National Partnership for Action to End Health Disparities

TOOLKIT FOR COMMUNITY ACTION

NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

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NATIONAL PARTNERSHIP FOR ACTION

to End Health Disparities

Together we can. Together we will.

Creating a nation free of disparities in health and health care is something we all can work on together.

The **National Partnership for Action To End Health Disparities** was developed with the mission of mobilizing and connecting individuals and organizations across the country to create a nation in which all people have a chance to reach their full health potential. This **National Partnership for Action: Toolkit for Community Action** will help individuals, communities and organizations from the public and private sectors work together to implement programs and policies and engage with the NPA to reach that goal.

This toolkit has been developed to help individuals, organizations and policy makers:

- **Raise awareness about health disparities** – it includes descriptions of health disparities and their causes.
- **Engage others in conversations about the problem and solutions** – it provides tools to guide efforts to promote programs and policies for change.
- **Take action for change** – it provides information and tools to help individuals and organizations address health in their communities.

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

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NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

OVERVIEW

A Blueprint for Ending Health Disparities

Addressing a Problem

The United States spends more on health care than any other industrialized nation, yet millions of Americans lack the opportunity to lead a healthy life.[1] While the overall health of most Americans has improved over time, differences in health for racial, ethnic and other underserved communities have persisted for years.

Racial and ethnic minorities, people with disabilities, residents of rural areas and other vulnerable groups more often face barriers to good health. As a result, these Americans are more likely to suffer from disease and may die up to 20 years earlier than others.

By making healthy and safe choices and engaging in healthy and safe behaviors, we can improve our quality of life. But where we live, learn, work and play has an enormous impact on our ability to make healthy decisions.

- It's hard to eat healthy foods if there are no grocery stores or fresh food markets where you live or work.
- It's difficult to be physically active if there are no sidewalks in your community or you live or work in an unsafe neighborhood.

Differences in health related to these social, economic and environmental factors are known as health disparities.

Health disparities impose a steep cost on the U.S. economy and a heavy toll on the health and productivity of its people. Unless we work to address these factors, we are not going to improve the health and well-being of Americans.

Mobilizing to End Health Disparities

The U.S. Department of Health and Human Services (HHS) has produced the **HHS Action Plan to Reduce Racial and Ethnic Health Disparities** in response to the community-driven **National Stakeholder Strategy for Achieving Health Equity.** Together, these plans will guide public and private efforts to reduce disparities in health care and health outcomes.

This Toolkit can serve as a guide for grassroots advocates from a diversity of backgrounds. Specifically, this guide can help individuals, communities, and organizations from the public and private sectors to work together and implement programs and policies and engage with the NPA to reach the goal of ending health disparities.

The HHS Action Plan

The **HHS Action Plan to Reduce Racial and Ethnic Health Disparities** is the Department's first plan of its kind. It builds on the vision of a nation that achieves meaningful health equity. Through this plan, the Department is held accountable for ensuring that communications, programs, initiatives, policies, and actions address health disparity goals, in areas that include:

- Increasing access to care and fostering quality initiatives.
- Strengthening the health workforce to promote better medical interpreting and translation services and greater use of community health workers.
- Advancing the health, safety and well-being of Americans by promoting healthy behaviors and strengthening community-based programs to prevent disease and injury.
- Advancing knowledge and innovation through new data collection and research strategies.
- Increasing the ability of HHS to address health disparities in an efficient, transparent and accountable manner.

The National Stakeholder Strategy

The **National Stakeholder Strategy for Achieving Health Equity** (NSS) is a product of the **National Partnership for Action to End Health Disparities** (NPA). It reflects the commitment of 5,000 individuals across the country in almost every sector, from housing, to education, to health. The NSS will:

- Increase the effectiveness and strength of existing programs by helping stakeholders raise awareness, strengthen leadership, improve health outcomes, foster cultural competency, and facilitate the collection and diffusion of research and data.
- Guide stakeholders at the federal, regional, state, and local levels to adopt the most effective goals, strategies and action steps for their communities.

With the NSS as a road map, the NPA will strengthen collaboration across multiple sectors and help local stakeholders identify problems, set priorities and work together to eliminate health disparities.

A Comprehensive, Coordinated Approach

Together, the **HHS Action Plan** and the **National Stakeholder Strategy** provide a strong and visible national direction for a coordinated effort to effectively address health disparities.

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

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WHAT ARE HEALTH DISPARITIES AND WHO DO THEY IMPACT?

Too many Americans, because of where they live, their race, their education or their income, don't have the opportunity to lead a healthy life and, as a result, they suffer from substantially more health problems than others. ***These differences in health are known as health disparities.***

Health disparities are harmful not only to the individuals and communities that experience them; they hurt the nation as a whole.

Defining Health Disparities

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

Where We Live, Learn, Work and Play Matters

Much of what influences our health happens outside of the doctor's office. Achieving good health requires more than just good health care or healthy behavior. It requires improving or sustaining the conditions that keep people healthy.

For example, we know that healthy neighborhoods can support better health:

- One in five cases of asthma are linked to mold and moisture in the home.[2]
- In neighborhoods characterized by high levels of community violence, children may be more likely to be confined to their homes after school rather than allowed to go outside and be physically active.[3]
- Some families, especially the poor, struggle to maintain a steady diet of nutritional food. Nearly 15 percent of American households were food insecure and unable to put food on the table at times in 2008.[4]
- In 2009, more than 36 million people sought medical attention for injuries related to, although not necessarily caused by, consumer products. In recent years, millions of dangerous consumer products have been recalled, including more than 12 million cribs in which dozens of children have died.[5]

The conditions in which people are born, grow, live, work and age are mostly responsible for health inequities. As a result, they experience a greater burden of illness and a greater risk of premature death. To make the dramatic improvements that health equity will require, we must also address housing, education, workplaces, the environment, recreational opportunities, transportation and other social factors that influence health.

Health Disparities Hurt Us All

Eliminating health disparities is not only the right thing to do; it is the smart thing to do. Health disparities impose a steep cost on the U.S. economy and a heavy toll on the health and productivity of its citizens.

Poor health impacts a student's ability to pay attention in class and a worker's ability to perform well at his job. It hurts our country's ability to reach its potential and be competitive in the global marketplace.

Achieving Health Equity

Everyone benefits when health disparities are eliminated and health equity becomes a reality:

- Financial costs are greatly diminished.
- Healthy children can grow into productive adults.
- Healthy adults boost workforce capacity and capability.
- American values of caring for one another are honored.

Resources

National Partnership for Action to End Health Disparities
Read the National Stakeholder Strategy for Achieving Health Equity
http://minorityhealth.hhs.gov/npa/

Offices of Minority Health
Find federal, regional and state minority health offices
http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=187

National Conference of State Legislatures
Access articles, maps, charts and briefs on minority health, health disparities and health reform for states
http://www.ncsl.org/default.aspx?tabid=14294

Unnatural Causes...is inequality making us sick?
Watch this video documentary series exploring racial and socioeconomic inequalities in health
[*in English, Spanish and Asian languages*]
http://www.unnaturalcauses.org

Unequal Treatment
Read this landmark study of inequality in health care from the Institute of Medicine
http://www.nap.edu/openbook.php?isbn=030908265X

Agency for Healthcare Research and Quality
Read the National Healthcare Disparities report
http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf

The Commission to Build A Healthier America
Access data and resources related to the social factors that influence health from The Robert Wood Johnson Foundation
http://www.commissiononhealth.org

Gaydata.org
Access health data on LGBT populations and learn how to collect sexual orientation data
http://www.gaydata.org

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

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HEALTH DISPARITIES AND SOCIAL FACTORS

By making healthy choices and engaging in positive and safe behaviors we can improve our quality of life. But where we live, learn, work and play have an enormous impact on our ability to make healthy decisions. These social factors—often called social determinants of health—are a powerful contributor to health disparities.

Influences on Good Health Include the Availability of and Access to:

- Nutritious food
- Decent housing
- Safe workplaces and homes
- Walkable neighborhoods
- Affordable, reliable public transportation
- Clean water and air

In Your Home

A number of housing-related factors can contribute to poor health or harm the health of individuals, from the health and safety hazards of overcrowded and substandard housing, to securing affordable housing in neighborhoods that promote healthy living.

Quick Facts

1. Lead exposure in children ages 1-5 is more prevalent among African Americans, who tend to reside in urban areas with older homes adorned with lead-based paint. Blood lead levels are also high for poor children of all races and ethnicities, compared to others. Lead poisoning affects brain and nervous system development and can lead to cognitive impairments and learning disabilities.[6]

2. Four million emergency department visits and 70,000 hospitalizations every year can be explained by accidents occurring in the home, often because of defective structural features and systems, like faulty heating or fire detection systems and steep staircases.[7]

In Your Workplace

Employee benefits

Employee benefits such as access to health insurance, wellness programs, and paid time off can improve access to health care and health outcomes. Low-income populations are less likely to have employment-based benefits that support good health.

Quick Facts

1. In 2005, approximately 37 percent of low-income adults had employment-based health insurance and nearly 43 percent had no coverage.[8]

2. Only 33 percent of low-wage jobs provide paid sick leave compared to 81 percent of high-wage jobs, discouraging low-income populations from seeking health care.[9]

Work-related injury and illness

Work-related injury and illness contribute to poor health and are experienced more often by low-income populations, racial and ethnic minorities and other underserved groups.

Quick Facts

1. Lower-income workers are more likely to be exposed to noxious chemicals and physical hazards such as noise, heat, heavy lifting, long work hours and unstable shift assignments, putting them at greater risk of injury.[10]

2. Fatal work injuries are higher for Hispanic workers than all other races - a rate of 3.7 per 100,000 full-time employees compared to 3.4 for Whites and 3.0 for African Americans.[11]

3. People living in rural areas are more likely to do agricultural work and as a result are at higher risk of illness and death from pesticide poisoning and may expose their children by unknowingly bringing pesticides home on their clothing.[12]

In Transportation

Lack of affordable, reliable transportation in both urban and rural areas affects access to healthy foods, health care services, educational opportunities, physical activity levels and employment.

Quick Facts

1. In 2006, 3.2 million children missed or didn't schedule a medical visit because of transportation problems.[13]

2. Public transit systems offer opportunities for increasing physical activity and reducing the prevalence of obesity and its associated problems. Nearly 30 percent of adults who use public transit in a given day get 30 minutes of physical activity just by walking to, from and between modes of transit.[14]

In Your School

Children spend most of their time in school. Schools should be healthy places, from the food served to the opportunities for physical activity during recess and gym class, to teaching about health and nutrition and creating safe, welcoming places that are conducive to learning.

Quick Facts

1. Kids who attend public schools in low-income neighborhoods get two-thirds less time on the playground as kids attending public schools in wealthier areas.[15]
2. In 2004-2005, 93-94 percent of school meals failed to meet dietary requirements, mostly because they were too high in fat and calories.[16]
3. A 2007 survey by the National Center for Education Statistics found that 5.5 percent of children and adolescents did not go to school on one or more of the 30 days preceding the survey because they felt unsafe at school or on their way to or from school.[17]

In Your Neighborhood

Some urban environments are characterized by poor air quality, few places to play and exercise, and unsafe or violent neighborhoods. Those living in rural environments may be exposed to higher levels of hazardous waste, such as farm-related pesticides and petroleum products, or may need to travel substantial distances to access fresh, healthy food.

Quick Facts

1. More than 23.5 million people in the United States live more than a mile from the nearest supermarket. Wealthy areas have twice the number of supermarkets as poor ones.[18]
2. An estimated 43 percent of people with safe places to walk within 10 minutes of their home get the minimum recommended level of daily activity. For people living in less walkable areas, that number decreases to 27 percent.[19]
3. African American children die from drowning at 3.1 times the rate of White children in the same age range. Hispanic boys have higher rates of pool drowning than White non-Hispanic boys. The fatal drowning rate among American Indian and Alaska Native children is 2.2 times higher than for White children.[20]

Resources

United States Department of Health and Human Services
http://www.hhs.gov

United States Department of Housing and Urban Development
http://www.hud.gov

United States Department of Labor
http://www.dol.gov

United States Environmental Protection Agency
http://www.epa.gov

United States Department of Agriculture
http://www.usda.gov

United States Department of Education
http://www.ed.gov

United States Department of Transportation
http://www.dot.gov

United States Consumer Product Safety Commission
http://www.cpsc.gov

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

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HEALTH DISPARITIES AND THE ECONOMY

Health disparities impose a steep cost on the U.S. economy and a heavy toll on the health, productivity and human potential of its citizens.

The Far-Reaching Effects on the U.S. Economy

Racial and ethnic minorities and other vulnerable populations suffer a disproportionate burden of disease and poor health as a result of disparities in health insurance coverage; access to quality care; and other social, environmental, and economic factors that are linked with health. The increased incidence of conditions such as heart disease, diabetes, cancer, and obesity among these groups is associated with higher health costs, increased number of missed work days due to illness and lower household earnings. This drives up health spending, hampers productivity, and puts a burden on economic growth and competitiveness at home and abroad.

Quick Facts

1. Spending on health care by patients, providers, employers and government totals more than $2.5 trillion annually and continues to grow every year.[21]

2. Between 2003 and 2006, the combined costs of health inequalities and premature death in the United States were estimated to be $1.24 trillion.[22]

The Cost to Businesses

Employers increasingly recognize the effect that poor health and illness have on the productivity of their companies, in addition to their impact on businesses' health expenditures.

Poor health:

- Impacts a workers ability to perform well at his/her job.
- Increases sick leave, turnover and absenteeism.
- Increases short- and long-term disability.
- Affects a company's ability to compete in the global market.

With increased incidence of disease and illness among racial and ethnic minorities and other vulnerable populations, employers must address health disparities as a way to reduce business costs related to poor health.

Quick Facts

1. In 2009, health disparities among African Americans and Hispanics cost private insurers an additional $5.1 billion. These costs ultimately fall to businesses in the form of higher insurance rates. Over the next decade, the total cost of these disparities for private insurers is estimated to reach more than $65 billion as the number of Latinos and African Americans in the United States increases.[23]

2. Indirect costs associated with unscheduled absences and productivity losses associated with family and personal health problems, cost U.S. employers $225.8 billion annually. Add the cost of poor health caused by health disparities to these already unmanageable expenses and the problem becomes even more complex.[24]

The Time Is Now

With the rising cost of health care coupled with a labor force that is becoming more racially and ethnically diverse, addressing health disparities is even more important for our economy.

One in three US residents self-identify as African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Hispanic/Latino, or multiracial. By 2050, this number is expected to increase to one in two, with ethnic and racial minorities in the US collectively becoming the majority.[25] With even greater diversity in younger generations, the workforce is only going to continue diversifying: In 2010, Hispanics made up 23 percent of people under the age 18.[26] By 2050, ethnic and racial minorities in the US will collectively become the majority.[27]

Addressing Disparities Helps the Economy

If all Americans are healthier, health care costs will decrease. And, if workers are healthier the United States will benefit from increased productivity, decreased absenteeism and greater workforce stability. All of these changes would help keep the United States competitive in the global market.

Resources

The National Business Group on Health
http://www.businessgrouphealth.org

- Center for Prevention and Health Services Issue Brief, September 2009 – Addressing Racial and Ethnic Health Disparities: Employer Initiatives
- Center for Prevention and Health Services Issue Brief, February 2009 – Eliminating Racial and Ethnic Health Disparities: A Business Case Update for Employers

Joint Center for Political & Economic Studies
http://www.jointcenter.org

- The Economic Burden of Health Inequalities in the United States, September 2009

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

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HEALTH DISPARITIES AND THE HEALTH SYSTEM

Communities that suffer from health disparities typically also face health care disparities such as differences in access to and delivery of quality health care.

How Do Health System Issues Contribute to Disparities?

While health care in the United States is among the best in the world, access to quality, affordable health care and preventive care is not consistent across the country.

Some Americans may live in an area that has a shortage of doctors, they may not have health insurance or they may receive a lower quality of care because of stereotyping, language barriers or poor health literacy.

Disparities in health care further exacerbate disparities in health—it's hard to manage a chronic disease like asthma or diabetes when there isn't a doctor nearby or you don't have health insurance.

Reducing health care disparities is one way to help put Americans on a path to better health.

DISPARITIES IN QUALITY OF CARE

Preventive Care

Approximately 52 percent of Hispanics and 42 percent of Blacks aged 50 or older said they never had a sigmoidoscopy or colonoscopy screening test for colorectal cancer, compared to 36 percent of older White adults. Barriers to screening include not having health insurance, low health literacy and lack of provider recommendation.[28]

Diagnosis

In its 2008 Health Disparities Report, the Agency for Healthcare Research and Quality found that obese Hispanics, poor individuals and individuals with lower education were less likely to receive advice about exercise, a recommended process-of-care measure, compared to their White, higher education and higher income counterparts.[29]

Medical Care & Treatment

Racial and ethnic minorities are less likely to receive pain medication than Whites to manage comparable disorders. One study found that over a 13-year period, the likelihood that a White patient complaining of pain would receive pain medications from an emergency room doctor was 31 percent, while Black, Hispanic and Asian patients only received the drugs 23 percent, 24 percent and 28 percent of the time, respectively.[30]

Access to Quality Healthcare

When individuals have reliable, consistent access to health care, they are more likely to receive screenings, timely diagnoses, and appropriate treatment of chronic diseases and conditions. However, some Americans disproportionately face barriers to accessing health care.

Expanding Insurance Coverage

Racial and ethnic minorities, low-income and other vulnerable populations comprise the majority of uninsured people in the United States.

People of color generally face more access barriers and utilize less care than Whites. For example, nonelderly Black and Hispanic adults are less likely than their White counterparts to have a usual source of care or to have had a health or dental visit in the previous year.

For more information on understanding health insurance coverage, visit the Centers for Medicare & Medicaid Services, www.cms.gov

Quick Facts

1. Those who have not graduated high school or earn less than $25,000 per year are markedly less likely to have insurance coverage compared to others with higher education or income. In 2009, 26.6 percent of people in households with annual incomes less than $25,000 had no health insurance coverage.[31]
2. Compared to Whites, three times as many Hispanics and almost twice as many Blacks state that they do not have health care coverage.[32] More than 20 percent of Native Hawaiians and Pacific Islanders in the U.S. are uninsured.[33]

Reducing Health Care Costs

Even when people have insurance, they often can't afford the out-of-pocket costs, such as copayments, premiums and deductibles which they are responsible for paying.

These often high costs force many people, particularly those who are low-income and elderly, to make tough choices between getting the care they need, or paying for other expenses like rent or food.

Quick Facts

1. Out-of-pocket costs for medical care have been rising steadily, growing 0.4 percent to $299.3 billion between 2008 and 2009.[34]
2. Poor health resulting from racial and ethnic health disparities cost the U.S. health system approximately $29.3 billion in 2009 alone; these costs are projected to account for an estimated $337 billion over the next decade.[35]

Addressing Health Care Workforce Shortages

There is a critical shortage of health care providers, especially primary care physicians, serving patients in rural areas and the inner city, where racial and ethnic minorities more often live.

Quick Facts

1. There are almost 14,000 health professional shortage areas for primary medical care, dental care, or mental health care distributed throughout the United States.[36]

Increasing Quality of Care: Providing Culturally and Linguistically Competent Health Care

Culturally and linguistically competent health care is based on a set of behaviors, attitudes, practices and policies that enable health care providers to better diagnose and treat patients of different cultural backgrounds.

Improve Language and Health Literacy Services

Effective communication between health care professionals and patients can be hindered by language barriers. Making language services and quality medical interpreting available for people with limited English proficiency is an important contributor to good health care.

Health providers also need to consider patients' health literacy and work to ensure that patients know what to expect from treatment and that they understand, accept and can follow instructions for medications, nutrition and lifestyle changes, if needed, when they go home.

Quick Facts

1. More than one-third of Asian Americans have limited English proficiency. One-quarter of Asian Americans live in households without a member aged 14 or over who is fluent in English, intensifying health disparities.[37]

2. Blacks, Asians and Hispanics are more likely to report poor communication with their health provider than are Whites.[38]

Provide Culturally Appropriate Services

Recognition of cultural differences enhances rather than hinders understanding. Health care services that are respectful of and responsive to the health beliefs and practices of diverse patients, and that build trust can help bring about positive health outcomes. That is why the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) have been developed to ensure that every individual receives quality, culturally appropriate care.

Quick Facts

1. Minorities are less likely to trust medical and public health institutions than are Whites. This may be due to past incidences of medical abuse and mistreatment of minority patients in federally funded clinical trials, such as the Tuskegee syphilis study.[39]

Diversify the Health Care Workforce

Health providers who reflect and share similar experiences with the populations they serve can help improve the delivery of culturally competent care. But there is a critical shortage of health professionals who are racial and ethnic minorities.

Recruitment of minority students into health care professions should be increased. All students should be provided with increased cultural competence training.

Quick Facts

1. Blacks are 12.9 percent of the U.S. population but only 5.8 percent of doctors and less than 1 percent of dentists are Black. Hispanics are 15.8 percent of the U.S. population but only 6.8 percent of doctors, 4.9 percent of nurses and 5.7 percent of dentists are Hispanic.[40]

TOOLS

ThinkCulturalHealth.Gov

Provides cultural competency tools and online learning for health professionals and tools for healthcare organizations from the HHS Office of Minority Health

http://www.thinkculturalhealth.hhs.gov

CLAS Standards Blueprint

Culturally and Linguistically Appropriate Standards for health and health care.

https://www.thinkculturalhealth.hhs.gov/clas/blueprint

American Medical Association

Hosts a Doctors Back to School program which aims to encourage children from under-represented minority groups to look at medicine as a career option

http://www.ama-assn.org

Health Research and Educational Trust

Provides a disparities toolkit to help health care organizations implement a systematic method of collecting race, ethnicity and primary language data

http://www.hretdisparities.org

Families USA

Use this health equity toolkit to support your advocacy efforts

http://familiesusa.org/resources/tools-for-advocates/kits/health-equity-tool-kit.html

DATA AND INFORMATION

Centers for Medicare and Medicaid Services

Find information on quality health care.

https://www.cms.gov/

Find Health Care Providers and Prevention Information

http://www.healthfinder.gov

Find Health Professional Shortage Areas

http://www.hpsafind.hrsa.gov

National Committee for Quality Assurance

Online resources to help you select a health plan or physician

http://www.ncqa.org

Office of Minority Health Resource Center

Call 1.800.444.6472 or visit the website for information on scholarships, training opportunities, and financial assistance for minority students

http://minorityhealth.hhs.gov

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

In Your Community:
FIVE STEPS TO ADDRESS HEALTH DISPARITIES

Want to get involved in ending health disparities in your community? Here are a few ideas for addressing health disparities to get you started. These potential strategies build on the five goals of the ***National Stakeholder Strategy for Achieving Health Equity****.*

1. **INCREASE AWARENESS** About Health Disparities

- Blog or tweet about health disparities in your community, or share information via Facebook.
- Contact the media with stories about health disparities in your community.
- Write a letter to the editor or an opinion-article for your local newspaper.
- Speak at health fairs, PTA and school board meetings, civic meetings, faith-based events and other community gatherings.
- Take the **NPA Pledge** to end health disparities.
- Issue a statement from your organization in support of the NPA.

2. **BECOME A LEADER** for Addressing Health Disparities

- Educate others about disparities and share stories about model programs with local organizations or community leaders, and the **NPA**.
- Start a petition to get local citizens to support policy recommendations and submit the petition to the appropriate elected officials.
- Organize a meeting of local organizations representing diverse sectors and work together to ensure health disparities is on the local and state health agenda.
- Form coalitions with local organizations representing diverse sectors and leaders from different racial, ethnic and other groups affected by health disparities to address common barriers and **join the NPA**.
- Serve as a mentor to a young person in your family, neighborhood or community. Educate him/her on the issues, encourage him/her to make healthy lifestyle choices; and guide him/ her to resources.

3. **SUPPORT HEALTHY AND SAFE BEHAVIORS** In Your Community

- Be a role model and serve nutritious foods at work or social functions.
- Involve your employees in a group physical activity or challenge. Participate in **National Health Observances**—such as **AIDS Awareness Days**—by sponsoring local health events or encouraging loved ones and colleagues to take action to address their health.
- Host seminars in your local library, school, workplace or other venue to discuss health disparities in your community. Topics could include reducing asthma triggers in the home, managing obesity and chronic illnesses, or how to enroll in public health insurance programs.
- Join the First Lady's **Let's Move!** initiative to raise a healthier generation of kids, the **President's Challenge** and **other similar initiatives**.
- Join the Consumer Product Safety Commission's **Pool Safely Campaign** to help prevent drowning, which occurs at higher rates among racial and ethnic minorities.

4. **IMPROVE ACCESS** to Health Care

- Partner with a local health care provider or employer to offer free health screenings in your workplace or place of worship.
- Ask local health care providers to translate health and health care information or connect them to an individual or organization who can provide translation services.

5. **CREATE HEALTHY NEIGHBORHOODS**

- Advocate for more sidewalks, bike lanes and recreation facilities in your neighborhood.
- Encourage local schools, workplaces and assisted living facilities to provide healthier lunch and snack options.
- Ask your neighborhood supermarket to provide fresh fruit and vegetables to the local foodbank, ask local restaurants to provide healthy menu options, or organize a farmers' market that accepts food stamps.
- Work with your local government and organizations in your community to collect and track data about health disparities and monitor changes over time.

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

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In Your Community:
HEALTH INFORMATION FOR INDIVIDUALS AND FAMILIES

Health Conditions

MedlinePlus http://www.nlm.nih.gov/medlineplus

HealthFinder.gov (Prevention Information) http://www.healthfinder.gov

AIDS.gov http://www.aids.gov

Flu.gov http://www.flu.gov

CouldHaveLupus.gov http://www.couldihavelupus.gov

Diabetes & Me http://www.cdc.gov/diabetes/consumer/index.htm

National Diabetes Information Clearinghouse http://www.diabetes.niddk.nih.gov

National Diabetes Education Program http://www.ndep.nih.gov

National Institute on Drug Abuse http://www.nida.nih.gov/NIDAHome.html

Substance Abuse and Mental Health Services Administration http://www.samhsa.gov

National Cancer Institute http://www.cancer.gov

National Heart, Lung & Blood Institute http://www.nhlbi.nih.gov

Get Healthy, Stay Healthy

Health.gov http://www.health.gov

Fitness.gov (Win President's Active Lifestyle Award) http://www.fitness.gov

Small Step: KIDS http://www.smallstep.gov/kids/flash/index.html

WIN Network (Weight Control) http://www.win.niddk.nih.gov

Choose My Plate http://www.choosemyplate.gov

Deliciously Healthy Eating http://hp2010.nhlbihin.net/healthyeating

Healthy Weight (It's not a diet, it's a lifestyle!) http://www.cdc.gov/healthyweight/index.html

Food Safety.gov http://www.foodsafety.gov

Vaccine Information https://www.vaccines.gov/

PoolSafely.gov **http://**www.poolsafely.gov

Product Safety (Sign up to receive product recall alerts) http://www.cpsc.gov

Information for Seniors

Medicare.gov http://www.medicare.gov

Eldercare.gov http://www.eldercare.gov

National Institute on Aging http://www.nia.nih.gov

Healthy Aging http://www.cdc.gov/aging

Administration on Aging http://www.aoa.gov

Senior Health http://www.nihseniorhealth.gov/index.html

Health Care/Treatment Locators

Federally Funded Health Centers http://findahealthcenter.hrsa.gov/Search_HCC.aspx

Health Provider Locator at Medline Plus http://www.nlm.nih.gov/medlineplus/directories.html

National Breast and Cervical Cancer Early Detection Program
http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp

Mammography Facilities http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm

Substance Abuse Treatment Locator http://dasis3.samhsa.gov

Mental Health Services Locator http://www.store.samhsa.gov/mhlocator

HIV/AIDS Prevention & Service Provider Locator http://www.aids.gov/locator

National HIV and STD Testing Centers http://www.hivtest.org

Information about Health Insurance

Centers for Medicare & Medicaid Services https://www.cms.gov

InsureKidsNow.gov http://www.insurekidsnow.gov

Veteran Affairs Healthcare http://www.va.gov/healthdefault.asp

Need more information or didn't find what you were looking for?
Visit the **NPA Guide to Health Resources**, *or call or email the NPA c/o the OMH Resource Center at 800-444-6472 or* **info@minorityhealth.hhs.gov**

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

In Your Community: **TALKING POINTS**

Use these talking points to help you describe the ***National Partnership for Action to End Health Disparities*** *and why you support it.*

What is the Problem?

- We know that a healthier America is a stronger America. Yet too many Americans don't have the opportunity to lead a healthy life. As a result they suffer substantially more health problems than others. Some Americans can expect to live 20 years less than others because of where they live, their race, their education or income.
- Although the overall health of Americans has improved, differences in health for racial, ethnic and underserved communities have been persistent and pervasive for years. Where we live, learn, work and play has an enormous impact on our ability to make healthy decisions. We are never going to improve the health and well-being of people in the United States until we close these health gaps.
- Reducing these differences in health—known as health disparities—is not only the right thing to do; it is the smart thing to do. Poor health influences a student's ability to pay attention in class, a parent's ability to care for their children and a worker's ability to perform well at his job. It also hurts our country's ability to reach its potential and be competitive in the global market.

Use statistics.

For example: *"Did you know that racial and ethnic minorities often face more barriers to seeking care than others? As a result they are more likely to have health problems. For example, African American women are 34 percent more likely to die of breast cancer than White women."* [41]

What is the Solution?

- Every American should have the opportunity to live a healthier, more prosperous and more productive life, regardless of who they are and where they live. That's why the United States has made a commitment to eliminate health disparities.
- Working in partnership with community and government leaders, the federal government has produced complementary approaches to combating health and health care disparities. The **HHS Action Plan to Reduce Racial and Ethnic Health Disparities** and the **National Stakeholder Strategy for Achieving Health Equity** represent a road map that the public and private sectors can follow to achieve health equity.

Why Should You Care?

Everyone benefits when health disparities are reduced and we achieve health equity for all: health costs are greatly diminished; healthy children can grow into productive adults; and healthy adults boost workforce capacity and capability.

What Can You Do?

Reducing health disparities will take the collective efforts of individuals and organizations from many sectors, not just health, and require action from people in the community all the way up to the federal government. Working together, we can reduce health disparities, achieve health equity, and create a healthier, stronger nation.

1. Take the **NPA Pledge** and share it with your friends via your website, Facebook page, or e-mail.
2. Download the **Toolkit for Community Action** and take steps to create change in your community.
3. **Join the NPA** by sharing your organization's relevant activities and becoming a partner.

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

In Your Community:
WRITE A STATEMENT OF SUPPORT

*One way to raise awareness about the **National Partnership for Action to End Health Disparities** (NPA) is to send a letter or issue a statement in support of the NPA to health care leaders, media, policy makers, business leaders and other influential stakeholders in your community.*

Here is a template statement that you can use or tailor for your own use.

[***insert the name of your organization***] enthusiastically supports the efforts of the U.S. Department of Health and Human Services and the thousands of individuals on the frontlines across the county to create a nation free of disparities in health and health care. We believe it is critically important to reduce the disproportionately high burden of illness, injury and premature deaths that affect racial and ethnic minorities and other underserved populations, and create better health outcomes for all Americans.

That's why we have signed a pledge to support the **National Partnership for Action to End Health Disparities** so we can work with others in our communities to achieve health equity.

Data show that where a person lives, learns, works and plays affects their health. The disparities in health between different racial and ethnic groups and others impose a significant burden on the United States. The combined cost of health inequalities and premature deaths were estimated to be $1.24 trillion between 2003 and 2006. [*source: Joint Center for Political and Economic Studies: Economic Burden of Health Inequalities in the United States*]

With the help of other partners, including the federal government, the private sector, and leaders here in our own community, we can work together to make sure that everyone has equal potential for good health. The United States will be unable to significantly improve its overall health and productivity without meaningfully addressing health disparities experienced by significant segments of the population.

We know we have a problem. We now have the tools to fix it.

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

Media Outreach:
WRITE AN OPINION ARTICLE

Checklist

- **Limit the article to 750 words.** Most opinion articles, or op-eds, are 600-750 words. Every outlet has a policy about word-length for op-eds. Contact your outlet to see what their parameters are and meet them. Editors won't accept op-eds that don't meet the outlet's specifications.
- **Avoid jargon.** If a technical detail is not essential to your argument, don't use it. Simple language doesn't mean simple thinking. Be considerate of your readers, most of whom lack your expertise.
- **Showing is better than discussing.** People remember colorful details better than too many dry facts. When writing an op-ed article look for great examples or stories that will bring your argument to life.
- **Write a brief cover note.** Explain who you are and summarize the main point of your article in no more than two short paragraphs. It's also a good idea, when possible, to point out why your piece is timely.
- **Submit your article as quickly as possible.** If you can, have your op-ed ready to go when there's a good news hook. The faster you submit a piece, the greater your chances of being considered.
- **Get feedback, if possible, but don't argue with editors.** Some editors will take the time to explain to you why they're not accepting your piece—perhaps they've run a similar article recently or other issues in the news are more urgent. Keep in mind that op-ed editors receive hundreds—even thousands—of submissions a week, so they may not have time to talk.

Here is an example of an opinion article that you can tailor for your own use.

The federal government has taken a major step by offering a blueprint to help communities like ours work together to eliminate health inequalities so that racial and ethnic minorities [and other underserved people] here in [insert city] can live longer and healthier lives.

The **National Partnership for Action to End Health Disparities** is a major attempt by the federal government to create a new vision of America, one in which all racial and ethnic minorities have the chance to live a long and healthy life. But this ambitious effort cannot be carried out by the federal government alone. Solutions must be initiated and driven by people who are on the front lines of this epidemic, including officials from the business, education, housing and transportation sectors, health providers, and community leaders who live and work here.

What is clear is that racial and ethnic minorities and other underserved groups still lag behind Whites on nearly every measure of health. [Insert your own language about the problem and provide local examples and statistics for your community.]

For too long, these Americans and others, including those with disabilities and those living in rural areas, have encountered barriers that prevent them from getting the preventive care they need to ward off chronic disease. And when they do get sick, they are often left without access to treatments that can help them get better. In addition, many of these people live in areas that make it hard to stay healthy.

These disparities come at a steep price. One study put the combined cost of health inequalities and premature death at a staggering $1.24 trillion between 2003 and 2006.

There is also a cost to society at large. For example, workers struggling with untreated asthma or heart disease might accrue more sick days or be less productive on the job. Kids with untreated dental disease might have ongoing pain that interferes with their school work, and they might start to fall behind.

So what can be done? Reducing or eliminating disparities must be a top priority, not just for federal officials in Washington but for leaders here in [insert city]. The **National Partnership for Action** is the first effort of its kind to help health officials, employers, providers, teachers, transportation leaders, housing experts, and others identify the factors that make it hard for residents to stay healthy and develop innovative solutions together that can address them.

The federal government, with guidance from community leaders across the country, has taken the first step. Now we need to work together to create a place where every resident, regardless of their race or ethnicity, has the same opportunity to stay fit and healthy.

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

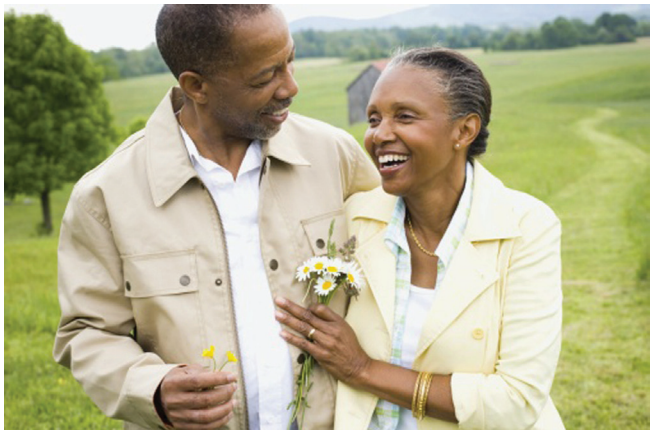
NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

Media Outreach:
WRITE A LETTER TO THE EDITOR

Checklist

- **Keep it short.** A short, concise letter is more likely to be published. Try to keep them between 150-300 words.
- **Make it relevant.** Your letter should be a direct and passionate response to something that appeared in the paper recently. Your letter should build on what was presented or covered or offer a different or unique perspective that was omitted.
- **Respond quickly.** The sooner you submit a letter to the editor, the better your chance of being published. Respond the same day if possible or within 2-3 days.
- **Include your contact information.** Include your full name, title, organization name, address, phone number and e-mail.
- **Follow up.** Usually papers will let you know if they are going to publish your letter. You can follow up with a phone call to the editor or e-mail.

Don't be discouraged if your letter isn't published. Often it's because the editor received more responses on that issue than he feels he can handle. If your letter is published, don't send another one for at least a month. Editors like to open the letters section to many perspectives.



Here is an example of a letter to the editor that you can tailor for your own use.

Dear Editor,

The health disparities you highlight in [cite article and date of article you are responding to], carry a steep cost for this nation and dampen our productivity and the well-being of our friends and neighbors.

Here in [insert city, state etc.] we contribute to that burden by having [add key reference data for your community *e.g. some of highest rates of childhood obesity among Hispanic children; the lowest percentage of mothers seeking prenatal care across all racial and ethnic groups; and the highest rates of death from diabetes among African Americans*].

We must confront this persistent problem and achieve better health for everyone in the United States. The federal government has made a commitment to end health disparities and its *National Stakeholder Strategy for Achieving Health Equity* provides us with a blueprint to help reduce health inequalities and build healthier communities across the nation. Elected officials, health providers, and community leaders and residents here in [name location] must take that blueprint and work together to set goals and identify solutions that will help racial and ethnic minorities and other underserved people in our [insert locality - state/city/county etc.] live longer and healthier lives.

[Signed]

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities

Take Action:
JOIN THE NATIONAL PARTNERSHIP FOR ACTION

Reducing health disparities will take the collective efforts of individuals and organizations from the public and private sectors, and require action from people in the community all the way up to federal government.

Working together, we can reduce health disparities, achieve health equity, and create a healthier, stronger nation.

Pledge Your Support

The support of organizations and individuals across the nation is crucial to achieving health equity.

Pledge your support to the **National Partnership for Action** online at **http://minorityhealth.hhs.gov/npa/**

Ask your friends, via Facebook or e-mail, to take the pledge and let others know about the pledge by using the poster in this toolkit or downloading the pledge widget from the NPA website and adding it to your own website.

Partner With Us

The National Partnership for Action is looking for partners from all sectors that are willing to collaborate with others and commit to help develop, plan, and implement efforts to reduce or eliminate health disparities.

Partners may include community- and faith-based organizations, professional societies, government agencies, national non-profit organizations, advocacy groups, foundations, corporations, businesses of all sizes, industry groups and colleges and universities.

Learn more about becoming a partner online at **http://minorityhealth.hhs.gov/npa/**

For more information about the National Partnership for Action, visit: http://minorityhealth.hhs.gov/npa/

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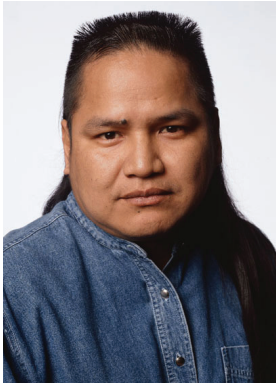
Let's End Health Disparities



Everyone in America should have the chance to live a healthy life, regardless of who they are and where they live.

We need your help to combat health disparities, build healthier communities and create a stronger nation.

SHOW YOUR SUPPORT.

Take the NPA Pledge online: http://minorityhealth.hhs.gov/npa/

NATIONAL PARTNERSHIP FOR ACTION
to End Health Di i i

Together we can. Together we will.

I'm in!

I support a nation free of disparities in health and healthcare.

NPA

NATIONAL PARTNERSHIP FOR ACTION

→ *Take the pledge*
→ *Learn about NPA*