

# HEALTH EQUITY: STATE-LEVEL PROMISING PRACTICES, POLICIES & SYSTEM REFORMS

A Framework for Understanding How States Have Advanced  
Efforts to Promote Health Equity

**JANUARY 2021**

**Lead Researcher: Talmira Hill, T.L. Hill Group**



# INTRODUCTION

The “Health Equity: State-Level Promising Practices, Policies, and System Reforms Report,” completed in June 2019, proposes a framework for understanding how five states have significantly advanced efforts to promote health equity – attaining the highest level of health for all people. The report provides in-depth profiles of health equity work underway in five states, namely Colorado, Michigan, Minnesota, Washington, and Wisconsin, all of which share commonalities with New Hampshire. The report aims to inform, affirm, and encourage state leaders to invest in health equity.

The historic context of 2020 has revealed the dire consequences of health inequity across the United States and globally. The coronavirus pandemic is disproportionately affecting under-resourced and marginalized communities in the U.S. and abroad.<sup>i</sup> Higher percentages of people in these communities are testing positive for COVID-19 and dying from it.<sup>ii</sup> At the same time, the tragic death in May 2020 of George Floyd, an unarmed Black man, at the hands of police in Minneapolis, reawakened the nation and world to the intransigence of structural and systemic racism, leading to racial justice protests worldwide. The convergence of these moments in history provides a timely and unparalleled opportunity for state leaders to examine health equity initiatives, policies, and practices as a vital part of the solution.

In light of 2020’s heightened urgency for taking action, the five promising practices outlined in the 2019 health equity report are as relevant as ever. Recent developments support the efficacy of carrying out these practices with intentionality to make progress toward achieving health equity. The five promising practices listed below offer a starting point for state leaders interested in determining initial action steps and serve as guideposts for those seeking to accelerate progress in states with health equity work already underway.

- 1. Public sector leadership** by the state department of health and other agencies is critical for implementing health equity strategies as part of the state’s long-term infrastructure.
- 2. State-level policy initiatives** instituted by the governor and state legislature often are the impetus for launching and funding statewide health equity initiatives.
- 3. Collaborative leadership** across multiple sectors is essential to address the root causes of health inequity.
- 4. Publicly accessible information** on the status of health equity among state residents is necessary for holding stakeholders accountable for progress.
- 5. Community engagement** strategies are needed to enlist members of underserved communities and groups of people most adversely affected by health inequities in developing effective solutions.

In responding to the coronavirus pandemic and racial justice protests, the five states profiled in this report have built upon health equity efforts underway in their states. This overview illustrates how health equity practices in place in CO, MI, MN, WA, and WI are contributing to the coronavirus response and aiding emerging efforts to address racism as a social pandemic.

## I. How 5 States are leveraging existing health equity platforms to manage COVID-19

### A. Colorado

- The Colorado Department of Public Health & Environment's Office of Health Equity website has added a page, "COVID-19 & Health Equity" which features "resources related to the current pandemic and its effects on health equity." The article, "Viruses don't discriminate, and neither should we," appears on the landing page under the header, "Stop the spread of racism."
- The Colorado Equity Action Guide is a tool developed by the Office of Health Equity in partnership with community organizations and other state agencies that looks at the root causes of inequity across Colorado through an in-depth review of community characteristics, stories, and data.
- The Colorado Equity Alliance assembles representatives of 13 state agencies and 11 community organizations to collaborate in ensuring that state-funded efforts create equitable systems for all Coloradans to thrive. The alliance reviews select daily operations of state agencies with an equity lens, identifies underlying causes of opportunity gaps to establish policy and practice solutions, and ensures that state agencies are actively collaborating with community partners in programming, policy-making, and budgeting. This work complements policy work of the Colorado Health Equity Commission.
- "What's the 411?" is a bi-weekly newsletter for "must-know" information and resources that advance equity in and beyond public health.
- Change the Story is a monthly newsletter providing inspiration and tools for health equity and environmental justice work.

### B. Michigan

- Michigan Office of Equity & Minority Health (OEMH) prominently features information on COVID-19 on its website under the heading, "Minority Health and COVID-19." Information includes specific resources for racial and ethnic minority communities (e.g., Your Well-being During COVID-19 – Information for Racial and Ethnic Minorities).
- The Michigan Network to Innovate for Community Health Equity (MNICE) emerged from Michigan's participation in a national network to innovate for COVID-19 Equity. A partnership with the Michigan Department of Health and Human Services (MDHHS)/OEMH led to creating a Michigan model built on "doing equity" that resulted in the MNICE. MNICE is a statewide network of community-driven partnerships that leverages COVID-19 to address broader public health needs and strategizes to identify sustainable health equity solutions. Its key principles are to "trust community, equip community, and align community." MNICE has four "pillar" partners, namely, the MDHHS, the Michigan Public Health Institute (MPHI), Michigan State University Division of Public Health (MSU), and the Community Foundation of Greater Flint (CFGF). Network partners include community/tribal/state organizations, local health departments, universities, racially and ethnically focused organizations, faith-based organizations, and local community foundations. MNICE proposed targeting Regional Implementation and Innovation Communities based on data regarding the impact of COVID-19 with tiers of activities to promote health equity.

## C. Minnesota

- The Minnesota Department of Health Center for Health Equity (CHE) website features a section, “Health Equity and COVID-19,” with information targeted to people with a high risk of severe illness from COVID-19. The CHE was created in 2013 to advance health equity within the Minnesota Department of Health and across the state.
- A workgroup was formed to develop ways to increase COVID-19 testing in communities of color; LGBTQ communities, communities of people with disabilities; rural communities; and within vulnerable populations, such as those who are homeless or have unstable housing, those in long-term care settings, and those in childcare settings.<sup>iii</sup>
- The Eliminating Health Disparities Initiative (EHDI) grant program produced a report, “Cultivating a Health Equity Ecosystem,” in August 2020 and released a recorded webinar in September 2020, featuring lessons learned over the past two decades through the work of grantees. In July 2020, CHE announced that the Community Solutions Advisory Council awarded grants to a new cohort of Community Solutions Fund grantees for the 2020-2023 grant period, including African Community Services, Fond du Lac Tribal College, Hmong Early Childhood Coalition, Korean Service Center, La Red de Educacion Temprana, Tshera Aryam Kidist Selassie Church, among others.
- In June 2020, the Center for Health Equity issued a statement in response to the killing of George Floyd, and in March 2020, CHE posted a message regarding COVID-19.
- Informational resources include an email listserv for subscribers seeking health equity information and a separate listserv for COVID-19 updates tailored for the cultural, faith, and disability communities.
- The 2017 Minnesota Statewide Health Assessment<sup>iv</sup> produced in collaboration with the Minnesota Department of Health and the Healthy Minnesota Partnership was updated in February 2019. As the foreword states, “The 2017 Minnesota State Health Assessment is a critical step in examining Minnesota’s inequities by race and ethnicity, gender, age, sexual orientation, geography, and disability, so that we can work together for change.”
- The Minnesota Public Health Data Access website features a health equity section that provides data in the form of charts and maps on poverty, asthma, and lead statistics among residents by race/ethnicity.

## D. Washington

- While the Washington State Department of Health’s health equity website does not feature recent information on COVID-19, it links to the health department’s COVID-19 webpage. The COVID-19 webpage features information in multiple languages and a COVID-19 Data Dashboard and Summary Data Tables, including tables with confirmed cases, hospitalizations, and deaths by age, gender, and race/ethnicity. A statement on reducing stigma associated with COVID-19 offers examples of what individuals can do to combat bias and enhance inclusivity.

## E. Wisconsin

- In Wisconsin, Healthiest Wisconsin 2020,<sup>v</sup> the state health plan for 2010-2020, includes updated sections on evidence-based practices, tools and resources, as well as background and references.
- The COVID-19 webpage includes a section, “COVID-19: Are You at Higher Risk?”<sup>vi</sup> that provides coping tips and seven strategies for individuals to manage their exposure. The section on resources for groups at higher risk offers more detailed information for communities of color and other underserved populations; people with health conditions that may increase their vulnerability to COVID-19; families with children and youth with special health care needs; older adults, people living with disabilities and their caregivers; people living with mental health and/or substance use concerns; people with health conditions that may increase their vulnerability; and people living with physical abuse, emotional abuse, or violence in the home.

## II. Common Themes across Five States

In responding to the coronavirus pandemic, all five states are leveraging their existing health equity infrastructures in an effort to address stark inequities in health outcomes as a result of COVID-19 and racism.

- First and foremost, leaders of the public health departments in every state are the primary first responders on the front lines of organizing resources and managing the coronavirus pandemic in coordination with the office of the governor and other state officials. Leadership by the public health department is helping ensure that advancing health equity is a central tenet of the response.
- Second, governors and state legislatures are instituting state-level initiatives to battle COVID-19 and systemic racism, introducing measures that build from existing efforts. The Colorado Equity Alliance exemplifies the type of collaboration within and across public agencies and policies, and with communities as equal partners, that is necessary to address structural inequities.
- Third, collaborative leadership across multiple sectors is essential because the public sector is unable to solve these issues alone. The Michigan Network to Innovate for Community Health Equity, convened by four “pillar” partners -- the Michigan Department of Health and Human Services, the Michigan Public Health Institute, Michigan State University Division of Public Health, and the Community Foundation of Greater Flint – has emerged as a result of COVID-19. This collaboration exemplifies the type of engagement needed to advance health equity statewide.
- Fourth, the states featured in this report are making COVID-19 data available on a weekly or daily basis, in many instances using the same platforms established to publish health equity data. The Washington State’s COVID-19 Data Dashboard and Summary Data Tables are easily accessible online, and they feature information on health outcomes by age, gender, and race/ethnicity.
- A fifth and final promising practice is that all states are engaging community members to inform the development of solutions. In Minnesota, the Community Solutions Fund has awarded grants to 23 community organizations that will lead health equity work over three years, from 2020 to 2023.

During this time of crisis, the promising practices that five states have been implementing to advance health equity are proving to be significant leverage points for mounting defenses against the coronavirus pandemic and dismantling inherently inequitable structures in favor of promoting social justice.

### III. Additional Informational Resources

Since the “Health Equity: State-Level Promising Practices Report,” was completed in 2019, other states have taken the initiative to address health equity, and new health equity initiatives have surfaced at the national, regional, and local levels.

The Rhode Island Department of Health (RIDOH) has adopted a new framework referred to as the Health Equity Pyramid.<sup>vii</sup> The RIDOH defines program integration as including “common vision, joint leadership, joint planning and quality initiatives, common outcomes, common policies, and common financing and implementation at the state and local level.”<sup>viii</sup>

Similarly, new health equity tools have been introduced. For example, the Institute for Healthcare Improvement (IHI) has published the IHI Health Equity Self-Assessment Tool for Health Care Organizations (2020). This self-assessment tool is designed to assist organizations in assessing their health equity and improvement efforts based on five elements outlined in the paper, “Achieving Health Equity: A Guide for Health Care Organizations (May 2020).”<sup>ix</sup>

As the world responds to the global coronavirus pandemic, the relevance of ongoing health equity work is gaining overdue attention internationally and in local communities. Health equity Endowment for Health – Health Equity State-level Promising Practices Report Page 6 of 31 efforts are expanding in places where this work has been underway, and new ones are being launched by state health department leaders and others.

In reviewing the “Health Equity: State-Level Promising Practices Report,” it is important to note that each of the five states profiled continues to pursue the aim of attaining the highest level of health for all people. During the current public health, economic, and societal crises, each state has found ways to build upon its ongoing health equity infrastructure to address the situations at hand. The groundwork laid for acting on health equity in the face of COVID-19 and social justice protests has enabled these states to maintain momentum and even increase the pace of change.

The progress underway in these states is encouraging. The accomplishments of CO, MI, MN, WA, and WI outlined in the full report aim to inform, affirm, and inspire state leaders to take action toward achieving health equity during this historic moment in time.

#### I. Purpose & Overview

A review of health equity promising practices completed by the T. L. Hill Group for the Endowment for Health between 2017 and 2019 identified ten states with significant investments addressing this issue. These states included Alabama, California, Colorado, Massachusetts, Michigan, Minnesota, Mississippi, New York, Washington, and Wisconsin. States were selected based on a demonstrated commitment to advancing health equity as indicated by targeted resources and steady progress toward attaining this goal. Factors that distinguished efforts in these states served as selection criteria, namely:



- recognition and funding by federal agencies (e.g., the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, others) based on exemplary state and/or local initiatives to address health disparities and/or promote health equity;
- participation in national health equity initiatives led by national, state, and local public health associations and organizations (e.g., National Collaborative for Health Equity, Association of State Health Organizations/ASTHO, National Association of County and City Health Officials/NACCHO);
- selection by private funders (e.g., Robert Wood Johnson Foundation, W.K. Kellogg Foundation, The Kresge Foundation) to receive grant awards that support regional, state, or local health equity efforts;
- leadership at the state level for policy-driven and practice-oriented health equity programs;
- engagement in multi-sector initiatives (e.g., including private for-profit, nonprofit, and public stakeholders) to advance health equity in the state; and
- investment in other place-based efforts that address health equity.

In this report, these state-level health equity initiatives are examined to identify common characteristics that may inform the Endowment for Health's health equity grantmaking in New Hampshire. The purpose of this report is twofold – to provide information about promising and effective practices, policies, and system reforms in health equity, and to examine how statewide health equity initiatives are managed and funded. The report synthesizes information presented in profiles of five states that are comparable to New Hampshire based on several characteristics. In addition, the report features promising practices from the other five states that share particular similarities with NH.

Information is organized into four sections – (1) findings across the states of Colorado, Michigan, Minnesota, Washington, and Wisconsin, outlining strategies and common components of statewide efforts; (2) key promising features of rural states (Alabama and Mississippi); (3) key features of health equity efforts in coastal states with major urban cities (California, Massachusetts, and New York); and (4) an overview of funding sources with questions and issues to take into account when considering the relevance of these findings for New Hampshire. A complementary section of this report contains Background Information & Resources. The Background Information & Resources section of the report includes detailed state profiles with examples of health equity policy and practice in CO, MI, MN, WA, and WI. In addition, it provides an overview of major federal and national health equity initiatives that support state interventions, as well as state networks that affirm health equity efforts.

## II. State-level Promising Practices in Health Equity

The states of Colorado, Michigan, Minnesota, Washington, and Wisconsin are demonstrating significant progress in advancing health equity based on a range of public and private investments.

As outlined in Table 1, these states reflect different geographic, demographic, economic, and social contexts; yet they all share a core set of common features with regard to advancing health equity. These commonalities contribute to notable progress in advancing health equity efforts in those states.

Common characteristics promoting health equity in these states are grouped into five main categories: (1) public sector leadership by the state department of health and other agencies to implement health

equity strategies (2) policy initiatives instituted by the governor and state legislature that dedicate resources to fund health equity initiatives; (3) collaborative leadership across multiple sectors to heighten awareness of health inequities and galvanize support for the public health sector to improve outcomes among all communities and populations; (4) publicly accessible information on the status of health equity in the form of quantitative and qualitative reports; and (5) community engagement strategies that target members of vulnerable, underserved communities and groups of people most adversely affected by health inequities to enlist them in developing effective solutions.

## **A. Public Sector Leadership**

In every state that is demonstrating progress with health equity initiatives, leadership within the state department of public health is fully committed to improving outcomes among all residents, especially the most vulnerable and underserved groups and communities. While public health departments in all states have offices of minority health dedicated to reducing health disparities among racial, ethnic and other groups, some have renamed their offices to reflect a commitment to advancing health equity. Colorado's Office of Health Equity, Minnesota's Centers for Health Equity and Community Health, and Washington's Chief of Health Equity all reflect this change. However, the Michigan Department of Health and Human Services's Health Disparities Reduction and Minority Health Section, and Wisconsin's Minority Health Program, have equally robust strategies.

In each state, there is a strategic plan for promoting health equity and, in most instances, an inter-departmental or interagency workgroup tasked with carrying out health equity strategies. In Washington, a cross-agency Health Equity Workgroup was formed in 2014 by Secretary of Health John Weisman, and its three-year work plan outlined five objectives for implementing health equity as a priority of the Department of Health.<sup>x</sup> Colorado's Health Equity Commission consists of 10 members who represent Colorado's diverse ethnic, racial, sexual orientation, gender identity, disability, aging population, socioeconomic and geographic backgrounds, as well as two members of the state legislature and one designee each from the Colorado departments of Public Health and Environment, Human Services, and Health Care Policy and Financing.<sup>xi</sup> The Colorado Department of Public Health's Social Determinants of Health Workgroup developed a logic model that explains how the root causes of inequity affect health and proposes public health solutions.<sup>xii</sup> The Michigan Department of Health and Human Services, produced the Michigan Health Equity Roadmap in 2010. The roadmap, available in English, Spanish, and Arabic, provides "a vision and framework for improving the social and health status of racial and ethnic populations in Michigan."<sup>xiii</sup>

In addition to articulating a vision, goals, and strategies to advance health equity, the state health department carries out interventions that heighten public awareness of health disparities and address inequities. Interventions are implemented consistently with the aim of enhancing public accountability by regularly reporting findings and progress. For example, Healthiest Wisconsin 2020: Everyone Living Better, Longer (2010), is Wisconsin's 10-year state plan designed to benefit the health of everyone in Wisconsin and its communities.<sup>xiv</sup> Since the main plan was released, several reports have been issued to update progress, including Health Disparities: Healthiest Wisconsin 2020 Focus Area Profile (2014), that defines key terms and provides information on disparities among racial and ethnic minorities, and Healthiest Wisconsin 2020: Baseline and Health Disparities Report (2017). In Washington, the Washington State Policy Action Plan to Eliminate Health Disparities, a report first issued in June 2010, is regularly updated, with a special report in December 2016 to celebrate the 10-year anniversary of this initiative, with the most recent report released in January 2020.<sup>xv</sup>



<b>Table 1.</b> Overview of Five States based on U.S. Census Bureau Data <sup>1</sup>	<b>Colorado</b>	<b>Michigan</b>	<b>Minnesota</b>	<b>Washington</b>	<b>Wisconsin</b>	<b>New Hampshire</b>	<b>United States</b>
<b>Population estimates, July 1, 2017</b> (Source: Vintage 2017 Population Estimates)	5,607,154	9,962,311	5,576,606	7,405,743	5,795,483	1,342,795	325,719,178
<b>Median Household Income</b> (Source: 2012-2016 American Community Survey 5-year Estimates)	\$62,520	\$50,803	\$63,217	\$62,848	\$54,610	\$68,485	\$55,322
<b>Persons in Poverty, Below poverty level percent</b> (Sources: 2016 ACS 1-Year Estimates; 2017 CPS ASEC)	11%	15%	9.9%	11.3%	11.8%	7.3%	12.7%
<b>Educational Attainment: Percent high school graduate or higher</b> (Source: 2012-2016 ACS)	91%	89.9%	92.6%	90.6%	91.4%	92.6%	87%
<b>Persons without health insurance, percent</b> (Source: 2012-2016 ACS 5-year Estimates)	10.9 %	6.3%	6.1%	6.9%	7.2%	8.4%	11.7%
<b>Median Housing Value</b> (Source: 2012-2016 ACS 5-Year Estimates)	\$264,600	\$127,800	\$191,500	\$269,300	\$167,000	\$239,700	\$184,700
<b>Total Housing Units</b> (Source: 2012-2016 ACS 5-year Estimates)	2,284,863	4,560,055	2,382,855	3,025,685	2,649,597	620,729	134,054,899
<b>Number of Companies</b> (Source: 2012 Survey of Business Owners: Company Summary)	547,352	834,087	489,494	541,522	432,980	131,638	27,626,360
<b>Veterans</b> (Source: 2012-2016 ACS 5-year Estimates)	383,699	602,630	331,516	552,863	367,227	103,282	19,535,341

<sup>1</sup> United States Census Bureau QuickFacts. Retrieved January and February 2018 from <https://www.census.gov/quickfacts/fact/table/US/PST045217>.

Ensuring that state departments of public health improve their ability to address health equity as organizations and systems is an equally important area of leadership these states are tackling. These five states invest in training and professional development opportunities for their staff members to learn about health equity and how to implement solutions in all aspects of their work in public health. In addition to adhering to the National CLAS Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, released in 2000 by the U.S. Department of Health and Human Services Office of Minority Health, these public health departments are exploring ways to expose and eradicate structural and institutional racism. The Colorado Department of Public Health and the Environment provides informational resources on a website called Sweet Tools to Advance Equity, a suite of tools including guidelines and checklists for testing hidden assumptions that might lead to inequity and features strategy guides for such topics as authentic community engagement; recruitment, hiring, and onboarding employees; and performance measurement.<sup>xvi</sup> Michigan's Department of Health and Human Services hosts Cultural Proficiency: Developing Cultural Competence from the Inside Out, a series of in-person workshops and online training on health equity that are available to contractors and state employees.<sup>xvii</sup>

One other notable feature of health equity efforts is that some states invest in grant programs that distribute funds to a wide range of community partners for advancing health equity. The Minnesota Department of Health administers Advancing Health Equity grants to "support projects that address measurable health inequities, identify the social and economic conditions that contribute to these inequities, and develop plans to address and improve these conditions."<sup>xviii</sup> In other states, private philanthropy supports public sector leadership by investing in local grant programs. The Colorado Trust has three program areas – Health Equity Advocacy Strategy, Health Equity Learning Series, and Community Partnerships. In 2014, the Colorado Trust invested \$7.2 million in the advocacy strategy over two and half years with grants totaling \$1.36 million to 34 organizations statewide, including direct-service community organizing and policy advocacy grantees. These grants affirm the need to engage partners beyond the public health system in addressing the social determinants of health (SDOH) that contribute to health inequity.

State departments of health that have gained national recognition for their progress improving health care quality often are awarded federal and national program grants that contribute to their ability to advance health equity. The Wisconsin Department of Health Services, for example, has a comprehensive State Health Innovation Plan (SHIP) funded by a \$2.49 million grant from the Centers for Medicare and Medicaid Services Innovation Center to transform the health care system.<sup>xix</sup>

Similarly, Colorado, Michigan, Minnesota, and Washington, participate in Innovation Models which operate at the state level.<sup>xx</sup> The National Association of County and City Health Officials (NACCHO) has a Health Equity and Social Justice program. One of NACCHO's initiatives, the Building Networks Project: Aligning Public Health and Community Organizing (funded by the W.K. Kellogg Foundation and the Kresge Foundation) links public health systems with community organizers in five Midwest states – Michigan, Minnesota, Missouri, Ohio, and Wisconsin.<sup>xxi</sup> The Association of State and Territorial Health Officials (ASTHO) also promotes health equity at the state level. In 2016, ASTHO President and Minnesota Commissioner of Health Edward Ehlinger, MD, MSPH, issued ASTHO's 2016 President's Challenge: Advance Health Equity and Optimal Health for All.<sup>xxii</sup> ASTHO maintains an interactive map featuring descriptions of initiatives underway in U.S. states and territories in support of health equity and advancing optimal health for all people.<sup>xxiii</sup>

## B. Policy Initiatives

A state's commitment to advancing health equity is publicly acknowledged and affirmed when it is codified by the state legislature with prominent leadership by the governor. Each of the five states profiled in this report has passed legislation that establishes achieving health equity as a policy priority and allocates funding for this purpose that is managed by the state department of public health or an interagency council led by the governor or state health commissioner. These policies affirm that one responsibility of the state is to reduce health disparities and advance health equity for all residents, and these statutes establish accountability mechanisms that include public reporting requirements, meeting schedules, and goals for improving health among underrepresented populations. Below is a summary of information on the relevant health equity policies for Colorado, Michigan, Minnesota, Washington, and Wisconsin.

- 1. Colorado.** The Office of Health Equity and the Health Equity Commission were codified in statute under Senate Bill 242 in May 2007. In 2013, House Bill 13-1088 changed the name of the office to the Office of Health Equity and expanded it to serve lesbian, gay, bisexual, and transgender (LGBT), aging, disabled, low socio-economic, and geographic populations. The Minority Health Advisory Commission and the Interagency Health Disparities Leadership Council were consolidated into the Health Equity Commission. The Health Equity Commission advises the Office of Health Equity and provides a formal mechanism for the public to give input to the office.
- 2. Michigan.** In 2006 the Michigan Legislature signed into law the Minority Health Bill, Michigan Public Act 653, that mandates the State of Michigan to “develop and implement a structure to address racial and ethnic health disparities in this state.” Under this law which became effective in January 2007, the MDHHS is responsible for providing funding, technical assistance, and annual written reports on the status, impact, and effectiveness of this act to standing committees in the senate and house of representatives. The law focuses on five ethnic groups in Michigan: African American, Hispanic/Latino, American Indian/Alaska Native, Asian American/Pacific Islander, and Arab and Chaldean American. In addition, all relevant Requests for Proposals posted by the Population Health and Community Services Administration are required under Public Act 653 of the Michigan Public Health Code to include specific language reflecting a commitment to pursuing health equity strategies and practices.<sup>xxiv</sup>
- 3. Minnesota.** The Eliminating Health Disparities Initiative was codified by the MN state legislature in MN Statute 145.928. This grant program allocates \$9.5 million in competitive grants every other year (per biennium) to local programs and projects statewide. Grants are distributed through the Minnesota Department of Health's office of Minority and Multicultural Health. The Eliminating Health Disparities Advisory Committee works with and advises the Commissioner and includes members of State Ethnic Councils. In 2015 the Minnesota State legislature created three ethnic councils to advise the governor and legislature on issues confronting the constituency of the council. MN Statute 15.0145 establishes the Minnesota Council on Latino Affairs, the Council of Minnesotans of African Heritage, and the Council on Asian-Pacific Minnesotans. Each council has 15 voting members, of which four are legislators, and at least five of whom are women.
- 4. Washington.** The Governor's Interagency Coordinating Council on Health Disparities was established by the Washington State Legislature in 2006 (Washington Laws, 2006, Chapter 239, amending RCW 43.20.025; adding new sections to chapter 43.20 RCW; and adding a new section to chapter 44.28 RCW. The council recommends to the Governor and Legislature

ways to eliminate health disparities due to race, ethnicity, or gender. Meetings are held quarterly and are open to the public. Washington also codifies the Health Impact Review (HIR,) an analysis of how a proposed legislative or budgetary change to existing or proposed statutes will likely impact health and health disparities in Washington. In 2006 the Legislature authorized the Washington State Board of Health to conduct HIRs in collaboration with the Council. Requests are accepted exclusively from the Governor and legislators. A list of active HIRs is posted on the Washington State Board of Health website, and several requests are open to review pending bills.

- 5. Wisconsin.** The Wisconsin State Legislature codified its commitment to reducing health disparities in Wisconsin statute 250.20, which outlines initiatives aimed at health disparities reduction or elimination.

### **C. Collaborative Leadership**

In states with successful health equity initiatives, a coalition or steering committee of leaders representing public and private entities across multiple sectors, including public health, often takes the lead or plays a prominent role in organizing the effort. Demonstrating collaborative leadership is essential because health equity initiatives that address SDOH intentionally reach beyond the health sector in an effort to uproot the underlying causes of inequity which may include a person's housing, employment, neighborhood safety, and other circumstances.

A Health Equity Advisory and Leadership (HEAL) Council was formed as part of the MN Department of Health's efforts to address disparities in health status across various ethnic, racial and regional groups. The HEAL Council has between 15 and 25 members appointed by the health commissioner who is charged with ensuring that the advisory body has representation from each of the communities represented by Minnesota's legislative councils of color/Indian Affairs and Minnesotans with disabilities. The MN HEAL Council is comparable to Colorado's Health Equity Commission and the Washington State Governor's Interagency Coordinating Council on Health Disparities, all codified in public law. The Wisconsin Health Equity Alliance, another statewide network, was proposed as a result of Thrive WI, a state initiative that was selected for funding under a national CDC-sponsored program. In Michigan the MI Minority Health Coalition is not as widely representative of other agencies, but it does have racial and ethnic minority group representation.

Health equity efforts in some states involve local collaboration. In Seattle, the Race and Social Justice Initiative produced the Racial Equity Toolkit that lays out a process, questions, implementation, and evaluation of policies, initiatives, programs, and budget issues to address impacts on racial equity.<sup>xxv</sup> The City of Seattle, Port of Seattle, King County, Washington, Washington State Department of Early Learning are local and regional jurisdictions that belong to the Government Alliance on Race & Equity, a national network of local and regional governments working to achieve racial equity and advance opportunities for all. The Wisconsin Center for Health Equity is a nonprofit organization formed in 2006 based in Milwaukee that works "statewide as a catalyst and support system strengthening community and governmental efforts to attain health equity."<sup>xxvi</sup>

In four states, higher education institutions are major collaborators. The Center for Health Equity (CHE) at the University of Minnesota was established in 2009 as a National Institutes of Health (NIH) designated Comprehensive Center of Excellence in Minority Health and Health Disparities supported by a grant from the National Institute on Minority Health and Health Disparities (1P60MD003422).<sup>xxvii</sup> The Health Equity Work Group at the University of Minnesota School of Public Health was founded in spring 2005 to conduct, promote, and provide greater

visibility to health equity research; strengthen collaborative efforts; create lasting partnerships with community-based organizations, and ensure SPH students and faculty work effectively in a diverse society."<sup>xxviii</sup> In Wisconsin, the Collaborative Center for Health (CCHE) is supported by the University of Wisconsin Institute for Clinical and Translational Research and located within the University of Wisconsin School of Medicine and Public Health. CCHE connects partners from the state's rural, urban, and tribal communities with university faculty, staff, and students to advance long-term, mutually beneficial partnerships in teaching, research, and service initiatives to improve health equity in underserved communities of Wisconsin.<sup>xxix</sup> In addition, the Healthy Wisconsin Leadership Institute, a partnership between the University of Wisconsin School of Medicine and Public Health's Wisconsin Partnership Program and the Medical College of Wisconsin's Advancing a Healthier Wisconsin endowment, produces medical professionals who apply a health equity lens.<sup>xxx</sup> The Colorado Health Equity Project fosters medical-legal partnerships (MLPs) through the Colorado Law School to provide legal and social services to vulnerable individuals and families. Colorado began its first MLP in 2009; this MLP has screened over 8,000 patients and provided legal and social services to over 1,600 families. In August 2013 the Colorado Health Equity Project initiated a pilot program that created three new MLPs that added public health and law students to the MLP model to achieve dramatically improved outcomes and health policy.<sup>xxxi</sup> The University of Washington in Seattle was awarded a \$400,000 federal grant (2017-2022) under the Partnerships to Achieve Health Equity program from the National Partnership to End Health Disparities to demonstrate the value of multi-partner collaborations to address SDOH.<sup>xxxii</sup>

Private nonprofit organizations, including foundations, are significant partners in advancing health equity through grantmaking and public affirmation. The Colorado Center on Law & Policy (CCLP) works at the intersection of poverty and access to health care that often results in health disparities. CCLP's Health Program addresses health equity in Colorado by advocating for policies and public programs that improve access and use of health coverage and services, so all Coloradans have the opportunity to achieve health and wellbeing.<sup>xxxiii</sup> The Washington Health Alliance was formed in 2004 (formerly the Puget Sound Health Alliance) to gather patients, doctors, hospitals, purchasers, health plans, and others to promote health and improve quality and affordability of health care, following recommendations from the King County's Health Advisory Task Force that was formed in 2003 to address rising health care costs.<sup>xxxiv</sup> The Minnesota Food Charter Network is a statewide group that developed the MN Food Charter, a roadmap to healthy, affordable, and safe food for all Minnesotans.<sup>xxxv</sup> These partners contribute civic capital that heightens awareness and validates the multisector nature of the commitment to health equity by several partners.

The Minneapolis Blueprint for Action to Prevent Youth Violence is a community-driven, grassroots response to the issue of youth violence. It was featured in a report on promising practices, *Communities in Action: Pathways to Health Equity* (2017), by the Committee on Community-Based Solutions to Promote Health Equity in the United States, National Academies of Sciences, Engineering and Medicine (NAS).<sup>xxxvi</sup> From 2002 to 2011, homicide was the leading cause of death among Minneapolis residents aged 15– 24 years, accounting for 39 percent of deaths in this age group and disproportionately affecting youth of color. In 2008, Mayor R.T. Rybak partnered with leaders in local government, education, law enforcement, social services, neighborhoods, and business to address this problem. A citywide cooperative plan emerged – the Blueprint for Action. In 2012, Minneapolis was invited to join the National Forum on Youth Violence Prevention, and in 2013 developed a strategic plan.<sup>xxxvii</sup> By addressing youth homicide, the Blueprint presents a conceptual framework that aims to prevent deaths, thereby improving health equity among teens.



## D. Publicly Accessible Information

A primary accomplishment in each of these states is making information about health disparities and the progress of health equity efforts publicly available. Studies that provide data on the health status of minority groups contribute to making the case for addressing health inequities. Reporting on activities and interventions to advance health equity is critical for public accountability. Below is a list of the types of data initiatives and reports each state produces.

- 1. Colorado.** Colorado Department of Public Health & Environment Community Health Equity Map (2011-2015): CDPHE has an online geographic map that provides data on the social determinants of health by local census tract based on American Community Survey estimates.
- 2. Michigan.** The Michigan Health Equity Data Project: MI Health Equity Data Tables and Related Technical Documents (2000-2009). Michigan produced a report on health disparities in May 2011. The annual health equity report and additional minority health data reports are available online at Michigan Department of Health and Human Services.
- 3. Minnesota.** The 2017 Health Equity of Care Report: Stratification of Health Care Performance Results in Minnesota by Race, Hispanic Ethnicity, Preferred Language and Country of Origin. The 2017 Health Equity of Care Report (Publication date January 11, 2018) is produced by Minnesota Community Measurement (MNCM), a MN nonprofit organization that develops measures, collects data, and creates reports that drive improvement in health care.
- 4. Washington.** The Washington State Department of Health hosts a website, the Washington Tracking Network, that provides information on health disparities using an interactive map (<https://fortress.wa.gov/doh/wtn/WTNIBL/>). This tool is one of the most promising practices in improving access to health equity data. Another resource, 2016 Disparities in Care: Increasing Health Equity in Washington State, is a report produced by the Washington Health Alliance. Community Checkup is the umbrella under which the WA Health Alliance releases all of its public reports on the quality of health care in Washington State, including the annual Community Checkup report available at [www.WACommunityCheckup.org](http://www.WACommunityCheckup.org). Healthier Washington includes the Washington State Common Measure Set on Health Care Quality and Cost is part of this initiative. This subset of more than 100 measures (most standardized and used nationally) enables a common way of tracking important elements of health and shows how the health care system is performing in Washington State.<sup>xxxviii</sup>
- 5. Wisconsin.** Healthy Wisconsin is the Wisconsin Department of Health's five-year health improvement plan that contributes to achieving the 10-year goals of the state's decade-long Healthiest Wisconsin 2020 – Wisconsin State Health Plan (2010).<sup>xxxix</sup> Healthiest Wisconsin 2020: Baseline and Health Disparities Report (April 2017) offers baseline data for Healthiest Wisconsin 2020 and includes data about health disparities among some populations and communities in Wisconsin.<sup>xl</sup> Health Disparities: Healthiest Wisconsin 2020 Focus Area Profile is a 2014 report by the Wisconsin Center for Health Equity that defines key terms and provides information on health disparities among racial and ethnic minorities.<sup>xli</sup> The Social, Economic, and Educational Factors that Influence Health report was produced in May 2013 by the Wisconsin Center for Health Equity to provide background information leading to collective action and results under Healthiest Wisconsin 2020.<sup>xlii</sup>

The value of publicly reporting on progress is that it fosters transparency and promotes accountability among all partners within and beyond the department of health. Publicly shared data



offer factual evidence of the extent to which health disparities are being addressed. Information can be utilized to herald success, to engage community-wide partners in developing and implementing solutions, and to challenge agencies and multi-sector partners to stay the course when progress is not going well. Without baseline data and regular reporting on progress, it is difficult, if not impossible, to chart progress toward achieving health equity.

## **E. Community Engagement**

A hallmark of effective health equity initiatives is authentic community engagement. Achieving health equity means ensuring that the most vulnerable people and communities are able to lead healthy, fulfilling lives. While health care systems address the needs and interests of many in society, reaching marginalized groups requires ground-level strategies that are meaningful to those whom mainstream institutions have failed to serve. Community engagement is perhaps the most important component of successful health equity initiatives, and it requires investing fiscal and human resources.

The featured states are engaging communities in identifying issues, problem-solving, and implementing solutions. The Collaborative Center for Health Equity at the University of Wisconsin-Madison sponsors the Wisconsin Partnership Program each year to advance health equity by awarding grants to community partners to address the root causes of health inequity.<sup>xliii</sup> By funding community partners to carry out this work, solutions are more likely to be effective. The Colorado Health Foundation expanded its purview to address the “social causes” of health inequities in 2016, and the topic of the August 2017 Colorado Health Symposium was “Let’s Talk About ... Inequity.” The symposium followed a statewide Listening Tour of Colorado’s 11 regions conducted between September 2015 and March 2016, by Foundation President & CEO Karen McNeil-Miller, that led the Foundation to heighten its community engagement.<sup>xliiv</sup> The Colorado Department of Public Health and Environment conducted a community-wide environmental scan by meeting with over 100 internal and external partners, including community members, to identify a strategic direction for the office.<sup>xliiv</sup> The Colorado Community Health Network, which represents the state’s 20 Community Health Centers, is active in this effort.

It is essential to tailor efforts to reach specific communities with culturally and linguistically appropriate frameworks and information. The Colorado Alliance for Health Equity and Practice (CAHEP) seeks to improve the health of Colorado’s immigrant communities through culturally and linguistically appropriate prevention, health education, wellness activities, early detection, and self-management of disease. Based in Denver, CAHEP partners with communities to engage them in actively addressing their health and wellness interests.<sup>xlivi</sup> The Minnesota Department of Health’s Center for Health Equity partnered with the Somali American Parent Association (SAPA) in 2015 to implement the Somali Mental Health Project. State funding for this project was provided by the Minnesota Legislature which approved \$501,000 in health equity grants during the 2014 session (Minnesota Laws 2014, chapter 312, art.30, sec. 3, subd.2).<sup>xliiii</sup> In Minnesota, The Shakopee Mdewakanton Sioux Community (SMSC), a federally recognized sovereign Native American Tribe located southwest of Minneapolis/St. Paul, and the American Heart Association launched a \$1.6 million funding initiative in March 2019 to support Native American nutrition and health advocacy. The Policy Innovation Fund is a continuation of the SMSC and American Heart Association’s partnership to promote Native-led dietary health advocacy, which first began in 2015.<sup>xliiii</sup> In Michigan, the W.K. Kellogg Foundation awarded a two-year grant in March 2020 to Health Net of West Michigan to provide health equity training to early childhood and health professionals in Grand Rapids in order to improve the quality of services provided to children and vulnerable families in those communities.<sup>xlix</sup> These programs explicitly target minority communities to ensure that they receive resources to advance health equity.

These critical features of five states making significant progress advancing health equity are interrelated. Programs designed to engage racial, ethnic and other minority communities are using publicly available data on health disparities to advocate, organize, and implement more equitable solutions that improve health equity. Policies include reporting requirements and allocate resources for collaborating across multiple sectors. When combined, these strategies are likely to accelerate progress toward achieving health equity at the state level.

### III. State Health Equity Profiles

In the five states profiled, statewide health equity initiatives are aimed at addressing the social determinants of health. State profiles in the Background Information & Resources section of this report present detailed examples and comparable information for CO, MI, MN, WA, and WI, including:

1. state partnerships and collaborative efforts among key stakeholders to address health equity;
2. state policies and state-level implementation of federal policies addressing health equity;
3. state level data initiatives, research, and evaluation to advance health equity;
4. promising and effective practices to achieve health equity in the state; and
5. highlights of a Health Equity State Snapshot published by the Association of State and Territorial Health Officials (ASTHO) in partnership with the National Partnership for Action to End Health Disparities (NPA), based on data collected through ASTHO's 2014 Health Equity/Minority Health Survey.

### IV. Promising Practices in Rural States

At least two rural states are recognized for their health equity initiatives – Alabama and Mississippi. Both of these states are in the south and belong to Region IV, Southeastern Health Equity Council, within the National Partnership for Action to End Health Disparities. Despite regional differences, given New Hampshire's rural population and geography, they have a few lessons worth noting.

Alabama and Mississippi are part of the National Collaborative for Health Equity, an initiative of the W.K. Kellogg Foundation that aims to empower leaders and communities to identify and address social, economic, and environmental conditions that shape health and life opportunities. CHE is a national community of practice that grew from PLACE MATTERS, an initiative of the W.K. Kellogg Foundation, focused on understanding the power of place through community engagement. The CHE national center and 19 teams in 27 jurisdictions throughout the U.S. are committed to advancing health equity through policy and systems change. CHE teams operate in Jefferson County, AL; Alameda County and San Joaquin Counties, CA; Boston, MA; Wayne County, MI; Mid-Mississippi and South Delta Counties, MS; and Martin Luther King County, WA.<sup>i</sup> Both states also were awarded grants under the U.S. Department of Health and Human Services State Partnership Program to Improve Minority Health Grants in FY2010-2013 and FY2013-2015, followed by grants under the State Partnership Initiative to Address Health Disparities in FY2015-2020.<sup>ii</sup>

#### A. Alabama

The Alabama Department of Public Health, Office of Minority Health released the Alabama Health Disparities Report in 2010 and updated it in 2013.<sup>iii</sup> Although the state has not continued reporting

annually, Alabama has focused its efforts on addressing health equity issues affecting particularly vulnerable groups. The state Office of Minority Health was awarded a \$200,000 federal grant from the HHS Office of Minority Health in 2016 to implement the Alabama State Partnership Initiative (SPI) to Address Health Disparities.<sup>liii</sup> Based on health disparities data, four geographic “hot spots” were identified as having the highest rates of cardiovascular disease (CVD) and diabetes mellitus, with CVD being the number one cause of death in the state.<sup>liv</sup> These “hot spots” were identified as the cities of Demopolis, Greensboro, Livingston, and Marion, where largely African American, Hispanic/Latino, and Asian American families live. Alabama’s SPI grant supports implementing three evidence-based interventions in those cities, namely (1) the Alabama Health Vending Machine Program that increases access to healthy foods and beverages; (2) the Healthy Food Financing Initiative, a statewide campaign launched in 2014 by Voices for Alabama’s Children and the American Heart Association, to target corner stores and/or grocery stores for healthy food retail development; and (3) Scale Back Alabama, a statewide health behavior change program designed to encourage Alabamians to make healthy lifestyle choices and lose weight using a team approach.<sup>lv</sup>

Alabama also participated in two other federal/national initiatives, namely the Centers for Disease Control and Prevention’s REACH (Racial and Ethnic Approaches to Community Health) initiative<sup>lvi</sup> and the U.S. Department of Health and Human Services Million Hearts® Initiative.<sup>lvii</sup> As part of Million Hearts®, Alabama implemented a faith-based campaign with churches in Montgomery, Huntsville, and Birmingham to raise awareness about and prevent cardiovascular disease. Alabama was also highlighted in the Million Hearts® e-newsletter of September/October 2015 for efforts of the Alabama Million Hearts® Blood Pressure Taskforce to implement a statewide high blood pressure treatment protocol that uses an algorithm to treat patients with high blood pressure.<sup>lviii</sup>

## **B. Mississippi**

The Mississippi Delta Health Collaborative (MDHC) is a well-regarded initiative formed in 2010 by the Mississippi State Department of Health Office of Preventive Health in partnership with the U.S. Centers for Disease Control and Prevention under a cooperative agreement to help lower the risk of heart disease and stroke through education, new policy, and system changes among priority populations in the 18-county Mississippi Delta region.<sup>lix</sup> Initiatives in three program areas engage partners in clinical, community, and faith-based efforts.

In addition, Mississippi passed House Bill 540 in July 2012 authorizing shared use agreements that allow use of school property and facilities for public recreation and physical activity.<sup>lx</sup> A Best Practices Tool Kit for Shared Use Agreements was jointly developed by the MS Department of Health and MS Department of Education and is available on the MSDH website.<sup>lxi</sup>

These two predominantly rural states have invested relatively scarce resources to focus attention on addressing the highest priority health disparities among the state’s most vulnerable groups of people in under-resourced areas. Strategies engage schools, community-based, and faith-based organizations as well as traditional health agencies in reaching families where they live.

## **V. Promising Practices in Coastal States with Major Urban Cities**

While states with sizeable rural communities strive to do more with less, the remaining three of the “top 10” states making significant progress toward advancing health equity represent the opposite end of the spectrum. The states of California, Massachusetts, and New York are coastal with large urban cities and populous metropolitan suburbs. These three states are politically progressive, and this generally is reflected in higher levels of investment in public sector agencies and solutions as

compared with many other states. This report features a few examples of promising practice from these three states.

## A. California

- California has adopted a Health in All Policies approach to addressing health equity. The California Health in All Policies Task Force, established by executive order S-04-10 in 2010, assembled 22 state agencies, departments and offices, and through interagency efforts focused on crime prevention, access to healthy food, and active transportation.<sup>lxii</sup> The Task Force includes the State Attorney General. In addition to setting goals that promote health equity for all California residents, the Task Force commits to ensuring that California's decision makers are informed about the health consequences of various policy options during the policy development process.<sup>lxiii</sup>
- California has several regional partnerships across the state, notably the San Francisco Health Improvement Partnership, the Bay Area Regional Health Inequities Initiative, Live Well San Diego, and Healthy Riverside County. These partnerships connect multiple local stakeholders from various sectors with health departments and other health sector representatives to reduce health disparities and advance health equity. Each partnership operates independently and explicitly focuses on advancing health equity.
- The California Pan-Ethnic Health Network (CPEHN) is a multicultural statewide advocacy organization that works to improve the health of communities of color. The four priority areas CPEHN is pursuing are changing health policy, convening diverse communities, collecting data and resources, and working in diverse coalitions. *The Landscape of Opportunity: Cultivating Health Equity in California*, first published in June 2012, is a report highlighting 13 key factors that lead to health disparities in California's communities of color, with policy recommendations for creating a healthier state. It includes charts and maps showcasing data by race and ethnicity. The third edition was published in October 2016.<sup>lxiv</sup>

## B. Massachusetts

- The Commonwealth of Massachusetts State Legislature codified the state's commitment to health equity in Senate Bill S.600, an Act to Promote Health Equity. The bill establishes the Office of Health Equity within the Executive Office of Health and Human Services with a Director reporting directly to the Secretary of HHS. Section 16O establishes a Health Disparities Council to serve as an advisory board to the Office of Health Equity.<sup>lxv</sup>
- The Dudley Street Neighborhood Initiative (DSNI) is a nonprofit, community-driven organization established in 1984 in the Roxbury and North Dorchester neighborhoods of Boston. DSNI's Youth Opportunities and Development programming engages children, youth, and young adults from birth to age 24, connecting young people to a supportive community with caring adults, enriching options and responsive systems that support them to succeed in school, careers, and life.<sup>lxvi</sup> According to the National Academies of Sciences, there is evidence that DSNI is making a difference. The percent of high school students at or above grade level according to state mathematics assessments increased from 36% to 63%; the four-year adjusted cohort graduation rate increased from 51% to 82%; and the percent of students who enrolled in a two-year or four-year college or university after graduation increased from 48% to 69%.<sup>lxvii</sup>

- The Boston Public Health Commission (BPHC) is leading a Racial Justice & Health Equity Initiative that aims to integrate health equity and racial justice principles and practices into all Commission work to measurably reduce inequities in Boston. It has prioritized three health equity goals – to reduce inequities in (1) obesity, (2) Chlamydia, and (3) low birth weight. In 2016, the BPHC became the nation’s first city agency to address racial and ethnic disparities in health care. BPHC founded the Center for Health Equity and Social Justice in 2008. In 2012 the BPHC set a goal of reducing the gap in health outcomes between residents of color and white residents in the goal areas outlined.
- The Metropolitan Area Council regularly releases Metro Boston Regional Indicators: State of Equity Update (2017), a report produced since 2011 documenting the State of Inequity in Metro Boston.

### C. New York

- The New York State Department of Health produces NY State Health Equity Reports – annual reports providing population level data for 28 minor civil divisions that meet the definition of “minority” areas. The New York State 2017 Health Equity Report presents data on health outcomes, demographics, and other community characteristics for cities and towns with a 40% or greater non-white population throughout New York State. Each town or city specific report contains data associated with the priority areas of the Prevention Agenda 2013-2018 (New York State’s Health Improvement Plan), as well as social determinant indicators such as housing, educational attainment and insurance coverage.<sup>lxviii</sup>
- The Center for Health Equity within the New York City Health Department, is strengthening and amplifying the NYC Health Department’s work “to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism.”<sup>lix</sup> The Center includes Neighborhood Health Action Centers, Healthy Schools, the New York City Teens Connection, and several other initiatives designed to meet people where they live. Race to Justice is the NYC Department of Health and Mental Hygiene’s internal reform process for advancing racial equity and social justice.
- As part of the BUILD (Bold, Upstream, Integrated, Local and Data-driven) Health Challenge, the Bronx Healthy Buildings Program was funded at \$250,000 as part of the first round of grant awardees. The Bronx Healthy Buildings Program enabled the New York City Department of Health and Mental Hygiene, the Northwest Bronx Community and Clergy Coalition, and local partners to collaborate in improving deteriorating housing.<sup>lxx</sup>

Although these examples are primarily urban, there are opportunities to learn from what these cities are accomplishing. In each of the examples from California, Massachusetts, and New York, a common core contributing factor is that organizations grounded in the community are designing and leading the work while collaborating across sectors to address the SDOH, such as housing and food.

## VI. Funding Sources for Health Equity

States assemble funding for health equity from multiple sources, including federal agencies, national organizations, private philanthropic institutions, corporate funders, state agencies, and multisector partnerships that involve private for-profit entities, public agencies, and nonprofits.



## A. Federal & National Grant Programs (Public & Philanthropic Sectors)

- U.S. Department of Health and Human Services Office of Minority Health was a primary source of funding under the Obama administration, particularly grant programs administered by the National Partnership for Action to End Health Disparities and Healthy People 2020.
- U.S. Centers for Disease Control and Prevention: Racial and Ethnic Approaches to Community Health (REACH), is a national program to reduce racial and ethnic health disparities by planning and carrying out local, culturally appropriate programs to address a wide range of health issues among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders. REACH 2014 is a 3-year initiative that awarded \$23.2 million to support 49 REACH awardees in FY2017.
- The Centers for Medicare & Medicaid Services State Innovation Models (SIM) initiative partners with states to advance multi-payer health care payment and delivery system reform models. Through two rounds of funding, SIM has supported grant awardees to engage a diverse group of stakeholders, including public and commercial payers, providers, and consumers, in developing or implementing state innovation plans. Advancing health equity is a stated goal of these efforts. New Hampshire is implementing models at the state and local levels. [Click here for a map of NH SIM sites.](#)
- The National Collaborative for Health Equity was launched in August 2014 as a project of the New Venture Fund to serve as a catalyst for fostering partnerships and collaboration between policy makers, researchers, industry, community groups, and others necessary to create just and equitable opportunities for all people to lead healthier lives. Launched in 2006, Collaboratives for Health Equity (CHE) has blazed trails as a national place-based initiative (formerly PLACE MATTERS), focused on understanding the power of place through community engagement.
- The BUILD HEALTH Challenge is a national initiative supported by a coalition of national and regional organizations to strengthen partnerships between community-based organizations, hospitals and health systems, and local health departments—with a shared commitment to moving resources, attention, and action upstream to reduce health disparities and create opportunities for improved community health. BUILD funders include The Advisory Board Company, Blue Cross Blue Shield of North Carolina Foundation, The Colorado Health Foundation, the de Beaumont Foundation, the Episcopal Health Foundation, Interact for Health, the Kresge Foundation, Mid-Iowa Health Foundation, New Jersey Health Initiatives, The Robert Wood Johnson Foundation, Telligen Community Initiative, and The W.K. Kellogg Foundation.
- Other national organizations that are investing in health equity as partners include the American Heart Association, American Diabetes Association, and the Association of Academic Health Centers.

## B. Regional and State Grant Programs (Public & Philanthropic Sectors)

- Regional Health Equity Councils (RHECs) are independent, non-federal entities located in ten regions of the U.S. whose primary role is to initiate action to implement goals of the National Partnership for Action to End Health Disparities by eliminating inequities at the grassroots level. Each council comprises leaders and stakeholders from both non-federal public and private sectors within that region. Sectors represented on the RHEC include academia,



community-based organizations, health systems, health insurers, state legislators, faith-based organizations, and state government organizations, among others. New Hampshire is part of the New England Regional Health Equity Council (Region I). In 2016, the New England RHEC released a first-of-its-kind Health Equity Profile & Call to Action depicting health disparities in the six New England states.

- ASTHO (Association of State and Territorial Health Officials) has invested in a number of strategies to promote health equity, beginning with ASTHO's 2016 President's Challenge: Advancing Health Equity and Achieving Optimal Health for All. ASTHO provides technical assistance and informational resources such as the 2014 Health Equity/Minority Health Survey to assess health equity efforts in the states and territories. ASTHO provides State Snapshots that summarize data from the survey, including information on how health equity initiatives are funded within the state. ASTHO partners with other organizations to lead state-based national initiatives such as the Million Hearts® Initiative, a national campaign that brings together communities, health systems, nonprofit organizations, federal agencies, and private sector partners from across the country to help prevent 1 million heart attacks and strokes by 2017. ASTHO does not have a grant program.
- National Association of County and City Health Officials (NACCHO) has a Health Equity and Social Justice program whose goal is to advance the capacity of local health departments to confront the root causes of health inequities. The Building Networks Project: Aligning Public Health and Community Organizing (funded by the W.K. Kellogg Foundation and the Kresge Foundation) links public health and community organizing strategies in five Midwest states: Michigan, Minnesota, Missouri, Ohio, and Wisconsin.

### C. Philanthropy

- The Robert Wood Johnson Culture of Health Initiative developed a Culture of Health Action Framework in collaboration with the RAND Corporation to set a national agenda for improving health, well-being and equity. Visit <http://www.cultureofhealth.org>.
- The AETNA Foundation is investing in several health equity initiatives, at least three of which are relevant for this project.
  - Healthiest Cities & Counties Challenge. In 2016 AETNA began partnering with the American Public Health Association and the National Association of Counties to encourage small to mid-size U.S. cities and counties to create a positive health impact. The AETNA Foundation is awarding more than \$1.5 million in final prizes to cities, counties, and federally recognized tribes most able to show measurable changes in health and wellness over the next several years. The Challenges will identify best practices for achieving community and individual health, wellness and health equity. Visit <http://healthiestcities.org/>.
  - In 2014, the AETNA Foundation launched an annual \$2 million national grant program – the Go Local: Cultivating Healthy Communities Initiative – that awarded grants to community-based nonprofit partners working with underserved populations to address the social determinants of health. Awards between \$50,000 and \$100,000 were made to organizations working to improve health outcomes at the local level. The grant program was ongoing as of 2020

- The AETNA Foundation invests in the Health Equity Leadership & Exchange Network (HELEN) to advance racial and ethnic health equity in laws, policies, and programs by hosting a national forum for health equity champions.
- The Kresge Foundation has managed a Health Program for the past 10 years that aims to “help build equity-focused systems of health that create opportunities for all people to achieve well-being.” Kresge is a partner in the BUILD Health Challenge and invests in three focus areas: integration of health and human services, institutional investments in community health, and community-driven solutions.
- Regional & State-focused Foundations
  - **California Endowment:** Building Healthy Communities launched in 2010, a 10-year, \$1 billion comprehensive initiative to transform 14 of California’s communities devastated by health inequities.
  - **Colorado Health Foundation:** Healthy Communities and Social Determinants of Health are two focus areas for programming. Health equity is a core value.
  - **Missouri Foundation for Health:** Forward through Ferguson Initiative to promote health equity. In June 2016, the Missouri Foundation for Health announced six areas for grantmaking – grassroots advocacy, gun violence, juvenile justice and behavioral health, food insecurity, toxic stress and trauma-informed care, and school-based care – to improve racial and health equity in the region. Recommendations from Forward Through Ferguson, a 2015 report issued by the Ferguson Commission, appointed by former Governor Jay Nixon in the aftermath of Michael Brown’s fatal shooting at the hands of police and the protests that followed, informed this decision. The MFFH invests in Community Ideas through advocacy and an Opportunity Fund.
  - **Group Health Community Foundation,** Washington State is a 501(c)(4) organization promoting health and reducing health disparities with \$1.7 billion in assets.
  - **W.K. Kellogg Foundation** has a focus on racial equity and supports national health equity initiatives as well as state and local efforts in its priority places: Michigan, Mississippi, New Mexico, and New Orleans, Chiapas and the Yucatan Peninsula in Mexico, and in Central and South Haiti.

#### D. Corporate Funders

In this review of information about health equity initiatives, only a few corporate funders were identified, both as part of the BUILD Health Challenge. The Advisory Board Company, whose health care business has now joined Optum, and the Blue Cross Blue Shield Foundation of North Carolina are both BUILD Health Challenge partners. However, it is possible that other health care and health insurance companies are contributing to local and state efforts.

## VII. Implications for New Hampshire

Investments in health equity in the U.S. over the past several years have heightened awareness of health disparities and spurred action to address inequities. It is now much more widely accepted that advancing

health equity requires addressing disparities not only by managing the public health system but also attacking the social determinants of health – underlying factors in other sectors that are the root causes of inequity.

In 2020, the global coronavirus pandemic and a resurgence of racial justice protests worldwide in the wake of the murder (killing?) of George Floyd in Minneapolis police custody, have heightened attention to health inequities. There is no more important moment than the present one for promoting health equity.

Advances in health equity are largely attributable to federal and national investments by the U.S. Department of Health and Human Services and other federal agencies, with leadership across agencies by the Federal Interagency Health Equity Team. Leadership in the White House from the Obama administration was critical to this work. It is hoped that the incoming Administration in 2021 will also support efforts to address health equity issues nationally. To that end, the new Administration's Health & Human Services Transition Team has reached out to Health Equity Funders nationally to obtain information, insights and recommendations on how best to address health equity issues in the Administration's first 100 days,

Private philanthropy has contributed significantly to advancing health equity initiatives at all levels – national, state/regional, and local. Investments in health equity initiatives have been multi-year, multi-million dollar, and widely distributed across the U.S. As those early grant programs conclude, it is possible that private funders will move on to address other key issues. The opioid crisis, gun violence, and #MeToo gained prominence as public health issues demanding attention by national and state legislators for policy interventions and funding from 2018-2019. However, by 2020 emergence of the coronavirus pandemic brought again into stark relief the need to address nationwide health inequities. Perhaps the challenge will be to apply a health equity lens that deepens understanding of the interrelated nature of those issues.

In considering what these states have accomplished and the relevance for New Hampshire, a few critical issues are worth noting.

- New Hampshire is well positioned to refine its health equity strategies by examining promising and effective practices succeeding in other states. The five states featured in this report have features and comparison points worth considering for their relevance as NH deepens its health equity efforts. Health equity practices from rural states and those from coastal states with urban cities have specific lessons that might benefit NH.
- Several federal health equity grant programs are slated to sunset in the coming years. However, if federal funding is not discontinued, there may be an opportunity for New Hampshire to apply for additional funding from the National Partnership for Action to End Health Disparities or related programs.
- Some national initiatives funded by public-private partnerships and coalitions continue to support health equity. The BUILD Health Challenge, for example, has supported 37 projects in 21 states and Washington, D.C. since the first cohort in 2015; the current BUILD 2.0 cohort features 19 collaborations that will run from 2017-2019. This and other privately funded health equity initiatives might continue to offer competitive grant opportunities in the future.
- State-level leadership for advancing health equity has been highly effective in several states. Information about what works in those states can be used to explore health equity solutions with New Hampshire's leaders.

New Hampshire is a relatively small state with solid networks and relationships across the public, private, and nonprofit sectors. Opportunities for providing state level leadership to advance health equity are promising. Sparking the interest and commitment of even a few leaders in NH has the potential to leverage existing resources and perhaps attract support from beyond the state. Advancing health equity at state-level scale in New Hampshire is feasible. Benefiting from other states' lessons has the potential to make it achievable.

## REFERENCES

- Aetna Foundation. Cultivating Healthy Communities Grant Program. Accessed February 2018. <https://www.aetna-foundation.org/>.
- Alabama State Department of Health. (2010). Alabama Health Disparities Status Report 2010. Retrieved February 16, 2018 from <http://www.alabamapublichealth.gov/minorityhealth/publications.html>.
- American Heart Association. (2020). Funding Initiative Announced to Support Native American Nutrition. Retrieved August 10, 2020 from [https://www.youarethecure.org/mn\\_native\\_american\\_nutrition](https://www.youarethecure.org/mn_native_american_nutrition).
- Association of Academic Health Centers. (2016). Social Determinants of Health Initiative. Retrieved from <http://wherehealthbegins.org/index.php>.
- Association of State and Territorial Health Officials. (2017). ASTHO Health Equity overview. Retrieved from <http://www.astho.org/Programs/Health-Equity/?terms=health+equity>.
- Heiman, H. J., and Artiga, S. (2015). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. The Henry J. Kaiser Family Foundation Issue Brief. Retrieved December 14, 2016, from <http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
- Michigan Department of Health and Human Services, Health Disparities Reduction and Minority Health section. (2017). 2016 Moving Health Equity Forward Report. Retrieved from <http://s.michigan.gov/search>
- Minneapolis Health Department. (2013). Minneapolis Blueprint for Action to Prevent Youth Violence. Retrieved May 2017 from <http://www.minneapolismn.gov/www/groups/public/@health/documents/webcontent/wcms1p-114466.pdf>.
- Minnesota Department of Health. (2014). Advancing Health Equity in Minnesota: Report to the Legislature. St. Paul: Minnesota Department of Health. Retrieved from [http://www.health.state.mn.us/divs/chs/healthequity/ahe\\_leg\\_report\\_020414.pdf](http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf).
- Minnesota Department of Health. (2017). In Minnesota Department of Health, "About the Center for Health Equity." Retrieved from <http://www.health.state.mn.us/divs/che/about/index.html>.
- Mississippi State Department of Health, Office of Preventive Health, Delta Health Collaborative. (2016). Working Together for Healthy Hearts Continues in the Delta Area. Retrieved from [http://msdh.ms.gov/msdhsite/\\_static/resources/4964.pdf](http://msdh.ms.gov/msdhsite/_static/resources/4964.pdf).

Missouri Foundation for Health. Accessed February 2017. <https://mffh.org/>.

National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. Access full report online: <https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity>. Chapter 5: Examples of Communities Tackling Health Equity (pp. 169-266), <https://www.nap.edu/read/24624/chapter/7>.

National Association of County and City Health Officials. (2017). *Health Equity and Social Justice Program*. Retrieved from <http://www.astho.org/Programs/Health-Equity/?terms=health+equity>.

National Collaborative for Health Equity. (2017). *Collaboratives for Health Equity*. Retrieved from <http://www.nationalcollaborative.org/our-programs/collaboratives-for-health-equity-che/>.

New York City Department of Health and Mental Hygiene. New York City Center for Health Equity. Accessed April 2017. <http://www1.nyc.gov/site/doh/health/neighborhood-health/center-for-health-equity.page>.

New York State Department of Health. (2017). *New York State 2017 Health Equity Reports*. Retrieved January 19, 2018 from [https://www.health.ny.gov/statistics/community/minority/mcd\\_reports.htm](https://www.health.ny.gov/statistics/community/minority/mcd_reports.htm).

Robert Wood Johnson Foundation. (2017). *Communities in Action: Pathways to Health Equity*. Retrieved From <https://www.rwjf.org/en/library/research/2017/01/communities-in-action--pathways-to-health-equity.html>.

State of Colorado. (2017). Colorado Department of Public Health & Environment. *About the Office of Health Equity*. Retrieved from <https://www.colorado.gov/pacific/cdphe/about-office-health-equity>.

The Kresge Foundation. (2014). *\$7.5 million BUILD Health Challenge aims to bolster community health and health equity*. Retrieved from <http://kresge.org/news/75-million-build-health-challenge-aims-bolster-community-health-and-health-equity>.

U.S. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. (2017). *Racial and Ethnic Approaches to Community Health, About REACH*. Retrieved from <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm>.

U.S. Centers for Disease Control and Prevention and U.S. Department of Health and Human Services. (2017). *Million Hearts®*. Retrieved from <https://millionhearts.hhs.gov/>.

U.S. Centers for Medicare and Medicaid Services. (2017). *State Innovation Models: General Information*. Retrieved from <https://innovation.cms.gov/initiatives/state-innovations/>.

U.S. Department of Health and Human Services, Office of Minority Health. *National Partnership for Action To End Health Disparities*. (2017). Retrieved from <https://minorityhealth.hhs.gov/npa/Default.aspx>.

U.S. Department of Health and Human Services, Office of Minority Health. (2017). *Think Cultural Health: National CLAS Standards*. Retrieved from <https://www.thinkculturalhealth.hhs.gov/clas>.

U.S. Department of Health & Human Services, Office of the Secretary, Office of the Assistant Secretary for Planning and Evaluation and Office of Minority Health. (2015). HHS Action Plan to Reduce Racial and Ethnic Health Disparities: Implementation Progress Report 2011-2014. Washington, D.C.: U.S. Department of Health and Human Services. Access full report online: <https://aspe.hhs.gov/basic-report/hhs-action-plan-reduce-racial-and-ethnic-health-disparities-implementation-progress-report-2011-2014>.

Washington State Department of Health. (ND). Current Efforts to Promote Health Equity. Retrieved February 4, 2018 from <https://www.doh.wa.gov/CommunityandEnvironment/HealthEquity/CurrentEfforts>.

Wisconsin Department of Health Services. (2017). Wisconsin State Health Assessment and Health Improvement Plan. Retrieved February 2, 2018 from <https://www.dhs.wisconsin.gov/statehealthplan/hw2010/index.htm>.

Wisconsin State Legislature. (2017). 2015-16 Wisconsin Statutes updated through 2017 Wis. Act 10 and all Supreme Court and Controlled Substances Board Orders effective on or before June 12, 2017. Published and certified under s. 35.18. Changes effective after June 12, 2017 are designated by NOTES. Retrieved from <http://docs.legis.wisconsin.gov/statutes/statutes/250/20>.

---

<sup>i</sup> The Lancet. Respiratory Medicine (May 8, 2020). Evidence mounts on the disproportionate impact of COVID-19 on ethnic minorities. Volume 8, Issue 6, P547-548. DOI: [https://doi.org/10.1016/S2213-2600\(20\)30228-9](https://doi.org/10.1016/S2213-2600(20)30228-9).

UN News (June 2, 2020). Address 'appalling impact' of COVID-19 on minorities, UN rights chief urges. Available online at <https://news.un.org/en/story/2020/06/1065272>

<sup>ii</sup> Centers for Disease Control and Prevention (July 24, 2020). Health Equity Considerations and Racial and Ethnic Minority Groups. Available online at <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

<sup>iii</sup> Minnesota Department of Health (2020). <https://www.health.state.mn.us/communities/equity/about/covid19.html>

<sup>iv</sup> Minnesota Department of Health. (2017). 2017 Minnesota Statewide Health Assessment. Produced in collaboration with the Healthy Minnesota Partnership. St. Paul, MN. <https://www.health.state.mn.us/communities/practice/healthymnpartnership/docs/2017MNStatewideHealthAssessment.pdf>

<sup>v</sup> Wisconsin State Department of Health (2020). <https://www.dhs.wisconsin.gov/hw2020/index.htm>

<sup>vi</sup> Wisconsin State Department of Health (2020). <https://www.dhs.wisconsin.gov/covid-19/risks.htm>

<sup>vii</sup> Association of State and Territorial Health Officials (ASTHO) (October 8, 2019). Promoting Place-Based Approaches to Build Healthy and Resilient Communities Project ECHO, Module #1: Integrating Fundamental Principles at Every Stage of Program Development.

<sup>viii</sup> Ibid.

<sup>ix</sup> Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at [ihi.org](http://ihi.org))

<sup>x</sup> Washington State Department of Health. (ND). Current Efforts to Promote Health Equity. Retrieved February 4, 2018 from <https://www.doh.wa.gov/CommunityandEnvironment/HealthEquity/CurrentEfforts>.

<sup>xi</sup> Colorado State Legislature. (2013). Health Equity Commission. Colorado Revised Statute 25-4-2206 (C.R.S. 25-4-2206). Retrieved January 8, 2018 from Colorado Legal Resources.

<sup>xii</sup> Colorado Department of Public Health & Environment. (ND). Health Equity: An Explanatory Model for Conceptualizing the Social Determinants of Health. Retrieved January 8, 2018 from [https://www.colorado.gov/pacific/sites/default/files/OHE\\_Health-Equity-Model.pdf](https://www.colorado.gov/pacific/sites/default/files/OHE_Health-Equity-Model.pdf).

<sup>xiii</sup> Michigan Department of Health & Human Services. (2016). 2015 Health Equity Report, Moving Health Equity Forward: Color Me Healthy. Lansing, MI: Michigan Department of Community Health. Retrieved January 12, 2018, from [http://www.michigan.gov/documents/mdch/MI\\_Roadmap\\_FINAL\\_080310\\_revised\\_WEB\\_VERSION\\_329422\\_7.pdf](http://www.michigan.gov/documents/mdch/MI_Roadmap_FINAL_080310_revised_WEB_VERSION_329422_7.pdf).

<sup>xiv</sup> Wisconsin Department of Health Services. (2015). Healthiest Wisconsin 2020: Everyone Living Better, Longer (2010).



Retrieved February 2, 2018 from <https://www.dhs.wisconsin.gov/hw2020/report.htm>.

<sup>xv</sup> Washington State Board of Health, Governor's Interagency Council on Health Disparities. (2010). State Action Plan to Eliminate Health Disparities. Retrieved January 2018 from <http://healthequity.wa.gov/TheCouncilsWork/ActionPlan>.

<sup>xvi</sup> Colorado Department of Public Health & Environment. (2018). Sweet Tools to Advance Equity. Retrieved January 8, 2018, from <https://www.colorado.gov/pacific/cdphe/suite-of-tools>.

<sup>xvii</sup> Michigan Department of Health and Human Services. (2016). Cultural Competency Training. Retrieved January 12, 2018 from [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2985\\_79566---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2985_79566---,00.html).

<sup>xviii</sup> Minnesota Department of Health. (2017). Health Equity Initiatives and Projects. Retrieved January 11, 2018 from <http://www.health.state.mn.us/divs/che/projects/ahegrants.html>.

<sup>xix</sup> Wisconsin Department of Health Services. (2016). State Innovation Models Initiative: Wisconsin Round Two Model Design Award. Retrieved February 2, 2018 from <https://www.dhs.wisconsin.gov/sim/index.htm>.

<sup>xx</sup> U.S. Centers for Medicare & Medicaid Services. (ND). Where Innovation is Happening. Retrieved February 15, 2018 from <https://innovation.cms.gov/initiatives/map/index.html> - model=state-innovation- models-initiative-model-pre-testing-awards+state-innovation-models-initiative-model-design-awards+state-innovation-models-initiative-model-testing-awards.

<sup>xxi</sup> National Association of County and City Health Officials. (2018). Health Equity and Social Justice. Retrieved February 15, 2018 from <https://www.naccho.org/programs/public-health-infrastructure/health-equity>.

<sup>xxii</sup> Association of State and Territorial Health Officials. (2016). 2016 President's Challenge: Advance Health Equity and Optimal Health for All. Retrieved February 15, 2018 from <http://www.astho.org/Health-Equity/2016-Challenge/?terms=health+equity+state>.

<sup>xxiii</sup> Association of State and Territorial Health Officials. (2018). State Initiatives in Support of Advancing Health Equity and Optimal Health for All. Retrieved February 15, 2018 from <http://www.astho.org/Health-Equity/State-Initiatives-Map/>.

<sup>xxiv</sup> Michigan Department of Health & Human Services. (2007). Michigan Public Act 653: Minority Health Bill. Retrieved January 16, 2018 from [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2985-230816--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2985-230816--,00.html).

<sup>xxv</sup> Seattle Race and Social Justice Initiative. Racial Equity Toolkit. Retrieved February 4, 2018 from <http://www.seattle.gov/civilrights/programs/race-and-social-justice-initiative/racial-equity-toolkit>.

<sup>xxvi</sup> Wisconsin Center for Health Equity. (ND). Retrieved February 2, 2018 from <http://www.wche.org/>.

<sup>xxvii</sup> Regents of the University of Minnesota. (2018). Center for Health Equity, Clinical and Translational Science Institute, University of Minnesota. Retrieved on January 11, 2018 from <https://www.ctsi.umn.edu/about/programs-and-initiatives/center-health-equity>.

<sup>xxviii</sup> Ibid. (2018). Health Equity Work Group, School of Public Health. Retrieved on January 11, 2018 from <http://www.sph.umn.edu/research/hewg/>.

<sup>xxix</sup> University of Wisconsin-Madison. (2018). Collaborative Center for Health Equity. Retrieved February 2, 2018 from <https://cche.wisc.edu/>.

<sup>xxx</sup> Healthy Wisconsin Leadership Institute. (2018). Retrieved February 2, 2018 from <http://hwli.org/who-we-are/>.

<sup>xxxi</sup> University of Colorado Law School. (2018). Colorado Health Equity Project. Retrieved January 8, 2018, from [http://chep.colorado.edu/?page\\_id=445](http://chep.colorado.edu/?page_id=445).

<sup>xxxii</sup> U.S. Department of Health and Human Services. (2017). Partnerships to Achieve Health Equity (Grant Period: 2017-2022). Retrieved February 15, 2018 from <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=2&lvlid=51>.

<sup>xxxiii</sup> Colorado Center on Law & Policy. (2018). Health Equity. Retrieved January 11, 2018 from <http://cclponline.org/our-issues/health-equity/>.

<sup>xxxiv</sup> Washington Health Alliance. (2018). About Us. Retrieved January 11, 2018 from <http://wahealthalliance.org/about-us/our-organization/>.

<sup>xxxv</sup> Minnesota Food Charter. (2018). Retrieved January 11, 2018 from <https://mnfoodcharter.com/>.

<sup>xxxvi</sup> National Academies of Sciences, Engineering, and Medicine. (2017). Communities in Action: Pathways to Health Equity. Washington, DC: The National Academies Press. Access full report online: <https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity>; Chapter 5: Examples of Communities Tackling Health Equity (pp. 169-266), <https://www.nap.edu/read/24624/chapter/7> - chapter05\_pz235-1.

<sup>xxxvii</sup> Ibid.

<sup>xxxviii</sup> Washington Health Alliance. (2017).

<sup>xxxix</sup> Ibid, p. 8.

<sup>xl</sup> Wisconsin Department of Health Services. (2017). Healthiest Wisconsin 2020 Baseline and Health Disparities Report

retrieved February 2, 2018 from <https://www.dhs.wisconsin.gov/hw2020/baseline.htm>.

<sup>xli</sup> Wisconsin Center for Health Equity. (2014). Health Disparities: Healthiest Washington 2020 Focus Area Profile. Retrieved February 2, 2018 from <https://www.dhs.wisconsin.gov/hw2020/profiles.htm>.

<sup>xlii</sup> Wisconsin Center for Health Equity. (2013). Social, Economic, and Educational Factors that Influence Health: Healthiest Washington 2020 Focus Area Profile. Retrieved February 2, 2018 from <https://www.dhs.wisconsin.gov/minority-health/sdoh/index.htm>.

<sup>xliii</sup> University of Wisconsin-Madison. (2018). 2018 Community Impact Grants Program. Retrieved February 2, 2018 from <https://cche.wisc.edu/community-impact-grant-application-now-open/>.

<sup>xliv</sup> Colorado Health Foundation. (2018). #HealthiestCO Statewide Listening Tour. Retrieved January 11, 2018 from <http://www.coloradohealth.org/healthiestco-statewide-listening-tour>.

<sup>xlv</sup> Braga, Anne-Marie. (2015). Taking Action to Improve the Lives of All Coloradans: Recommendations for the Office of Health Equity. Colorado Office of Health Equity, Department of Public Health and Environment.

<sup>xlvi</sup> Colorado Alliance for Health Equity and Practice. (2014). About us. Retrieved January 2018 from <http://cahep-denver.org/index.html>.

<sup>xlvii</sup> Minnesota Department of Health, Center for Health Equity. (2016). Somali Mental Health Project Findings and Recommendations. Retrieved January 12, 2018 from <http://www.health.state.mn.us/divs/che/>.

<sup>xlviii</sup> American Heart Association. (2020). Funding Initiative Announced to Support Native American Nutrition. Retrieved August 10, 2020 from [https://www.yourethecure.org/mn\\_native\\_american\\_nutrition](https://www.yourethecure.org/mn_native_american_nutrition).

<sup>xlix</sup> W.K. Kellogg Foundation. (2020). Grant: Health Net of West Michigan, Grand Rapids, Michigan, United States. Retrieved August 10, 2020 from <https://www.wkkf.org/grants/grant/2020/03/navigating-care-and-connecting-resources-for-young-children-and-vulnerable-communities-using-a-health>

<sup>l</sup> W.K. Kellogg Foundation. (2014). Racial Equity New Venture Fund, August 1, 2014 – December 31, 2015). Retrieved January 16, 2018 from <https://www.wkkf.org/grants/grant/2014/08/the-national-collaborative-for-health-equity-p3030771>.

<sup>li</sup> U.S. Department of Health and Human Services, Office of Minority Health. (2017). Grant Program: State Partnership Initiative to Address Health Disparities (SPI). Retrieved January 16, 2018 from <https://minorityhealth.hhs.gov/omh/find.aspx>.

<sup>lii</sup> Alabama State Department of Health. (2010). Alabama Health Disparities Status Report 2010. Retrieved February 16, 2018 from <http://www.alabamapublichealth.gov/minorityhealth/publications.html>.

<sup>liii</sup> U.S. Department of Health and Human Services, Office of Minority Health. (2016). State Partnership Initiative to Address Health Disparities: Alabama Department of Public Health, State Office of Minority Health. Retrieved January 16, 2018 from <https://minorityhealth.hhs.gov/omh/content.aspx?ID=120>.

<sup>liv</sup> Ibid.

<sup>lv</sup> Ibid.

<sup>lvi</sup> Centers for Disease Control and Prevention. (2017). Racial and Ethnic Approaches to Community Health. Retrieved January 16, 2018 from <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm>.

<sup>lvii</sup> U.S. Department of Health and Human Services. (2017). Million Hearts™. Retrieved January 16, 2018 from <https://millionhearts.hhs.gov/>.

<sup>lviii</sup> Ibid. September/October 2015. e-update. Tools U Can Use.

<sup>lix</sup> Mississippi State Department of Health. (ND). Mississippi Delta Health Collaborative. Retrieved January 16, 2018 from [https://msdh.ms.gov/msdhsite/\\_static/44,0,372.html](https://msdh.ms.gov/msdhsite/_static/44,0,372.html).

<sup>lx</sup> Mississippi Legislature. (2012). 2012 Regular Session. House Bill 540. Retrieved January 16, 2018 from <http://billstatus.ls.state.ms.us/2012/pdf/history/HB/HB0540.xml>.

<sup>lxi</sup> Mississippi Department of Health. (2012). Best Practices Tool Kit for Shared Use Agreements in Mississippi. Retrieved January 16, 2018 from [https://msdh.ms.gov/msdhsite/\\_static/resources/5066.pdf](https://msdh.ms.gov/msdhsite/_static/resources/5066.pdf).

<sup>lxii</sup> Heiman, H.J. and Artiga, S. (2015). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. The Henry J. Kaiser Family Foundation Issue Brief. Retrieved December 14, 2016, from <http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.

<sup>lxiii</sup> State of California Department of Justice. (2018). Health in All Policies Task Force. Retrieved January 19, 2018 from <https://oag.ca.gov/environment/communities/policies>.

<sup>lxiv</sup> California Pan-Ethnic Health Network. (2016). The Landscape of Opportunity: Cultivating Health Equity in California (3rd Edition). Retrieved January 19, 2018 from <https://cpehn.org/resource/landscape-opportunity-cultivating-health-equity->

california-3rd-edition.

<sup>lxv</sup> The 190th General Court of the Commonwealth of Massachusetts. (2018). Bill S.600, 190th (Current), An Act to Promote Health Equity. Retrieved January 19, 2018 from <https://malegislature.gov/Bills/190/S600>.

<sup>lxvi</sup> National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. Access full report online: <https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity>; Chapter 5: Examples of Communities Tackling Health Equity (pp. 169-266), [https://www.nap.edu/read/24624/chapter/7 - chapter05\\_pz235-1](https://www.nap.edu/read/24624/chapter/7 - chapter05_pz235-1).

<sup>lxvii</sup> Ibid.

<sup>lxviii</sup> New York State Department of Health. (2017). *New York State 2017 Health Equity Reports*. Retrieved January 19, 2018 from [https://www.health.ny.gov/statistics/community/minority/mcd\\_reports.htm](https://www.health.ny.gov/statistics/community/minority/mcd_reports.htm).

<sup>lxix</sup> New York City Health. (2018). Center for Health Equity, About Us. Retrieved January 19, 2018 from <http://www1.nyc.gov/site/doh/health/neighborhood-health/center-for-health-equity.page>.

<sup>lxx</sup> The BUILD Health Challenge. (2017). *The Bronx Healthy Buildings Program, BUILD 1.0 Awardee*. Retrieved January 19, 2018 from <http://buildhealthchallenge.org/communiti20es/awardee-bronx-nyc/>.