

January 29, 2009

President Barack Obama
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President:

The undersigned organizations, which share a common interest in eliminating health inequities and disparities, urge you to make efforts to ensure health equity for all Americans is a top priority of your administration. Health inequalities and disparities are complex and stem from many causal factors. In order to address racial and ethnic health disparities, it is important that the right to health is implemented so that available resources are utilized in a manner that supports achievement of the highest attainable standard of health for every individual. Part of the current inequity stems from racial and ethnic differences in health insurance coverage and access to high-quality health care. But public health experts agree that the most significant underlying causes of health inequality are socioeconomic inequality and inequitable living conditions.

These conditions, however, *can and must be remedied*. Health and health care inequality exact a huge human and economic toll on the nation. Their persistence means that millions of Americans and their families suffer needlessly from a high burden of illness and mortality. Health inequality leaves these Americans less able to contribute to the nation's economy and productivity, and to participate fully in social, civic and political affairs in their communities. With projections indicating that nearly 1 in 2 people living in the U.S. by mid-century will be a person of color, our nation's health status clearly depends on our ability to improve the health and living conditions of our fastest-growing communities. In particular, we urge you to:

Strengthen the Office of Minority Health. The Office of Minority Health (OMH) necessitates greater authority to monitor federal activities designed to reduce health disparities and improve collaboration and cooperation in order to maximize resources and outcomes. OMH should be required to develop and implement a plan for the entire Department of Health and Human Services (HHS) to improve health equity and eliminate health disparities. OMH also should promote greater collaboration and cooperation with state offices of minority health and play a bigger role in advising and assisting health entities to develop and implement programs to improve equity and reduce disparities.

Improve interagency collaboration and implement health impact assessments. Health among populations is intricately tied to community design and directly affected by policies and programs across various sectors, including housing, transportation, environment, land use, labor, and education. The federal government should take steps to coordinate the work of agencies that impact the health of minority populations to reduce duplication of effort, increase efficiency and

more effectively address health disparities. In addition, government agencies from a variety of sectors should assess the impact of their policies and programs on the health of communities and health disparities. The Centers for Disease Control and Prevention should develop a portfolio of best practices based on scientific evidence, and standardized tools and measures to assess the impact of policies and programs on the health of the community.

Support data collection, research and the dissemination of best practices. While federal health research has made great strides toward the development of new tools to combat illness and improve health, it has disproportionately benefited white and wealthy communities. The majority of federal research funds continue to be expended on genetic and biological research or research to improve individual health behavior, to the relative exclusion of research to study how social and community environments affect health. Therefore, greater priority and resources should be given to federally-supported health disparities research with an emphasis on social and community research and community-based participatory research, which builds upon the culturally-based norms and practices that exist in communities. Appropriate standardized measures, indicators and methods for collecting and reporting data should be developed and these should incorporate the use of qualitative measures. Research and best practices should be disseminated to government agencies from a variety of sectors to inform policy decisions. These agencies should focus on translating research into practical interventions to improve health equity and eliminate disparities.

Expand community-based programs. We urge you to support and expand community-based education and outreach programs designed to reduce health disparities through improved access to health care, primary prevention activities, health promotion and disease prevention activities, and health literacy education and services. Grants should be made available to facilitate partnerships between health care providers, the public, health agencies, and other stakeholder groups; coordinate and integrate community-based activities like education, housing, environment, labor, and transportation that help improve public health; and train community health workers. Priority should be given to health systems that are underserved and target minority and health disparity populations, such as safety net organizations, safety net hospitals, federally qualified health centers, community-based consortia, Indian organizations, and faith-based organizations. We encourage you to support programs like the CDC's Racial and Ethnic Approaches to Community Health (REACH US) programs which incorporate effective, sustainable, multi-disciplinary community-based strategies and interventions in collaboration with and that respond to the specific needs of each community.

Reduce barriers to enrollment in public health insurance programs. It is important to establish clear and easy-to-understand processes and procedures for enrolling children and families into public health insurance programs; processes that do not discriminate on the basis of race or ethnicity, and that reflect culturally competent and linguistically appropriate practices. As a critical first step in this direction, HHS should do all in its power to eliminate or at least ameliorate any citizenship documentation requirements in public programs. Following the imposition of such a requirement in Medicaid, studies have demonstrated beyond dispute that this requirement disproportionately punishes African Americans. For some, this is so because the

requirement resurrects the inequality and indignity that they faced for all of those years when African Americans were not allowed into hospitals to give birth, and thus did not receive birth certificates. For others, it is a function of recent displacements or abject poverty that puts the price of a birth certificate or a passport beyond their reach. But whatever the cause, the effect is beyond dispute and needs to be remedied.

HHS should also establish a streamlined and simplified enrollment system and should work with states to reduce barriers to enrollment through regulation, technical assistance, and grant funding. This system should use information technology to coordinate state databases to identify, enroll and retain all eligible children and families. Federal Medicaid demonstration projects and funding should be made available to allow states to continue and sustain gains made in improving and streamlining enrollment procedure into public health insurance programs (e.g., coordination, streamlining and simplification of program eligibility and retention requirements).

Establish an Office of Urban Health. According to the Census Bureau's latest American Community Survey, racial and ethnic minorities make up half of the population of the nation's largest cities. Minority and low-income urban communities suffer disproportionately from health disparities that result from lack of access to quality health services, healthy housing, healthy foods, safe places to play and exercise, clean air and water, and good jobs and economic opportunities. HHS should establish an Office of Urban Health within the Health Resources and Services Administration to administer grant programs and provide technical assistance and counseling to improve urban health and conduct urban health research.

Support Efforts to Improve the Health of Individuals Living in Rural and Frontier Communities. Research indicates that individuals living in rural areas are poorer than their urban counterparts, yet people of color in rural and frontier communities have even less income than their white rural neighbors. Moreover, rural dwellers are least likely to have employer-based health insurance, prescription drug coverage, or public health insurance (e.g., Medicaid). Factors such as geographic isolation; few community economic resources; the lack of transportation; and a shortage of primary care providers, dentists, and health specialists in rural and frontier areas contribute to significant chronic health problems for these inhabitants. In addition to providing adequate financial support for the HHS Office of Rural Health Policy of the Health Resources and Services Administration (HRSA), HHS should institute initiatives to address the above-mentioned disparities impacting individuals in rural and frontier communities.

Ensure minority health is addressed in health reform legislation. With health system reform a top priority for the American people and many members of Congress, we urge you to ensure that the needs of minority communities are addressed in any health reform legislation developed by Congress. Some key provisions that should be included are: promoting cultural and linguistic competence in health care settings; promoting diversity among health professionals and increasing incentives for primary care and public health professionals to practice in underserved areas; adequately support federally qualified health centers, safety net hospitals and community health centers serving in health professional shortage areas or other underserved communities; and fund community-based demonstration and grant programs.

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Health Equity and the Elimination of Health Disparities

Foster greater equality through the enforcement of civil rights laws that impact health.

The key federal civil rights laws that address “unintentional” racial disparities in government programs (Title VI of the Civil Rights Act of 1964) was recently rendered unenforceable by the U.S. Supreme Court in the *Alexander v. Sandoval* decision, and Congress has not yet responded to repair the damage. We encourage you to support legislation in Congress that would ensure that every statute protecting individual rights, including those that safeguard health and other economic needs, specifically authorizes individuals to bring civil suits in federal court to redress violations of the law.

We look forward to working with you on these and other important minority health issues this year.

Respectfully yours,



Lark Galloway-Gilliam
Community Health Councils

On Behalf of:

- Al Shifa Health Resource Center
- Alliance for Reproductive Justice
- Alpha Kappa Sorority Inc, omicron Rho Omega Chapter
- Alpha Kappa Sorority, Incorporated North Charleston Chapter
- American Occupational Therapy Association
- American Public Health Association
- Association of State and Territorial Directors of Nursing
- B Free National Center of Excellence in the Elimination of Hepatitis B Disparities
- Black Women for Wellness
- Brooklyn Perinatal Network Inc,
- Center for Community Health, Education & Research, Inc.
- Charleston and Georgetown Diabetes Coalition
- City of Lawrence Council on Aging
- City of Portland’s Minority Health Program,
- Communities IMPACT Diabetes Center
- Community Based Organization Partners
- Community Health & Social Services Center, Inc.
- Flint Odyssey House, Inc. Health Awareness Center
- Global Policy Solutions
- Greater Lawrence Family Health Center, Latino CEED: REACH New England,
- Greater Lawrence Family Health Center
- Healthcare – NOW!
- Hidalgo Medical Services
- Human Impact Partners
- International Community Health Services
- Inter-Tribal Council of Michigan
- La Casa Health Network, Inc.

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- Lee H. Moultrie & Associates
- Khmer Health Advocates, Inc
- Latino Center of Excellence for Eliminating Disparities
- Latino Education Project
- Latino Education Project, Inc.
- Lowell Community Health Center
- NALBOH – National Association of Local Boards of Health
- NARAL Pro-Choice Texas
- National Cambodian America Health Initiative
- National Center for Law and Economic Justice
- National Health Law Program
- National Network of Abortion Funds
- National REACH Coalition for the Elimination of Health Disparities
- NBNA Tampa Bay Black Nurses Chapter
- NCLR/CSULB Center for Latino Community Health, Evaluation, and Leadership Training
- New Hampshire Minority Health Coalition
- Nicole Lurie, MD
- Northeastern University
- Northwest Health Law Advocates
- Northwest Women’s Law Center
- NYU School of Medicine
- Odessa Brown Children’s Clinic
- Orange County Asian and Pacific Islander Community Alliance
- Pacific Northwest SOPHE
- Papa Ola Lokahi
- Planned Parenthood of the Inland Northwest
- Public Health – Seattle & King County
- Reproductive Justice Collective
- San Francisco Department of Public Health
- Sea Mar CHC
- Seattle & King County REACH Coalition
- Society for Public Health Education
- Society of Public Health Professionals
- South Los Angeles Health Projects
- St. John’s Well Child and Family Center
- The Asian & Pacific Islander American Health Forum
- The Asian Pacific Islander Caucus for Public Health
- The Disparities Solutions Center of Massachusetts General Hospital
- The Korean Community Services of Metropolitan New York, Inc.
- The Merger Watch Project
- The Praxis Project
- UA National Center of Excellence in Women’s Health
- UCLA School of Public Health-WORKING Project
- Union Settlement Association,
- University of Massachusetts Medical School
- University of Michigan College of Pharmacy
- University of Minnesota
- Volunteer for Ethnic Community Health Programs, USA
- YMCA of Greater Cleveland
- Your Blessed Health Partners
- Your Center
- YWCA of Greater Lawrence

cc: Secretary Tom Daschle