

Prevention Brief

WOMEN'S HEALTH EQUITY



AMCHP/CityMatCH

Women's Health Partnership

With funding from the Centers for Disease Control and Prevention, AMCHP and CityMatCH have formed the Women's Health Partnership. The goal of the WHP is to identify and promote unique state and local MCH roles and opportunities to improve women's health before and between pregnancies. Initial partnership efforts (2005-2008) focused on the importance of healthy weight among women of reproductive age in order to improve maternal health and birth outcomes. To continue the work of the partnership, we are publishing a series of Women's Health Prevention Briefs using the original priority areas identified in the AMCHP/CityMatCH Women's Preventive Health Framework (injury and chronic disease, health disparities, reproductive and maternal health, and healthy lifestyles).

Each brief will provide background on the priority area, selected facts and data points specific to women of reproductive age, examples of promising programs, and finally, recommendations for local, state and federal levels. The goal of the Women's Health Prevention Briefs is to advance our members' efforts in strengthening systems for women's preventive health.

This Prevention Brief highlights the importance of health equity for women. The root causes of poor health are explored using four relevant social and health development theories. Policy examples and promising programs at the local, state and national levels are featured. Finally, recommendations are summarized for pursuing health equity. The Women's Health Partnership (WHP) seeks to focus attention on the root causes contributing to health inequities and the great importance of addressing them, and to offer practical steps toward health equity for all women.

WOMEN'S HEALTH AND HEALTH EQUITY

Health disparities are the population-specific differences in the presence of disease, health outcomes, or access to health care across racial, ethnic, sexual orientation and socioeconomic groups.¹ These disparities often result from uneven exposure to factors that promote or diminish health, or health inequities. To achieve health equity among women, children and families, it is necessary to understand the causes of health disparities, and implement solutions that will eliminate them. An essential solution is ensuring more equitable availability and access to the factors that support health, and a reduction of those that cause harm. A public health approach to achieve health equity requires a focus on primary prevention of the root causes of illness and poor health.

Factors influencing health are complex, intricate, tightly interconnected, and intergenerational. However, health inequities, and the resulting health disparities, are not inevitable. They result from the circumstances in which people live and work, the systems put in place to manage illness, and are shaped by political, social, and economic forces.² Societies with more equal access to the factors that promote health are less likely to experience health disparities.

WOMEN'S HEALTH AND HEALTH EQUITY

In the United States, health disparities affect women across the lifespan. ^{3,4,5,6,7,8}

- By the age of 26, people who are poor, have less education, or are Black, Hispanic, or Native American, are more likely to have a shorter life expectancy.
- The lower a person's income, the less likely they are to have health coverage.
- Women of Color are less likely to have access to health care compared to White women. Compared with White women, Black women are twice as likely, and Hispanic women are nearly three times as likely, to be uninsured.
- People of Color account for more than half of the people living in poverty.
- Many Women of Color experience a wide range of serious health issues at higher rates than do Whites. These conditions include poor birth outcomes, breast cancer, heart disease, stroke, diabetes, and hypertension. Women of Color have higher rates of disability and greater mortality compared to White women.
- Women of Color are more likely to live in a neighborhood with characteristics known to have adverse effects on health such as: few or no grocery stores selling fresh produce or safe places to play; a high concentration of liquor stores, fast-food restaurants, and advertisements for tobacco and alcohol; and exposure to pollution and other hazards in the physical environment (crime, violence and negative role models).
- Racism is linked to poorer health and the added stress of racism throughout the life course is thought to contribute to the persistent Black/White infant mortality gap. Whether it takes the form of overt discrimination or structural disadvantage, racism continues to influence how people are treated, and their access to resources and jobs.

SOCIAL AND HEALTH DEVELOPMENT THEORIES

Health disparities arise from variances in access to health care, the quality of health care received, and unequal life opportunities, exposures, and stresses.⁹ To achieve health equity among women in the United States, it is necessary to examine and address the factors that affect their health and well-being. Many of factors are explored in several relevant and complementary theories that look at how health is developed, examine issues that support or diminish health and explain how societies structure opportunities for wellness or illness.

Four frameworks offer useful perspectives on how inequities emerge and how health equality for women can be promoted. Social Justice, which addresses themes broader than health, provides an overarching framework influencing other theories. Reproductive Justice emerges as a direct connection between social justice and women's reproductive health. Social Determinants of Health elaborates on how health is,

or is not, developed and serves as a resource for the Life Course Health Development model, which is specifically applicable to maternal and child health. Although other theories are relevant, these have been chosen because of their high profile in the maternal and child health community at this time.

These theories highlight the complexity of health and well-being as well as the interconnection of the social and economic environment and their influence on individual and community wellness. They support the need for a preventive health focus starting prior to conception with the mother's health, and recognize both the individual's and societies' role in health promotion. Additionally they point toward concrete actions to improve women's health by preventing illness through addressing access to quality health care, positive health habits, and social factors such as racism, poverty, and poor environmental quality.

SOCIAL AND HEALTH DEVELOPMENT THEORIES

Social Justice

Social justice is defined, for this discussion, as the movement toward a socially just society, grounded in human rights and equality. Social justice is considered by some to be central to the mission of public health, as a core value of the profession.¹⁰ It is defined as fairness or reasonableness, especially in the way people are treated or decisions are made. A core insight of social justice is that there are multiple causal pathways to numerous dimensions of disadvantage. These include poverty, substandard housing, poor education, unhygienic and polluted environments, and social disintegration. These and many other causal agents lead to systematic disadvantage, not only in health, but also in nearly every aspect of social, economic, and political life.¹¹ Inequalities beget other inequalities and existing inequalities compound, sustain, and reproduce a multitude of deprivations.

A social justice approach to health focuses on broad principles. Health is more than a medical concept; it is predicated upon social conditions that promote health. To improve health, it is necessary to go beyond short-term solutions, such as the signs and symptoms of illness, and address factors linked to healthy environments. Social policies are needed to reduce socioeconomic disparities, such as investing in early childhood development and nutrition programs; improving the quality of the work environment; reducing income inequality; and increasing political fairness.¹²

Reproductive Justice¹³

Grounded in human rights and social justice, reproductive justice is an emerging concept which considers the comprehensive factors affecting a woman's ability to make healthy decisions about her body, sexuality and reproduction. Reproductive justice addresses inequality, focusing in particular on the differing opportunities women have to control their own reproductive future. This framework takes a comprehensive view of the circumstances affecting a woman's life (age, class, race, etc.) and assesses how they impact her ability to control her own reproductive health and rights. Reproductive justice theorizes that the ability of any woman to determine her own reproductive destiny is directly linked to the conditions in her community. These conditions

are not simply a matter of individual choice and access.

The attainment of reproductive justice is based on the full achievement and protection of women's human rights, which encompasses the complete physical, mental, spiritual, political, social, environmental and economic well-being of women and girls. Factors such as the integrative and cumulative effects of oppression against women on all levels (economic, racial, sexual orientation, gender, age, etc.) inhibit the development of reproductive justice. Reproductive justice for women will exist when all people have the economic, social and political power and resources to make healthy decisions about their bodies, sexuality and reproduction.

Social Determinants of Health¹⁴

Evidence suggests that Social Determinants of Health (SDOH) have a direct impact on the health of individuals and populations, and are the best predictors of well-being. SDOH are recognized by international health organizations, such as the World Health Organization, to greatly influence collective and personal well-being. These economic and social conditions (see box) shape the health of individuals, communities and jurisdictions as a whole, and are the primary factors determining whether individuals stay healthy or become ill. SDOH impact the extent to which a person possesses the physical, social, and personal resources necessary to identify and achieve personal aspirations, satisfy needs, and cope with their environment. Therefore, strategies directly addressing these social determinants would be primary prevention for illness and disparities. ►►

Examples of Social Determinants of Health

- Income and social status
- Social support networks
- Education and literacy (i.e., health literacy)
- Employment/Working conditions
- Social environments
- Physical environments
- Life skills
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

SOCIAL AND HEALTH DEVELOPMENT THEORIES

Life Course Health Development^{15, 16}

Life Course Health Development (LCHD) looks at health not as disconnected, unrelated stages (infancy, latency, adolescence, child-bearing years and old age), but as an integrated continuum. It also embraces the view that a woman's health, built across the life course, affects future pregnancy outcomes. This perspective suggests that a complex interplay of biological, behavioral, psychological,

social and environmental factors contribute to health outcomes across the course of a woman's life. LCHD builds on recent social science and public health literature. In this model, each life stage influences the next, and social, economic, and physical environments, interacting across the life course, have a profound impact on individual and community health. It is founded on the social determinants of health theory, as well as concepts of what an equitable and just society could look like.

Framework	Key Points	Applications to MCH
Social Justice	Social Justice is a movement toward a socially just society, grounded in human rights and equality. Social disadvantage is influenced by factors such as poverty, substandard housing, poor education, unhygienic and polluted environments, and social disintegration. These and other factors lead to systematic disadvantage, not only in health, but in nearly every aspect of life.	Social justice challenges public health professionals to ground their health equity work in human rights, justice and equality. From a social justice perspective, education, transportation and land use policies are health policies and need the support and involvement of the public health community.
Reproductive Justice	The Reproductive Justice framework takes a comprehensive view of how age, income, class, race and other factors affect a woman's life, including the impact these factors have on her reproductive health and rights.	A woman's ability to determine her own reproductive destiny is directly linked to conditions existing in her community and in her life. It is not just a matter of individual choice and access. This framework supports the need to use culturally and linguistically appropriate care and services to address the comprehensive needs of women taking into account the context of her life and her community.
Social Determinants of Health (SDOH)	SDOH are the economic and social conditions that shape the health of individuals, communities and jurisdictions as a whole. They are the primary determinants of whether individuals stay healthy or become ill.	SDOH considers the quantity and quality of a variety of resources a society makes available to its members. This approach encourages maternal and child health leaders to look at creative ways, usually with partners, to provide programs and services to directly address non-health factors in their clients' lives, such as income, literacy and the built environment.
Life Course Health Development	Life Course Health Development takes into account the complex relationships between biological, psychosocial, environmental, and intergenerational influences. This perspective explains how one's own health is determined by their life and the lives of generations before, while contributing to the health of the next generation.	This approach is both clinical and population-based. It addresses individual factors, as well as the social determinants of MCH. Adopting this approach requires building strategic partnerships with other disciplines (medicine, education, etc.) to identify and intervene in the multiple intervention points during a woman's life (early childhood, pregnancy, etc.) that promote or reduce health.

SOCIAL AND HEALTH DEVELOPMENT THEORIES

LCHD also offers a comprehensive overview of the factors that affect health and well-being across a woman's lifespan and how they interact to impact pregnancy. The model supports the need to ensure the health of a woman from her conception throughout her life, not only for her own well-being, but for the health of any children she may have. This approach, while valuing prenatal care, recognizes it is often not enough to assure healthy birth outcomes. If a woman's protective factors are augmented and risk factors are reduced, the results will likely lead to more positive birth outcomes. This approach identifies the need to intervene both medically and socially at different points along a woman's life span.

Summary

These four frameworks recognize the importance of addressing social and environmental factors that affect well-being, and the need to influence policy and create environments that promote health. Social justice provides the vision of a fair and equitable society where health equity is the norm. A just society supports health equity to assure that a woman has the ability and resources to make healthy decisions about her body as it impacts herself, her family and her community. Social determinants of health speak to the factors (income, race, environmental quality, etc.) that influence a woman's ability to be healthy beyond the signs and symptoms of illness. Life Course Health Development integrates the social determinants of health into an approach that recognizes points in time during a woman's life where health can be positively (lifelong access to quality health care) or negatively (initiating smoking) affected.

Promoting health equity among women requires a multi-dimensional and multi-disciplinary effort that recognizes women's health is essential to improving the health of families and communities. It requires ongoing commitment to a challenging and long-term process. The Healthy People 2020 Initiative acknowledges that achieving health equity requires a continuous effort focused on eliminating disparities in health care, and supporting the living and working conditions that influence health.¹⁷ For example, the disparity in birth outcomes for White and Black women is pronounced. According to the Centers for Disease Control and Prevention, to eliminate the racial disparities in infant

mortality, it is necessary to prevent low and very low birthweight births.¹⁸ Strategies to reach this goal emphasize the need for women to be as healthy as possible prior to and during pregnancy. Achieving this is challenging, especially for low income minority women. It requires lifelong access to quality health care, positive health behaviors, and creating community conditions favorable to enhanced well-being for all residents.

It is not MCH's role to direct all these efforts to promote health equity, rather, to lead some and participate in others. MCH can lead in assessing and monitoring the causes of health disparities among women and children, assuring that solutions are implemented, and engaging in policy development activities to promote health equality for women, children and families. Public health systems must collaborate with partners in education, housing, labor, justice, transportation, agriculture and urban design to make the needed community-based changes. Needed policies and actions should: reduce poverty (living wage, earned income tax credits, and job training for unemployed workers); eliminate racism (institutional racism policies, better enforcement of anti-discrimination laws); promote health care access (health care reform); enhance education (universal preschool, school financing reform); improve the environment (land use and zoning policies, stronger environmental protections and enforcement); support wealth building among disadvantaged communities (business investment and wealth accumulation in communities of color) and others.^{19,20} ◀◀



RECOMMENDATIONS

The Health Care Reform Law, signed in March, 2010, will help move forward an agenda designed to provide high quality medical care to more people, contributing to the elimination of health disparities and the achievement of health equity. As all public health professionals, clinicians, consumer advocacy groups, and the insurance industry work to implement these important policy changes, the greater public health community can lead efforts and remain active partners and advocates for other broad-based actions such as poverty reduction, equitable resource/power distribution, and safe housing provision.

The following recommendations developed by the AMCHP/CityMatCH Women's Health Partnership are approaches that MCH professionals can incorporate within their own organizations, programs, and services. Over the last several years, recommendations have been offered by other groups who are also working toward increased equity for women



and their families. Selected recommendations from the Office of Minority Health (OMH),²¹ the Center for Health Equity (CHE), the Association of Reproductive Health Professionals (ARHP), and the life course policy brief (LCPB), *A New Agenda for MCH Policy and Programs: Integrating a Life Course Perspective*²² are also included in the following set of recommendations.

Health Equity: A National Example (Continued on Page 7)

The Urban Initiative for Reproductive Health (Urban Initiative), a program of the National Institute for Reproductive Health, is a multi-year initiative designed to create and promote real policy solutions to address the reproductive health challenges facing cities today. Launched at the National Summit in New York in 2008, and further expanded in 2009 through four Regional Summits (Denver, Atlanta, Chicago and Los Angeles), the Urban Initiative brings together mayors, city legislative leaders, county executives, public health officials, and advocates to advance an agenda promoting policies and programs that address disparities, increase access to comprehensive reproductive, sexual, and maternal health information and services, reduce unintended pregnancies, and lead to healthier birth outcomes. Following the success of the National and Regional Summits, the Urban Initiative plans to continue to foster partnerships and collaboration among local leaders through grantmaking, online coordination, and the dissemination of the National Urban Reproductive Health Agenda.

The goals of the Urban Initiative are to:

- Identify elected leaders and public health officials who embrace a proactive policy agenda to reduce unintended pregnancy and improve the reproductive health of their communities;
- Provide a forum for elected leaders and public health officials to share

their knowledge, expertise, and experiences;

- Support a new generation of leaders who can effectively communicate a progressive agenda for reproductive health in their communities;
- Establish an online Clearinghouse of promising models that include policies and programs that are funded, administered, or legislated at the municipal level; and
- Foster collaboration between advocates, elected leaders, and public officials in cities across the nation to create and implement the National Urban Reproductive Health Agenda.

The Urban Initiative will promote policy and program change with the following tools and resources:

- **The National Urban Reproductive Health Agenda** was developed in coordination with an Advisory Committee of experts and released in early 2010. Using a reproductive justice framework, the goal of the Agenda is to inform and motivate local leaders by offering a common vision and concrete strategies for improving the reproductive, sexual, and maternal health of urban communities. The Agenda is a comprehensive advocacy tool that articulates common urban reproductive health challenges and provides local, state, and federal recommendations to improve urban communities.

RECOMMENDATIONS

All Levels

- Strengthen staff by hiring, retaining and providing leadership opportunities for racially, ethnically and culturally diverse individuals.
- Rethink and realign the organization and delivery of individual and population-based health services. (CHE)
- Collaborate with partners in education to support early recruitment of racially, ethnically and culturally diverse youth into the health professions, and increase the number of bridge programs to ensure job opportunities once they graduate. (OMH)
- Regularly examine organizational policies, practices, values and norms to identify intended and unintended institutional racism.
- Provide staff training on topics related to health equity (e.g., racism, cultural humility, social determinants of health, life course health development, etc.).
- Develop and test programs that explicitly incorporate a Life Course Perspective. (LCPB)
- Enhance consumer involvement in shaping life course strategies to help assure that policies and programs reflect and respond to real life course needs of the populations being served. (LCPB)
- Engage non-traditional partners to broaden the scope of impact (e.g. housing, child care, transportation, education, etc.). ►►

Health Equity: A National Example *(Continued)*

- **The Urban Initiative Online Clearinghouse** is a centralized source of useful resources and promising models for those who work to improve reproductive, maternal, and sexual health outcomes at the local level. On the Clearinghouse website, advocates and experts can collect and disseminate best practices, model policies, programs, and information on issues specific to urban areas.
- **Support for Local Initiatives** is offered through grant funding and targeted technical assistance to advocacy organizations in cities across the nation that are collaborating with local elected officials and public health leaders to create progressive policies and programs at the city and county levels to improve urban reproductive health outcomes.

For more information about the Urban Initiative for Reproductive Health, and to access the National Urban Initiative for Reproductive Health Agenda and the Online Clearinghouse, visit <http://www.urbaninitiative.org>.



RECOMMENDATIONS

State and National Levels

- Apply a long-term time frame and a lifelong approach to health when allocating funds. (LCPB)
- Include addressing health disparities and health equity as a required action item for all relevant government-funded programs, plans and budgets.
- Develop data and surveillance measures to examine health over time and across generations.
- Support the further development and use of standardized questions in national surveillance systems (e.g. PRAMS, YRBS, etc.) that assist MCH leaders in further understanding racism's connection to health and health outcomes.
- Consider the BRFSS "Reactions to Race" module for all states.
- Develop better tools to screen for non-health stressors such as domestic violence, maternal depression, and poverty. Teach providers how to implement these tools, and give them resources to address these issues with their clients. Disseminate guidance and model practices on the adoption of Culturally and Linguistically Appropriate Services (CLAS) standards. (OMH)
- Support action learning activities that allow professionals across communities to identify, develop, and expand promising practices for increasing equity.

Health Equity: A State Example (Continued on Page 9)

Rhode Island's Division of Community, Family Health and Equity is working toward assuring equity in health by using a framework that focuses on social and environmental determinants of health throughout the life course. The Rhode Island Department of Health recently reorganized to create the Division of Community, Family Health and Equity (CFHE). The new division was created from the consolidation of the former Disease Prevention and Control, Environmental Health, and Family Health Divisions. The name reflects the fundamental values of:

- Community- because all health is local
- Family- because families are key partners in health
- Equity- because their mission is to assure that all Rhode Islanders will achieve optimal health

CFHE staff believes that while eliminating health disparities is crucial, it alone will not ensure that all Rhode Islanders achieve optimal health. It is therefore important to assure equity in health is a reality. The two main priorities of the CFHE division are the elimination of childhood obesity and health disparities. The six teams that make up the new division represent priority areas that promote synergy, collaboration, integration and coordination among programs. The CFHE mobilizes and leverages resources efficiently across categorical diseases, programs,

data and analysis, and community level interest and activity.

CFHE uses a life course developmental approach based upon the social determinants of health (SDOH) as a framework for health planning. Examples of integrating a SDOH approach in Rhode Island include the following.

- To help establish new partnerships, the Office of Minority Health uses the film *Unnatural Causes* as an outreach and educational tool. This film is also used with current partners to explain the division's new approach and the accompanying changes in community engagement.
- CFHE has mapped all of the outlays for chronic disease programs to identify which urban neighborhoods had the largest investment and where integration, coordination and increased synergy may produce better health outcomes for the population.
- The WIC program addresses the social determinant of food security. Data shows that children and pregnant women enrolled in the WIC program living in several poor urban neighborhoods in the state had higher rates of obesity, limited access to fresh, affordable fruits and vegetables, and lacked safe opportunities for recreation and physical activity. The project brings together local farmers, neighborhood bodegas, a local community development corporation, and others to

RECOMMENDATIONS

Local Level

- Consider funding innovative programs directly addressing social determinants (e.g. finances, etc.).
- Collect and disseminate information to the public on “non-insurance” barriers to care (e.g. transportation, clinic hours, etc.) which prevent MCH populations from receiving equal access to quality care. (OMH)
- Develop state-wide resources to help link women, children and families to health-enhancing services, supports and activities.
- Identify and celebrate successful community leadership and advocacy around health equity.
- Promote a community-wide understanding of social determinants and their impacts on health via community forums, social marketing, school curriculum, etc.
- Engage in and lead meaningful conversations with colleagues and community members about health equity and social justice and how to achieve them.
- Train MCH program staff to use tools such as videos (e.g. *Unnatural Causes, Race: the Power of an Illusion*) and various facilitated cultural awareness activities (e.g. Privilege Line) as a part of community engagement activities.
- Develop centralized, community-wide resources to help link women, children and families to health-enhancing services, supports and activities. (LCPB)
- Focus “well-person” visits on assessing and improving physical, social-emotional, and intellectual development as a part of routine care. (LCPB)
- Recognize and organize health visits and services around critical or sensitive periods of development throughout the life course. (LCPB)
- Remove the attitudinal and structural barriers (lack of proper equipment, examination tables and specialized knowledge) that limit contraceptive and reproductive care and access for all women, especially those with disabilities. (ARHP)
- Improve clinician training on the assessment, treatment and referral of non-health stressors.
- Use Health Impact Assessments as a way for health outcomes to be considered during non health-driven decision-making processes (i.e., local land use planning and development).
- Deploy public health nurses, social workers, and other staff to serve as resources in non-health settings (i.e., early childcare and educational programs, schools, after-school programs and family resource centers). (LCPB)

Health Equity: A State Example (Continued)

improve availability and consumption of fresh fruits and vegetables, especially among families with young children. WIC vouchers and food stamps are accepted as payment at the markets.

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RECOMMENDATIONS

In addition to these MCH-specific ideas, more recommendations can be found through the National Partnership for Action to End Health Disparities, led by the Department of Health and Human Services' Office of Minority Health (<http://minorityhealth.hhs.gov/npa/>). This group has developed a national plan for action through a process that took many years, involved many partners, and is intended to be the blueprint for everyone in the country working to achieve health equity. The plan is not simply a collection of overarching recommendations, but contains specific objectives, strategies, actions, measures and potential data sources to assist everyone in taking action to reduce health disparities, and tracking our Nation's progress as a nation toward achieving health equity. ◀◀

CONCLUSIONS

Creating health equity is complex. It will take time, determination, and the hard work of passionate and visionary leaders at the national, state, and local levels. Using the theories outlined in this brief, we recognize that eliminating disparities and increasing equity for women means leaders must: 1) base their work in human rights and justice; 2) offer women options to make choices that fit within their life and community; 3) address the determinants of health outside the typical realm of healthcare; and 4) attend to women's needs across their life course.

The AMCHP/CityMatCH Women's Health Partnership applauds current efforts being made, and urges all maternal and child health leaders to explore bold new opportunities to pursue health equity.



Health Equity: A Local Example (Continued on Page 11)

The **Center for Health Equity** in Louisville, KY, works to eliminate social and economic barriers to good health, and reshape the public health landscape. The center serves as a catalyst for collaboration among communities, organizations and government entities through capacity building, policy change, and evidenced-based initiatives.

Established in June 2006, the Center for Health Equity provides a new and hopeful approach to the public's health. It works to address the root causes of health disparities by supporting projects, policies and research to change the correlation between health, longevity and socioeconomic status. The Center acknowledges the additional burdens currently faced by People of Color. Solutions lie not in more pills or better genes, but in better social policies. While drugs, diet, a healthy lifestyle, and medical technologies are important, there is much more to one's health than bad habits, health care, or genes. The social conditions into which women are born, live, and work, profoundly affect well-being and longevity. The Center works to invest in schools, improve housing, integrate neighborhoods, provide better

ADDITIONAL RESOURCES

- ***Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health.*** This final report from the Commission on Social Determinants of Health established by the World Health Organization (WHO) addresses the social factors leading to ill health and inequities. http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
- ***Crisis in the Crib: Saving Our Nation's Babies.*** In recognition of National Infant Mortality Awareness Month, the Office of Minority Health and producer Tonya Lewis Lee released a documentary on September 9, 2009, focusing on the issue of Infant Mortality in the African-American community. <http://www.omhrc.gov/templates/content.aspx?lvl=2&lvlID=117&ID=8178>
- ***Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level*** from the Henry J. Kaiser Family Foundation provides a state-level look at racial and ethnic disparities among women on a broad range of indicators of health and well-being. State-specific fact sheets and interactive maps and data tables drawn from the report findings are presented and downloadable. <http://www.statehealthfacts.org/women.jsp>

Health Equity: A Local Example (Continued)

jobs and wages, and give people more control over their work. These are valid health strategies, comparable in importance to smoking cessation, diet, and exercise programs.

Center for Health Equity programs and initiatives:

Digital Storytelling and Photovoice allows community members to tell their stories in words and pictures about housing, crime, unemployment and other day-to-day issues affecting their health.

Health Equity Dialogs raise important questions about where people live, work and play and how these factors affect one's health. Trained facilitators from the community carry out these thought-provoking conversations.

Community Mini-Grants are awarded to community groups as a way to build capacity to address issues like housing, employment, food access, and poverty.

Food Justice works with partner organizations on a Food in Neighborhoods committee to support farmers markets, community gardens, local food entrepreneurs, and policy and economic development strategies which help increase access to healthy food for all.

Healthy in a Hurry Corner Stores is a partnership with the YMCA that works with neighborhood corner stores on selling fresh fruits and vegetables (some of which are locally grown).

For more information about the Center for Health Equity, visit <http://www.louisvilleky.gov/health/equity>.

ADDITIONAL RESOURCES (Continued)

- **The Robert Wood Johnson Foundation Commission to Build a Healthier America** is a national, independent, non-partisan group of leaders that came together to examine the many factors outside of medical care that influence health. <http://www.commissiononhealth.org/Recommendations.aspx>
- **The Health Equity and Prevention Primer** from the Prevention Institute packages effective tools for community-based prevention, with research and case examples from across the country, into an easy-to-access, online training format. Continuing education credits (CHES) are available for each hour of self-directed training. <http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit.html>
- **Women's Health and Health Care Reform: The Economic Burden of Disease in Women**, underscores the roles of both preventive care and continuity of care for women across the lifespan, including primary care, specialty care, and pregnancy care. <http://www.wellwoman09.org/materials/GWReportCostBurdenofChronicIllnessFINAL.pdf>

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