Mission: The Center for Health Equity works to eliminate social and economic barriers to good health, reshape the public health landscape, and serve as a catalyst for

collaboration between communities, organizations and government entities through capacity building, policy change and evidenced-based initiatives.

- About: The Center for Health Equity works to address the root causes of health disparities by supporting projects, policies and research working to change the correlation between health and longevity and socioeconomic status. Further we recognize research that supports the fact that people of color face an additional burden. Solutions lie not in more pills or better genes, but in better social policies.
- Resource: [External Factors vs. Right Choices: Findings from Cognitive Elicitations and Media Analysis on Health Disparities and Inequalities in Louisville Kentucky \(May 2007\)](#)
- For more information on this Center, please visit: [Center for Health Equity](#)

Milwaukee Center for Health Equity

- 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.
- To learn more about this center including their model for change and strategies for health equity, please visit [here](#).
- To visit their website, please go to: [Milwaukee Center for Health Equity](#)

Alameda County Public Health Department

- The Alameda County Public Health Department has done a substantial amount of work in with social and health equity. They are one of 8 health departments that have collaborated in the Bay Area Regional Health Inequities Initiative to create a [framework for understanding health inequities](#). In addition they have come up with a long-term strategic plan to address health inequities (please see <http://www.acphd.org/healthequity/strategic/index.htm>).
- To find out more about what Alameda County Public Health Department is doing to address health equity, please visit [here](#).

Dayton Council on Health Equity

- About: The Dayton Council on Health Equity is located at Public Health – Dayton & Montgomery County and it is Dayton & Montgomery County’s local office on minority health.
- The Dayton Council on Health Equity will provide a dynamic environment for individuals and organizations to come together to examine the factors contributing to poorer health conditions and loss of life at earlier ages.
- To view more information on the Council: [Dayton Council on Health Equity](#).

Bay Area Regional Health Inequities Initiative

- Mission: To transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.
- About: The Bay Area Regional Health Inequities Initiative (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, health

- officers, senior managers and staff from Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Solano counties, and the City of Berkeley.
- To carry out its mission, BARHII has organized its work into a Practice Committee and Internal Capacity Committee.
 - The *Practice Committee* is where health department staff re-examine the work they do with communities and other partners to change conditions that contribute to health inequities. The Practice Committee is divided into work groups that focus on Communities, the Built Environment and Schools. A media advocacy component is infused throughout the work groups in order to develop better communications strategies. In addition, a Data Work Group is focused on developing the epidemiological capacity to support this expanded practice.
 - The *Internal Capacity Committee* is developing trainings, peer consultations and assessment tools to help change the organization and culture of health departments to make work on health inequities central to their missions.
 - Resource: [Health Inequities in the Bay Area \(2008\)](#)
 - To read more about BARHII, please visit: [here](#).

Center for Health Equity and Social Justice (Boston Public Health Commission)

- About: The Center combines two Commission offices to expand efforts to eliminate racial and ethnic health disparities: the Office of Health Equity (formerly the Disparities Project) and the REACH US Center of Excellence in the Elimination of Disparities (REACH US CEED)
- To find out more about the center, please visit: [Center for Health Equity and Social Justice](#)

Health Equity Initiative (Multnomah County)

- Multnomah County is committed to improving health for all Multnomah County residents by addressing the social conditions in which people live and work. Launched in June 2007, the Health Equity Initiative is a county-wide effort focusing on health inequities, headed by Multnomah County Chair Ted Wheeler and Multnomah County Health Department. It also collaborates with local organizations to support policy change and monitor results. The initial work will be completed in June 2009.
- Goals:
 - To create a common understanding of the causes of and solutions to health inequities, with a focus on justice and equity.
 - To raise the visibility of current disparities elimination efforts of community-based organizations and county departments.
 - To explore and advance policy solutions to address health inequities.
- Resource: [Multnomah County Health Equity initiative 2009](#)
- To find out more about this initiative, please visit [here](#).

Health Equity Initiative at San Francisco State University¹

- Mission: The Health Equity Initiative (HEI) creates opportunities for the multi-disciplinary SF State faculty, staff, and students to converge and be supported as thought-leaders, problem-finders, and problem-solvers to ensure the health of local communities and global societies.
- About: The Initiative organizes faculty efforts across Institutes and Colleges to conduct research that is socially engaged, sensitive to the social contexts and subjective experiences of disenfranchised communities, involving participatory and action-oriented methodologies, with the clear aim of informing teaching, policy and practices that will ultimately impact health equity.
- To learn more about this initiative, including services and current projects please visit: [Health Equity Initiative](#)

Regional Health Equity Networks

California Pan-Ethnic Health Network (CPEHN)

- 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.
- About: The California Pan-Ethnic Health Network (CPEHN) works to ensure that all Californians have access to quality health care and can live healthy lives. As the country becomes increasingly diverse, CPEHN's multicultural perspective is more and more critical. We gather the strength of communities of color to build a united and powerful voice in health advocacy. Together, we're working to evolve health care from a one-size-fits-all approach to a system that works for people from all cultural and ethnic backgrounds.
- Resources:
 - [The Landscape of Opportunity: Cultivating Health Equity in California](#) is a brief that introduces a framework for health equity, and amasses data regarding the impact of socioeconomic, environmental, and social factors, and their impact on the health of the people living in California. The brief ends with policy recommendations. CPEHN also has a tool on their website to accompany this brief – an interactive map that lets the user see demographics distributed by race coupled with socioeconomic, environmental, and social factors anywhere in California. To view this interactive map, click [here](#).
- To learn more about CPEHN, please click [here](#).

New England Partnership for Health Equity

- About: 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, the Office for Health Equity and the

¹ Please note that this is an academically based health equity initiative.

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 change.
- Goals: For grantees partner agencies to,
 1. Become catalysts for change;
 2. Create institutional and community changes in policies, programs, and practices;
 3. Create and build sustainable equity work; and
 4. Have equity work rooted in community.
- To learn more about the New England Partnership for Health Equity, please visit: [here](#).

Recent Conferences

Kansas Department of Health and Environment (KDHE) Center for Health Disparities, [Healthy Cultures-Healthy Kansas: Moving Forward](#)

- March 31-April 1, 2008 in Topeka, Kansas
- Keynote Address: Dr. Jose Reyes, Cultural Competency Consulting
- For more information including agenda and exhibitors, please visit: [here](#).

Policy Link, [Regional Equity 08: Third National Summit on Equitable Development, Social Justice, and Smart Growth](#)

- March 5-7 2008 in New Orleans, Louisiana
- About: Nearly 2,000 people participated, and the event was marked by insightful conversation around economic and social equity issues facing our nation, and characterized by a determination to build a movement for change that would make all communities across the nation communities of opportunity for everyone.
- The following topics that were specific to health equity included:
 - Health, Place and Equity
 - Land Use and Public Health
 - Local Access to Healthy Food
 - Ending Obesity through Collaboration
- To learn more about this event, including speakers, presentations, and sponsors, click [here](#).

The Academy for Health Equity, [Building Capacity to Eliminate Health Disparities: the Founding Meeting for the Academy for Health Equity](#)

- June 26-27, 2008 in Denver Colorado
- Keynote Theme: The Health Equity Blueprint
- Approximately 250 people attended to discuss the academy's mission to create "a social movement designed to ensure equal opportunity for health." According to the University of Pittsburgh's Institute of Politics [Health Disparities in America: Challenge](#)

[and Opportunity Status Report](#), the Academy for Health Equity has filled the gap for a "national nonprofit standard-bearer" in the field of health disparities.

- To view more information about the conference, including an agenda and list of participants, please visit [here](#).

California Pan-Ethnic Health Network, [Planning for Healthy Communities: Advocating for Equity in Planning Decisions \(Workshop Series\)](#)

- [October 23, 2008](#) in Fresno, California; [October 30, 2008](#) in San Diego, California; [November 6, 2008](#) in Oakland, California; [November 18, 2008](#) in Los Angeles, California; and [February 11, 2009](#) in Sacramento, California
- **About:** CPEHN's fall convening series focuses on the impact of economic development, the general plan, and zoning regulations on community health, and how you can get involved. From increasing access to healthy foods and opportunities for physical activity to improving air and water quality, learn how to apply these strategies to create healthier environments.
- For more information and to view presentations and handouts, click [here](#).

The DRA Project in Conjunction with the Congressional Hispanic Congress, [Foresight Briefing – The Health Disparities Collaboratives: Enhancing Quality and Reducing Disparities](#)

- [November 24, 2008](#) in Washington D.C.
- More than 100 Congressional staff, NGO representatives and academics attended the standing room only event.
- For more information and to view speaker's handouts and presentations, please visit: [DRA Project](#)

National Center on Minority Health and Health Disparities, National Institutes of Health, [NIH Summit: The Science of Eliminating Health Disparities](#)

- [December 16-18, 2008](#) in National Harbor, Maryland
- There were more than 4,000 scientists, practitioners, and community members in attendance.
- More information about the summit may be found [here](#).

Health Trust, [Health Equity Summit](#)

- [February 4, 2009](#) in Silicon Valley, California
- Health Trust was founded as nonprofit community benefit foundation
- Over 300 community members attended the summit, and by the end of the day, conference attendees had augmented their increased knowledge with a pledge to advocate on behalf of institutional and policy solutions.
- Sponsored by El Camino Hospital
- Keynote speakers included Dr. Julie Gerberding, former director of the U.S. CDC.
- For more information about this conference, including viewing the speakers presentations, click [here](#).

Alliance for Health Reform, Community Health Centers: Their Post-Stimulus Role Briefing

- February 23, 2009 in Washington DC
- **About:** The Alliance for Health Reform, the United Health Foundation, and the National Association of Community Health Centers sponsored the briefing discussing community health centers key role in the United States health care system as well as reexamining its challenges ahead in light the \$2 billion included in the stimulus package for health center infrastructure. Speakers at the event included: Paloma Hernandez, Urban Health Plan, The Bronx, NY; Allison Coleman, Capital Link; Jim MacRae, HRSA; and Sara Rosenbaum, George Washington University. Ed Howard of the Alliance and Reed Tuckson of UnitedHealth Group co-moderated.
- For more information, including a transcript and webcast of the event please visit [here](#).

The Disparity Reducing Advances Project, February 2009 Foresight Briefing – Health Equity: Focusing on Health in All Policies

- February 25, 2009 in Washington D.C.
- The foresight briefing will address health equity and the social determinants of health
- **Presenters included:**
 - Larry Cohen, MSW, Executive Director, Prevention Institute
 - Congresswoman Donna M. Christensen
 - David R. Williams, PhD, Professor of Public Health, Harvard School of Public Health
 - Dolores Acevedo-Garcia, PhD, Associate Professor of Society, Human Development, and Health at Harvard School of Public Health
 - Brian Smedley, PhD, Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies
 - Clem Bezold, PhD, Chairman, Institute for Alternative Futures
- For more information regarding this briefing please visit [here](#)

U.S. Department of Health and Human Services, Office of Minority Health, National Partnership for Action (NPA), Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

- February 25 – 27, 2009 in National Harbor, Maryland
- Co-sponsored with the National Committee for Quality Assurance
- This summit was the culmination of the "regional conversations" that have been held over the past two years between all states and is a part of their effort to develop a common language from health disparity to health equity. The results of the summit will become a part of the National Blueprint for Change, and help guide OMH.
- To view summit information including exhibitors, sponsors, speakers and summit videos, please view [NPA Summit](#)

California Pan-Ethnic Health Network (CPEHN), [Legislative Briefing on Health Equity](#)

- March 20, 2009 in Sacramento, California
- **Hosts:** The California Medical Association Foundation, Network of Ethnic Physician Organizations, and the California Pan-Ethnic Health Network
- **About:** Presentations addressed the creation a comprehensive approach to health equity, including prevention, improving quality of care, and building our future health workforce.
- For more information about this event, click [here](#).

Columbia University's Health Disparities Conference, [Achieving Cultural Competence: Acquiring Requisite Knowledge, Attitudes, and Skills for an Evidence based Revolution Bringing Equity in Health to All](#)

- March 6-7, 2009 in New York, New York
- **About:** This conference provided an opportunity for varied professionals to gain exposure to evidence-based approaches to reducing/eliminating health disparities and moving society toward equity in health for all, in addition to state-of-the-art practices being utilized by practitioners.
- **Keynote Speakers included:**
 - Joseph R. Betancourt, MD, MPH, Director of The Disparities Solutions Center; Senior Scientist at MGH Institute for Health Policy; and Faculty, Department of Medicine, Harvard Medical School
 - William Miller, Ph.D., Department of Psychology at the University of New Mexico
 - Jeffrey Sachs, Ph.D., Director of The Earth Institute; Quetelet Professor of Sustainable Development; Professor of Health Policy and Management at Columbia University; and Special Advisor to United Nations Secretary General Ban Ki-moon on the Millennium Development Goals
- To learn more information about this conference, please click [here](#).

New England Health Equity Summit, [Health Equity: From Theory to Practice](#)

- April 2-3, 2009 in Boston, Massachusetts
- **Goal:** The goal of this Summit is rooted in on-the-ground and practice-based approaches to addressing the social determinants of health. Over the course of two days, participants worked together in plenary sessions, workshops, and cross team activities to share concrete examples of how institutions, residents, community-based agencies, and coalitions can strategize to create healthier communities through community, systems and policy level change.
- **Keynote Speaker:** May Louie, Director of Leadership and Capacity Building, Dudley Street Neighborhood Initiative (DSNI)
- To learn more about this Summit, including agenda and presentations, please view [here](#)

4th Annual KDHE Center for Health Disparities Conference, [Building Partnerships to Wellness](#)

- April 6-7, 2009 in Topeka, Kansas
- Conference Objectives:
 - Describe the complex social, behavioral and medical determinants of health which will enable participants to understand the impact of health and health care disparities within a population.
 - Discuss the statistics and epidemiology of health and healthcare disparities among racial, ethnic and tribal communities in Kansas.
 - Identify and clarify the role of the public health community in addressing health disparities.
 - Identify the importance of a multi-sectoral approach in addressing the impact of social determinants of health and the elimination of health and healthcare disparities.
 - Identify evidenced based prevention/intervention strategies and approaches that will result in systematic changes to the public health problem of health disparities.
 - Facilitate community based and public/private partnerships to improve the health and well being of our communities.
 - Explore multidimensional markets that impact community health, knowledge and economic development.
- To view a conference agenda, please visit: [here](#)

California Pan-Ethnic Health Network (CPEHN), [Unlocking the Playground: Achieving Equity in Physical Activities Spaces \(Workshop Series\)](#)

- April 9, 2009 in Fresno, California; April 21, 2009 in Oakland, California; April 28, 2009 in San Diego, California; May 4, 2009 in Los Angeles, California
- About: This workshop focused on the lack of safe spaces for our communities to be physically active, and what people across the state are doing on this important issue. Participants heard about the experiences of local advocates and school personnel in opening up school facilities to create environments that promote health.
- For more information about this workshop series, including viewing presentations and materials, click [here](#).

70th Annual Oklahoma Public Health Association Conference, [Health Equity for All Oklahomans](#)

- April 9-10, 2009 in Oklahoma City, Oklahoma
- Purpose and Outcome: This conference emphasized health equity and started a dialogue about how health and well-being are not matters of just making good choices and having access to quality care; rather health outcomes are inextricably linked to the social conditions that surround and shape our lives. Presentations from nationally recognized experts assisted in facilitating a dialogue around new innovations and multifaceted approaches to health equity. We linked our health discussions to social and economic policies (e.g., housing, racism, education, jobs and livable wages, community development, social supports and tax policy, etc.) and how these policies impact Oklahomans' health. OPHA is dedicated to advocating for more health promoting measures.

Update on the State of Health Equity Movement, August 2009

- Attendance included nearly 700 members
- To view highlights and presentations of this conference, please visit: [OPHA Conference](#)

2009 CBC (Congressional Black Caucus) Spring Health Braintrust and National Minority Quality Forum, Sixth Annual Health Disparities Leadership Summit & Awards Dinner

- April 27-28, 2009 in Washington, DC
- Speakers included:
 - Mohammad N. Akhter, MD, MPH, Executive Director of the National Medical Association
 - Congressman Roy Blunt, R-Missouri, US House of Representatives
 - Carolyn M. Clancy, MD, Director, Agency for Healthcare Research and Quality
 - Dr. Clem Bezold, Chairman, Institute for Alternative Futures
 - Thomas R. Insel, MD, Director of National Institute of Mental Health, NIH
 - William Lucas, Vice President, Government Affairs/Diversity Programs, Pharmaceutical Research and Manufacturers of America
- Sessions included:
 - Comparative effectiveness: closing the disparity gap
 - Evidence based solutions to eliminating CVD disparities
 - Diabetes in Medicare
- For more information about the Forum and Awards, including speakers, presentations, and an agenda, please visit [here](#).

The Public Health Museum in Massachusetts and Tewksbury Hospital, Health Equity and the Future of Public Health

- May 6, 2009 in Tewksbury, Massachusetts
- For: physicians, nurses, health professionals, social workers, legislators, and community leaders interested in reducing health disparities
- Conference Objectives:
 - Participants were able to describe the history of health disparities in the United States, especially as it pertains to African-Americans and other minority groups.
 - Participants were able to list examples of disparities in health status, healthcare access and outcomes.
 - Participants were able to explain current efforts to address health disparities and how these can be incorporated in their practice.
 - Participants were able to describe other proposals to address health disparities and how these will impact their practice.
- To view more information about this event, please visit [here](#).

University of Washington, Place, Health and Equity: Conference and Book Project

- May 7-8, 2009 in Seattle, Washington
- Background and Aims: The Place, Health and Equity Conference brought together an interdisciplinary group of scholars at the cutting edge of research and scholarship on the intersections of place, racial and social inequity, and human well-being. Surging interest in place as a social context that is deeply connected to larger patterns of social

advantage and disadvantage calls for multifaceted conceptions of place as well as methods that can flexibly encompass geographic location, material form, the meaning-making of diverse groups, and the dynamics of rapidly changing rural and urban environments. The conference aimed to move the study of place forward by focusing lively interdisciplinary attention on new conceptual and methodological directions.

- This conference was divided into two sections: public presentations in the morning and closed working sessions in the afternoon. The closed sessions were meant for the scholars to develop recommendations for future research that would serve as ground work for a book.
- To find out more about this conference including the agenda, sponsors, funders, and brochure, please visit [here](#).
- To view a news article regarding this conference, please view [here](#).

Alliance for Health Reform, [Getting Healthy: Looking Beyond Health Care Hill Briefing](#)

- May 15, 2009 in Washington DC
- About: The Alliance for Health Reform and the Robert Wood Johnson Foundation sponsored a briefing to discuss recommendations for building healthier communities. Speakers at the event included former Senator Bill Frist of Vanderbilt University, a member of the commission; Paula Braveman of the University of California at San Francisco, principal researcher for the commission's work; and David Williams of the Harvard School of Public Health and staff director of the commission. Moderating were Robin Mockenhaupt of the Robert Wood Johnson Foundation and Ed Howard of the Alliance.
- For more information, including the transcript, webcast, and speaker presentations please visit [here](#).

Asian American Health Conference 2009, [A Time for Change: Transforming Opportunities into Actions](#)

- May 20, 2009 in Gaithersburg, Maryland
- This conference served as a follow up the 2008 semiannual report, *Asian American Health Priorities: Strengths, Needs and Opportunities for Action*
- The conference objectives were:
 - Unveil the findings from 2008 AAHI Needs Assessment Report
 - Understand the dimensions of Asian American Health Disparities
 - Highlight best practice models
 - Identify barriers to health parity
 - Foster opportunities for networking
- It was recommended that the following should attend: community health advocates, community health educators, community leaders and partners, grant makers, health professionals, medical care providers, policy makers, and researchers
- Keynote Speaker: Arthur Chen, MD - Chief Medical Officer, Alameda Alliance for Health
- For more information including agendas, speakers, and exhibitors, please visit [here](#).

Connecticut Health Equity Week

- May 18-22, 2009 at the Connecticut State Capitol & Legislative Office Building
- Hosted by the Connecticut Health Equity Council (CHEQC) to “raise awareness and educate legislators and leaders regarding health equity and health disparities in Connecticut.”
- About: This event brought together “individuals and advocates of community, academic, governmental, faith-based, and philanthropic organizations to increase awareness of health disparities, promote health equity, as well as improve service delivery and health outcomes.”
- To view a brochure and read about the programs and events of the week, please click [here](#).

Maryland’s 6th Annual Statewide Minority Health Disparities Conference, Optimizing the Health of Minorities during Economic Restructuring: Politics, Economics, and Health Equity

- May 19, 2009 in Baltimore, Maryland
- Co-Sponsored by the Morgan State University School of Community Health and Policy & University of Maryland College Park School of Public Health
- Purpose: The purpose of the conference was to recommend and discuss strategies for optimizing minority health care delivery and health outcomes during times of economic restructuring. The conference was intended for minority communities, health departments, other governmental agencies, legislatures, health providers, and the business and insurance industry.
- For more information about this conference including its agenda, please visit: [Minority Health & Health Disparities](#)

Grant Makers in Health (GIH) Audio Conference, New State-Level Data on Health Status by Income, Education, and Race/Ethnicity

- June 18, 2009
- Part of GIH Social Determinants of Health Audio Conference Series
- Presentation: New evidence that helped 1) assess how far states are from reaching the full health potential of children and adults, 2) raise awareness about the need to address social factors in order to close the current gaps in health, and 3) stimulate discussion and debate within states and nationally about promising directions for closing those gaps.
- To view the presentation and resources, please visit [here](#).

Alliance for Health Reform Hill Briefing, Making the Case for Prevention: Tales from the Field

- June 19, 2009 in Washington DC
- About: The Alliance for Health Reform and the Robert Wood Johnson Foundation sponsored a briefing advocating for prevention as a key component to health reform. Speakers at the briefing included: Ray Baxter of Kaiser Permanente, Jim Marks of the Robert Wood Johnson Foundation, Alice Baker Borrelli of Intel Corporation and Judy

Monroe of the Indiana State Department of Health. Ed Howard of the Alliance moderated.

- For more information, including a transcript and webcast of the event please visit [here](#).

The Joint Center for Political and Economic Studies, Addressing Racial and Ethnic Health Inequities: Tri-Committee Discussion Draft for Health Care Reform

- June 23, 2009 in Washington DC
- **About:** Testimony was presented before the House Energy and Commerce Committee, Health Subcommittee by Brian D. Smedley, Ph.D. on the potential to address racial and ethnic inequities in health and health care in the context of the Tri-Committee Health Reform legislation.
- For more information please visit [here](#).

California Pan-Ethnic Health Network (CPEHN), [Voices for Change: Connecting the Dots between Prevention and Care](#)

- June 30, 2009 in Los Angeles, California
- **About:** We know that our health is not only about going to the doctor but also about where we live, the opportunities we have, and the air we breathe. *Voices for Change* provided an opportunity to forge stronger partnerships between traditional health care and primary prevention. The conference gave participants a chance to increase their advocacy skills, forge new relationships, and connect the dots in order to create a more comprehensive approach to achieving health equity. The conference had two tracks; one highlighting practices that bridge prevention and care, and another focused on increasing participants' advocacy skills.
- **Keynote Address:** Robert K. Ross, MD, President and CEO, The California Endowment
- For more information including an agenda and sponsors, click [here](#).

Bronx Center to Reduce and Eliminate Ethnic and Racial Health Disparities (Bronx CREED)/Albert Einstein College of Medicine, [Building Healthy Neighborhoods: Working Together to Achieve Health Equity in the Bronx](#)

- July 10, 2009 in Bronx, NY
- **About:** The event was designed to bring people across all sectors to discuss and promote effective strategies for overcoming health inequities. Workshop topics included: Live Well, Live Long: Promoting Healthy Life Choices; Partnership in Action: Improving the Physical and Social Environments; Addressing the Social and Economic Determinants of Health: The Burden of Poverty, Housing, and Hunger; Achieving Health Care Reform: The Impact of Race, Culture, and Ethnicity.
- **Keynote Address:** Ken Olden, Ph.D., ScD, LHD, Dean, CUNY School of Public Health
- For more information please visit [here](#).

[Dialogue4Health Web Forums, Taking Action to Support Community Prevention and Equity in Health Reform](#)

- July 20 and 21, 2009 and August 4, 2009
- About: Web forums have been organized by the Prevention Institute and the Public Health Institute to take place on Dialogue4Health.org.
- The preliminary agenda for the forum is as follows:
 - Update on health reform legislation
 - How to make the case for community prevention and equity
 - Actions to reach all members of Congress
 - Taking advantage of media opportunities
 - How organization and individuals can educate without lobbying
 - Primer on conducting a legislative visit
- For more information on the web forums please visit [here](#).

[The American Cancer Society's Third Conference on Health Disparities, Health Equity: through the Cancer Lens](#)

- July 28 – 29, 2009 in Las Vegas Nevada
- About: This year the American Cancer Society has partnered with the National Medical Association (NMA), the nation's largest organization of minority physicians, to develop a consensus paper on cancer disparities in underserved populations. The presentation of this paper kicked-off our conference at an NMA-ACS combined general plenary session at 8:30 the morning of July 28th during the NMA Annual Meeting and Scientific Assembly.
- The conference addressed health disparities from three perspectives: Community intervention, advocacy, and intervention.
- It is recommended that the following attend: People who have the responsibility for developing or implementing programs to improve health outcomes among the underserved, a health professional involved in providing patient care, or a leader responsible for crafting health messaging for the public, patients, providers and/or policy-makers, this conference will directly benefit your work and you will leave with specific next steps to use.
- To view the brochure, click [here](#). To learn more information about the conference, click [here](#).

[NACCHO 2009 Annual Conference, The New Public Health – Working Across Sectors to Leverage Investment in Communities](#)

- July 29-31, 2009 in Orlando, Florida
- Goal: To enhance the ability of participants to create 'the new public health' that will result in measurably improved health outcomes and health benefits as well as create a return on the public's investment in the health of communities. NACCHO Annual 2009 achieved this goal by providing action-oriented sessions that enable attendees to:

- Outline strategies, resources, and tools for quality improvement and performance standards that assess and demonstrate the value of local public health interventions to improving health outcomes;
 - Describe innovative and proven multisector collaborations that have successfully leveraged the public's investment in the health of communities;
 - Outline strategies, programs, and policies that governmental local public health departments, regardless of discipline, can use to demonstrate the desired measurable results in terms of cost-savings, new funding sources, or health benefits; and
 - Identify practices and policies that strengthen the power and reach of local public health by productively engaging local public health leaders in the political process.
- To learn more about this conference including speakers and sessions, please visit: [NACCHO Conference](#)

The First Lezak Institute for Social Justice, [Fixing Food](#)

- August 24-28, 2009 in Westwind, Oregon
- **About:** The First Lezak Institute will examine food policy and its implications in the current public health crisis plaguing our nation. From Agricultural Policy to Making Dinner we will focus on what we can do in our lives, our communities and to change national policy to improve our health and the economy...*and it will taste good too!*
- **Featured Speakers:**
 - Angela Glover Blackwell, Founder & CEO of PolicyLink, located in Oakland, former Senior Vice President of the Rockefeller Foundation & national leader for social justice & equity.
 - Lawrence Wallack, Dean of the College of Urban and Public Affairs, Portland State University and Emeritus Professor, Public Health, UC-Berkeley.
 - Latricia Tillman, Administrator of the Office of Multicultural Health and Services for Oregon DHS, former Director of the Multnomah County Health Equity Initiative.
 - And: Mel Kohn, Andy Fisher, David Leslie, Nancy Becker, and Sharon Thornberry.
- Special Guest: Senator Jeff Merkley
- For more information about this conference, click [here](#)

Virginia Public Health Association (VAPHA) Annual Conference, [Advancing Health Equity: From Theory to Practice](#)

- September 10-11, 2009 in Richmond, Virginia
- VAPHA is Partnering with the Department of Health's Office of Minority Health and Public Health Policy Partnering with DOH Office of Minority health and Public Health Policy.
- **Purpose:** to increase participants' knowledge and ability to advance health equity through healthy community design.
- **Goal:** a *call to action* by stakeholders throughout Virginia to reverse the inequitable distribution of social determinants of health by designing healthy communities.

- **Audience:** The conference is specifically designed to appeal to a broad audience that will work collaboratively to advance health equity and form healthy communities. Public health workers, legislators, policy makers, city and county managers/planners, not-for-profit organization representatives, community and community service representatives, social workers, transportation planners, geographers, parks and recreation staff, and educators, including faculty and students are all encouraged to attend.
- To find out more about this conference including program, sponsors, and exhibits, please view [here](#).

Washington State Public Health Association 16th Annual Joint Conference on Health, [Healthy People in Healthy Places: A New Path to Health \(A Call to Action for Chronic Disease Prevention and Health Equity\)](#)

- October 5-6, 2009 in Yakima, Washington
- By the Washington State Public Health Association in cooperation with the Washington State Department of Health
- **Purpose:** This year's conference will challenge participants with a "Call to Action for Chronic Disease Prevention and Health Equity," and aims to educate participants with nationally recognized experts and six unique programming tracks, so that practitioners and policy makers can take specific steps towards reducing the causes of disparities in the chronic disease burden among our state's diverse population."
- **Attendance:** It is recommended that the following attend: Washington state health care workers, government agency personnel, community leaders, students, and others who care about public health.
- For more information about this conference, please visit [here](#).

Ounce of Prevention Conference 2009, [Facing the Future: Healthy People, Places and Policies](#)

- October 6, 2009 in Marlboro Massachusetts
- For more information about this conference, please visit: [Ounce of Prevention](#)

Alliance for Health in the African Diaspora, Inc. (AHADI), [United States Conference on African Immigrant Health \(USCHAIH\)](#)

- October 7-11, 2009 in Atlanta, Georgia
- The conference is being organized to "to enhance the capacity of community and faith based organizations to serve the African Diaspora in health education, research, prevention, care, and treatment. This conference will bring together members of the community, health scientists, public health workers, advocates and providers, as well as community organizers to chart a purposeful course for addressing health prevention, education, care, and treatment among the growing African immigrant communities and other minorities in the United States."
- **Conference goals:**
 - Address the health disparities in the growing African Diaspora immigrant community
 - Chart out a short and long-term national agenda for action
 - Produce a forum to share and disseminate health information

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- Galvanize stake holders on eliminating health disparities
- Produce a meaningful to-do list for stake holders
- To view more information, please visit [here](#).

New York University School of Medicine, Center for the Study of Asian American Health, 5th Annual Asian American Health Conference Reinvesting in Our Communities for Health Equity

- October 8-9, 2009 in New York, New York
- The conference will focus on:
 - Leveraging resources through partnership building
 - Translating research to action
 - Organizing and advocating for policy changes
 - Fostering opportunities in research, training, and leadership
- To learn more, please visit [here](#).

New England Regional Minority Health Committee New England Regional Minority Health Conference, From Disparities to Equity: The Power to Make Change – Eliminating Racial and Ethnic Health Disparities by 2010

- October 14-16, 2009 in Providence, Rhode Island
- Hosted by the Rhode Island Department of Health
- Mission: to create a dynamic forum to develop strategies to eliminate racial and ethnic health disparities.
- Participants: We expect over 600 health professionals, community health workers, nurses, physicians, legislators, academicians, employers, community based organizations and health care consumers from across the region and around the country to join us in exploring new ways to improve the health and well-being of New England's minority communities.
- To find out more about the conference, please view [here](#).

The Disparity Reducing Advances Project, October 2009 Foresight Briefing

- October 20, 2009 in Washington D.C.
- The foresight briefing will address health equity and the social determinants of health
- Keynote speakers will include:
 - Cong. Donna Christensen, Chair, Health Braintrust of the Congressional Black Caucus
 - Larry Cohen, MSW, Executive Director, Prevention Institute
 - Brian Smedley, Ph.D., Vice President & Director, Health Policy Institute, Joint Center for Political and Economic Studies
 - Clem Bezold, Ph.D., Founder and Chairman of the Board for the Institute for Alternative Futures as moderator
- For more information regarding this briefing, please email kwilikins@altfutures.com

National Conference to End Health Disparities II, Faces of a Healthy Future

- November 3-6, 2009 in Winston-Salem, North Carolina
- Purpose: The purpose of Faces of a Healthy Future: National Conference to End Health Disparities II is to again bring together representatives from local, regional, state, and national organizations, along with consumers, in a forum addressing the NCMHD and Healthy People 2010 goals through the conference objectives. The goals of Healthy People 2010 are to improve health and to eliminate health disparities. This conference will give the attendees an opportunity to determine progress toward these goals through viewing and assessing projects related to the NCMHD strategic goals (research, research infrastructures and providing public information and community outreach) ... This conference will be a call for further action and will capture momentum and move energy forward in assisting with the national planning and implementation to eliminate health disparities.
- Keynote Speakers include: Mrs. Elizabeth A. Edwards, Dr. David R. Williams, and Dr. Garth N. Graham
- To learn more about the conference, including speakers, opportunities, agenda, and objectives, please view [here](#).

American Diabetes Association 3rd Annual Disparities Partnership Forum, Overcoming Disparities, Building Successful Diabetes and Obesity Programs

- November 18-19, 2009 in Arlington, Virginia
- Goals are to:
 - Highlight promising practices that address type 2 diabetes and obesity in high-risk populations
 - Identify key elements of coalition-building to eliminate disparities in health care at the community level
- It is recommended that the following attend: Clinicians, community health educators, academicians, allied health professionals, community leaders, public health practitioners and officials, policy makers, government agencies, program administrators, employers and human resource managers.
- To learn more about this Forum, please visit: [3rd Annual Disparities Partnership Forum](#)

Rural Multiracial and Multicultural Health Conference, Blueprints for Success: Ideas for Change

- December 9-11, 2009 in Memphis, Tennessee
- Purpose: 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. Conference sessions will address four critical areas or rural economic development: education, entrepreneurship, social infrastructure and population infrastructure.
- For more information about this conference, please visit [here](#)

Publications

Libbey, P.M., Fallon, M.M., & Jarris, P.E. (2008). Public Health Practice and Health Equity: Challenges and Opportunities. *Journal of Public Health Management & Practice, 14 (6), s53-s55.*

- This article gave a basic history of the health equity movement, noting its current challenges and opportunities. The article made it sound that the movement is definitely gaining momentum citing Healthy People 2010, the Institute of Medicine, and the CDC forming a National Expert Panel on the Social Determinants of Health.
- The author notes at least 6 state health departments that “have begun organizational efforts to develop comprehensive strategies and policy related to health equity.”
 - California, Massachusetts, Oklahoma, Oregon, Virginia, and Washington
- “In 2008, a group of healthcare practitioners formed the Academy for Health Equity designed to create a social movement that will ensure equal opportunity for health.”
- Unnatural Causes
 - “Approximately 115 local health departments have signed on to conduct town hall events to screen the series and engage in dialogue with communities.”
- [Article may be found here.](#)

University of Pittsburgh Institute of Politics. (2008). *Health Disparities in America: Challenge and Opportunity*. Pittsburgh, PA: Barron, B.

- The University of Pittsburgh’s status report highlights the issue of health inequities and emphasizes its relevance and urgency. Barron outlines significant national, state, and local health initiatives as well as academic and private initiatives. Programs such as: Take a Loved One to the Doctor Day, The Healthy Black Family Project, and the Centers for Healthy Hearts and Souls have all been successful and sustainable because of the high level of community engagement. In addition to highlighting health equity efforts, Barron puts forth policy recommendations from several experts such as Bruce Block, Thomas LeVeist, and Cheryl Boyce. The largest barrier to health policy reform comes from our own cultural paradigm to emphasize treatment over prevention. However, the successful programs mentioned by Barron illustrate that communities are not waiting for any broad scale policy reform, but rather establishing various partnerships to foster community empowerment in creating successful local health initiatives. While local initiatives are a powerful tool for community empowerment and smaller-scale levels of change, a fundamental shift in policy perspective must be made in order to support, sustain, and guarantee the long-term success of these programs.
- To view this article, click [here](#).

Tutu, D. (2008). *The Role of Partnerships in Health Equity*. *Journal of Public Health Management and Practice, 14, S3-S4.*

- In this article Archbishop Emeritus Tutu emphasizes that partnerships are key to addressing health inequities in one of the most critical areas, Africa. Archbishop Tutu highlights the Medical Knowledge Institute as one such example of a successful partnership. The MKI has worked with businesses, foundations, governments, and professional associations across the world to create successful programs such as the Mother and Child First and the HIV/AIDS Workforce Policy Development and Education

Program. The latest MKI project is the development of Health Information Centers (HICs). The multi-dimensional focus of HICs in areas such as health care and public health education, while also serving as training centers to develop the local health care workforce is a model with potential for international public health impact, according to Archbishop Tutu.

- To view this article, please click [here](#).

Niewczyk, P. M. & Lwebuga-Mukasa, J. S. (2008). Is Poverty the Main Factor Contributing to Health Care Disparities? An Investigation of Individual Level Factors Contributing to Health Care Disparities. *Journal of Equity in Health, 1, 22-40.*

- By using the fundamental cause of social inequalities theory researchers examined whether or not poverty is the main factor contributing to health care disparities. Structured interview were conducted with 1669 heads of households in Buffalo, NY, and the status of having (or not having a medical home was used as a proxy measure for health care disparities. Results of the study showed the SES and race were associated with having a medical home. However, “individual SES variable and race only accounted for 22% of the variance in having a medical home” (32). Despite controlling for SES several different ways, whites were more likely to have a medical home than minorities. A significant finding of this study was that most of the people who lacked a medical home had health insurance. This finding (although localized to the Buffalo area) further debunks the notion that lacking health insurance is the main contributor to health disparities. Researchers suggest that further studies should be conducted in order to better understand why those with health insurance coverage may lack a medical home.
- To view this article click [here](#).

Kaiser Health Disparities Report: A Weekly Look at Race, Ethnicity and Health

- KaiserNetwork.org published a weekly report on health disparities until June 1, 2009. To search previous reports, visit: [Kaiser Health Disparities Report](#).
- Now, Kaiser Health Daily Policy Report includes summaries of news regarding health disparity. To view these daily reports, visit [here](#).

Health Equity Matters

- This was previously a quarterly newsletter for the Virginia Department of Public Health, Office of Minority Health and Public Policy. To view previous newsletters, visit [here](#).
- Currently, this has now been changed to a blog, but its focus is the same: “facilitating a common interest in advancing health equity in Virginia. It focuses on inequities related to socioeconomic status, race/ethnicity, geography and living environment.” To view this blog, visit: [Health Equity Matters Blog](#)

Prevention Institute January 2009 Memo: Reducing Inequities in Health and Safety through Prevention

- Memo outlines a suggested strategy for developing comprehensive, prevention-oriented approach to health equity
- The memo outlines 7 major recommendations which are then further subdivided

- The Prevention Institute recommends for the following in the memo:
 - Develop a national strategy to promote health equity across racial, ethnic, and socioeconomic lines, with specific attention to preventing injury and illness in the first place
 - Establish high-level leadership at the white House and the department level to serve as a focal point for prevention strategy and health equity and to ensure collaboration between government agencies
 - Build the capacity of federal, state, and local health agencies to lead population based prevention and health equity work
 - Expand funding for community-based initiatives
 - Provide technical assistance and tools to support community-level efforts to address determinants of health and reduce disparities
 - Support the development of national, state, and local data systems to inform community efforts, foster accountability, and build a stronger understanding of a population-based prevention and health equity approach
 - Expand research on and significantly expand the amount and proportion of federal research dollars for population-based prevention and health equity with an emphasis on translating research into targeted, community specific strategies
- To view to the full memo please see [here](#)

Conclusion

Conversations regarding minority health are increasingly focusing on disparity related issues, and are moving from a conversation that identifies health disparities to one that advocates for health equity. The current state of the economy, economic recovery package, health care reform, and current legislative bills could all potentially play a large role in shaping the health equity movement. For instance, the following outlines money in the Economic Recovery Package invested in addressing health inequality ([posted by the Progressive States Network](#)):

- \$87 billion for [Medicaid](#) to prevent state cuts
- \$19 billion to encourage greater use of [health information technology](#) by Medicaid and Medicare providers
- \$5 billion for the [Weatherization Assistance Program](#) to help low-income families make energy efficiency improvements in their homes
- \$3.2 billion in [block grants](#) to local governments to support energy efficiency and conservation programs
- \$825 million to [make streets safer](#) for walking and biking
- \$7.2 billion to promote [high-speed internet](#) programs (access to broadband improves educational opportunities and increases access to services)
- \$3.95 billion for [job training](#) and employment services
- And, several billions of dollars for [affordable and emergency housing](#).

The impacts of this amount of money could be great for the movement if it is implemented effectively.

On June 26, 2009, Congresswoman Donna Christensen introduced [H.R. Bill 3090](#) Health Equity and Accountability Act of 2009. The Congressional TriCaucus, which consists of the Congressional Hispanic Caucus, Congressional Black Caucus, and the Congressional Asian Pacific Caucus, introduced the act in order to set forth their priorities for health reform and highlight the need to eliminate racial and ethnic disparities. The Health Equity and Accountability Act of 2009 would significantly impact the health equity movement by advocating for expanded coverage to all Americans while simultaneously emphasizing the need to reduce health disparities that disproportionately affects racial and ethnic minorities by integrating community based health efforts into health reform. Several priority areas have been identified by the Health Equity and Accountability Act of 2009:

- Public health insurance option that is universal and includes mental and dental health services
- Elevating the National Center on Minority Health and Health Disparities at the National Institutes of Health and strengthening the Office of Minority Health in the Department of Health and Human Services
- Addressing cultural and linguistic concerns such as credentialing for medical translators and ensuring appropriate reimbursement for language and translation services
- Healthcare provisions regarding clinical trials must also include racial and ethnic diversity to find out effects on a broad range of groups

The Health Equity and Accountability Act of 2009 would be significant in the health equity movement as it addresses the root causes in health inequities by tackling community needs.