

**Social  
Determinants of  
Health and Health  
Equity:  
A CHF Member  
Perspective**



NOVEMBER 2021

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**COALITION FOR  
HEALTH FUNDING**

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*The recommendations presented in this document are those of the individual organization on that page and do not necessarily reflect the views of other Coalition for Health Funding Members or the Coalition as a whole.*

The **Coalition for Health Funding (CHF)** is the oldest and largest nonprofit alliance working to preserve and strengthen public health investments in the interest of all Americans.

Our 84 member organizations together represent more than 100 million patients and consumers, health providers, professionals, and researchers.

## About CHF

For over 50 years, the Coalition has advocated to promote funding for the Department of Health and Human Services (HHS), and its principle agencies—the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), the Food and Drug Administration (FDA), the Indian Health Service (IHS), and the Administration for Community Living (ACL).

Our diverse membership unites in the belief that all federal agencies and programs play a critical role in helping people live healthier, longer lives. Federal public health agencies create, translate, and implement new knowledge through an interdependent continuum of programs that expand access to care, improve health care quality, lower health care costs, enhance safety, prepare for and respond to emergencies, and discover new cures. These goals are only achievable with strong and sustained funding for a continuum of biomedical, behavioral, social, and health services research; community based prevention strategies; health care services for the medically underserved; and education of a robust health professions workforce.

# PUBLIC HEALTH WEEK OF ACTION

**November 15 - 18, 2021**

Addressing social determinants of health and promoting health equity.

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As the COVID-19 pandemic continues to make in-person events a challenge, CHF is hosting Public Health Week of Action—a series of online activities highlighting the important work our member organizations are doing to address social determinants of health and promote health equity.

Significant health disparities continue to exist in our society, due to a number of social, economic, and environmental factors. Featured in this publication and through a series of events, CHF members will convey what they are doing to prevent health disparities and promote health equity for all individuals. CHF members also provide individual policy recommendations to promote health equity and find effective methods for addressing social determinants of health.

# SCHEDULE OF EVENTS

## What to expect for the week ahead.

During the week of November 15, CHF members will engage with public health stakeholders and Congressional staff online to highlight the important work we do to promote health equity and address social determinants of health.

**11/15** SDOH and Health Equity: A Conversation with the Coalition for Health Funding  
3:00 - 4:00 p.m.

**11/16** Roundtable with the SDOH and Black Maternal Health Caucuses  
3:00 - 4:00 p.m.

**11/17** CHF Virtual Capitol Hill Day

**11/18** CHF Member Happy Hour!  
3:00 - 6:00 p.m.  
*CHF members can register in the Member Update.*

# OVERARCHING THEMES

Throughout the CHF member perspectives several themes emerged that must be addressed to promote health equity and confront the social determinants of health that contribute to health disparities and inequities in America.

01

## **Robust annual funding for health programs**

This includes sustained annual funding for public health and research as well as programs that address social determinants of health, health disparities, and health equity; and programs that detect, prevent, and treat disease.

02

## **Improve our nation's public health infrastructure**

This includes data modernization to facilitate improved and routine collection and reporting of data, including sociodemographic data.

03

## **Strengthen the public health workforce**

This includes prioritizing the development of a diverse workforce; expanding loan repayment programs; and improving access to care in underserved areas.

04

## **Access to affordable health care coverage**

This includes expanding eligibility for patients who need necessary services; and expanding access to telehealth services.

05

## **Increase investment in social services**

This includes funding for programs that mitigate the effects of social determinants of health, such as nutrition and disability services.

# CHF MEMBER PERSPECTIVES

*The Academy of Nutrition and Dietetics represents more than 112,000 credentialed practitioners — registered dietitian nutritionists, nutrition and dietetics technicians, registered, and other food and nutrition professionals holding undergraduate and advanced degrees in nutrition and dietetics, and students — and is committed to improving health and advancing the profession of nutrition and dietetics through research, education and advocacy.*

## Attaining Health Equity

Achieving health equity continues to be one of the Academy of Nutrition and Dietetics' top policy priorities. The Academy focuses on health equity efforts that aim to increase access to culturally sensitive care, ensure nutrition security for our most vulnerable communities and promote more diversity within the dietetics profession.

## Our Initiatives

- We champion policies that address health equity, including strengthening and expanding programs that promote nutrition security, provide nutrition education and increase access to care for prevention and treatment of chronic disease.
- Our Strategic Plan incorporates four Inclusion, Diversity, Equity and Access (IDEA) goals, one of which is to advance food and nutrition research, policy and practice through a holistic IDEA lens.
- We recently released a health equity [issue brief](#) for health care providers, public health practitioners and policymakers. This resource explores SDOH and demonstrates the relationship between nutrition and health equity.
- The Academy Foundation is the world's largest provider of scholarships for dietetics education and strives to build a qualified and diverse workforce through its scholarships, fellowship programs and leadership awards. The Foundation also supports domestic and international research projects and training.

Accelerate  
improvements  
in global health  
and well-being  
through food  
and nutrition.

## Recommendations for Congress

Congress could further the Academy's health equity efforts by supporting critical nutrition and health programs, including:

- **Medical Nutrition Therapy Act** (H.R. 3108/S.1536), the **Nutrition CARE Act** (H.R. 1551/S. 584), the **Treat and Reduce Obesity Act** (H.R.1577/S. 596) and the **Expanding Access Diabetes Self-Management Training Act** (H.R.5804/S. 2203) to provide Medicare beneficiaries greater access to nutrition care services that can help prevent, manage, and delay the progression of many chronic diseases.
- Farm Bill programs including SNAP, SNAP-Ed, EFNEP and GusNIP grants, and Child Nutrition programs including school meals programs, WIC, and CACFP which increase nutrition security and can help prevent chronic disease.
- The administration's Health Professionals of the Future program to increase support for minority-serving institutions to expand the graduate-level health care training programs to increase diversity among health professions including dietetics.





*The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. The Alzheimer's Association leads the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. Our vision is a world without Alzheimer's and all other dementia®.*

## Attaining Health Equity

Alzheimer's and other dementia disproportionately affect older Black and Hispanic Americans compared to older Whites. Black Americans are about twice as likely to develop Alzheimer's and Hispanic Americans are about one and a half times more likely to develop the disease. However, much of the Alzheimer's research to date has not included sufficient numbers of Blacks, Hispanics, Asian Americans/Pacific Islanders and Native Americans to be representative of the U.S. population. The underrepresentation of these populations not only hinders the ability of researchers to understand these health disparities, it also restricts their knowledge of how an approved therapy or diagnostic may affect the population most likely to need the treatment.

## Our Initiatives

Alzheimer's Impact Movement (AIM) is the advocacy affiliate of the Alzheimer's Association, working in strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and development of approaches to reduce the risk of developing dementia. The Alzheimer's Association and AIM have two main policy priorities to address health equity and SDOH: the bipartisan **ENACT Act** (H.R. 3085/S.1548) and funding for implementation of the **BOLD Infrastructure for Alzheimer's Act** (P.L. 115-406).

The ENACT Act would increase the participation of underrepresented populations in Alzheimer's and other dementia clinical trials by expanding education and outreach to these populations, encouraging the diversity of clinical trial staff, and reducing participation burden, among other priorities. Specifically, the ENACT Act would provide funding for the National Institute on Aging to expand the number of Alzheimer's Disease Research Centers in areas with higher concentrations of underrepresented populations, such as through entities like Historically Black Colleges and, Hispanic-Serving Institutions, Tribal Colleges and Universities, or centers of excellence for other underrepresented populations.

In 2020, the Alzheimer's Association was named by the Centers for Disease Control and Prevention as the BOLD Public Health Center of Excellence on Risk Reduction. Given the important, yet complex, challenge of addressing SDOH for dementia risk, the Center will undertake a year-long effort to address dementia-related SDOH. The Center's partners at Wake Forest School of Medicine will conduct a review of the scientific evidence, which will include both SDOH that may be stand-alone risk factors for dementia (e.g., air pollution, quality of early education, discrimination) and SDOH that have an impact on the ability to address individually-modifiable risk factors for dementia (e.g., lack of access to grocery stores with healthy foods [diet], unsafe streets [exercise], noisy neighborhoods [sleep]). The Center will also hold a one-day workshop designed to connect research and practice. Dementia researchers with expertise on SDOH will be brought together with public health academics and practitioners to increase understanding of SDOH related to dementia risk, review the scientific evidence, and discuss ways that public health officials can address dementia SDOH. The Center's 2nd annual Public Health Roundtable of public health academics and practitioners will focus on identifying existing and potentially new interventions that public health can implement to address dementia SDOH and to recommend policies for action. These activities will ultimately lead to the development of tools, resources, and other materials to guide public health agencies in tackling dementia-related SDOH in their communities.

## Recommendations for Congress

- Congress should pass the bipartisan **ENACT Act** (H.R. 3085/S.1548) and fully fund the **BOLD Infrastructure for Alzheimer's Act** activities at the Centers for Disease Control and Prevention with \$20 million in FY 2022 - this effort is currently funded at \$15 million in FY 2021. This funding currently funds three Public Health Centers of Excellence and 23 health departments across the country.

To get in touch with the Alzheimer's Association and AIM, contact Sarah Tellock at [stellock@alz-aim.org](mailto:stellock@alz-aim.org). And follow them on twitter at [@alzassociation](https://twitter.com/alzassociation) and [@alzimpact](https://twitter.com/alzimpact)



ACOG is the premier professional membership organization for obstetrician–gynecologists, with more than 60,000 members spanning the entire career lifecycle. ACOG’s activities include producing practice guidelines for clinicians and educational materials for patients, providing practice management and career support, facilitating programs and initiatives aimed at improving women’s health – including changing the culture of medicine and eliminating racial inequities in women’s health outcomes – and advocating on behalf of members and patients.

### Attaining Health Equity

Addressing social determinants of health is critical to reducing inequities in health status and improving women’s health outcomes. Barriers created by social determinants of health, including both physical and socio-political conditions, are often heightened for those who become pregnant and impede access to routine care. In addition, social determinants of health have been shown to contribute to adverse obstetric and gynecologic health outcomes treated by our members, including but not limited to preterm birth, unintended pregnancy, infertility, cervical cancer, breast cancer, and maternal mortality.

“  
Health inequities and social determinants of health have a significant impact on patients seeking obstetric and gynecologic care.”

## Our Initiatives

- In December 2019, ACOG issued a Commitment to Changing the Culture of Medicine & Eliminating Racial Disparities in Women’s Health Outcomes and enhanced our partnership and work with individuals and stakeholders working to promote health equity. Since that time, ACOG has led more than twenty medical organizations in women’s health in launching a Collective Action Addressing Racism, detailing the steps that ACOG and the broader obstetrics and gynecology community are taking to address racism and inequities.
- ACOG’s clinical guidance has long recognized the significant racial inequities in the delivery of health care and health outcomes and has supported our members in addressing them. Further, ACOG’s clinical guidance makes recommendations for our members to provide patient-centered care that considers the needs of each patient based on their individual experiences and circumstances. This includes documenting structural determinants of health that may influence a patient’s health and use of health care services such as access to stable housing, access to food and safe drinking water, utility needs, safety in the home and community, immigration status, and employment conditions; maximizing referrals to social services to improve patients’ abilities to fulfill these needs; providing access to interpreter services for all patient interactions when patient language is not the clinician’s language; and recognizing patients’ cultural needs and preferences.

## Recommendations for Congress

- Take action to ensure patients in rural, tribal, and underserved areas have access to obstetric and gynecologic services. Congress should support strengthening and increasing the physician workforce by investing in programs such as Medicare-supported Graduate Medical Education, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education program. Additionally, Congress can appropriate \$5 million in FY 2022 to support the continued implementation of the **Improving Access to Maternity Care Act (P.L. 115-320)**.
- Build upon the progress in the American Rescue Plan Act by mandating continuous comprehensive Medicaid coverage for pregnant people from 60 days to one year postpartum; ensuring stability of coverage through maintenance of effort requirements; providing robust federal investment to support states implementing this policy; and safeguarding physician participation in the Medicaid program to protect access to care for beneficiaries. Congress can also preserve access to affordable coverage for patients by making permanent recent improvements to the Affordable Care Act.
- Invest in the provision of social services, particularly those that address and mitigate the effects of the social determinants of health, in order to reduce health care spending in a sustainable way.
- Ensure that demographic data on self-identified race, ethnicity, and gender identity is not only collected, but evaluated with sensitivity to intersections with other aspects of individuals’ lives, such as geographic and environmental risk factors, socioeconomic status, and systemic racism.
- Enact the bipartisan **Maternal Health Quality Improvement Act (H.R. 4387/S. 1675 & S. 1491)** and the **Black Maternal Health Momnibus Act (H.R. 959/S. 346)**.
- Telehealth has served as an important tool used by obstetrician-gynecologists during the COVID-19 pandemic to reduce exposure while ensuring access to timely, evidence-based health care for patients. To ensure equitable access to telehealth beyond the public health emergency, Congress should:
  - Invest in broadband infrastructure
  - Support coverage and reimbursement parity for audio-only and audio-video telehealth modalities
  - Enable Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to continue serving as distant site providers to allow physicians at community health centers to provide telehealth services to patients at their homes.

To get in touch with ACOG, contact Drew Hatter at [dhatter@acog.org](mailto:dhatter@acog.org).

And don't forget to follow them on twitter at [@ACOGAction](https://twitter.com/ACOGAction)



## Attaining Health Equity

Lung disease DOES discriminate, which is why the American Lung Association is committed to eliminating health disparities -

- Air pollution and climate change and their inequities driven by environmental injustice;
- Barriers to receiving affordable, adequate health care;
- Targeted marketing practices of tobacco industry on youth, people of color, the LGBTQ+ community; and
- Disproportionate impact of lung disease as the result of exposure to indoor and outdoor air pollution, secondhand smoke and other environmental concerns plus the inability to access healthcare.

Our goals are big—defeat lung cancer, create a tobacco-free future, champion clean air for all, and improve the quality of life for those living with lung disease

## Our Initiatives

Our 2021 "State of the Air" report found that people of color are 3x more likely than white people to live in areas with the most polluted air. As such, we have urged decision-makers to prioritize policies to address climate change that ensure local pollution cleanup at the same time, and to ensure 40% of investments clean energy and zero-emission transportation go toward communities most burdened by pollution.

Detecting lung cancer in early stages versus late stage is often the difference between life and death. Low-dose CT scans among those at high risk for lung cancer can help detect this disease earlier and has been shown to reduce the lung cancer death rate by up to 20%. The Lung Association is committed to improving access to lifesaving lung cancer screenings. We have partnered with The University of Texas MD Anderson Cancer Center to improve coverage for LDCT screenings for individuals at high risk for lung cancer in state Medicaid programs.

Disparities in tobacco use remain across a variety of groups including race, ethnicity, behavioral health diagnosis, incarceration status, socioeconomic status and more. Given these disparities, the American Lung Association has drafted resources for state and local tobacco control staff regarding vulnerable populations and tobacco use. These resources include a variety of recommendations states can use to improve tobacco cessation coverage to help vulnerable communities quit smoking. The Lung Association also facilitates tobacco cessation in newly smokefree housing including training new tobacco cessation facilitators, training residents as peer cessation navigators and building relationships with community organizations that provide support to residents of public housing. This is especially important in reducing health disparities given that public housing residents are more likely to be members of vulnerable populations, including children, seniors, members of racial or ethnic minority communities and people with disabilities.

## Recommendations for Congress

Congress can address these issues by passing the Build Back Better Act, including funding for programs that improve lung health, such as 10-year clean energy tax credits; investments in electric vehicles, trucks, buses and the necessary charging infrastructure; improvements in air quality monitoring near fence-line communities; the permanent extension of expanded advance premium tax credits; a permanent solution to close the coverage gap that provides the full benefits and cost-sharing protections typically offered in Medicaid; and an increased tax on all tobacco products. Congress could also address health equity by passing the Quit Because of COVID-19 Act, which would ensure that Medicaid beneficiaries across the nation have access to evidence-based tobacco cessation treatments at no cost, without being subject to prior authorization. Congress should also end the sale of all flavored tobacco products, including menthol cigarettes and flavored cigars; help Medicaid enrollees get the help they need to quit smoking.

To get in touch with the American Lung Association, you can contact Erika Sward at [Erika.Sward@Lung.org](mailto:Erika.Sward@Lung.org). And don't forget to follow them on Twitter at [@LungAssociation](https://twitter.com/LungAssociation)



## AMERICAN PSYCHOLOGICAL ASSOCIATION

*Our mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.*

### Attaining Health Equity

APA has identified psychological science research and practice related to social determinants of health (SDOH) of importance to our membership. One significant challenge for both research and policy is connecting SDOH, including economic insecurity, homelessness, school dropout, and marital instability. Similarly, attention to the influences of these factors on SDOH as poor mental health can aggravate personal choices, affect living conditions, thus limiting opportunities and impacting physical health, is essential.

Many scientific questions persist about how social structures and elements influence health and why they affect some people more than others. Additional research is essential to identify targets for intervention and to focus interventions more successfully. Accordingly, we need improved data collection and research on SDOH to advance alignment across federal agencies to address SDOH in policy and programs. At the same time, there are methodological challenges and inconsistent findings that need addressing.

Measuring SDOH has numerous barriers to ensure individuals receive services once identified. These challenges include providers' philosophical beliefs, training barriers, and practical barriers. Moreover, provider behavior is unlikely to change without establishing reimbursement mechanisms and incentives for measuring SDOH and intervening. Additionally, greater interoperability across electronic health data systems would contribute significantly toward helping to align health services with community-based services addressing patients' health and social needs. Lastly, it is crucial to identify and recognize any adverse consequences of connections made between social determinants and mental health outcomes.

### Our Initiatives

- APA's attention to the behavioral health concerns includes encouraging Congress to consider oversight of current federal agency efforts addressing SDOH and new authorizations or funding flexibilities to address SDOH. In addition, APA calls for a population health framework to strengthen the nation's behavioral health care system beyond the current pandemic. A population health approach offers a proactive method to addressing the mental health of individuals and communities because it recognizes that mental health exists on a continuum. Therefore, it is critical that programs and policies are developed to meet people wherever they are on that continuum and not passively wait for them to reach a crisis before intervening. This perspective includes moving behavioral health beyond specialists in specific clinical settings and even beyond healthcare itself.
- APA joined 206 organizations in an FY 2022 appropriations request of \$153 million for the CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) Social Determinants of Health program.
- APA submitted recommendations to the recently formed bipartisan Congressional Social Determinants of Health Caucus. The association's recommendations spotlighted behavioral health concerns Congress should consider in oversight of current federal agency efforts and when contemplating new authorizations or funding flexibilities to address social determinants of health.
- APA supports the NIH Office of Behavioral and Social Sciences Research (OBSSR) and the National Institute of Minority Health and Health Disparities (NIMHD) effort to harmonize SDOH data (PhenX Toolkit), encouraging the minority health and health disparities research community to use the newly created data collection tools.
- APA also supports increased spending on research at NIH to answer the questions of how social and environmental factors get under the skin to influence health and illness.

### Recommendations for Congress

APA supports several bills introduced in the 117th Congress that would address social determinants of health -

- Mental Health Services for Students Act of 2021 (H.R. 721)
- Ensuring Telemental Health Expansion Act of 2021 (H.R. 341)
- Telehealth Coverage and Payment Parity Act (H.R. 4480)
- Telemental Health Care Access Act (H.R. 4058)
- Permanency for Audio-Only Telehealth Act (H.R. 3447)
- SDOH Accelerator Act (H.R. 2503)
- SDOH Data Analysis Act of 2021 (H.R. 4026 IH)
- CARING for Social Determinants Act of 2021 (H.R. 3894)
- Supporting Medicaid in the US Territories Act (H.R. 4406)
- Immigrant Mental Health Act (H.R. 2480)
- Pursuing Equity in Mental Health Act (H.R. 1475)

To get in touch with the APA, contact Angela L. Sharpe, MG at [asharpe@apa.org](mailto:asharpe@apa.org).  
And follow them on twitter at [@APA](https://twitter.com/APA) and [@APAScience](https://twitter.com/APAScience)



AMERICAN PUBLIC HEALTH ASSOCIATION

*For science. For action. For health.*

*The American Public Health Association (APHA) works to advance the health of all people and all communities. As the nation's leading public health organization, APHA strengthens the impact of public health professionals and provides a science-based voice in policy debates too often driven by emotion, ideology or financial interests. APHA is at the forefront of efforts to advance prevention, reduce health disparities and promote wellness.*

### Attaining Health Equity

The issues that APHA recognizes as priorities in the space of health equity and social determinants of health include structural racism, maternal health and mortality, police brutality against people of color, including the Black community and other marginalized communities, climate change, environmental justice and an underfunded public health system and infrastructure that are, as a result of underfunding, unable to fully meet the needs of the communities they serve.

### Our Initiatives

APHA has engaged in consistent work to highlight and address health equity, racial equity and social determinants of health. APHA regularly weighs in on legislation with Congress on these issues, including outlining priorities for the 117th Congress that includes racial equity as a priority, supporting increasing funding to \$153 million for CDC's Social Determinants of Health Program in fiscal year 2022, urging HHS and CDC to ensure American Rescue Plan Act funding dissemination prioritizes the communities of color and tribal communities that are disproportionately affected and underserved, supporting House passage of H.R. 1280, the George Floyd Justice in Policing Act of 2021, and urging the administration to ensure vaccine equity, including vaccine access for individuals regardless of immigration status.

To equip APHA members to engage in advocacy for equity as well, we've developed several resources they can use to learn about the topic and boost their own advocacy efforts, including fact sheets on issues related to health equity, an action alert to Congress that members can use to urge their elected officials to take action on health equity, a webinar on Environmental Justice: From the Grassroots to the White House, a webinar series on Advancing Racial Equity, a webinar series on Racism and Health, and a map of all of the county, city and state-level declarations across the U.S. that racism is a public health crisis.

Check out APHA's policy statements:

- Structural Racism is a Public Health Crisis: Impact on the Black Community
- Achieving Health Equity in the United States
- Addressing Environmental Justice to Achieve Health Equity
- Addressing Social Determinants to Ensure On-Time Graduation
- Reducing Income Equality to Advance Health
- Health Inequities in the U.S. Coronavirus Disease Pandemic and Response

### Recommendations for Congress

- Increase funding for programs that already do work on social determinants such as CDC's Social Determinants of Health program and strengthen overall funding for CDC and HRSA
- Enact the George Floyd Justice in Policing Act (H.R. 1280). Enact the Improving Social Determinants of Health Act of 2021 (S. 104/H.R. 379).
- Adopt climate and other environmental health initiatives that include a strong focus on environmental justice.
- Enact the Black Maternal Health Momnibus Act of 2021 (S. 346/H.R. 959).



APHA  
champions the  
health of all  
people and all  
communities.

To get in touch with APHA, contact Jordan Wolfe at [jordan.wolfe@apha.org](mailto:jordan.wolfe@apha.org).  
And don't forget to follow them on twitter at @PublicHealth



*To create a world without kidney diseases, the ASN Alliance for Kidney Health elevates care by educating and informing, driving breakthroughs and innovation, and advocating for policies that create transformative changes in kidney medicine throughout the world.*

## Attaining Health Equity

The roots of disparities among those with or at risk for kidney diseases are deep and multifactorial, spanning from inequities in disease detection and prevention to access to optimal therapies for kidney failure such as transplantation and home dialysis, and these disparities are closely linked to social determinants of health and systemic racism on a national level. Social determinants of health that impact kidney health include access to nutrition, stable housing, transportation, technology and high-speed internet, insurance, childcare; economic worry; immigration status; and limitations in employment. Disparities in access to care include access to pre-kidney failure care, screening for kidney diseases, home dialysis, and transplantation; quality of treatment; and culturally appropriate and representative care.

## Our Initiatives

### Funding through KidneyCure

- Partner with Robert Wood Johnson Foundation to support two annual scholars (for four years at \$105,000 annually for each) in the Harold Amos Medical Faculty Development Program
- Support 97 members (to date) to attend NIH NIDDK Network of Minority Health Research Investigators Annual Workshop
- Commit \$2.7 million to launch ASN Loan Mitigation Pilot Program, providing six nephrology fellows annually (who are underrepresented in medicine) with \$50,000 over three years
- Plan to announce ASN Leadership Development Pilot Program to develop future nephrology leaders (who are underrepresented in medicine), providing 20 early- and midcareer nephrologists with \$50,000 each (currently negotiating contribution to fund the four-year pilot)

### Leveraging Every Opportunity through ASN

- Collect demographic data and recommend that all ASN Committees examine their data
- Mandate implicit/unconscious bias training for ASN leaders, including committee members
- Establish midcareer awards for clinicians, researchers, educators, mentors, and leaders
- Publish perspectives on caring for diverse patient populations, including LGBTQ+

- Use ASN Kidney Week as a platform for the Annual Wesson-Himmelfarb Diversity and Inclusion Lunch, the Annual LGBTQ+ and Allies Members Reception, and Sessions on caring for LGBTQ+ patients, rural populations, people with physical disabilities
- Exhibit at the annual meetings of the American Medical Student Association, the American Physician Scientists Association, the Latino Medical Student Association, the Student National Medical Association

### Supporting KidneyX Prizes

- KidneyX COVID-19 Kidney Care Challenge: four prizes focused on health care justice
- KidneyX Patient Innovator Prize: two prizes focused on health care justice

### Collaborating within the Kidney Community and Beyond

- Implement “A Comprehensive Policy Framework to Understand and Address Disparities and Discrimination in Health and Health Care” as member of ACP Council of Specialty Societies
- Partner with ACGME on “Equity Matters: A Diversity, Equity, Inclusion, and Antiracism Initiative for Physicians and Medical Leadership” as a member of CMSS, a coalition of 45 medical societies representing 800,000+ US physicians, including “capstone” project
- Champion National Kidney Foundation-ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases

## Recommendations for Congress

- Design or require development of systems to elevate patient voices into decision-making on waitlisting, living donation, and organ acceptance.
- Reform transplant center metrics to promote access to transplantation, organ and patient acceptance, and speed of organ placement.
- Identify and remove transplant evaluation criteria that lead to inequity and have little impact on clinical success of transplant, such as patient income, substance use, obesity, transportation, and the use of race in the kidney donor profile index algorithm.
- Remove dual insurance requirement for consideration to receive a kidney transplant and ensure living kidney donation is a cost-neutral act.
- Mandate cultural competency training for health professionals involved in living donor recruitment and organ procurement and increase the cultural representativeness of organ procurement organization staff.
- Modernize the organ matching IT systems and otherwise improve infrastructure to expedite organ matching and placement.
- Create payment systems that appropriately account for the cost of transplanting higher-risk organs and patients, with appropriate guardrails, to increase the overall organ supply and give more patients with kidney failure an alternative to dialysis.
- Recognize that the Kidney Donor Profile Index equation will be revisited and that change may have implications for these and other existing policies to increase and ensure health equity.
- Mandate the inclusion of appropriate screening for kidney diseases for patients with risk factors upon Medicare and Medicaid enrollment.
- Ensure each US state offers a Medigap plan and continue expansion of Medicaid programs in each US state.
- Support increased access to nutritional resources and medical nutrition therapy, especially kidney-specific diets.
- Prioritize the development of a diverse and inclusive adult and pediatric primary and specialty care workforce that reflects the makeup of the population in need of care by increasing funding for federal loan repayment programs that support Black, Hispanic and Latinx, and Indigenous trainees or requiring community review boards for health systems that receive federal funding.

To get in touch with ASN, contact Zach Kribs at [zkribs@asn-online.org](mailto:zkribs@asn-online.org).  
And don't forget to follow them on twitter at [@ASNAdvocacy](https://twitter.com/ASNAdvocacy) and [@ASNKidney](https://twitter.com/ASNKidney)

*The Association for Psychological Science (APS) is the leading international organization dedicated to advancing scientific psychology across disciplinary and geographic borders.*

## Attaining Health Equity

APS represents 25,000 research psychologists and students who study all facets of human behavior and cognition, from neurons to neighborhoods. The organization promotes the integration of the full range of scientific perspectives across the field of psychological science. As a research organization, APS is most interested in

- Strong funding for scientific programs that advance research in psychology, and
- The application of sound psychological science research to policymaking, including the mitigating of health equity issues and better understanding the social determinants of health.

## Our Initiatives

APS publishes research focused on understanding health equity and social determinants of health. Here are recently published documents and resources related to health equity and social determinants of health:

- [Position Statement on Racism, Bias, and Intolerance](#)
- [Why Should Psychological Science Care About Diversity?](#)

Find more resources on [APS Commitment to Diversity, Equity, & Inclusion](#).

## Recommendations for Congress

APS believes Congress must provide strong support for behavioral and social science research as this provides society with needed evidence-based interventions to improve health equity and resolve social determinants of health concerns.



*The American Society of Hematology's (ASH) mission is to further the understanding, diagnosis, treatment, and prevention of disorders affecting the blood, bone marrow, and the immunologic, hemostatic, and vascular systems, by promoting research, clinical care, education, training, and advocacy in hematology.*

## Attaining Health Equity

ASH is committed to addressing and reversing historic inequities in hematology, supporting scientists and clinicians from backgrounds underrepresented in medicine, and elevating diverse voices across our patient and healthcare communities. ASH has a long-standing commitment to support policies and programs that aim to eliminate health disparities in the care of hematology patients, including those with sickle cell disease (SCD) and blood cancer. Health inequities in medical research are evident through a lack of research on certain diseases for certain populations and a lack of diversity in clinical trials.

An example that underscores the Society's commitment to addressing inequities in hematology is ASH's initiative to address the burden of SCD -- a disease that illustrates critical health disparities and inequities.

- SCD, is common among certain ethnic groups, including people of sub-Saharan African descent, as well as African Americans, Latin Americans from Central and South America, and people of Middle Eastern, Asian, Indian, and Mediterranean descent. While SCD was the first molecular disorder discovered, with the first case reported in the United States in 1846 and the first formal description coming in 1910, advances in treatment have lagged due to a lack of research interest and funding.
- Approximately half of individuals living with SCD in the U.S. are covered by Medicaid. Barriers to receiving high quality, comprehensive care for SCD are a significant problem in the United States, resulting in health care disparities and inequities. This is especially true for women with SCD who are pregnant: they are ten times more likely to die in childbirth than non-Hispanic Black women without SCD. This disparity is compounded by the fact that the maternal mortality rate for all non-Hispanic Black women is already more than double the U.S. maternal mortality rate.

## Our Initiatives

ASH has taken a number of steps to address inequities in hematology, including, but not limited to the following examples.

- Published a Statement on [Addressing Diversity Equity and Inclusion in Hematology Research Practice and Training](#).
- Invested in a SCD initiative to support advances in research, improve provider training and education, advocate for policies to expand access to care, and improve data collection.
  - As part of this effort, ASH has been working with SCD congressional champions to draft and encourage support for the Sickle Cell Disease Medicaid Demonstration bill. The bill directs the Centers for Medicare and Medicaid Services (CMS) to develop a demonstration program under Medicaid focused on providing comprehensive, high-quality outpatient preventive and primary care for individuals with SCD who are enrolled in Medicaid, particularly young adults and pregnant women with SCD.
  - ASH has hosted six briefings over the past seven years to raise awareness for SCD and encourage support for federal SCD programs, including the recent congressional briefing – "Their Lives Depend on Us: Rising to the Challenge of Providing High Quality, Evidence-Based Reproductive Health Care for Women with SCD."

## Recommendations for Congress

- Cosponsor and pass the Sickle Cell Disease Medicaid Demonstration bill.
- Support funding to expand and strengthen existing federal sickle cell disease programs (e.g. CDC SCD Data Collection Program; HRSA SCD grant programs – SCD Treatment Demonstration Program & SCD Newborn Screening Program).
- Support additional funding for SCD research and expand loan repayment programs, allowing clinicians and researchers who are interested in studying SCD to participate in these programs.





Tomorrow's Doctors, Tomorrow's Cures®

## Attaining Health Equity

The communities served by AAMC members face a wide range of health equity- and social determinants of health-related challenges, including food insecurity, housing instability, and environmental injustice. Additionally, the social, racial, and economic injustice that gives rise to inequities in health also erects significant barriers to physician workforce diversity, which in turn decreases health care access for medically underserved populations and makes it more difficult to create inclusive and equitable health care organizations. Further, current and historical health injustice has made increasing the trustworthiness of medicine a priority.

*The Association of American Medical Colleges (AAMC) leads and serves the academic medicine community to improve the health of people everywhere. Founded in 1876 and based in Washington, D.C., the AAMC is a nonprofit association dedicated to transforming health through medical education, health care, medical research, and community collaborations.*

## Our Initiatives

In 2020, the AAMC launched its strategic plan, including several priorities focused on improving health equity and leveraging AAMC members as anchor institutions to address disparities in local communities. As part of the strategic plan, the AAMC founded its Center for Health Justice with the primary goal of all communities having an equitable opportunity to thrive — a goal that reaches well beyond medical care. The center, with the AAMC Collaborative for Health Equity: Act, Research, Generate Evidence (CHARGE), will partner with public health and community-based organizations, government and health care entities, the private sector, community leaders, and community members to build a case for health justice through research, analysis, and expertise. The health justice framework prioritizes authentic community engagement, multi-sector collaborations, and building evidence for the kinds of policy and practice changes that promote population health in explicitly anti-racist and anti-discriminatory ways. Initially, the center aims to address improving health equity data collection tools and eliminating maternal health inequities, an issue currently being addressed through diverse strategies and efforts led by the AAMC and its members.

The AAMC is also improving its commitment to diversifying the physician workforce through the new strategic plan. A diverse health workforce exposes providers to backgrounds and perspectives other than their own and heightens cultural awareness in health care, resulting in benefits for all patients. To help achieve this goal, the AAMC's existing Equity, Diversity, and Inclusion unit has partnered with the National Medical Association in an Action Collaborative to recruit more Black men into medical school. Additionally, the strategic plan is highlighting the need of academic medicine to create a more equitable and inclusive environment for all physicians, administrators, staff, and trainees at AAMC member institutions.

## Recommendations for Congress

- The AAMC urges a strong commitment to the full scope of science, health care, social services, diversity, and public health programs across the federal government, which serve to improve the health and well-being of all Americans. This includes a doubling in funding for the Health Resources and Services Administration's Title VII and Title VIII workforce development and diversity programs as well as robust funding growth for the NIH and the CDC, including the Racial and Ethnic Approaches to Community Health program.
- To help address the nonmedical factors that affect health outcomes and can result in unfair, avoidable health inequities, the AAMC supports the passage of the Social Determinants Accelerator Act (H.R. 2503), and the related \$153 million currently proposed for the CDC Social Determinants of Health Program in FY 2022.
- The AAMC is committed to a multipronged approach to avoid all preventable maternal deaths and improve maternal health and health equity, and supports proposals included in the Black Maternal Health Momnibus of 2021 (H.R. 959) as well as expanding Medicaid and CHIP coverage up to 12 months postpartum.
- The AAMC recommends that Congress increase community engagement initiatives using the AAMC's Principles of Trustworthiness and consider recommendations from the AAMC Center for Health Justice congressional briefing, "Data for Health Equity: the Foundation for Creating Healthier Communities," to facilitate national, standardized, comprehensive, and routine collection of sociodemographic data.

To get in touch with the AAMC, contact Christa Wagner, PhD, at [chwagner@aamc.org](mailto:chwagner@aamc.org).  
Follow them on twitter at [@AAMCtoday](https://twitter.com/AAMCtoday) and [@AAMCjustice](https://twitter.com/AAMCjustice).



## Attaining Health Equity

The Association of Maternal & Child Health Programs (AMCHP) pursues health equity through the lens of racial justice in both our internal and external initiatives. In June 2020, we released our “We’re All In” statement marking our commitment to dismantling racism within our organization, our membership and Title V programs, and our partnerships, and to eliminate racial inequities in maternal and child health outcomes.

*AMCHP leads and supports programs nationally to protect and promote the optimal health of women, children, youth, families, and communities.*

## Our Initiatives

AMCHP's members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs. Our members directly serve all women and children nationwide, and strive to improve the health of all women, infants, children and adolescents, including those with special health care needs, by administering critical public health education and screening services, and coordinating preventive, primary and specialty care. Our membership also includes academic, advocacy and community-based family health professionals, as well as families themselves.

AMCHP works to:

- Promote the inclusion of diverse, community voices on state Maternal Mortality Review Committees;
- Develop and implement a patient safety bundle to reduce peripartum racial and ethnic disparities in maternal health outcomes; and
- Support and expand the maternal and child health work of community organizations by leading the Safer Childbirth Cities Initiative Community of Practice.

Additionally, AMCHP recently launched the Healthy Beginnings Learning and Practice Cohort to identify and address racism in policy, data, and funding structures at the state-level that sustain inequities in perinatal health in Black, Hispanic/Latinx, Indigenous, and other communities of color.

## Recommendations for Congress

AMCHP urges Congress to support:

- Increased appropriations for the Title V Maternal and Child Health (MCH) Block Grant; the Centers for Disease Control and Prevention Safe Motherhood initiative; and CDC's Surveillance for Emerging Threats to Mothers and Babies Network;
- Extending Medicaid coverage to 12 months postpartum; and
- The Black Maternal Health Momnibus Act.



AMCHP envisions a nation that values and invests in the health and wellbeing of all women, children, youth, families, and communities so that they may thrive.

To get in touch with AMCHP, you can contact Amy Haddad at [ahaddad@amchp.org](mailto:ahaddad@amchp.org). Make sure to follow them on twitter at [@DC\\_AMCHP](https://twitter.com/DC_AMCHP) and [@AMCHP\\_Advocacy](https://twitter.com/AMCHP_Advocacy)



*ASTHO's mission is to support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.*

## Attaining Health Equity

ASTHO published a "Bounce Forward" report to support state and territorial leaders in their efforts to reconstruct communities the way they were before the COVID-19 pandemic, as well as "bounce forward" into a better world by advancing efforts to create healthier, more resilient communities.

The report focuses on the following:

- Housing and the Built Environment
- Economic Stability and Jobs
- Children, Families, and Social Supports
- Access to Health Services
- Food Systems and Nutrition

## Our Initiatives

In early 2020, the Centers for Disease Control and Prevention (CDC) partnered with ASTHO and the National Association of County and City Health Officials to identify multi-sector coalitions that have improved SDOH in their communities. Overall, 42 community multi-sector partnerships/coalitions were selected to receive over \$2 million as part of the Improving Social Determinants of Health – Getting Further Faster pilot project. Selection for the project was based on the structure of the multisector partnership and coalition, program design, availability of data to show success, and level of stakeholder engagement.<sup>1</sup> An analysis of selected communities found that local partnerships and coalitions demonstrated tangible outcomes related to the improvement of SDOH contributing factors. Over one-half of the coalitions in the cohort reported health outcomes data for their SDOH initiatives, including changes in health behaviors, clinical outcomes, overall health and wellness, and healthcare utilization and costs. The majority of coalitions were also able to affect policy, systems, and/or environmental changes, such as integrating health-related social needs screening and referrals to community resources into healthcare setting workflows; building new walking trails, sidewalks, bike lanes, and playgrounds in communities; and the adoption of a county comprehensive tobacco-free policy. We have recommended that state and local health departments work closely with local SDOH partners and coalitions to nurture and support these community-level, place-based interventions. We call on Congress to continue to support initiatives such as this.

## Recommendations for Congress

ASTHO is supportive of the increase of \$150 million increase over the FY 2021 enacted level for the SDOH program at the CDC's National Center for Chronic Disease Prevention and Health Promotion, as included in the House and Senate, Labor, Health and Human Services, Education, and Related Agencies FY 2022 appropriations bill. This increase will help to:

- Improve health outcomes and reduce health inequities by coordinating SDOH activities across CDC.
- Improve the capacity of public health agencies and community organizations to address SDOH in communities.
- Award grants to state, local, territorial, or tribal public health agencies and other eligible entities to address SDOH in target communities.
- Award grants to nonprofit organizations and nonprofit institutions of higher education to conduct research on best practices, provide technical assistance, and disseminate best practices.
- ASTHO is also supportive of H.R. 379, The Improving Social Determinants of Health Act of 2021, which would authorize and delineate the specifics of an SDOH program at CDC such as:
  - Coordinating across CDC to ensure programs consider and incorporate SDOH in grants and activities.
  - Awarding grants to state, local, territorial, and tribal health agencies and organizations to address SDOHs in target communities.
  - Awarding grants to nonprofit organizations and institutions of higher education to research SDOH best practices; provide technical assistance, training, and evaluation assistance to target community grantees; and disseminate best practices.
  - Coordinating, supporting, and aligning SDOH activities at CDC with other federal agencies, such as the Centers for Medicare and Medicaid Services and others.
  - Collecting and analyzing data related to SDOH activities.

To get in touch with ASTHO, contact Jeffrey Ekoma at [jekoma@astho.org](mailto:jekoma@astho.org).

And follow them on twitter at [@ASTHO](https://twitter.com/ASTHO)



*The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve. Together, these public health officials directly affect the health and well-being of nearly one in five Americans.*

## Attaining Health Equity

Health "equity" is achieved when every person in every community has the opportunity to reach his or her optimal health. Right now, that opportunity is reserved for a select few. If we want future generations to live in a vibrant, thriving country, we need to even the playing field. Currently, there are insufficient resources dedicated to do the work required to address health equity and social determinants of health. Federal programs and funding for this important work is siloed. CDC's award addressing COVID disparities in 107 local, state, and territorial jurisdictions is an important first step in targeting federal resources for this work.

## Our Initiatives

BCHC aims to create healthy, more equitable communities through big city innovation and leadership. The Coalition highlighted the issue of [Structural Racism](#) in its recommendations to the Administration and Congress. In order to build more equitable communities, our policy recommendations include:

- Advancing health equity and address structural racism as a national priority in policy, funding, and programmatic decision making.
- Supporting antiracist and anti-bias training for federal employees and contractors, with the understanding that structural racism exists in the US and must be actively confronted.
- Ramping up Congressional funding for CDC's Social Determinants of Health Program to coordinate the agency's activities and improve capacity of local and state public health agencies and community organizations to do so.
- Ensuring that equity is considered in every Federal policy decision that is made, specifically funding of programs, including targeting additional dollars to those communities most in need.
- Making data more easily available to the public, clearly presented, and disaggregated by race, ethnicity, and socioeconomic status to assist in evaluating impact of funding and policies on those most in need.

To assist our member cities, BCHC established an [Equity Lens Tool for Health Departments](#) to use in the context of COVID-related decision making. With this tool, we hope health departments can ensure all policy decisions are made with equity as the priority.

## Recommendations for Congress

Congress should increase funding to CDC to support local and state public health infrastructure and community based work, as well as comparable needs at the agency. Specifically, Congress should ramp up the CDC's Social Determinants of Health Program to \$153 million in FY2022 to coordinate the agency's social determinants of health activities and ensure dollars get to local public health agencies and community organizations doing the work.

Our mission is  
advancing equity  
and health for  
present and  
future  
generations.

To get in touch with the BCHC, contact Chrissie Juliano at [juliano@bigcitieshealth.org](mailto:juliano@bigcitieshealth.org).  
And follow them on twitter at [@bigcitieshealth](https://twitter.com/bigcitieshealth)



*The mission of the Cystic Fibrosis Foundation is to cure cystic fibrosis and to provide all people with CF the opportunity to lead long, fulfilling lives by funding research and drug development, partnering with the CF community, and advancing high-quality, specialized care.*

## Attaining Health Equity

In 2019, the CF Foundation collaborated with George Washington University to conduct a study to understand gaps and inadequacies of health insurance coverage, the cost of care, challenges to accessing care, and the impact of cost of care on social factors such as food insecurity in CF. Overall, the study found a significant financial burden for people with CF that is found across age, income, and insurance type. The financial burden exacerbates social risk factors for people with CF: Data from this study highlight 33% of people with CF in the U.S. experienced food insecurity, which is triple the national average of 10.5%, and 10% delayed care based on transportation issues alone.

## Our Initiatives

The CF Foundation funds more innovative, groundbreaking CF research than any other organization in the world. We provide expert care for people with CF through our nationwide network of accredited care centers and we help people with cystic fibrosis and their families get the tools and support they need to lead healthy, productive lives, today.

Health equity is aligned with our mission and is a priority for the CF Foundation. Our efforts are focused on: ensuring equity in diagnosis, supporting centers in the delivery of equitable care (including supporting centers in screening and intervening for SDOH), supporting research to develop new treatments, understanding inequities, recruiting and retaining diverse care team members and researchers, and creating an inclusive community for people with CF and their circles of support. We also have a robust Diversity, Equity, and Inclusion program focused on CF Foundation staff.

The CF Foundation created a multidisciplinary Food Security Committee (FSC) comprised of care teams, people with CF, and parents of children with CF to better understand and address food insecurity (FI) in the CF community through a multi-level approach, utilizing the unique CF care center network and model.

The goals of the FSC are to:

- Increase awareness of FI among clinicians and the community
- Improve understanding of the impact of food insecurity
- Develop educational resources for clinicians and the CF community
- Connect to existing community resources
- Decrease stigma associated with FI
- Catalog and share best practices inside the CF care center network

## Recommendations for Congress

The Supplemental Nutrition Assistance Program (SNAP) helps mitigate the impact of food insecurity among people with CF and their families, who are three times more likely to experience food insecurity than in the general population. As we continue to navigate through the COVID-19 pandemic, it is important that SNAP receives adequate funding. Furthermore, Congress should continue supporting demonstrations through the Centers for Medicare and Medicaid Services and the Center for Medicare and Medicaid Innovation that aim to address social risk factors to improve health outcomes.

To get in touch with the Cystic Fibrosis Foundation contact Kim Reno at [Kreno@cff.org](mailto:Kreno@cff.org).  
And follow them on twitter at [@CF\\_Foundation](https://twitter.com/CF_Foundation)



*The Endocrine Society is a global community of physicians and scientists dedicated to accelerating scientific breakthroughs and improving patient health and well being. We are a global community 18,000 strong energized by the promise of unraveling the mysteries of hormone disorders to care for patients and cure disease.*

## Attaining Health Equity

Endocrinologists deal with the consequences of social determinants of health daily in the people they treat and in the research questions they study. Their greatest challenge is reducing barriers to patient access to quality and affordable care. An individual's income status, insurance status, social support networks, education, employment status, and physical environment have been shown to affect whether a person with pre-diabetes will seek prevention to halt the onset of diabetes; whether people who are transgender or suffer from gender dysphoria seek care; or whether women have the ability to obtain contraception. Another example is whether people understand and can prevent exposure to harmful endocrine disrupting chemicals (EDCs) which have been demonstrated to cause significant adverse health effects in humans. Strong evidence exists for a causative role for EDCs in metabolic disorders such as obesity and diabetes, female and male reproductive health disorders, hormone-sensitive cancers, thyroid disease, and developmental neurological and neuroendocrine effects. While all demographic sectors bear risks due to EDC exposure, such risks are not distributed uniformly. Many who experience disproportionate exposures live in rural or underserved communities. There also exist numerous examples where pollution has been concentrated in specific regions where land is less expensive, and where the population may suffer from financial and economic inequalities that further exacerbate health disparities.

## Our Initiatives

- We are committed to advocating for health equity in all aspects of our work, including access to care for people with diabetes, advocating for transgender youth, regulation of endocrine disrupting chemicals, and the need to lower the cost of insulin and other expensive prescription drugs.
- We advocate for funding for agencies like the Centers for Disease Control and Prevention, the National Institutes of Health, and the Environmental Protection Agency, which are critical to studying, tracking, and addressing health disparities across the country. We also advocate for the long-term extension of the Special Diabetes Program.
- We conduct programs which are leadership training and mentorship to early career researchers and physicians underrepresented in medicine and science.
- We continue to highlight the voices of our members from underrepresented backgrounds at our conferences like ENDO and CEU, as well as in leadership positions in our internal committees and Board of Directors.
- We have developed educational materials on endocrine-disrupting chemicals that are accessible for a general audience and have translated these materials into multiple languages.

*We are a global community 18,000 strong, energized by the promise of unraveling the mysteries of hormone disorders to care for patients and cure disease.*

## Recommendations for Congress

Provide increased, sustained funding to strengthen and further expand our public health infrastructure, including:

- Funding for the NIH to research disease among racial and ethnic communities, women's health, and transgender health;
- Funding for the CDC to support prevention and chronic disease programs for diabetes and obesity such as the Diabetes Prevention Program;
- Reauthorizing and funding the Special Diabetes Program, which has helped address diabetes and promoted healthy lifestyle behaviors for millions of Americans;
- Increase funding for state and local health departments to address social determinants of health and help address barriers that disproportionately burden minority populations;
- Support regulatory approaches that prioritize chemical reviews and regulations based in part on different exposure profiles for environmental justice communities; and
- Enhance telehealth coverage, which has been shown to increase access to care for rural and aging populations.

To get in touch with the Endocrine Society, you can contact Grace Kranstover at [gkranstover@endocrine.org](mailto:gkranstover@endocrine.org). And don't forget to follow them on twitter at [@TheEndoSociety](https://twitter.com/TheEndoSociety)



*NASTAD's mission is to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health and leveraging community partnerships.*

## Attaining Health Equity

NASTAD is a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. Our singular mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions. We do this work by strengthening governmental public health through advocacy, capacity building, and social justice.

In regards to health equity and social determinants of health, NASTAD has identified discrimination, stigma, and structural interventions as continued, significant barriers to lifesaving HIV and hepatitis prevention and care.

## Our Initiatives

NASTAD's Minority Leadership Program (MLP), is a leadership development and investment program for persons of color working at various levels in state or CDC-funded health department positions in HIV/AIDS or viral hepatitis programs. MLP serves as a space, rooted in social justice, for health department staff of color to engage in critical conversations about job advancement; overcoming institutional barriers to equity; managing emotions and burnout; identifying racial and gender-based microaggressions and triggers; successful staff and project management; effective communication; and more.



NASTAD's vision is a world committed to ending HIV/AIDS, viral hepatitis, and intersecting epidemics.

To achieve health equity, we must address long-standing systemic issues, including medical racism, institutional stigma and trauma, discriminatory hiring practices, medical mistrust, and the inequitable distribution of public health resources. It is imperative that bias, discrimination, and prejudice is called out, addressed, and eliminated in the health care and public health arenas. Additionally, federal protections that prohibit discrimination in health care based on race, disability, sexual orientation, gender identity, and drug use are critical in the fight to end HIV and hepatitis. Stigma continues to be a significant barrier to lifesaving HIV and hepatitis prevention and care, and federal laws and protections are necessary to combat stigma and the disparities in health care access and outcomes that stigma causes.

## Recommendations for Congress

Congress must provide sustained funding and focus resources and policy attention on structural determinants of health. Further, NASTAD believes Congress should prioritize legislation that seeks to increase access to HIV prevention and care programs, such as PrEP Access Bills, and Opioid and Infectious Diseases related funding.

To get in touch with NASTAD, contact Emily McCloskey at [emccloskey@NASTAD.org](mailto:emccloskey@NASTAD.org) or Mike Weir at [mweir@NASTAD.org](mailto:mweir@NASTAD.org).  
And follow them on twitter at [@NASTAD](https://twitter.com/NASTAD)

# NAPHSIS

Protecting Personal Identity  
Promoting Public Health

*National Association for Public Health Statistics and Information Systems (NAPHSIS) is the national nonprofit organization representing the state vital records and public health statistics offices in the United States. Formed in 1933, NAPHSIS brings together more than 250 public health professionals from each state, the five territories, New York City, and the District of Columbia.*

## Attaining Health Equity

NAPHSIS believes an antiquated public health data infrastructure hinders state vital records offices efforts to collect data and produce statistics that aid in public health program planning, surveillance, and research. A modernized system that facilitates better and faster data collection will help our public health officials respond to emerging threats, particularly in disproportionately impacted communities.


## Our Initiatives

On behalf of its membership, NAPHSIS and its partners educate policymakers about the importance of vital records and infrastructure modernization in order to secure continued federal investment in these priorities. NAPHSIS also provides technical assistance and training, educational programs, and access to resources that assist in vital records and health statistics management. Read our [2019 Annual Report](#). Read our [2020-2024 Strategic Plan](#).

NAPHSIS has long advocated for investment in public health data modernization, including the Electronic Vital Records System. CDC's Data Modernization Initiative will help facilitate collection and analysis of more complete public health data, including race, ethnicity, pregnancy status, and zip code so we know earlier if certain communities are disproportionately impacted by public health threats.

## Recommendations for Congress

Congress has the ability to provide robust, sustainable, long-term funding for the CDC's Data Modernization Initiative to facilitate complete and timely reporting so that our public health system has essential data on race, ethnicity, pregnancy status, treatments, and co-morbidities that are critical for achieving equity in public health response. Congress should also prioritize resources for the National Center for Health Statistics to monitor disease prevalence and our nation's overall health status.



Our mission is to serve the vital records community by providing national leadership to advance public health and protect individual identity.





*The National Association of Councils on Developmental Disabilities (NACDD) serves as the national voice of our nation's 56 State and Territorial Councils on Developmental Disabilities. We support our Councils in implementing the Developmental Disabilities Assistance and Bill of Rights Act and promote the interests and rights of people with developmental disabilities and their families.*

## Attaining Health Equity

The issues that NACDD recognizes as priorities in the space of health equity and social determinants of health include competitive, integrated employment, education, safe and affordable housing options, equitable healthcare including access to long term supports and services, and freedom from discrimination, racism and violence.

## Our Initiatives

NACDD has over fifty years of success in supporting State Developmental Disabilities Councils' work to invest in person-centered and family-centered innovations so that people with intellectual and developmental disabilities (I/DD) can live their fullest lives in the community. DD Councils rely on NACDD to provide federal policy advocacy, technical assistance, and development of educational programs and projects that support individuals' rights and opportunities for health equity and equal opportunities addressing the unique needs and concerns of people with I/DD and those who support them. Through a multitude of partnerships and educational opportunities we help our members help their constituents to gain opportunities for meaningful, competitive employment, equitable healthcare, opportunities for affordable and accessible housing, education, and civic engagement.

NACDD works through a lengthy advocacy agenda each year. Our current focus is centered on gaining additional funding for Home and Community Based Services and Settings (HCBS). HCBS provides funding for long term supports to help people with I/DD to live in the community which brings a better quality of life along with cost savings to our country as community living is more affordable than institutions. Protecting Medicaid, the Individuals with Disabilities Education Act (IDEA), the Rehabilitation Act, the Americans with Disabilities Act (ADA), and the Affordable Care Act (ACA) are also top priorities. Over the last 2 years we also ran campaigns focused on the rights of people with I/DD to vote in elections ([www.onevotenow.org](http://www.onevotenow.org)) and a vaccine awareness campaign for people with I/DD, their families and caregivers ([www.getoutthevaccine.org](http://www.getoutthevaccine.org)).

## Recommendations for Congress

Timely passage of an FY2022 appropriations bill with funding for DD Councils at the current House, Senate at President's request level (increase of \$10 million) is critical. This increase will help our members to do more in their states and territories to address health equity and SDOH by providing greater resources to identify problems or gaps in state and federal support systems and create innovative solutions with community partners to improve outcomes for people with I/DD in long term supports and services, healthcare, employment, transportation, education, housing and more. Congress should also pass the Build Back Better Act which includes funding for HCBS, incentives for businesses to transition to competitive and integrated employment, permanently authorizes the Money Follows the Person Program to move people out of institutional settings and into communities, as well as many other programs that support people with disabilities and their families and communities.

To get in touch with NACDD, contact Donna Meltzer at [dmeltzer@nacdd.org](mailto:dmeltzer@nacdd.org).  
And follow them on twitter at [@nacdd](https://twitter.com/nacdd).

*The National Network of Public Health Institutes' (NNPHI) mission is to support national public health system initiatives and strengthen public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes.*

## Attaining Health Equity


The inequities in health outcomes that are driven by racism, unconscious bias and other systemic drivers of oppression continue to challenge our network. These poor health outcomes are preventable and achieving health and racial equity throughout the nation will require increased multi sector capacity at a local community level that is supported by sound health policy nationally.

## Our Initiatives

NNPHI is working to become an antiracist, multicultural organization in the following ways: (1) Investing in team learning experiences that include facilitated racial healing dialogues; (2) Designing our equity footprint and implementing an equity audit to establish indicators that will further diversify our team and organizational capacity to eliminate inequities in health outcomes; (3) Forming new partnerships with Howard University and national organizations working to advance equity in communities of color; and (4) Recruiting a new Director of Health and Racial Equity. This position leads and coordinates efforts to advance federal, state, tribal, territorial, and local public health practice interventions advancing NNPHI's overall commitment to and progress on achieving health and racial equity.

NNPHI joins APHA and the growing list of states that declare racism as a public health crisis; we are developing policy and program interventions that strive to eliminate racism, promote healing, and achieve health equity. We have established two national communities of practice focused on health and racial equity: one is focused on internal policies and best practices our members can implement to pursue increased equity within their own organizations; the second is compiling strategies to address external drivers of racial inequities in the response to and long-term recovery from COVID, with the goal of reimagining a more equitable, more just society. Looking ahead, building capacity to achieve health and racial equity is a primary goal area of our NNPHI 4.0 strategic plan.

Other national efforts include working with the Office of Minority Health to establish a National Coordinating Center for Health Equity Policy and working with the CDC on an effort entitled, National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities.



NNPHI strives to apply a health and racial equity framework in all programs.

## Recommendations for Congress

A majority of federal funding is very siloed by disease classification, restricting our ability to build robust multi sector partnerships that are needed to change health outcomes and build health of entire populations. Additionally, an over abundance of grant funding goes to state and local governments but many are unable to process these funds and the investments do not build community capacity to improve health. Our system remains upside down. A better balance of public and private sector investment is needed to build robust capacity at local levels and nonprofit systems like NNPHI and others are nimble and effective at building capacity, hiring experts and working across multiple sectors to achieve greater impact.



*Prevent Blindness represents millions of people of all ages across the country who live with, or care for those with, vision-related eye diseases, low vision, and vision loss. We strive to improve our nation's vision and eye health and promote equitable access to eye care no matter one's age, racial or ethnic background, socioeconomic circumstances, or community belonging. Our mission is to prevent blindness and preserve sight.*

## Attaining Health Equity

Access to health care (including insurance coverage and higher incomes) are correlated with greater use of eye care services as compared with populations who have lower income levels, attained education, employment opportunities and job retention, food insecurity, and financial instability. Disparities in access to eye care run across racial and ethnic communities with forecasts predicting increased prevalence of blinding eye diseases like glaucoma, diabetic eye disease, and visual impairment in black, Hispanic, and Native American populations as well as women. Community factors such as high rates of air pollution, housing problems, high crime rates, and drug use and overdose are associated with higher incidence of ocular hospitalizations.

In children, white children and children from families with higher incomes are more likely to have a detected, diagnosed, and treated eye condition, which suggests higher access to diagnostic care. Vision and eye health in children is an important aspect of learning readiness and academic success, meaning that children who have non-white racial and ethnic backgrounds, lower socioeconomic status, or who live in under-resourced communities may not only be unable to access vision correction and eye health care, but will be more likely to struggle academically. Finally, 721 counties out of 3,006 American counties have no practicing eye care provider, which perpetuates a divide in accessing eye care as approximately one fifth of the nation's population lives in rural America with only 10% of the country's physicians practicing in rural communities. As such, lack of transportation and adequate broadband infrastructure poses a major challenge to early detection, prevention, disease monitoring, and treatment to prevent progressive vision loss from chronic eye disease.

## Our Initiatives

Prevent Blindness has established the Center for Vision and Population Health to implement the recommendations of a 2016 report from the National Academies of Sciences, Engineering, and Medicine, which defines vision and eye health as a population health concern due to the impact of vision problems on a large number of people, cost implications for individuals and systems, quality of life, and morbidity burdens in light of projected increases in severity and prevalence, public perception as a threat to one's health, financial, social, and economic status. Prevent Blindness has also established the Children's Vision Equity Alliance to understand where disparities in access to pediatric vision care exist in children ages 0 to 3 years, preschool ages, and school-aged children through adolescence.

## Recommendations for Congress

Prevent Blindness asks Congress to improve vision and eye health at the CDC to update national prevalence estimates of vision loss, eye disease, and low vision or severe vision impairment, which can help drive state and community interventions around early detection, prevention, and health promotion and identify disparities in access to basic eye care services as well as innovations in treatments for blinding eye disease. A recommended funding level of \$5 million is needed for both actions. Additionally, improving areas of early intervention in children such as early childhood education and care settings and school-based health services (including workforce and infrastructure) is very much needed policy to ensure that children (who have faced significant challenges in learning continuity and academic progress during the pandemic) are not left behind in pandemic response efforts.

To get in touch with Prevent Blindness, contact Sara Brown at [sbrown@preventblindness.org](mailto:sbrown@preventblindness.org).  
And follow them on twitter at [@EyesOnCapHill](https://twitter.com/EyesOnCapHill)



*Susan G. Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information.*

## Attaining Health Equity

Breast cancer is the most common cancer diagnosed among women in the U.S. and is the second leading cause of cancer death among women after lung cancer. One in eight women in the U.S. will develop breast cancer over the course of her lifetime. With the increasing availability of mammography screening, earlier detection and improvements in breast cancer treatment, the overall breast cancer mortality rate among women in the U.S. declined by 41 percent over the last 30 years. However, these trends vary by race and ethnicity.

Research shows that despite recent scientific advancements, there are widespread racial health disparities in breast cancer. For example, Black women are, on average, 40 percent more likely to die of the disease as compared to white women. Black women are also more likely than white women to be diagnosed at a later stage, when treatments are limited and costly and the prognosis is poor. Breast cancer disparities also exist for other historically marginalized groups. Breast cancer is the most common cancer diagnosed and the leading cause of cancer death for Hispanic/Latina women.

## Our Initiatives

Stand for H.E.R. (Health Equity Revolution) was launched to decrease breast cancer disparities in the Black community beginning in the 10 U.S. metropolitan areas where those inequities are greatest. These metropolitan areas include Atlanta, GA, Chicago, IL, Dallas-Fort Worth and Houston, Texas, Los Angeles, CA, Memphis, TN, Philadelphia, PA, St. Louis, MO, Tidewater, VA, and Washington, D.C.

To provide an integral analysis of the breast health and breast cancer landscape in each of the 10 metropolitan areas, quantitative and qualitative were collected and analyzed. There were 96 metrics addressed in each metro area, producing over 1,200 pages of reports. A total of 700 community members engaged in the process, including medical providers and community members. The reports will inform interventions that are tailored to each metro area to achieve health equity. Summary and full reports for each city are available [here](#).



Save lives by meeting the most critical needs in our communities and investing in breakthrough research to prevent and cure breast cancer.

## Recommendations for Congress

Reducing breast cancer disparities relies as much on public policy as it does on research breakthroughs. The systematic use of breast cancer screening and follow-up diagnostics has led to significant increases in the early detection of breast cancer. Early detection leads to early diagnosis, which often results in better and less-costly outcomes for patients. Equitable access to breast cancer screening must extend to underserved populations who face unique barriers to receiving timely and affordable care. The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is a federal-state partnership that serves as a critical safety-net for many in the underserved Black community. Unfortunately, at current funding levels, NBCCEDP serves fewer than 15 percent of the estimated number of eligible women for breast cancer screening services. Ensuring adequate funding for NBCCEDP is key to guaranteeing that low-income, uninsured and underinsured women across the country continue to have access to vital screening services, health education and patient navigation services. Increased investment, and additional policy changes that expand access to high-quality healthcare, has the potential for significant improvements on public health and can help address the persistent disparities we see today.

To get in touch with Susan G. Komen, you can contact Molly Guthrie at [mguthrie@komen.org](mailto:mguthrie@komen.org). And don't forget to follow them on twitter at [@SusanGKomen](https://twitter.com/SusanGKomen) and [@KomenAdvocacy](https://twitter.com/KomenAdvocacy)

*Trust for America's Health is a non-partisan public health policy, research and advocacy organization that envisions a nation that values the health and well-being of all and where prevention and health equity are foundational to policymaking at all levels of society.*

## Attaining Health Equity

TFAH believes social determinants are drivers of health inequities and disproportionate burden of disease, especially in certain communities of color. Major challenges include lack of funding to support health equity and social determinants of health work, especially at health departments and community-based organizations. Further, the lack of disaggregated demographic data is a challenge for public health at all levels.

## Our Initiatives

The publication and amplification of research on programs and policies that support health and well-being is central to TFAH's mission. The following TFAH reports highlight equity and SDOH issues:

- [State of Obesity 2021: Better Policies for a Healthier America](#) highlights the intersection between SDOH, COVID-19, and obesity.
- [A Blueprint for the 2021 Administration and Congress](#) highlights policy approaches to promote equity, including SDOH and data challenges.
- [The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2021](#) discusses need for cross-cutting capacity in public health for SDOH and equity work.
- [Promoting Health and Cost Control: How States Can Improve Community Health and Well-Being Through Policy Change](#) highlights state-level SDOH policies that would have positive health and economic impact.

## Recommendations for Congress

Congress should support the President's Budget Request for the Center for Disease Control and Prevention's newly created Social Determinants of Health line of \$153 million, and the Improving Social Determinants of Health Act, which would support grants for multisector collaborations to address upstream drivers of health inequity and allow capacity building in public health departments.

Congress should also work to increase overall funding for public health infrastructure and data modernization to ensure better, actionable data collection.



TFAH promotes optimal health for every person and community and makes the prevention of illness and injury a national priority.

To get in touch with the folks at TFAH, you can contact Dara Lieberman at [dlieberman@tfah.org](mailto:dlieberman@tfah.org). And don't forget to follow them on twitter at [@HealthyAmerica1](https://twitter.com/HealthyAmerica1)