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The Honorable Kathleen Sebelius
Secretary, U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW – Room 120F
Washington, DC 20201

Dear Secretary Sebelius:

The undersigned members and supporters of the National Health Equity Coalition (NHEC) thank you for your leadership and contribution to the passage of the Patient Protection and Affordable Care Act. NHEC advocated for several important provisions included in the law that will significantly improve the health of millions of racial and ethnic minorities by investing in the public health, healthcare, and health insurance systems that serve these populations. As you prepare to implement the law, we would like to share our recommendations for how these provisions can have the greatest effect on reducing health disparities beginning with the Prevention and Public Health Fund.

NHEC is a policy and advocacy network committed to the elimination of racial and ethnic health disparities and the achievement of health equity. NHEC promotes policy and system changes to address the root causes of health disparities including the effects of institutional and structural racism, namely racial segregation, socioeconomic and environmental inequality, and lack of access to equitable health and healthcare resources to support healthy life choices.

The Prevention and Public Health Fund represents an opportunity to close the health equity gap and improve the health of the nation. The Fund must use a multi-disciplinary, population-based approach to address the socioeconomic and environmental determinants of health and transform the “health” resource environment. **Achieving health equity must be one of the primary goals and outcomes of the Prevention and Public Health Fund. To this end, health equity must also be used as a financial policy with the elimination of racial/ethnic health disparities as a performance measurement.**

Expenditures from the Prevention and Public Health Fund should be limited to programs that are specifically focused on public health and consistent with and dedicated to the following principles and funding guidelines:

1. **Prioritizes strategies to reduce disparities in health with no less than 50 percent of all funding directed towards reducing disparities among geographic areas and racial/ethnic minority populations with the greatest disease and injury burden:** Rates of preventable disease, disability and premature mortality are disproportionately high among racial and ethnic minorities, creating unsustainable demands on our healthcare system and crippling these communities’ ability to contribute to the nation’s economy and fully participate in social and civic affairs.
2. **Stimulates and supports cross-cutting collaborations to address the social determinants of health:** Prevention by nature requires a multi-disciplinary, multi-level approach to address the social determinants of health and achieve broad population and normative change. Almost all aspects of education, transportation, housing, commerce, development, planning, environment, and criminal justice policy impact health and can have a disproportionate affect on minority and

other vulnerable communities. The Fund should therefore require and support greater coordination of public agencies at all levels of government to achieve public health goals. The Fund should also be used to conduct *Health Impact Assessments* to gauge the potential impact of government policies and programs on the health of affected communities.

3. **Evaluates programs' effectiveness at reducing health disparities:** All programs supported by the Fund should be evaluated for their effectiveness at reducing health disparities. However, preventive health activities, particularly those that seek to change policies and systems, may only show improvements in health outcomes over the long-term and improvements may also be related to several factors. Evaluation measures and methods must be realistic and appropriate.
4. **Leverages available public and private funding:** By embracing the social determinants of health, the opportunity for leveraging the Fund is significantly increased. Grants supported by the Fund should include an expectation for the formation of partnerships across public agencies and with non-governmental organizations and the coordination of all available funding to maximize resources and impact.
5. **Funds will not be used to supplant existing public investments in prevention and public health:** Although state and local governments are in need of greater funding, particularly as a result of the economic recession, it is critical that the Fund not be used to supplant the existing public investment in prevention and public health activities. The Fund should be used to transform the nation's public health system by pushing innovation and policy and system changes. It should not be used to diminish state and local governments' existing investment and mandates.
6. **Provides cultural and language access:** Failure to recognize and address cultural and language barriers can reduce the effectiveness of preventive health activities and further isolate significant segments of the population. The Fund should reinforce the adoption and implementation of the highest cultural and linguistic standards in all programs and initiatives.

Moreover, **the Fund should prioritize support for Community Transformation Grants.** These grants were specifically created in response to a national call for a more comprehensive and community-based approach to improving health outcomes beyond the healthcare system. They must be used to address one or more of the social determinants of health, including policies, systems and resources related to housing, transportation, food, education, and the environment. The result will be a greater and more sustainable impact on health and disease prevention in minority and other underserved communities because these efforts empower individuals and families to make healthy choices at all stages of the lifespan and reduce their risk for disease and injury. They also can complement healthcare efforts and help reduce healthcare costs.

In addition to the six principles stated above, implementation of the Community Transformation Grants should be consistent with and dedicated to the following principles and funding guidelines:

1. **Directs at least 50 percent of funding to community-based organizations:** Community-based interventions require diverse coalitions and strategic partnerships with a broad range of non-governmental organizations that serve or have ties to the community. Organizations within impacted communities must be actively engaged and adequately funded to play a central role in every stage and aspect of the research and program and policy development, implementation and evaluation to ensure interventions are grounded in the experience of impacted communities, are accountable to the public, and target the community as the economic beneficiary.
2. **Actively engages and empowers impacted communities and builds community capacity:** Community members in impacted communities must also be active participants in decision-making, research and program implementation and included in coalitions. Cultural, social, economic and political expertise lies inherently within each community. The capacity to move public opinion, social

norms and political will must be embedded within communities. Community engagement, empowerment and capacity building should therefore be a fundamental requirement for all grantees.

3. **Stimulates economic development in under-resourced communities:** Community Transformation Grants should support a reinvestment in and strengthening of the economic infrastructure in disadvantaged and under-resourced communities. A wide range of public policies, including public transportation, economic empowerment zones, housing mobility, available and affordable food sources, community reinvestment, and zoning, can improve economic opportunities in distressed communities and reduce the distance between people and jobs.
4. **Advances the translation of research, practice and community wisdom into evidence-based strategies:** The Fund should support social and community research, community-based participatory research, and translating research into policy and program interventions. Successful interventions should inform the work of the Community Preventive Services Task Force and the development of models for replication across the country, including lessons learned, best practices and evaluation methods.
5. **Provides a sufficient level of funding over an appropriate period of time to achieve policy and system changes:** Grants should be significant in size and over a sufficient period of time to demonstrate and achieve change. Grants should also be large enough to ensure grantees' capacity and sustain their efforts over time.

We look forward to working with you to reduce and prevent racial and ethnic health disparities through the Prevention and Public Health Fund and other policies and program created in the Affordable Care Act. Please do not hesitate to contact us if we can provide any assistance to you in this regard.

Sincerely,

America Walks
American Association for Health Education
American Medical Student Association
The AMOS Project
Applied Research Center
Asian & Pacific Islander Caucus of APHA
Association of Clinicians for the Underserved
B Free CEED Coalition
Behavioral Health Professionals, Inc.
Black Women's Health Imperative
The Bronx Health Link
Bronx Health REACH
Brooklyn Perinatal Network, Inc.
California Immigrant Policy Center
California Pan-Ethnic Health Network
California Partnership
California WIC Association
Campaign for Community Change
CareLink Network, Inc.
CASA de Maryland
Cedar River Clinics, Washington State
The Center for Health Care Services, Bexar County Mental Health Authority
CHADD – Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Dental Health Project

Clergy and Laity United for Economic Justice (CLUE-LA)
The Closing the Racial Wealth Gap Initiative
Coalition for Humane Immigrant Rights of Los Angeles
Colorado Progressive Coalition
Commission on the Public's Health System
Community Catalyst
Community Health Councils
Community Healthcare Network
Connecticut Citizen Action Group
ConsumerLink Network, Inc.
Faith Action for Community Equity
Families USA
Family Voices
Flint Odyssey House, Inc.
Global Policy Solutions
Granite State Organizing Project
Grassroots Organizing
Having Our Say
Hawai'i Public Health Association
Health Rights Organizing Project
Hidalgo Medical Services
Idaho Community Action Network
Indian People's Action
ISAI AH
Korean Resource Center
La Fe Policy Research and Education Center
Mahoning Valley Organizing Collaborative
Maine People's Alliance
Main Street Alliance
Make the Road New York
Medicaid Matters NY
Mental Health America
Montana Organizing Project
National Association of County Behavioral Health and Developmental Disability Directors
National Council of Asian Pacific Islander Physicians
National Korean American Service and Education Consortium
Native Health Initiative
NCADD Maryland
Nebraska Appleseed
Nebraska Urban Indian Health Coalition
New York Immigration Coalition
North Carolina Fair Share
Northeast Ohio Alliance for Hope
Northwest Federation of Community Organizations
Ocean State Action
Oregon Action
Out of Many, One
The Praxis Project
Prevention Institute
Progressive Leadership Association of Nevada
Public Health Law & Policy
Public Health-Seattle & King County
Raising Women's Voices for the Health Care We Need

REACH U.S. SouthEastern African American Center of Excellence for Eliminating Disparities (REACH
U.S. SEA-CEED)
Seattle & King County REACH Coalition
Society for Public Health Education
South Carolina Fair Share
South Los Angeles Health Projects
Summit Health Institute for Research and Education, Inc. (SHIRE)
Synergy Partners, LLC
TASC, Inc.
TakeAction Minnesota
Tenants and Workers United
Texas Health Institute
Trust for America's Health
United Action Connecticut
Virginia Organizing Project
Ward Economic Development Corp
Western South Dakota Native American Organizing Project

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