

# Advancing Health Equity: “A Guide of Next Steps for Action”

For Individuals,  
Groups,  
Organizations,  
Businesses,  
Governments,  
& more...

2008

"Health Equity... Next Steps for Action"

(A compilation of ideas generated to support health equity initiatives from screenings of the series "Unnatural Causes: Is Inequality Making Us Sick?")

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## "Health Equity... Next Steps for Action"

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### **Policy/Community Organizing**

- Join forces with other neighborhoods and organizations to promote health equity and social justice
- Coordinate town hall meetings or community dialogues and action planning
- Advocate for specific health promoting social policies at the local, state, and/or federal level
- Incorporate the Unnatural Causes documentary and the focus on health equity and social justice into the community health planning process.
- Identify who is working to address health inequities within your health district, organization and region.
- Identify partners and major stakeholders interested in learning more about the social determinants of health
- Organize a Brown Bag screening to explore how partners and major stakeholders can use the Unnatural Causes series to support its mission.
- Identify existing assets, programs, or initiatives that provide avenues for action
- Post information about the Unnatural Causes series and what your organization is doing to address health disparities on your Web site and promote this to your partners and community stakeholders
- Send information about the social determinants of health to partners and community stakeholders
- Define a local angle for media: identify three health disparities you are focusing on and what you're doing about them
- Identify other organizations and agencies doing work that promotes health equity
- Organize a screening event to educate, mobilize and advocate for initiatives that promote health equity.
- Plan and/or conduct meetings in different venues.
- Set up a "loaner process" to allow community based organizations, faith based organizations, etc, to view the series and return.
- Visit the Unnatural Causes website (<http://www.unnaturalcauses.org/>) to get tools on building coalitions and advocating for policy change
- If you are part of an organization that focuses on a specific disease or risk factor, begin to identify the social determinants that contribute to that issue and start to address them

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- Partner with multiple other organizations with common concerns to create a louder voice
- Identify one local social or economic issue that has a major influence on health and address that
- Support and participate in efforts to make health insurance and health care more readily available to people in your community.
- Form a Health Equity and Social Justice committee in your church, mosque, fraternity, or civic organization to address social determinants of health in your community.
- Engage national and local leaders on the issue of health equity
- Mobilize communities
- Advocate on your communities' behalf
- Tailor communications to African-Americans and other minority populations using trusted messengers and people who resemble the target - demographically and experientially
- States can address community-level and social determinants of health by coordinating the work of state agencies that may affect health and by promoting the use of health impact assessment tools. These tools assess the potential effects of government programs and initiatives in and outside the health care sector, such as transportation, housing, and environmental protection on the health status of affected communities.<sup>1</sup>
- Conduct a Health Impact Assessment. The health impact assessment (HIA) involves a process and procedures, with an ethical and moral element, for evaluating the effects of policies, programs, and projects on the range of forces that affect health and wellbeing.<sup>2</sup>
- Understand the policy making process
- Build cooperation and coalitions among disparate organizations and communities in a coordinated campaign against social and economic inequality, including the institutions that sustain it.<sup>3</sup>
- Advocate for policy and legislation<sup>4</sup>
- Health practitioners should work with agencies in economic development, land use, transportation, housing, and education, as well as community organizations.

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<sup>1</sup> <http://www.familiesusa.org/assets/pdfs/universal-and-equal.pdf>

<sup>2</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>3</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>4</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-social-determinants-feb06.pdf>

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Health cannot be the responsibility of one organization; it must be a cooperative effort involving coalitions.<sup>5</sup>

- Local public health agencies need to seek more decision-making authority and support for public policy at many levels directed at the elimination of health inequities.<sup>6</sup>
- Agencies could collaboratively identify methods and incentives to give priority to the health impact of their activities and decisions.<sup>7</sup>
- Use popular engagement with public health issues to facilitate community mobilization. Mobilization can in turn stimulate new demands or changes by addressing unacceptable conditions.<sup>8</sup>
- A key element, however, requires engaging with the public in community decision making and information sharing around social change efforts beyond health protection and disease prevention. Collaboration may include larger community improvement issues or involvement in economic redevelopment policy because they relate to differentials in health status. The health agency and the community work together in planning, designing, implementing, and evaluating all activities. Local health authorities must help the community develop its resources and research skills, including obtaining assistance through the local bureaucracies. Investment in capacity building is crucial.<sup>9</sup>
- Draft own social agenda.
- Draw attention to needs and inequities in resource allocation, including proposing alternative budget allocation priorities (e.g. youth, child and gender 'friendly' budgets).<sup>10</sup>
- Support the development of social capacities for engaging with bureaucracies and authorities through popular education work, skills building in lobbying and negotiation and support for publications (see, for example, the Community Working Group on Health in Zimbabwe, or the work of organisations in the Health Civil Society Network in East and Southern Africa, Annex 5).<sup>11</sup>
- Third, we can partner with agencies and organizations outside of public health whose decisions influence health.<sup>12</sup>

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<sup>5</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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<sup>7</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>8</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>9</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>10</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>11</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>12</sup> <http://www.entrepreneur.com/tradejournals/article/173519195.html>

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### Housing

- Address housing adequacy and affordability and stable housing tenure<sup>13</sup>
- Advocate for quality and safe housing<sup>14</sup>
- Improve social environment in poor neighborhoods; rebuild houses, build green spaces, etc.<sup>15</sup>
- Invest in neighborhoods, public goods, and social infrastructure by revitalizing communities and offering increased access to social services.<sup>16</sup>
- Create healthy and safe living conditions.<sup>17</sup>
- Health practitioners' involvement is crucial in activities such as city planning (to design cities to link work and home and reduce urban sprawl)<sup>18</sup>
- Housing & Land Use<sup>19</sup>
  - Ensure affordable, safe housing, and oppose the concentration of poor people in federal housing projects that segregate them.
  - Create healthy living conditions, including safe and well-designed communities and homes.
  - Support sustainable economic development.
  - Oppose the locating of toxic waste facilities in communities of color.
  - Eliminate land use and zoning regulations that have permitted the creation of sprawl.
  - Oppose targeting of toxic waste facilities in communities of color.<sup>20</sup>

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<sup>13</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>14</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>15</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>16</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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<sup>18</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>19</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>20</sup> <http://archive.naccho.org/Documents/HealthSocialJusticePaper5.pdf>

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### Livelihood

- Address Security of employment<sup>21</sup>
- Advocate for adequacy of wages, income, benefits, and leave<sup>22</sup>
- Address Job hazards<sup>23</sup>
- Address Job autonomy<sup>24</sup>
- Advocate Economic diversity<sup>25</sup>
- Advocate Locally owned business<sup>26</sup>
- Encourage your company to invest in low income minority communities<sup>27</sup>
- Advocate for Improving access to essential facilities and services –work<sup>28</sup>
- Labor and Employment -It is important to ensure that labor is less subject to labor markets as a commodity and to the whim of employers seeking cheap labor. At the same time, the workplace must be made safer, healthier, and more democratic.<sup>29</sup>
  - Support labor market and workplace policies that consciously increase employment at a living wage.
  - Advocate for Increasing the minimum wage and unemployment compensation.
  - Support living-wage ordinances and campaigns to elevate the standard of living.
  - Support pay equity.
  - Create healthy working conditions.
  - Support full-employment policies and the rights of workers.
  - Support strong health and safety regulations, and expand long-term employment opportunities and training.

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<sup>21</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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<sup>27</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>28</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-health-inequities-feb06.htm>

<sup>29</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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- Strengthen communities by developing employment policies that increase employment opportunities and training, facilitate networking and social interaction, and open new sources of access to investment capital.
- Income Supports<sup>30</sup>
  - Raise standards of living through cash or in-kind transfers and income supports.
  - Provide adequate income maintenance and distribution policies and other social insurance systems.

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<sup>30</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)



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### Nutrition

- Address Food cost<sup>31</sup>
- Advocate for Food quality and safety<sup>32</sup>
- Advocate for Proximity of retail food resources<sup>33</sup>
- Conduct an audit of your community environment to determine how many grocery stores vs. corner stores, abandoned buildings, etc. and report findings at your local city council or Board of Supervisor's meeting<sup>34</sup>
- Advocate for and participate in plans to redevelop your neighborhood to ensure that there is a full service grocery store in close proximity<sup>35</sup>
- Advocate for Improving access to essential facilities and services – water, food<sup>36</sup>
- Advocate to Ensure adequate nutrition.

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<sup>31</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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<sup>36</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-health-inequities-feb06.htm>

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### **Air Quality**

- Address Contaminants/pollutants in outdoor air<sup>37</sup>
- Address Contaminants/pollutants in indoor air<sup>38</sup>
- Address limiting exposure to environmental tobacco smoke<sup>39</sup>
- Advocate for Environmental Regulation<sup>40</sup>
  - Support full enforcement of laws, such as the Clean Air Act amendments, that seek to reduce pollution levels.
  - Eliminate, not just regulate, certain forms of production and products that damage the ecosystem or cause global warming.

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<sup>37</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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### **Water Quality**

- Address Contaminants or infectious agents in drinking water<sup>41</sup>
- Address Safety of recreational waters<sup>42</sup>

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<sup>41</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>42</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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### **Safety**

- Advocate for reduction in rate of violent crime<sup>43</sup>
- Advocate for reduction in rate of property crime<sup>44</sup>
- Advocate for reduction in rate of structural fires<sup>45</sup>
- Advocate for reduction in pedestrian hazards and injuries<sup>46</sup>

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<sup>43</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>44</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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<sup>46</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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### **Transportation**

- Address access to jobs, goods, services, and educational resources<sup>47</sup>
- Address proportion of trips walking and bicycling<sup>48</sup>
- Address total miles traveled using personal vehicles<sup>49</sup>
- Coordinate a ride board so people without transportation can go where they need.
- In addition to coordinating rides for people -- determine if public transportation is sufficient and talk to local officials if it's not.

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<sup>47</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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### Education

- Quality, proximity, and capacity of schools<sup>50</sup>
- Set up a reading room in the church, where tutors can help people with low-literacy enhance their reading skills
- Provide tutoring to limited English proficient individuals.
- Lead or join local efforts to improve the schools and advocate for more state funding.
- Attend school board meetings to support efforts to improve underperforming schools to increase opportunity for future jobs and good health.
- Inquire about your local school district's School Health Advisory Board, and encourage the school board to establish one if it doesn't exist, and if it's open to the public, participate.
- States can address these concerns by developing and strengthening patient education programs that are well-researched and that are tailored to the needs of underserved communities, such as those that support training and reimbursement for community health workers
- Behavior change to lessen vulnerabilities: health education without blaming the victim
- Understanding of why poor people more likely to die of cancer after diagnosis<sup>51</sup>
- Strengthening individuals in disadvantaged circumstances – empowerment and skills<sup>52</sup>
- Promote optimal childhood development in ways that can have lifelong consequences and reduce long-term risk, such as ensuring a proper diet and nutrition, providing early interventions, supporting high-quality public education, and abolishing child poverty to reduce infant mortality.<sup>53</sup>
- Invest in public education, particularly teachers and school structures, as well as training.<sup>54</sup>
- Schools of public health would cross-train on environmental concerns, for example, to overcome endless specialization.<sup>55</sup>

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<sup>50</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>51</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-social-determinants-feb06.pdf>

<sup>52</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-health-inequities-feb06.htm>

<sup>53</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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- a South African study of a combined micro-finance and training intervention for poor rural women which led to a dramatic reduction in intimate-partner violence (Pronyk et al. 2006, see Annex 6);<sup>56</sup>
- Students
  - Establish a student organization to promote Health Equity and Social Justice
  - Choose an internship/thesis focused on health equity
  - Take courses in health, public policy, sociology, anthropology, psychology
  - Volunteer with local communities to address adverse social conditions to promote health
- Faculty
  - Incorporate themes of health equity and social justice into course syllabus
  - Require student projects that engage communities and address inequities
  - Engage in research to promote health equity
  - Community-based participatory research
  - Policy analysis to determine health impacts
  - Analyze associations between health and social and economic indicators at individual AND community level
  - Educate policy makers about public policy options that promote health equity
- Departments
  - Incorporate themes of health equity and social justice into curriculum
  - Establish partnerships with surrounding communities to address social injustices and related health inequities
  - Sponsor town hall meetings or community dialogues on health equity

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<sup>56</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

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### **Parks and Open Space**

- Quality, proximity, and capacity of parks<sup>57</sup>
- Create neighborhood gardens to promote healthy eating, social support, and social capital.
- In addition to setting up neighborhood gardens -- participate in the development of the locality comprehensive plan and advocate for creation of green spaces, sidewalks, etc.
- For example, if your focus is on obesity, promote the development of green spaces, neighborhood gardens, full service grocery stores, as well as economic development, improved housing options, crime reduction, tutoring to improve adult literacy skills as health improvement strategies.
- Advocate for and participate in plans to redevelop your neighborhood to ensure that green spaces are developed and safe for exercise;
- Improve environments for poor people

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<sup>57</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)



## "Health Equity... Next Steps for Action"

(A compilation of ideas generated to support health equity initiatives from screenings of the series "Unnatural Causes: Is Inequality Making Us Sick?")

### **Private Goods**

- Quality and proximity of financial institutions<sup>58</sup>
- Quality and proximity of childcare services<sup>59</sup>
- Quality and proximity of health services<sup>60</sup>

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<sup>58</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>59</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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### Public Services

- Quality and proximity of health services<sup>61</sup>
- Capacity of safety net resources for housing and welfare<sup>62</sup>
- States can establishing limits on co-payments and other out-of-pocket costs in public insurance<sup>63</sup>
- Study and respond to potential unintended effects of cost-sharing on utilization<sup>64</sup>
- Provide incentives to health systems to reduce cultural and linguistic barriers<sup>65</sup>
- States can ensure that the community-level health care infrastructure needs of racial, ethnic, and language minority patients are better addressed by making sure health care institutions that serve poor and minority communities are adequately funded, by creating and/or improving incentives for health care professionals to practice in underserved communities, and by requiring cultural competency training for health care professional licensure.<sup>66</sup>
- States can improve their capacity to plan for and address the health care needs of minority communities by adopting or strengthening existing policies, such as community health planning, as a means of gaining community input and better aligning health care resources with community needs; by establishing or enhancing state offices of minority health; and by strengthening Certificate of Need (CoN) policies as a tool to reduce geographic disparities and reduce the "fragmentation" of the health insurance market. (Historically, the purpose of the CoN process has been to control health care costs and to ensure that capital and technology investments in the health care industry reflect community needs. CoN policies also have the potential to ensure that health care resources are distributed among communities equitably and according to greatest need.)<sup>67</sup>
- Locally, create a systemic health planning process to form an integrated public health infrastructure with collaborative partnerships among the many agencies whose decisions affect the public's health.<sup>68</sup>
- Improving access to essential facilities and services –health care<sup>69</sup>

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<sup>61</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>62</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>63</sup> <http://www.familiesusa.org/assets/pdfs/universal-and-equal.pdf>

<sup>64</sup> <http://www.familiesusa.org/assets/pdfs/universal-and-equal.pdf>

<sup>65</sup> <http://www.familiesusa.org/assets/pdfs/universal-and-equal.pdf>

<sup>66</sup> <http://www.familiesusa.org/assets/pdfs/universal-and-equal.pdf>

<sup>67</sup> <http://www.familiesusa.org/assets/pdfs/universal-and-equal.pdf>

<sup>68</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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- Improving equity in specific health services
- Improve the cultural competence of health providers
- Look for inequalities in the service
- Make equity is an explicit service goal
- Build-in equity promoting practices: referral, attendance and completion rates health outcomes for all groups, not just the easy ones
- Be sensitive to age, gender, culture, etc.
- Involve the consumers
- Monitor effects: process, impact, outcomes, Modify as necessary
- No or very low fees are charged for public services<sup>70</sup>
  - Systematic reviews of available evidence clearly show that the introduction of user fees in LMICs has led to overall reductions in utilisation levels (Lagarde and Palmer 2006; Palmer et al. 2004). Although there is less evidence on the relative impact of fees on poorer versus richer groups in LMICs, the wider experience of out-of-pocket payments presented in Part 3 shows the particular burdens borne by lower income groups (see also the China case study (Meng 2007), Annex 5). Out-of-pocket payments, including user fees, generate utilisation inequities and impoverish women, lower income and socially marginalized groups. Asian evidence also specifically shows that in three of the four (out of eleven) more re-distributive health care systems only minimal fees for public services are charged to anyone, whilst in Thailand an unusually effective mechanism protected the poor from payment (O'Donnell et al. 2005b).
- Evaluate existing services to determine if
- Equitable provision of health care – to meet needs of poor people<sup>71</sup>
- Social Services and Community Infrastructure<sup>72</sup>
  - Ensure equity in service delivery and access to services such as schools, transportation, libraries, and recreational facilities.
  - Increase social spending on the social or public infrastructure and public goods to improve neighborhoods.
- Health Care<sup>73</sup>

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<sup>69</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-health-inequities-feb06.htm>

<sup>70</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>71</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-social-determinants-feb06.pdf>

<sup>72</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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- Establish a system of health and health care institutions that is available to all.
  
- Integrate public health criteria into economic redevelopment and community development.

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<sup>73</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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### **Social Networks**

- Number and quality of contacts with friends and families<sup>74</sup>
- Participation in voluntary organizations<sup>75</sup>
- Quality of informal interactions<sup>76</sup>
- Adopt a senior member of the church and/or community to provide basic living skills.
- Create neighborhood gardens to promote healthy eating, social support, and social capital.
- Set up a men's mentorship model involving a tool kit developed to be used by men acting as mentors.
- Start an ongoing year-round sports league.

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<sup>74</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>75</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>76</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

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### Social Inclusion

- Population living in relative poverty<sup>77</sup>
- Attitudes towards or stereotypes of minority racial, social and ethnic groups<sup>78</sup>
- Residential segregation by race, ethnicity, religion, or class<sup>79</sup>
- Degree of inequality in income or wealth<sup>80</sup>
- Provide tutoring to limited English proficient individuals.
- Place an ad for a vacant administrative position in publications targeted to communities of color
- Take steps to increase diversity among the state's health care providers, and
- Strengthening disadvantaged communities – cohesion and resources<sup>81</sup>
- Draw attention to and protest all forms of racism, discrimination, and social injustice.
- Encouraging macroeconomic and social changes – Equal opportunities<sup>82</sup>
- A major objective must be to democratize rather than privatize more dimensions of production and social life. This does not mean relying on centralized government controls. Instead, it refers to greater public control over life's necessities. For example, with respect to economic redevelopment, communities ought to decide on the type and location of investment, based on needs and health considerations, rather than allowing developers to make these decisions.<sup>83</sup>
- involving population groups in priority-setting for planning,
  - such as was the experience of a theatre programme used by some local authorities in the United Kingdom to tap residents' opinions and identify alternative policy solutions for local authority Health Improvement Plans (Goetz and Gaventia 2001);<sup>84</sup>
  - involving disadvantaged and marginalized groups in health promotion, prevention and care, such as was done in a community-based

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<sup>77</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>78</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>79</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>80</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>81</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-health-inequities-feb06.htm>

<sup>82</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-health-inequities-feb06.htm>

<sup>83</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>84</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

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intervention in Nepal that involved mothers in an action-learning cycle to identify local perinatal problems and devise strategies to solve them (this was associated with significant reductions in maternal mortality and adverse birth outcomes as well as increased health service utilisation (Manandhar et al. 2004), see Annex 6)).<sup>85</sup>

- Zapatista movement was integrally involved in planning and delivering health services in the area under its control (Cuevas 2007; see Annex 5)), recognising that civil society organisations are able to: generate information relatively quickly; direct it to where it will have impact; and draw on symbols and stories, as well as popular vocabulary, to great effect (as for example in the Access to Treatment campaigns in east and southern Africa, particularly South Africa).<sup>86</sup>
- Provide special mechanisms to engage marginal groups (such as the 'citizen juries' and participatory 'well-being assessments' in the United Kingdom which engage local residents who do not normally participate in local government;), recognizing that rights-based approaches can also become drivers of equity when they are used to strengthen the collective agency of the most vulnerable groups.<sup>87</sup>
- Institutional Racism and Discrimination<sup>88</sup>
  - Enforce antidiscrimination laws.
  - Support diversity in communities through zoning and land use laws that promote integration and low-income housing.
  - Support an end to segregated housing and equitable distribution of social services.

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<sup>85</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>86</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>87</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>88</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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### Political Participation

- Degree and quality of participation in public decision-making<sup>89</sup>
- Responsive of government to popular needs<sup>90</sup>
- Start an ongoing year-round sports league<sup>91</sup>.
- Vote and hold elected officials accountable<sup>92</sup>
- Community Member
- Encourage local officials to conduct a town hall meetings to discuss health inequities and their causes.
- Vote in local, state, and national elections and hold elected officials accountable
- Participate in the development of your locality's comprehensive plan to ensure that future development is done in a way to promote health. This is a public process that we all can participate in.
- Political commitment
- Encouraging macroeconomic and social changes – Equal opportunities, poverty reduction, environmental control, democracy<sup>93</sup>
- Changing disease patterns are still primarily a function of changes in political power and processes of production, consumption, and distribution in a historically specific context.
- A preliminary challenge is to identify the requirements for confronting political interests and systems of rules that maintain those interests and to reclaim the political power that would make change possible.<sup>94</sup>
- Engage with formal local and national political leaders to strengthen political support for social action and participatory processes and offset disabling power relations within communities (see Mexico City case study (Laurell (2007), Annex 5) and the Zimbabwean parliamentary experience where links and dialogue with civil society was a key factor in strengthening the budget work of Parliament (Chebundo 2007b, Annex 5)).<sup>95</sup>
- Taxation<sup>96</sup>

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<sup>89</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>90</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>91</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>92</sup> [http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

<sup>93</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-health-inequities-feb06.htm>

<sup>94</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>95</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>96</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)



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- Develop a more progressive tax system than the present one, which favors the well-off.
- Increase the amount and coverage of the earned-income credit.
- Tax capital gains at the same rate as wages.
- Eliminate subsidies for wealthy corporations, such as those in energy, agriculture, timber, and mining.
- Stop cutting taxes on the rich, and rescind recent tax cuts.
- Trade<sup>97</sup>
  - Support fair and equitable global trade policies.
  - Support a moratorium on the negotiation of new trade agreements.
- Democracy<sup>98</sup>
  - Support democratic control over major investment decisions
  - Strengthen public participation in health decision making.
  - Support the chartering of corporations, and provide localities with more control over corporations.

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<sup>97</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>98</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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### Health Specific Topic Areas

#### **Tobacco**<sup>99</sup>

- Partner with the Tobacco Control Program (TCP) to see if there is a local coalition that is interested in addressing a local tobacco issue related to social justice.
- Contract with someone to adapt a curriculum for community action around tobacco as a social justice issue in Virginia and link with TCP (<http://www.sfdph.org/dph/comupg/oprograms/CHPP/CAM/default.asp>)
- Contract to do a study on marketing of cigarettes in low income or minority communities. I remember Steve said that one neighborhood he lived in received free samples of cigarettes or concentration of billboards, etc.
- Arrange for a recognized speaker to talk about tobacco as a social justice issue.
- Health care providers need more training in how to deliver intensive treatments to low-income populations. Every clinic should have a tobacco-user identification system, plus dedicated staff to provide treatments.
- Multi-cultural truthsm campaign conducted to prevent youth smoking.
- Implement this "multi-cultural" truth campaign at our CHCs
- Establish female support groups for African-American women trying to quit in major cities, including right here in New Orleans;
- In the tobacco-growing eastern Tennessee region, a county anti-tobacco coalition will partner with community groups to serve low income communities;
- The Lesbian and Gay Community Services Center in New York will offer tobacco prevention, intervention, and advocacy services to lesbian, gay, bisexual, and transgender youth.
- The Albuquerque, New Mexico, Area Indian Health Board will create community- based tribal tobacco councils to develop tobacco reduction initiatives consistent with community values
- Smoke free places
- Provide stop smoking aids free of charge<sup>100</sup>

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<sup>99</sup> [http://www.americanlegacy.org/PDF/Tobacco\\_as\\_Social\\_Justice.pdf](http://www.americanlegacy.org/PDF/Tobacco_as_Social_Justice.pdf)

<sup>100</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-social-determinants-feb06.pdf>

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- Affect practices of tobacco companies

### ***Sexually Transmitted Diseases***<sup>101</sup>

- Build partnerships with activists who share the same goals,
- Develop intersection of issues related to social justice and STDs
- Integrate campaigns against other disease disparities and that share the same root causes.
- Work with Community activists can bring passion to STD prevention by intersecting those goals with social justice causes.
- Empower women with the idea that sexually active women of color should know that their health depends on being tested annually for chlamydia and gonorrhea. Increased screening could result in shorter duration of infections.
- Those who are passionate about institutional racism could be motivated to assure quality care that is acceptable to young African-American males, especially those with symptoms.
- Opportunities for youth are addressed when youth are provided with the skills, knowledge, and self-respect to better protect themselves from acquiring STDs.
- Reproductive justice is serviced by conveying to those who are infected that it is irresponsible and unacceptable for them to have sex while contagious.
- By tapping into these larger societal issues, passions and attentions can be brought to bear on STD prevention that would not otherwise have been possible.
- Clinical services—screening: Annual screening for gonorrhea and chlamydia used to be fundamental, but with decreased rates, widespread screening is no longer recommended.
- Community advocates for women's health should push for screening for all sexually active women younger than 25, especially women of color.
- Mobilize. Encourage activists to develop a "passion" or cause for eliminating STDs in their communities.
- Engage. Share information with communities regarding STD prevalence, and explain how these data are tracked.
- Collaborate. Develop strategies for intersecting social justice causes with STD prevention at the community level.
- At the public health level, standard approaches to STD prevention should take into account the social determinants of health disparities.
- Public health organizations have multiple mechanisms in place for tracking and reducing the transmission rates of gonorrhea, chlamydia, and other STDs in African-American communities.
- Surveillance, prompt diagnosis and treatment, partner management, screening, and behavioral interventions are the traditional approaches. However, these approaches are limited in effectiveness if they are pursued in isolation and without regard for the particular needs and realities of the communities they serve.
- A wide range of social determinants make African-American communities particularly susceptible to STD disparities and represent underlying causes of their high STD transmission rates.
- These determinants relate to a community's incarceration rates, age composition, levels of education, income levels, segregation, unemployment, racism, sexual mixing patterns, rates of concurrent

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<sup>101</sup> <http://www.cdc.gov/std/general/STDHealthDisparitiesConsultationJune2007.pdf>

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sexual partners ("concurrency"), health care quality, health care access, and substance abuse.

- SisterLove has launched an innovative program called Community PROMISE that focuses on providing HIV/AIDS prevention education for women attending historically Black colleges and universities (HBCUs) in Atlanta, Georgia. The program enables communities of college-age women to identify issues and risk factors that affect their risk for contracting HIV and other sexually transmitted infections. SisterLove works collaboratively with young women to document their stories and learn how they have made positive choices that enhance their lives. These women then serve as role models and peer educators for other young women in similar circumstances.
- innovative approaches that expand the health paradigm
- standardization of disparity measurement
- community-appropriate issue framing,
- reforms in health care delivery,

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### Data to Support Health Equity

<http://siteresources.worldbank.org/INTPAH/Resources/Publications/459843-1195594469249/HealthEquityCh2.pdf>

- can establish mechanisms for promoting equity and accountability by promoting the collection of data on health care access and quality according to patients' race, ethnicity, income or education level, and primary language, and by publicly reporting this information.<sup>102</sup>
- What can health researchers do?
- Include equity questions in all research<sup>103</sup>
- Longitudinal studies
- Explanatory studies
- Intervention studies
- Multilevel analyses
- The collection of data that focus on systemic outcomes is critical to an enterprise that seeks to eliminate health inequities. As Nancy Krieger (1992, p. 422) notes, "Keeping in mind that the information in U.S. data bases is actively collected, not passively discovered, we must therefore insist that all national vital statistics be reported stratified by gender-appropriate measures of social class, in combination with race/ethnicity and gender."<sup>104</sup>
- Second, we can begin to monitor population health and well-being differently by drawing attention to the potential health risks that may result from a degraded ecosystem, polluting industrial plants, and sprawl.<sup>105</sup>
- Research, Data Collection, and Surveillance and Monitoring<sup>106</sup>
  - Support the appointment of a Council of Social Advisers to match the Council of Economic Advisers. (See Miringoff and Miringoff, 1999.)
  - Support and develop health impact assessments for social and economic initiatives to evaluate the impact of programs, policies, and projects on the health of the population and to reveal possible inequalities.
  - Support the collection of government data by class, investigate racism as a fundamental cause of ethnic inequities in health and its effects on health, and support the development and implementation of a health

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<sup>102</sup> <http://www.familiesusa.org/assets/pdfs/universal-and-equal.pdf>

<sup>103</sup> <http://www.health.sa.gov.au/PEHS/branches/health-promotion/cc-strategic-plan-targets-feb06.pdf>

<sup>104</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>105</sup> <http://www.entrepreneur.com/tradejournals/article/173519195.html>

<sup>106</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

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equity index to provide a core measure to focus public attention on health inequities.

- Develop effective ways of measuring and monitoring the impact on health inequities of policies and practices in housing, taxation, education, the health care system, and other aspects of society.
- Give priority to funding research that looks at environmental influences rather than behavior change with the expectation that research funded in this program should be multi-disciplinary and inter-sectoral.<sup>107</sup>
- That participatory research models be prioritized in funding and members of the target community, health care workers or other relevant parties involved in the research process to ensure relevance of outcomes to any proposed policy decisions.<sup>108</sup>
- Factor in funding and additional time required for evaluation of complex interventions, especially if participatory research is involved.<sup>109</sup>
- That research that identifies policy responses to strengthen opportunity structures for health and social participation at a local level be considered.<sup>110</sup>
- Supporting the evaluation of urban regeneration interventions, for example through funding researcher input into evaluation planning and design.<sup>111</sup>
- Consider the potential of local government, as the subject of, or partner in, research into health inequalities.<sup>112</sup>

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<http://www.vichealth.vic.gov.au/assets/contentFiles/VicHealth%20submission%20to%20NHMRC%20Preventive%20Health%20Working%20Group.pdf>

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<http://www.vichealth.vic.gov.au/assets/contentFiles/VicHealth%20submission%20to%20NHMRC%20Preventive%20Health%20Working%20Group.pdf>

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<http://www.vichealth.vic.gov.au/assets/contentFiles/VicHealth%20submission%20to%20NHMRC%20Preventive%20Health%20Working%20Group.pdf>

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<http://www.vichealth.vic.gov.au/assets/contentFiles/VicHealth%20submission%20to%20NHMRC%20Preventive%20Health%20Working%20Group.pdf>

## "Health Equity... Next Steps for Action"

(A compilation of ideas generated to support health equity initiatives from screenings of the series "Unnatural Causes: Is Inequality Making Us Sick?")

- Consider exploring ways in which interdisciplinary collaborations can redress health inequalities through improved access to preventive and primary health care services.<sup>113</sup>
- Prioritize research which incorporates or explores different theoretical understandings of poverty in relation to health, and addresses tensions inherent in them.<sup>114</sup>
- Public health practice can also engage in research that emphasizes the cumulative effects of poor social conditions (Davey Smith and others, 1997).<sup>115</sup>
- Monitor the performance of health systems against social priorities such as was the case with the report cards on client satisfaction with public services used in Mumbai, Bangalore and Calcutta, India, carried out through large surveys by a CSO).<sup>116</sup>

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<http://www.vichealth.vic.gov.au/assets/contentFiles/VicHealth%20submission%20to%20NHMRC%20Preventive%20Health%20Working%20Group.pdf>

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<http://www.vichealth.vic.gov.au/assets/contentFiles/VicHealth%20submission%20to%20NHMRC%20Preventive%20Health%20Working%20Group.pdf>

<sup>115</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>116</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)



## "Health Equity... Next Steps for Action"

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### **Public Investment in Children and Neighborhoods:** Strengthening Communities

- Invest in children in order to eliminate childhood poverty and provide support throughout the course of life.<sup>117</sup>
- Invest in children and promote optimal childhood development in ways that can have lifelong consequences and reduce long-term risk, such as ensuring a proper diet and nutrition; providing early interventions; supporting high quality public education; promoting optimal childhood development, and abolishing child poverty to reduce infant mortality.<sup>118</sup>
- Invest in public education, particularly teachers and school structures, as well as training.<sup>119</sup>

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<sup>117</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>118</sup> <http://archive.naccho.org/Documents/HealthSocialJusticePaper5.pdf>

<sup>119</sup> <http://archive.naccho.org/Documents/HealthSocialJusticePaper5.pdf>

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**Paradigm Shift** - This may mean an explicit identification with goals of social justice and advocating for them, changing roles and expectations. Rethinking the work of public health toward prevention and system building recognizes that, for example, employment status, level of income, and quality of education are essential to the public's health.<sup>120</sup>

- Present and promotion of indicators that reflect public health concerns—unemployment rates, air pollution levels, infant mortality rate, child abuse, child poverty, homicide rates, access to affordable housing, weekly earnings, and so on, as well the links between social conditions and health.
- Using such measures or establishing a locally based “wellness” index requires promoting it in the media as a supplement to the endless array of economic indicators. In addition, the pathogenic effects of social inequalities demand more research<sup>121</sup>
- Traditional health promotion emphasizes realizing healthy lives at the level of the individual, without stressing the need to alter economic, social, and ecological environments of populations with respect to the material disadvantages that people face in everyday life. Strategies would aim at removing or lowering risk for specific populations. For example, more attention would be given to critiquing the fast-food industry and countering its increasing ubiquity, which has extended even in hospitals. But improving health for everyone still leaves a gap.<sup>122</sup>
- Media. Examples include developing campaigns, writing newspaper editorials, publishing in popular periodicals, developing seminars and workshops, and initiating speaking engagements. have to communicate with a broader public more effectively, building a constituency.<sup>123</sup>
- These steps must aim at solutions that disturb political power relations. However, because the consequences of political power function everywhere in society, so must struggles for social justice and health justice be everywhere, not just within the realm of public policy or state institutions.
- Targeted approaches focus efforts on a specific population or issue (such as a disease or risk factor), especially when there are resource constraints and a desire for visible and timely results (for example, intersectoral approaches are used to address the poor health status of indigenous peoples in Australia, Canada and New Zealand, while in Canada, the National Tobacco Strategy involves all levels of government, is led by the health sector and includes partners from justice, taxation and border service agencies). A drawback of targeted approaches is a narrow focus on more ‘downstream’ issues, and the potential to duplicate efforts.<sup>124</sup>
- Place-based or settings approaches involve broad-based implementation at the local level. They provide a shared platform for action by different sectoral actors within a defined community, thereby facilitating horizontal engagement and

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<sup>120</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>121</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>122</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>123</sup> [http://media.wiley.com/product\\_data/excerpt/35/07879673/0787967335.pdf](http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf)

<sup>124</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

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offering tangible results (for example, the UK Labour Government's Health Action Zones in the early years of this decade were built on WHO's Healthy Cities movement, and identified disadvantaged communities for concerted action, see Annex 6). These approaches are complex and require sustained support by a wide range of actors.<sup>125</sup>

- Incremental approaches arise on a larger scale when there is recognition of the need to act across sectors to address shared challenges. Evidence is often used to review all sectoral policies and inform choices on where and when to act collaboratively, yielding a diverse set of actions (for example, at the global level, the Water, Sanitation and Health Protection of the Human Environment initiative has followed a five-year process in which government and non-government actors have been involved in joint policy development). Incremental approaches tend to develop interventions over a longer timescale that makes them vulnerable to vagaries in political support.<sup>126</sup>
- Broad policy frameworks can be adopted by governments as a whole to guide policy-making within and between sectors (at a global level, the Millennium Development Goals, and at a regional level, Europe's National Environment and Health Action Plan, provide a framework within which governments and sectors are obliged to work collectively towards shared goals).<sup>127</sup>
- First, public-health departments can inform the public about the inequities and their causes, highlighting disproportionate exposures among low-income communities and communities of color.<sup>128</sup>

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<sup>125</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>126</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>127</sup> [http://www.who.int/social\\_determinants/resources/csdh\\_media/hskn\\_final\\_2007\\_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf)

<sup>128</sup> <http://www.entrepreneur.com/tradejournals/article/173519195.html>

"Health Equity... Next Steps for Action"  
 (A compilation of ideas generated to support health equity initiatives from screenings of the series "Unnatural Causes: Is Inequality Making Us Sick?")

[http://healthpolicy.missouri.edu/events/ach\\_health\\_equ\\_conf/2007/healthequity\\_bremby07.pdf](http://healthpolicy.missouri.edu/events/ach_health_equ_conf/2007/healthequity_bremby07.pdf)  
 Individual ideas for health in life

[http://www.kaisernetwork.org/health\\_cast/uploaded\\_files/110107\\_sophe\\_plenary4\\_transcript.pdf](http://www.kaisernetwork.org/health_cast/uploaded_files/110107_sophe_plenary4_transcript.pdf)  
 data collection to include true diversity of communities (Asian American)

**TRACKING VIRGINIA'S ACTIVITIES TO ADDRESS HEALTH INEQUITIES:**

The Office of Minority Health and Public Health Policy is partnering with organizations to promote education and awareness as it relates to social equity and its impact on health inequities as a result of social determinants. To have your information or event listed on our website complete the:

<http://www.vdh.state.va.us/healthpolicy/healthequity/unnaturalcauses/activities.htm>

**Office of Minority Health, Division of Health Equity  
 Community Forum Update of Activities to Address Health Inequities**

Download and complete this form to have your event posted on the OMHPHP website. Email the completed form to [OMH@vdh.virginia.gov](mailto:OMH@vdh.virginia.gov) or fax it to 804-864-7440 Attention: DHE or call: 804-864-7435.

Date	Organization/Location	Presenter(s)	Audience Size	Comments