THE DRA PROJECT Accelerating Disparity Reducing Advances

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State of the Health Equity Movement, 2011 Update Part A: Overview

DRA Project Report No. 11-01

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Introduction

The movement toward health equity is growing in the United States as well as abroad. The awareness of health inequalities and the commitment to pursue health equity are both increasing, despite the worst economic conditions in eighty years. This Overview, Part A of the trilogy, provides highlights and observations from the accompanying Part B: Catalog of Activities (DRA Project Report 11-02) and Part C: Compendium of Recommendations (DRA Project Report 11-03).

As the Director-General of the World Health Organization, Dr. Margaret Chan, wrote in 2010, "Decades of experience tell us that this world will not become a fair place for health all by itself. Health systems will not automatically gravitate towards greater equity or naturally evolve towards universal coverage. Economic decisions within a country will not automatically protect the poor or promote their health….All of these outcomes require deliberate policy decisions." [1] As Part A, B, and C demonstrate, policy decisions, administrative actions and community efforts that seek health equity are growing.

One trend in the movement is the greater recognition of the role that social determinants play in health and health equity. The Centers for Disease Control and Prevention (CDC) has defined the social determinants as "The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world." [2]

[1] Dr. Margaret Chan in: World Health Organization. "Equity, social determinants and public health programmes." Edited by Erik Blas and Anand Sivasankara Kurup. Geneva, Switzerland: World Health Organization. 2010. Accessed September 7, 2011. p. 2. <http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf>.
[2] CDC. "CDC - Social Determinants of Health - Definitions." *Centers for Disease Control and Prevention*. U.S. Department of Health and Human Services, 2010. Accessed July 26, 2011. <http://www.cdc.gov/socialdeterminants/Definitions.html>.

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Another trend in the movement is the increasing use of the term "health equity" in addition to or in place of "reducing or eliminating health disparities." As communities, governments, and non-profit organizations have become aware of the importance in reducing poor health outcomes, they have concurrently stressed the importance of health equity.

Despite increased interest, garnering action from this awareness faces sizeable hurdles. At the time of this writing, in the last months of 2011, economic conditions in the United States threaten to worsen the mal-distribution of health outcomes. Income inequality is the highest it has been since the Great Depression, and worker average hourly wages and compensation have remained stagnant for much of the past three decades.[3] In an era where the drive for global fiscal austerity appears to trump all else, funding allocations for "upstream" determinants of health, such as adequate housing, jobs, or education, appear threatened. Yet since the DRA Project's 2009 State of the Health Equity Movement reports, there has been an enormous surge in multisectoral action to focus attention on health inequities and to develop effective strategies to create health equity. At the national level, the Federal Government has released a National Stakeholder Strategy for Achieving Health Equity. At the state and local levels, cooperation on multisectoral policy initiatives is healthy, and greater emphasis has been placed on health impact assessments and local research involving communities. As awareness, partnerships, and strategic policymaking increase, the health equity movement has been and will continue to grow.

The DRA Project & The Health Equity Movement Update Reports

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 and accelerate advances that would achieve health equity. The DRA Project works to overcome health disparities by targeting the advances with the highest potential for reducing health disparities and then creating a network of organizations committed to accelerating the development and deployment of those advances. The network includes health care systems and local providers, major federal government agencies, technology developers, and consumer and patient organizations. The DRA Project has contributed to and facilitated many initiatives that address health disparities and increase awareness regarding health equity, including reports, workshops, and foresight briefings. As part of our commitment, the DRA Project will periodically identify and compile the actions that communities, governments, and others are taking to address health disparities and achieve health equity.

In 2009, the DRA Project developed its first set of reports on the State of the Health Equity Movement, focusing on activities and recommendations from roughly 2007 through 2009. The current 2011 Health Equity Movement Update includes the following parts: Part A: Overview, Part B: Catalog of Activities, and Part C: Compendium of Recommendations.

Part B: The Catalog of Activities is a compilation of initiatives, conferences and events, publications, and social networking about or related to health equity. Its purpose is to serve as a resource on the state of the health equity movement in the U.S. by providing descriptions of these efforts since 2009 in one place. Part C: The Compendium of Recommendations identifies the recommendations made by

[3] Robert Reich. "The Limping Middle Class." In *The New York Times*. September 3, 2011. Accessed September 7, 2011. <http://www.nytimes.com/2011/09/04/opinion/sunday/jobs-will-follow-a-strengthening-of-the-middle-class.html?pagewanted=all>.

organizations, foundations, and government institutions to achieve health equity. The Catalog and Compendium are intended to provide easy access to these compiled activities, in one place, with links to the original documents. While the numbers of activities and recommendations in these reports are growing, we recognize that they are illustrative, not comprehensive. There may be efforts that we have missed; if so, please contact us at futurist@altfutures.org.

Reflections on the 2011 Catalog of Health Equity Activities and the 2011 Compendium of Health Equity Recommendations

There has been a significant increase in the number of entries between our 2009 and 2011 State of the Health Equity Movement reports:

	2009	**2011**
Catalog of Health Equity Activities	60	159
Compendium of Health Equity Recommendations	28	79

In terms of recommended subject areas to pursue health equity, there remain differences among the various reports, given their diverse local, regional, state, national, and international contexts. However, a core set of recommended areas remains consistent with those observed in the 2009 Compendium:

- Early childhood investment
- Education
- Active living, housing, transportation, and the environment
- Healthy eating and behaviors
- Employment
- Law enforcement/criminal justice
- Health care
- Community and interagency collaboration.

Part C provides recommendations drawn from 79 local, regional, national, and in some cases, international reports. The table at the end of the present document compares 10 leading examples of these reports.

Although the number of activities and efforts identified in the 2011 reports is greater than in 2009, the same major themes, central to the health equity movement, are reflected in our 2011 collection. These recurring strategic themes from the efforts in the 2011 Catalogue and Compendium include:

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

Examples of the recurring strategic themes include the following:

Increasing Awareness of Health Inequities and the Social Determinants of Health

At the local, state, regional, national, and international levels, there has been an increasing awareness and acknowledgement of the importance of the social determinants of health and the inequitable

distribution of health outcomes across sub-populations. The reports and action plans included in the Compendium of Recommendations and Catalog of Activities bear witness to multi-stakeholders' efforts to address issues such as adequate housing, childhood obesity, access to care, education, air quality, HIV/AIDS, and chronic disease, all of which disproportionately affect ethnic and racial minorities and other underserved communities. For instance, in 2011 the United States Department of Health and Human Services released its Action Plan to Reduce Racial and Ethnic Disparities. The Action Plan seeks to both cultivate a community-led approach to reducing disparities and leverage key provisions of the Affordable Care Act and other government initiatives as a means to transform the way that the U.S. provides health care, trains and recruits its health workforce, and advances scientific knowledge and innovation.[4] The World Health Organization's recommendations call for increasing awareness and empowering individuals and communities to address the social determinants of health.[5] Everyday citizens are paying attention and hold strong attitudes about the necessary course of action; polls show that 78 percent of Americans believe that more action should be taken to ensure that health differences between groups no longer exist because of factors such as education and income.[6]

Awareness has mobilized action on specific health inequities. For example, in the past two years there has been a growth in the number of state, national, local, and state governments addressing "food deserts" and determining ways to bring healthy food retailers into impoverished communities. In 2009, the Department of Agriculture classified a low-access community as a community with "at least 500 people and/or at least 33 percent of the census tract's population [residing] more than one mile from a supermarket or large grocery store (for rural census tracts, the distance is more than 10 miles).[7] Roughly 8.4 percent of Americans live in areas fitting the classification. Notably, on July 20, 2011, First Lady Michelle Obama addressed the lack of food retailers in poor neighborhoods as part of her anti-obesity campaign. Supermarkets such as Wal-Mart, Walgreens, Supervalu, and regional supermarkets such as Brown's Super Stores (Pennsylvania) and Calhoun Foods (Alabama, Tennessee) collaborated with Mrs. Obama and promised to open 500 stores nationwide that will employ tens of thousands of people.

In addition to grocery chains opening more urban-friendly stores, such as Wal-Mart Express, communities are using creative methods to address food deserts. Green carts (offering fresh produce) and food trucks (offering prepared foods) are established practices in low-income neighborhoods, but mobile grocers (who offer both fresh produce and other food stuffs) are on the rise. For instance, Steven Casey, Jeff Pinzino, and Sheelah Muhammad started a mobile grocery bus service in Chicago called Fresh Moves. Fresh Moves brings fresh groceries directly to underserved communities, and its

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[4] U.S. DHSS. "HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care." U.S. Department of Health and Human Services. 2011. Accessed August 29, 2011. <http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf>.

[5] World Health Organization. "Reducing Health Inequities through Action on the Social Determinants of Health." World Health Organization. 2009. Accessed August 29, 2011. <http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf>.

[6] Public Opinion Strategies, et al., "Perceived Health Challenges in the United States: National Survey Results." Public Opinion Strategies and Greenberg Quinlan Rosner Research. 2009. Accessed August 29, 2011. <http://www.commissiononhealth.org/PDF/d9668f49-758d-4edd-a329-3f8f9d6ae0e0/RWJFCommissionSurveyFindings.pdf>.

[7] "About the Food Deserts Locator." *USDA Economic Research Service - Home Page*. USDA, 2009. Accessed July 21, 2011. http://www.ers.usda.gov/data/fooddesert/about.html. <http://www.ers.usda.gov/data/fooddesert/about.html>.

leaders are collaborating with several partners, including the Chicago Transit Authority. Any produce that Fresh Moves does not sell on its routes is given to local homeless shelters. All of these initiatives aim to bring a plethora of healthy food options to destitute areas in order to eliminate food deserts. In 2009, the U.S. Department of Agriculture (USDA) established a program, "The Food Desert Locator," available at http://www.ers.usda.gov/data/fooddesert. This program allows users to look at an interactive map detailing the location of food deserts in the United States.

The recommendations included in the 2011 Health Equity Movement Update also bear witness to the fact that creating greater awareness will require increased cultural and linguistic competency among stakeholders, especially health service providers. Without an understanding of the cultural values, beliefs, and practices of diverse sub-populations, health care workers will be unable to provide effective aid for certain individuals seeking to negotiate their way through the healthcare system. Moreover, greater linguistic competency on the part of service providers will make health issues easier to understand for disabled individuals, those with limited English proficiency, and individuals who have low literacy skills. States like New Hampshire have included these competencies in their action plans to address health disparities, calling for greater workforce diversity, translation aid services, training sessions on cultural discrimination, and more culturally and linguistically sensitive client-centered care.

Advocacy and Leadership for Health Equity and Social Justice

The theme of "advocacy and leadership for health equity and social justice" is revealed through policies, initiatives, and conferences introduced and convened by governments and other organizations. For instance, the fourth annual Policy Link Health Equity Summit held in November 2011, brought together the United States' health equity movement to explore issues such as healthy food access, housing, transportation, jobs, and education. At the national level, foundations and research groups such as the Prevention Institute, the Robert Wood Johnson Foundation, Policy Link, the Joint Center for Political and Economic Studies, the MacArthur Foundation, the Kresge Foundation, the Kellogg Scholars, and the Kellogg Foundation, in addition to state and local governments, have continued to fund activities and publish reports promoting health equity and its importance in our communities.

The President and First Lady have actively campaigned for health equity in various arenas; specifically, the President has thrown his full weight behind the Patient Protection and the Affordable Care Act as well as the HIV/AIDS National Legislation, the First Lady's "Let's Move!" campaign, and promotion of accessible healthy foods in impoverished regions of the nation. At the level of national goals, the Department of Health and Human Services (DHHS) in Healthy People 2020 maintains its commitment to "eliminate disparities" and extends its goal to "achieve health equity,"[8] while improving the health of all racial groups. Healthy People 2020's use of health equity language and its continuation of the Healthy People 2010 overarching goal of eliminating health disparities both further illustrate a dedication to promoting the Health Equity cause. Moreover, Wayne Giles of the CDC and Tyler Norris are leading a network of stakeholders under the banner of Advancing The Movement, the mission of which is to increase and sustain the impact of multi-sector local, state, and regional initiatives working towards a vision of health equity for all.

[8] "About Healthy People - Healthy People 2020." *Healthy People 2020 - Improving the Health of Americans*. Department of Health and Human Services, 2010. Accessed July 21, 2011. <http://www.healthypeople.gov/2020/about/default.aspx>.

The language characterizing the health equity movement has changed as well. There are fewer publications offering suggestions to "reduce disparities/inequities/inequalities" and more publications focusing on the importance of "increasing awareness about and/or achieving health equity."[9] Additionally, across the nation, public health departments are opening *health equity* offices. This change in language reflects a slow but growing value shift in the United States: more and more people are becoming committed to fairness and achieving health equity rather than maintaining the same inaccessible and unfairly limited resources and services.

Emphasizing Community Empowerment

Community empowerment and engagement provide a necessary link between legislation and action, and many leaders and community members recognize the importance of helping others to help themselves. For example, Advancing The Movement is promoting an online tool entitled Community Commons (www.communitycommons.org), which will provide a plethora of mapping, networking, and learning utilities for leaders of local health equity initiatives so that they can compare best practices and increase the value of their work. Community Commons is literally mapping the growing movement, allowing anyone to find the relevant activities in their community. Moreover, the "National Stakeholder Strategy for Achieving Health Equity" of the National Partnership for Action to End Health Disparities, listed community engagement as one of its guiding principles with the belief that any effort to tackle heath inequities requires the guidance and involvement of community leaders and members. Put simply, public health strategies will be more powerful and durable if communities

- are able to exercise control over the processes,
- feel like their voices and input are being heard,
- are connected to resources and partnerships that can provide access to further engagement opportunities,
- are given venues for collective action, and
- can provide the economic, financial, and other resources necessary for collective action to improve their lives and health.

The efficacy of this approach has played out in local initiatives. For example, when mayor Chip Johnson of Hernando, Mississippi, decided to take the obesity epidemic seriously, the community listened. Since Johnson has been in office, more people have gotten involved in local initiatives for healthy eating and healthy living. Many citizens stay active by biking to work or walking on the new hiking trails, and others have been able to play on state of the art playgrounds funded by the brand new Parks Department. In addition to using these new facilities, some citizens have decided to volunteer at the community-run farmers' market or in the community garden. Others have taken control of their health by lobbying for complete streets, i.e., design and use of local streets with all users in mind – including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.[10] Furthermore, Hernando

[9] National Partnership for Action to End Health Disparities. "National Stakeholder Strategy For Achieving Health Equity." U.S. Department of Health and Human Services-Office of Minority Health. 2011. Accessed August 29, 2011. <http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSSExecSum.pdf>; Committee on Childhood Obesity Prevention Actions for Local Governments. "Local Government Actions to Prevent Childhood Obesity." National Collaborative on Childhood Obesity Research. 2009. Accessed August 29, 2011. <http://www.nap.edu/catalog.php?record_id=12674>; World Health Organization. "Equity, Social Determinants, and Public Health Programmes." World Health Organization. 2010. Accessed August 29, 2011. <http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf>.

[10] Complete Streets, http://www.completestreets.org/ Accessed December 30, 2011

has taken steps to provide opportunities for healthy living for *all* of its citizens, especially by focusing on providing these opportunities for low-income neighborhoods. Hernando has established a community center next to an underprivileged neighborhood, so children have a safe place to play. Additionally, the community has eliminated food deserts by establishing the farmers' market next to low income housing, where residents previously had no or limited access to fresh fruits and vegetables. With its brand new facilities, active citizens, and disparity reducing advancements, Hernando has become a healthier, happier community.

In addition to creating community networks through politics, several organizations, government agencies, and individuals are raising awareness about health equity through social media networks such as Facebook and Twitter. For example,

- The Joint Center Health Policy Institute's PLACE MATTERS initiative in Baltimore has created a Facebook page directing followers to articles on health equity relevant at the local, state, and national level(s).
- Health Equity Michigan maintains a Twitter account that provides useful links to new reports on health disparities and expresses opinions on current trends in the field.[11]
- The National Association of County and City Health Officials (NACCHO) provides a Communications Toolkit on its Social Media website containing marketing and branding resources to help interested parties communicate the value of health promotion and build relationships with the media, policymakers, and the general public.[12]
- The U.S. Department of Health and Human Services maintains a Twitter account with 133,454 followers, who can receive a steady stream of information ranging from disaster preparedness and emergency alerts to DHHS funding for community health centers.[13]

Taken together, these social networking sites provide a forum in which community members can learn about inequities in their own area, what initiatives are already in place to fight these inequities, and how to get involved. Social networking can be a particularly effective tool for community education and empowerment among racial, ethnic, and other underserved minority populations: research has shown that African-Americans and English-speaking Latinos are the most active users of mobile web, maintain higher levels of cell phone ownership, and make greater use of their phones' features than white users.[14] Social networking sites and leaders like Mayor Johnson empower community members by demonstrating that initiatives are already in place to create better, healthier communities.

Increasing Collaborative Partnerships

In order to combat health inequities, governments, and private sectors must collaborate. The best solutions involve multiple institutions, and often include a consideration of health-conscious efforts in non-health related planning and policies. As evidenced by many recommendations from institutions such as the National Partnership for Action, the Prevention Institute, the CDC, Robert Wood Johnson

[11] <http://www.facebook.com/pages/Place-Matters-Equity-Matters-Baltimore-Collaborative-for-Health-Equity/164683996911193?sk=wall>; Accessed August 29, 2011. <http://twitter.com/#!/healthequityMI Accessed 29 August 2011>.

[12] NACCHO. "Communications Toolkit." National Association of County and City Health Officials. 2011. Accessed August 29, 2011. <http://www.naccho.org/toolbox/program.cfm?id=26>.

[13] http://twitter.com/#!/HHSGov

[14] Aaron Smith. "Mobile Access 2010." Pew Internet and American Life Project. 2010. Accessed August 29, 2011. <http://www.pewinternet.org/Reports/2010/Mobile-Access-2010.aspx>.

Foundation and many others, collaboration across sectors offers the most effective and efficient means to combat health inequities in America. For example, the National Partnership for Action (NPA) – which was developed by the DHHS Office of Minority Health – works to make health disparity reducing programs more effective by coordinating the efforts of different individuals and organizations. The NPA not only has many partners in the private sector, but also maintains a Federal Interagency Health Equity Team. This team promotes the communications and activities of the NPA within federal agencies and their partners and works to increase the efficiency and effectiveness of health disparity reducing policies and programs at all levels. The NPA is able to coordinate these agencies, institutions, organizations, and other stakeholders towards effective action to reduce health disparities.

Many of the reports highlighted in the 2011 Compendium recommend collaborative partnerships across sectors, including the 2011 Policy Link and California Endowment report "Why Place and Race Matter."[15] This report calls for collaborative efforts that involve the experiences and voices of people of color, arguing that approaches that involve many stakeholders are often more comprehensive and must be embraced in order to effectively build healthier communities.

The Need to Coordinate and Utilize Research and Outcome Evaluations More Effectively

Efforts to foster efficacious collective research and evaluations around the issue(s) of health disparities and the social determinants of health have increasingly focused on obtaining and sustaining community involvement and input. Frameworks such as street science, participatory action research (PAR), and community-based participatory research (CBPR) embrace the principles of making action research more democratic, fostering community participation (especially from underserved groups) and "capacity building," developing relationships between outside stakeholders and community members, and "incorporating local knowledge into the research process." [16]

Moreover, Health Impact Assessment practices have been advocated in the U.S. for some time, and the growth of Health Impact Assessments (HIA) reflects the willingness of policymakers to evaluate policies and objectives through a "health lens" and an increased comprehension of the associations between the social determinants of health, health equity, and all policies.[17] The HIA movement is a "practical approach used to judge the potential health effects of a policy, program, or project on a population, particularly vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximizing the proposal's positive health effects and minimizing its negative health effects." [18] The San Francisco Department of Public Health released the *Practice Standards for Health Impact Assessment (HIA)* in 2009. The Health Impact Assessment Clearinghouse (HIA-CLIC) reports that 98 Health Impact Assessments have been completed and its website provides

[15] Why Place and Race Matter, <http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/WPRM%20FULL%20REPORT%20%28LORES%29.PDF>.
[16] Jason Corburn. "Street Science: Local Knowledge and Environmental Justice." In *Tackling Health Inequities through Public Health Practice – Theory to Action*. Edited by Richard Hofrichter and Rajiv Bhatia. Oxford, UK: Oxford University Press. 2010. pp. 417-441. 423-424. Do you need an access date?
[17] Rajiv Bhatia. "Protecting Health with Environmental Impact Assessment: A Case Study of San Francisco Land Use Decision Making." In *Tackling Health Inequities thorugh Public Health Practice – Theory to Action*. Edited by Richard Hofrichter and Rajiv Bhatia. Oxford, UK: Oxford University Press. 2010. pp. 336-355. 337. Do you need an access date?
[18] "WHO | About HIA." *World Health Organization*. World Health Organization. Accessed June 16, 2011. <http://www.who.int/hia/about/en/>.

information for cities interested in HIA. For more information about the HIA-CLIC, please visit http://www.hiaguide.org.

The scope of the recommendations contained in the table below demonstrates increased openness to and necessity for a "health in all policies" approach; as the Adelaide Statement on Health in all Policies (2010) asserts, "government objectives are best achieved when all sectors include health and well-being as a key component of policy development." Advancing the health equity movement will necessitate engaging non-traditional partners in discussions and efforts to integrate a health disparities reduction outlook into future policymaking and actions.

As stated above, interagency collaboration and community empowerment are critical in furthering the health equity movement. By coordinating their actions, stakeholders can avoid duplication of efforts, share best practices, expand the scope and diversity of their partnerships, and vastly improve the efficacy of strategies to tackle health inequities. Concurrently, communities must be given wider input on the implementation of policies at the local level and foster the development of a new generation of health equity leaders to advance the movement into the future.

Conclusion

With increasing attention on the role of the social determinants of health in ensuring health equity, the movement should continue to foster awareness, develop cross-sectoral partnerships and leadership, work to improve access to and quality of health services, and integrate local expertise into all strategic decisions, including in the areas of data, research, and evaluation. Reorienting the discussion of health and illness towards prevention and equity will ultimately contribute to the well-being and security of all nations, ensure greater quality of life for their citizens, and provide for maximal support and resources for the health equity movement.

Table of Health Equity Recommendations

The following 10 examples of leading health equity reports are compared in a table further below:

1. DHHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Healthcare – The Department of Health and Human Services, 2011

2. Equity, Social Determinants of Health and Public Health Programs – World Health Organization (WHO), 2010

3. Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living – Prevention Institute, 2010

4. A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety – Prevention Institute, 2010

5. Working Together for a Healthier Kansas: A Status Report on the Social Determinants of Health in Kansas – Kansas Department of Health and Human Services (KDHHS), 2011

6. F as in Fat: How Obesity Threatens America's Future – Robert Wood Johnson Foundation and The Trust for America's Health, 2011

7. Partners for Public Health: Working with local, state, and federal agencies to create healthier communities, Bay Area Regional Health Inequities Initiative, 2011

8. Health Inequalities – A Challenge for Local Authorities – Marmot Review Fair Society, Healthier Lives, 2011

9. Health Disparities and Inequalities Report – Centers for Disease Control and Prevention, 2011

10. The Health Disparities of Vermonters – Vermont Department of Health, 2010

Recommendation Categories	**Health Equity Recommendations – Selected National, Global, State, or Local Publications**									
	DHHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care DHHS, 2011	Equity, Social Determinants of Health and Public Health Programs WHO, 2010	Addressing the Intersection: Preventing Violence & Promoting Healthy Eating and Active Living Prevention Institute, 2010	A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety Prevention Institute, 2010	Working Together for a Healthier Kansas: A Status Report on the Social Determinants of Health in Kansas KDHE, 2011	F as in Fat: How Obesity Threatens America's Future RWJF, TFAH, 2011	Partners for Public Health: (SF Bay Area, CA) BARHII, 2011	Health Inequalities — A Challenge for Local Authorities Marmot Review Fair Society, Healthier Lives, 2011	Health Disparities and Inequalities Report CDC, 2011	The Health Disparities of Vermonters VDH, 2010
Early Childhood Investments										
Invest in early childhood initiatives and programs, including early childhood education	✓	✓	✓	✓	✓			✓	✓	
Education										
Reform or increase funding for K-12 education		✓		✓	✓			✓	✓	
Equalize access to quality of K-12 education		✓	✓	✓	✓	✓	✓			✓
Advocate for, invest in, and retain high quality teachers, especially in low-income areas				✓	✓			✓		
Increase access and affordability to higher education	✓		✓			✓		✓	✓	
Improve physical education at school, including requiring schools to incorporate physical and nutritional education				✓		✓				
Support of Active Living										
Encourage or ensure safe cities, neighborhoods, communities, streets, recreational areas, and/or buildings	✓	✓	✓	✓	✓	✓	✓	✓		✓
Encourage active transport or design walkable and bikeable communities/complete streets		✓	✓	✓	✓	✓	✓	✓		✓
Increase availability and access to parks, playgrounds, and/or public use of school facilities			✓	✓		✓	✓			
Housing										
Provide access to safe, affordable, and stable housing	✓	✓		✓			✓			✓

	DHHS, 2011	WHO, 2010	Prevention Institute, 2010	Prevention Institute, 2010	KDHE, 2011	RWJF, TFAH, 2011	BARHII, 2011	Marmot Review Fair Society, 2011	CDC, 2011	VDH, 2010
Transportation										
Promote and increase access to affordable public transportation		✓	✓	✓		✓	✓	✓		✓
Increase transportation safety, including traffic safety for pedestrians			✓	✓		✓	✓			✓
Air, Soil, Water										
Improve air, soil, and/ or water quality	✓	✓		✓		✓	✓	✓	✓	✓
Address pollution/climate change, its impacts on health & the poor	✓	✓		✓			✓		✓	
Nutrition										
Promote or ensure availability of fresh, healthy food in all communities, especially underserved ones	✓	✓	✓	✓	✓	✓	✓			✓
Promote access to healthy food, including local healthy food, through tax incentives or programs	✓	✓	✓	✓	✓	✓	✓			✓
Tax unhealthy behaviors					✓	✓	✓			✓
Fresh healthy food should be accessible and incorporated within programs such as WIC/SNAP				✓	✓	✓				
Improve school nutrition	✓				✓	✓				
Healthy foods should be encouraged and promoted in grocery stores and restaurants, one option is menu labeling		✓	✓	✓		✓	✓			
Limit the amount and density of fast food restaurants						✓		✓		
Limit or eliminate junk food advertising, especially to children		✓				✓				✓
Target obesity and create obesity prevention programs	✓	✓			✓	✓			✓	
Encourage Breastfeeding	✓	✓				✓				✓
Reducing Tobacco, Drug, & Alcohol Use										
Implement an outreach regarding the hazards of smoking	✓	✓							✓	
Become a smoke free nation, ban smoking in public		✓			✓		✓			
Incentivize/subsidize, or expand interventions for alcohol/drug abuse	✓	✓	✓	✓	✓				✓	
Limit number and density of liquor stores		✓	✓	✓			✓			

	DHHS, 2011	WHO, 2010	Prevention Institute, 2010	Prevention Institute, 2010	KDHE, 2011	RWJF, TFAH, 2011	BARHII, 2011	Marmot Review Fair Society, 2011	CDC, 2011	VDH, 2010
Employment										
Increase minimum wage		✓	✓	✓	✓			✓		✓
Implement policies that support a living wage		✓	✓	✓			✓	✓		✓
Increase job opportunities	✓	✓	✓	✓	✓	✓		✓		
Support and increase green jobs or green collar jobs			✓	✓	✓		✓			✓
Increase access to and/or provide job skill/ training programs	✓			✓						✓
Increase diversity in the non-healthcare and healthcare job markets				✓				✓		
Law Enforcement/Criminal Justice										
Reduce crime	✓	✓	✓				✓			
Reform or revise criminal laws, especially those that disproportionately target or punish minorities					✓					
Develop and support violence prevention efforts/programs, especially with youth	✓	✓	✓	✓					✓	
Promote and support programs for re-entry into the community for former offenders					✓					
Health Care										
Support or provide universal access to quality health care	✓	✓		✓			✓	✓	✓	✓
Ensure access to culturally and linguistically appropriate health care providers or programs	✓	✓		✓						
Focus on preventative care	✓			✓	✓	✓			✓	
Community and interagency collaboration										
Encouragement of community cohesion, voice, empowerment, and collaboration, especially within the health equity movement	✓	✓	✓	✓		✓	✓		✓	✓
Interagency collaboration between health department and other public departments	✓	✓	✓	✓		✓	✓			
Consider health in non-health planning and policies	✓	✓		✓			✓			
Better data collection methods	✓	✓		✓			✓			