

## Highlights of Accomplishments

Health Equity Initiative opened its doors in September 2011 with a mission of building community, capacity, and strategic communication resources for health equity. Since then, we have made significant progress on each of our action areas. In an effort to expand our focus on building community around health equity issues, HEI has been evolving into the multisectoral membership organization our followers have been asking for! Here are highlights of key accomplishments to date.



**Building multisectoral membership via a participatory planning approach inclusive of key stakeholders.** Engaging different groups and audiences to take action on health equity issues is more of a process than a quick fix. At HEI, we know that to inspire community action and create the strategic partnerships necessary to support health equity, it takes a village. We know that investment in health equity and other causes that seek to achieve social change and foster innovation is still limited when compared to aspirations (both in terms of public/audience engagement and funding opportunities). We also know that too often we all work in silos and many professionals don't even realize they are contributing to health equity. This is when we started working with the idea of transitioning into a multisectoral membership organization...to bridge silos between professionals sectors and stakeholders in health equity issues. And, we did it the Health Equity Initiative way...through a participatory planning process that included an online survey of our followers and a series of public meetings (both in person and online) throughout 2013. Our revised mission, strategic goals, benefits, and action areas reflect the vision and priorities of the survey participants and the many colleagues from multiple sectors and community leaders who joined our team in public meetings re: HEI redesign. As we launch HEI membership, we continue to be committed to making sure that this is YOUR organization, and invite all to get involved in the many member-driven activities, so you can continue to shape HEI's focus and direction!



**Raising awareness of health disparities and their root causes among teens, their families, their communities and the public at large.** Health equity is a new and complex issue for many people. In one decade, awareness of health disparities only increased from 55% to 59% among US adults (Benz and others, 2011) while disparities persisted or increased in many communities. In 2012, we launched our Sports for Health Equity national program, which is designed to raise awareness of health disparities, and to encourage community action and partnerships for health equity. With the generous involvement of HEI's celebrity ambassador, Essence Carson, WNBA-All Star, NY Liberty player and recording artist, to date the program has reached 1.4 million people via our mass media, new media, and event outreach. The program's video was featured at the Annual Film Festival of the American Public Health Association. We are currently developing online materials on health equity for middle and high schools and have partnered with a group of high school students from the United Nations International School (UNIS) in New York City, so these materials will be by kids for kids.

*Building and sustaining a global community that engages across sectors to advance health equity*



**Building City-Specific Task Forces for Infant Mortality Prevention.**

Despite progress, infant mortality rates (IMR), a key indicator of health equity, continue to be a significant problem in the United States. The United States ranks number 41 among 191 countries in infant mortality rates (WHO, 2011). IMR among non-Hispanic black infants is 2.4 times that for non-Hispanic white infants (US DHHS, 2011). In partnership with/funds from the Office of Minority Health Resource Center (OMHRC), HHS Office of Minority Health, Health Equity Initiative conceived and implemented a community-campus partnership development and capacity-building pilot program. We created city-specific task forces and facilitated action plans for infant mortality prevention among at-risk/disadvantaged groups in 4 U.S. cities where infant mortality rates are still high (Jacksonville, Charlotte, Los Angeles and Nashville). Lessons learned from this capacity-building effort were presented at the APHA Annual Meeting as well as the 2012 NIH/DHHS Summit on the Science to Eliminate Health Disparities. A report for peer-review submission is under development.



**Building Capacity to Increase the Effectiveness of Professionals and Community Leaders from Multiple Sectors** in advancing their mission, developing partnerships, tackling health disparities, and better serving disadvantaged groups. We have trained 240+ professionals and community leaders from different sectors and across the globe via our professional development workshops (in-person or online) on topics including: implementing a social determinants of health agenda; strategies for successful partnerships; health equity and health communication; new media evaluation; and health equity audits, among others. We obtained approval from the National Board of Public Health Examiners (NBPHE) as a provider of Certified in Public Health (CPH) Continuing Education (CE) credits for eligible participants and are in the process of exploring other CE credits opportunities for professionals of other sectors who participate in our workshops. We also started a certificate program on *Promoting Health Equity: New Trends and Strategies*.



**Raising the Influence of Community Voices on Health Equity.** Health disparities are linked to diverse factors, including socio-economic conditions, race, ethnicity and culture, access to health care services, a built environment that supports physical activity, neighborhoods with accessible and affordable nutritious food, health information that's culturally appropriate and reflects literacy levels, and caring clinical settings. The importance of each of these factors varies from place to place. Achieving health equity therefore must begin with an understanding that there are community-specific needs, and that communities must be involved in identifying their priorities. Using a multimedia communication and community outreach approach, our *Health Equity Exchange* engages individuals to be part of the discourse on health equity, strengthens their capacity to be agents of change, and seeks to provide proof of concept on the need for community-specific programs and policies. Preliminary information was featured by the Journal of Communication in Healthcare and presented at the NIH/DHHS Summit on the Science to Eliminate Health Disparities. Stay tuned for the 2014 report

Building and sustaining a global community that engages across sectors to advance health equity



**Facilitating Dialogue on Best Practices, Opportunities and Challenges for Community Engagement.** One key to achieving health equity is the development of integrated, multisectoral solutions stemming from strategic partnerships across government, business, health care professionals, community groups, planners, and individuals. There is a genuine lack of cross-fertilization and coordination across sectors, yet no one sector, government agency, or community group can achieve health equity on its own. To address this need, we have developed a *Health Equity Brown Bag Talks* series to foster cross-sectoral communication on best practices and opportunities and challenges for community engagement. The series has drawn over 125 participants from government agencies, community organizations, international organizations, the private sector, and academia. The *Talks* have included panelists from leading organizations such as UNICEF, GBHealth, U.S. DHHS Office of Minority Health Resource Center, Bronx Health Link, NYC Department of City Planning, NYC Department of Health, and the New York Academy of Medicine.



**Building Community on Health Equity Issues** by developing strategic communication and capacity-building resources, and disseminating lessons learned and new models. Because only a committed community of practice can address health equity, we have developed several efforts to help build such community. As an example, we have developed downloadable resources including our fact sheet *Why Health Equity Matters* and evaluation and fundraising kits for use by other organizations, community groups and professionals. We also participate in many local and national events, and, to date presented 7 papers on our work at 2 national/international conferences or within peer-reviewed publications. We reach 10,000 people via our many online resources and social media promotion efforts, which help our followers to stay informed not only on our activities and programs but also on relevant national and international trends and resources. In addition to the many resources that are open to all, our member benefits include member-only resources and great opportunities to connect and engage across sectors.

For additional information on our work or to sign up for our e-newsletter or support our efforts, visit [www.healthequityinitiative.org](http://www.healthequityinitiative.org) or email [development@healthequityinitiative.org](mailto:development@healthequityinitiative.org)

Health Equity Initiative – 99 Madison Avenue, Suite 5017, New York, NY 10016  
 Health Equity Initiative is a federally recognized 501(c)3 nonprofit organization