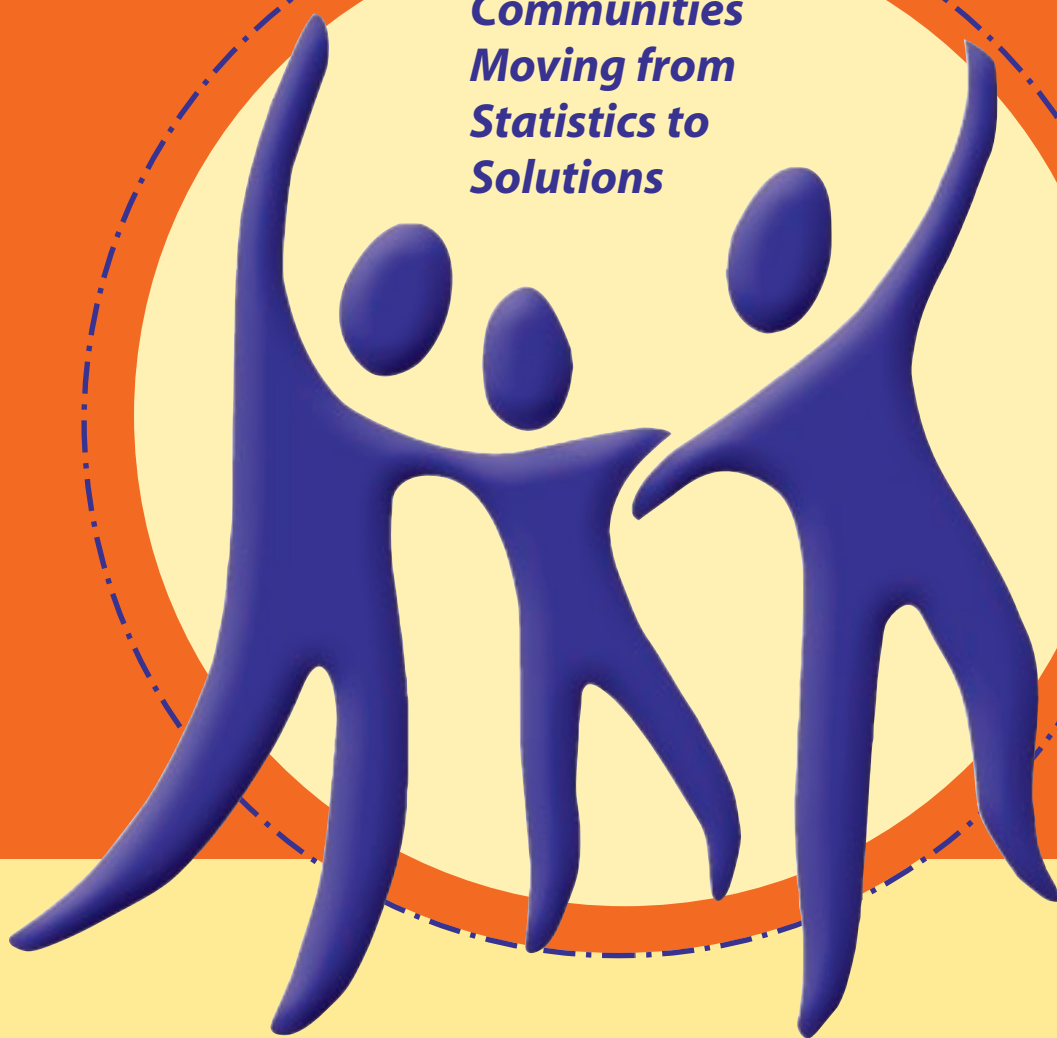


Eliminating

Health Disparities

***Communities
Moving from
Statistics to
Solutions***



NATIONAL PUBLIC HEALTH WEEK

April 5–11, 2004

TOOLKIT

Table of Contents

Overview

Message from APHA	2
General Overview of Public Health.....	3
General Overview of National Public Health Week 2004.....	4
Examples of Real Community Solutions Across the US.....	5
Suggested Activities for National Public Health Week 2004.....	6
Developing the “Triple A” Approach.....	7

Tools for Planning Events

Tips for Creating a Town Hall Meeting	8
Sample Agenda for a Town Hall Meeting	9
Tips for Creating a Press Conference.....	10
Sample Media Advisory	12
Tips for Arranging an On-Site Visit.....	13

Tools for Media Advocacy

Introduction	14
Key Messages for your National Public Health Week Outreach	15
Sample News Release	16
Sample Radio Letter Requesting Radio Spot.....	18
Sample Radio Scripts.....	19

Tools for Legislative Advocacy

Introduction	20
Sample Letter to a Public Official	21
Sample Telephone Script	22
Sample Talking Points	23
Things to Remember Before, During and After a Meeting	23
Sample Proclamation	24

Fact Sheets

Health Disparities: A General Overview	25
Disparities in Cancer	26
Disparities in Diabetes	27
Environmental Disparities.....	28
Disparities by Gender.....	29
Disparities in Health Literacy	30
Disparities in Heart Disease	31
Disparities in HIV/AIDS.....	32
Disparities in Infant Mortality	33
Racial/Ethnic Disparities	34
Disparities in Rural Areas.....	35

Resources	36
-----------------	----

Evaluation	40
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Message from APHA



American Public Health Association

800 I Street, NW • Washington, DC 20001-3710

(202) 777-APHA • Fax: (202) 777-2534 • comments@apha.org • www.apha.org

February 1, 2004

Dear Colleague:

The observance for National Public Health Week (NPHW) is April 5-11, 2004. The theme is health disparities. As always, the American Public Health Association (APHA) is honored to take the lead in partnering with other health organizations, agencies, associations, foundations and non-profits to prepare and disseminate materials in order to make this week a success.

Health disparities is a widespread problem that is affecting Americans across the country. Many organizations are taking a leadership role in tackling tough health disparity problems within the public health system and their communities by developing innovative programs to address this issue. During NPHW 2004, APHA and its partners will highlight programs across the country that are focusing on eliminating health disparities.

This year APHA has created a health disparities solutions database to collect information on programs that have been developed in communities to help eliminate all types of health disparities including racial and ethnic, gender, age, sexual orientation, locality, health literacy and environment to name a few. APHA foresees the database as a tool for other organizations to utilize when seeking programs to replicate in their communities. Additionally, APHA hopes the database will provide an avenue for organizations, foundations, and agencies focusing on this issue to showcase all they are doing to help end these problems.

APHA will be providing a Planner's Guide, toolkit and Web page to help organizations deliver a powerful message on the challenges health disparities pose to communities and to highlight some of the innovative solutions created to eliminate them. The Web page and toolkit will provide resources on how to convey our NPHW message on health disparities to the media, public officials and the general public.

APHA is pleased to share in this week with you. As you begin to plan your activities for this week, we encourage you to also highlight the many accomplishments of public health, link to APHA's Web page on NPHW, and to use the resources provided to bring attention to this very important issue.

We look forward to receiving information on the NPHW events planned in your community. Thank you for your continued commitment to keeping people and communities healthy.

Sincerely,

A handwritten signature in black ink that reads "Georges Benjamin".

Georges Benjamin, MD, FACP
Executive Director

A handwritten signature in black ink that reads "Virginia A. Caine".

Virginia A. Caine, MD
President



Public Health Overview

Public Health Is

The art and science of safeguarding and improving community health through organized community effort involving prevention of disease, control of communicable disease, application of sanitary measures, health education and monitoring of environmental hazards.

Public Health Professionals Are

- Health Officers/Directors
- Environmental Health Specialists
- Public Health Nurses
- Doctors
- Social Workers
- Epidemiologists
- Dentists
- Scientists
- Nutritionists
- Educators
- Physical Activity Specialists

The Public Health Profession

- Monitors health status to identify community health problems.
- Diagnoses and investigates health problems and health hazards in the community.
- Informs, educates, and empowers people about health issues.
- Mobilizes community partnerships to identify and solve health problems.
- Develops policies and plans that support individual and community health efforts.
- Enforces laws and regulations that protect health and ensure safety.
- Links people to needed personal health services and assures provisions of health care when otherwise unavailable.
- Assures a competent public health and personal health care work force.
- Evaluates effectiveness, accessibility, and quality of personal and population-based health services.
- Researches new insights and innovative solutions to health problems.

Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.

— The Institute of Medicine



National Public Health Week Overview

April 5-11, 2004

Theme

Promoting solutions that are working to eliminate health disparities.

Tagline

Eliminating Health Disparities: Communities Moving from Statistics to Solutions.

Goals

- To bring focused national attention to best practices that are working around the country to eliminate health disparities.
- To educate communities about best practices which are working in their areas to eliminate health disparities.
- To focus on solutions to health disparities by promoting a "Triple A" approach: assessing the problem, adopting solutions, and taking action.
- To have National Public Health Week participation in communities in all 50 states.

Specific Topics

For National Public Health Week 2004, we want to promote solutions that are working across the country to eliminate health disparities. Each day of the week, we will focus on a specific health disparity topic at the national level:

- | | |
|------------|---|
| Monday: | Racial and Ethnic Disparities |
| Tuesday: | Geographic Disparities: Rural vs. Urban |
| Wednesday: | Health Literacy |
| Thursday: | Environmental Disparities |
| Friday: | Specific Diseases and Disparities (examples include cancer, heart disease, infant mortality, HIV/AIDS and diabetes) |

To help in your planning efforts, you may want to select a specific health disparity topic as the focus of all of your activities for the week.

Solutions Database

Since December, APHA has been collecting a wide variety of smart, innovative solutions that are currently being used around the country to help eliminate health disparities. We are currently building an online database that can showcase all of these best practices during National Public Health Week 2004 and bring attention to the many positive ways to fight these problems.

As National Public Health Week gets closer, APHA will use the database to put together a list of national "Highlighted Solutions From Around The Country" and distribute them for use in your outreach and activities.

In addition, you can visit our database and gather information about best practices that are working to eliminate disparities in your own area for your local National Public Health Week outreach and activities.

We have included a sheet with "Examples of Real Community Solutions from Around the Country" to help you start thinking about best practices in your community.

National Public Health Week 2004 is sponsored in part by

Commonwealth Fund
Josiah Macy, Jr. Foundation
National Association of Community Health Centers, Inc.
Pfizer Public Health Group
Robert Wood Johnson Foundation



Examples of Real Community Solutions Across the US

advocacy
 african american
 asian american
 bone density
 cancer
 children
 cardiovascular
 cholesterol
 chronic disease
 churches
 collaboration
 community
 cultural competence
 DIABETES
 diet
 disabilities
 disparities
 diversity
 education
 environment
 evaluation
 ethnicity
 exposure
 faith
 community
 financial
 need
 goals
 grassroots
 health
 insurance
 healthcare
 providers
 heart disease
 higher rates
 healthy
 hispanic
 american
 hypertension
 HIV/AIDS
 insurance
 infant mortality
 initiative
 intervention
 language barriers
 LEAD
 life expectancy
 lifestyle
 low birthweight
 literacy
 malnutrition
 medicare/medicaid
 men
 mental health
 native american
 nutrition
 obesity
 partnership
 overweight
 pollution
 prenatal
 prescription drugs
 prevention
 quality of care
 race
 risk factors
 RURAL
 schools
 self-esteem
 socioeconomic
 solutions
 stereotypes
 surveillance
 technology
 teenagers
 tobacco
 tracking
 transportation
 treatment
 TRUST
 urban
 underutilization
 unequal care
 underrepresentation
 violence
 vaccinations
 water quality
 welfare
 policy
 woman
 wellness
 white
 workplace diversity

This page lists examples to get you started thinking about best practices in your community. As National Public Health Week gets closer, APHA will use our “solutions” database to put together a list of national “Highlighted Solutions From Around The Country” and distribute them.

REMEMBER: As you plan your own events, you should search the database and gather your own local examples of best practices that are working in your area.

THE PROBLEM: African Americans, Hispanics and Native Americans make up only about 6 percent of the practicing physicians in the United States.

A SOLUTION: The School of Public Health at the University of North Carolina at Chapel Hill is developing an initiative to attract minority physicians and medical students to the health policy and public health fields. Activities will include recruitment of a new faculty member with expertise in minority health issues and development of collaborations with historically black colleges and universities to encourage faculty and students to participate in the program.

THE PROBLEM: A disproportionate number of racial and ethnic minorities do not receive influenza and pneumococcal vaccinations.

A SOLUTION: The US Department of Health and Human Services is working with the Centers for Disease Control and Prevention and other federal agencies to implement a new adult immunization initiative to reduce these disparities. They are creating partnerships with public health professionals, medical providers and community members to develop strategies to improve influenza and pneumococcal vaccination rates in African-American and Hispanic communities.

THE PROBLEM: High infant mortality rates among African Americans.

A SOLUTION: The Genesee County Precious Black Babies Project has created a campaign to raise awareness among community residents about racial disparities in infant death rates and to help reduce these disparities.

THE PROBLEM: High rates of diabetes complications among African Americans.

A SOLUTION: The Medical University of South Carolina/Charleston and Georgetown REACH Diabetes Coalition is working to improve diabetes outcomes for African Americans by working within their communities. One of their objectives was to increase the number of people with diabetes who received the recommended annual A1C test by 20 percent and they accomplished this in the first year of the project.

THE PROBLEM: High rates of diabetes among Hispanic Americans.

A SOLUTION: The REACH Promotora Community Coalition has developed a program to address diabetes along the border of Texas and Mexico. The program trains community health workers (promotoras) as community organizers who work through existing institutions such as schools and community health clinics or through home visits and neighborhood meetings.

THE PROBLEM: High rates of breast and cervical cancer among Asian Americans.

A SOLUTION: Promoting Access to Health for Women focuses on decreasing breast and cervical cancer rates among Asian American and Pacific Islander women. The project draws on community leaders and health care providers to develop customized community action plans and materials. For example, the Samoan National Nurses Association offers community outreach and education services, promotes a cancer ministries program with local Samoan pastors, runs a cancer support group, and sets up mobile screening programs for community women.

THE PROBLEM: Over half of the people living in the United States have problems communicating with their physician, reading instructions and labels on medicines and understanding many other aspects of health care.

A SOLUTION: The University of Virginia has established a health literacy curriculum, including case studies that illustrate how to work with functionally illiterate patients and with interpreters for the deaf and for non-English speaking patients.



Suggested Activities for National Public Health Week 2004

ACCESS advocacy
african american
asian american
bone density
cancer
children
cardiovascular
cholesterol
chronic disease
churches
collaboration
community
cultural competence
DIABETES
diet
disability
disparities
diversity
education
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evaluation
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financial
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goals
grassroots
health
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healthcare
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heart disease
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low birthweight
literacy
malnutrition
medicare/medicaid
men
mental health
native american
nutrition
obesity
partnership
overweight
pollution
prenatal
prescription
drugs
prevention
quality of care
race
risk factors
RURAL
schools
self-esteem
socioeconomics
solutions
stereotypes
surveillance
technology
teenagers
tobacco
tracking
transportation
treatment
TRUST
urban
underutilization
unequal care
under-representation
violence
vaccinations
water quality
welfare
policy
women
wellness
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workplace
diversity

To help you plan for National Public Health Week 2004, we have developed the following list of suggested events and activities that you can use to highlight the best practices that are working in your community to eliminate health disparities.

Town Hall Meetings

In order to help communities assess local health disparities and share working solutions, you can stage a town hall meeting where local NGOs, policymakers, public health professionals and citizens can come together to discuss local health disparities and determine how to address them. These events are also good media opportunities.

- On each day of National Public Health Week 2004, APHA will be staging a large-scale "National Town Hall Meeting on Solutions to Health Disparities" in a major media market. For example, APHA will kick off the week with a town hall meeting in Washington, DC, focused on solutions to racial and ethnic health disparities.
- We have included a "tip sheet" for putting together a town hall meeting in your area and a sample town hall meeting agenda in this toolkit.

Press Conferences

In order to publicize working solutions that are being used in your area, you can hold a press conference to highlight best practices in your community, calling on policymakers to provide more funding to expand best practices in your community or announce a new program to solve health disparities.

- We have included a "tip sheet" for putting together a press conference in your area and a sample media advisory in this toolkit.

On-Site Visits

In order to show policy makers and journalists how best practices are working in your area, you can take them to visit a program that is working to solve health disparities in your own community. Suggestions for visits include a prenatal clinic that provides subsidized care for low-income women, an immunization program at a local school or a "traveling clinic" that provides medical care to rural parts of your community.

- We have included a "tip sheet" for putting together a site visit in your area in this toolkit.

Health Fair

In order to educate the community about what solutions are available, you can hold a health fair with traditional screenings and information. Your health fair should promote programs that are working to end disparities and highlight best practices.

Other suggestions include:

- Issuing a press release about best practices in your community and National Public Health Week.
- Issuing a press release about social welfare programs that are working in your community (examples: WIC, Food Stamps, SCHIP).
- Holding an Awards Ceremony to recognize organizations that are providing solutions in your community and/or leaders in making these solutions possible.



Developing the “Triple A” Approach

For National Public Health Week 2004, APHA is working to promote best practices that are working across the country to eliminate health disparities. The goal is to shift the focus on health disparities from problems to solutions by promoting a “Triple A” approach: assess the problem, adopt a solution, and take action.

REMEMBER: APHA can provide you with national information, but these are suggestions for using the “Triple A” approach for planning your own local outreach and events.

Assessing the problem: We have included fact sheets that include general national statistics about a variety of health disparities in this toolkit.

- In order to localize the issue for your area, you should identify organizations and spokespeople in your community who can talk about the problems with health disparities at the local level.

Adopting a solution: As we mentioned, APHA is developing a database of solutions that are currently being used around the country to help eliminate health disparities. As National Public Health Week gets closer, APHA will use the database to put together a list of national “Highlighted Solutions From Around The Country” and distribute them.

- For your local events, you should use the database and other sources to gather and highlight information about best practices that are working to eliminate disparities in your area.

Taking Action: We want to encourage communities to tackle health disparities by working together.

- At your local events, you can urge people to take advantage of National Public Health Week by starting, adopting or expanding solutions in your community today.
- In addition, you can offer resources to help get people started—including local resources for help.

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Event Planning

Tips For Creating a Town Hall Meeting

A town hall meeting creates an excellent opportunity to gather together community members and involved organizations for the exchange of ideas and information on an issue. The following tips are designed to help you plan a town hall meeting in your area.

Getting Started

It is a good idea to start planning early for your town hall meeting—at least one month before the meeting date. Here are some steps to get the planning process started:

- **Designate a “town hall meeting” planning committee.** It should include representatives from interested organizations in your area and should be responsible for planning and holding the town hall meeting.
- **Decide on a goal for your town hall meeting.** For NPHW 2004, this goal will be to host a discussion about ways that your community can move from statistics to solutions about health disparities. You can focus your goal on one of the NPHW themes: for example, environmental health disparities or health literacy.
- **Select a time/date for your town hall meeting.** Try to avoid conflicts with other regularly scheduled group meetings in your area.
- **Select a place for your town hall meeting.** Your venue will need to be handicapped accessible, in an easy-to-reach location and have adequate parking. In addition, it should have adequate seating and space as well as access to electrical outlets for equipment. Potential venues include union halls, churches, high schools and hospital amphitheatres.

Publicity

- **Inviting an audience.** In order to attract an audience to your town hall meeting, you will need to publicize your event through notices in local newspapers, public service announcements on local radio stations, posters/handbills on community bulletin boards, flyers at churches and hospitals, etc. In addition, you may want to get your partner organizations to mail or email details about the town meeting to their membership lists.

- **Inviting policy makers.** If you want to invite local policy makers to attend or speak at your town hall meeting, you should send them an invitation as early as possible to increase your chances of getting on their schedules. You should follow-up with a phone call.
- **Inviting media.** To invite media to your town hall meeting, you should contact local journalists who are interested in health care issues, including general assignment, health and medical, business and political and statehouse reporters. You should send them an invitation with all the event details (either mail, fax or email) and then follow-up with a phone call.

Logistics

- **Volunteers.** You will need to have volunteers on-site for the town hall meeting to set-up and break down the meeting, greet people at a sign-in table, help people find their seats and assist with logistical problems as they arise.
- **Set-up.** Important set-up items for your town hall meeting include chairs for the audience and panelists, sign-in tables and materials, microphones for audience and panelists and any banners or posters from participating organizations to decorate the space.
- **Refreshments.** You may want to provide light refreshments (cookies and punch) at your town hall meeting. A specific community organization might volunteer to provide these refreshments or you may be able to get them donated.

Program

- **Moderator.** You should select a moderator for your town hall meeting who will be responsible for welcoming everyone, making introductions, explaining the agenda and facilitating the Q&A session.
- **Panel of Experts.** You should select a diverse panel of people who can speak about the problems with health disparities in your area and present solutions that are being used to address these problems. You should select no more than three to four panelists.

continued

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Event Planning

Town Hall Meeting—continued

- **Agenda.** Because town hall meetings involve so many different people, it is important to have a clear agenda. Each panelist should speak for no more than 10 minutes. If you invite a policymaker to speak, they should be allowed 10-15 minutes. The moderator should then facilitate a 30-minute Q&A session with the audience. A sample agenda is included with this tip sheet.

- **Other tips**

- Begin your town meeting on time. It may help to have ushers help latecomers to their seats.
- Be sure that your panelists are clear about how long they have to speak and put

someone in charge of giving them time signals.

- In case it takes awhile to get the Q&A going, it is a good idea to have a few people ready with set questions in the audience.

Follow-Up

- **Thank you notes.** Remember to thank everyone who helped make the meeting a success, including any public officials who attended the town hall meeting.
- **Publicity.** You may want to write a letter to the editor or press release after your town hall meeting to highlight the solutions that were discussed.

Sample Agenda for a Town Hall Meeting

TOWN HALL MEETING AGENDA

“Eliminating Racial and Ethnic Health Disparities: Moving from Statistics to Solutions”

Miller High School Auditorium

7:00 pm–8:30 pm

7:00 pm	Welcome and Introductions <i>Moderator: Jane Doe</i>
7:05 pm	Increasing Minorities in the Health Care System <i>Professor John R. Calhoun, President of Medical School, State University</i>
7:15 pm	Solving Access Problems in Minority Neighborhoods <i>Maria Martinez, Director, Minority Housing and Health Fund</i>
7: 25 pm	Increasing Cancer Screenings in High-Risk Populations <i>Dr. Gene Anderson, Director, Smith County Public Health Department</i>
7:35 pm	The Prenatal Program: Increasing Care for Minority Moms <i>Dr. Ellen McReynolds, Director, Urban Health Center</i>
7:45 pm	Fixing the Problem: A Capitol Hill Perspective <i>Congressman John Smith</i>
7:55 pm	Q&A/Discussion Session: How do we continue to find solutions for racial and ethnic health disparities in our community? <i>Moderator: Jane Doe</i>
	NOTE: Audience members are asked to come to the front microphone to ask their questions.
8:25 pm	Closing Remarks <i>Moderator: Jane Doe</i>

Light refreshments will be served after the town hall meeting in the high school cafeteria.

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Event Planning

Tips for Creating a Press Conference

A press conference provides an opportunity to get coverage for your issue on television, radio and in the paper. However, in order to be successful, press conferences must be well-organized and present newsworthy information. The following tips are designed to help you plan a press conference in your area during National Public Health Week 2004.

Getting Started

- **Making news.** You will need to provide new and interesting information at your press conference. Suggestions include: a coalition of public health organizations and other groups that are publicly calling on policymakers to provide more funding to expand best practices in your community, the announcement of a new program to solve local health disparities or the announcement of a “Best Practices” task force to explore opportunities for expanding/adopting solutions.
- **Location.** Your location should be easy for the media to access. You should think about the backdrop for television cameras – and about potential weather concerns if outside. Possible venues include: the steps of capital building or town hall, your local press club or the front lawn of a hospital or clinic.
- **Timing.** Timing is very important for press conferences. Make sure that there are no other events happening at the time of your event. Is the Governor giving a big speech? Is there a protest planned that day at the Capitol? The best days of the week for coverage are Tuesday through Thursday. Press conferences work best in the mornings and early afternoons so that reporters can meet their deadlines.
- **Breaking news.** You can have the best-organized press event in the world – and something major can happen in Iraq or the Presidential campaign and your story won’t get covered as everyone rushes to cover this other “breaking” news. Don’t get discouraged if this happens. Try to reschedule your event or reach out to journalists on a one-on-one basis to generate a few stories in the days to come.

Publicity

- **Inviting an audience.** In order to attract an audience for your press conference, you will need to get your partner organizations to mail or email details about the event to their membership lists and encourage them to attend.
- **Inviting policy makers.** If you want to invite local policy makers to attend or speak at your press conference, you should send them an invitation as early as possible. You should follow-up with a phone call.
- **Inviting media.** To invite media to your press conference, you should contact local journalists who are interested in health care issues, including health and medical, business and political and statehouse reporters. Make sure your media list includes television, radio and print reporters. You should send them a media advisory a few days before the event and then follow-up with a phone call.

Logistics

- **Set-up.** The set-up for a press conference should include a podium and a microphone for the speakers to use when delivering their comments. Depending on your venue, you can provide chairs for the audience or they can stand (for example, at the bottom of the Capitol Steps). If your press conference is indoors, remember to leave space for television cameras at the back of the room.
- **Sign in.** You should have a sign-in table where you can welcome the media and have them fill out a sign-in sheet with their information. This sheet will help you track which media outlets are attending your event.
- **Visuals.** You should consider the visual impact of your event—especially for television cameras. You may want to display a banner behind the speakers with your organization’s name on it, or put a sign on the front of the podium. In addition, you may want your audience to reflect your issue. For example, if you are having an event about SCHIP, you may want to have children present.

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 workplace diversity

Press Conference—continued

- **Press kit.** You should put together a press kit to hand out to media at your press conference. Contents of this press kit could include fact sheets, a press release and other background material on your issue.
- **Media.** Expect television cameras to arrive up to half an hour early for your press conference to get their equipment set up. In addition, you may want to find a quiet space where outlets can interview individuals separately after the event.

Program

- **Moderator.** You should select a moderator for your press conference who can introduce the speakers and facilitate Q&A with reporters.
- **Speakers.** You should select no more than three people to speak at the press conference. Each of these speakers should have a specific topic to cover—and should have prepared

talking points before the event. Other people can be present to answer questions after the press conference.

- **Agenda.** Begin your press conference on time. The moderator should introduce the speakers and then each speaker should talk for no more than 5 minutes. If you invite a policymaker to speak, they should be allowed 5 minutes as well. The moderator should then facilitate a short Q&A session with journalists.
- **Practice.** It is a good idea to have a “dress rehearsal” the day before your press conference to make sure the speakers are ready for the event. A site visit can be an excellent way to show media and other interested audiences firsthand how solutions are working to end health disparities in your community. The following tips are designed to help you arrange a site visit in your area.



Event Planning

Sample Media Advisory

MEDIA ADVISORY

April 5, 2004

CONTACT: Contact: John Smith

(xxx) xxx-xxxx, jsmith@apha.org

Coalition of Public Health Organizations and Community Groups to Announce New “Solutions” Task Force

Task Force To Report on Best Practices for Eliminating Racial and Ethnic Health Disparities in [INSERT COMMUNITY]

(City, State) — During National Public Health Week, public health organizations and community groups will hold a press conference on April 7 to announce a new Task Force that will study best practices being used to eliminate the growing number of racial and ethnic health disparities in our area.

“National Public Health Week 2004 is about moving communities from statistics to solutions on health disparities,” said [INSERT LOCAL SPOKESPERSON].

The coalition of groups who are forming this task force include the Johnson County Department of Health, the Minority Health Care Coalition, the Johnson County Medical Association, the Managed Care Association, the Women’s Health Network and the State Cancer Society. State Representative Victor Dawson (R-Greenfield), member of State House Health Committee, has agreed to serve as a member of the Task Force.

“In our area, racial and ethnic minorities face a number of health challenges, including [INSERT LOCAL INFORMATION],” said [INSERT LOCAL SPOKESPERSON]. Fortunately, organizations across our area are finding creative ways to address these problems.”

“The Task Force will gather the necessary information about these best practices and make recommendations for expanding them and starting new ones in [INSERT COMMUNITY],” said [INSERT LOCAL SPOKESPERSON].

WHO: **State Representative Victor Dawson**, (R-Greenfield), member of State House Health Committee

Jane Doe, Director, Johnson County Public Health Department

Alisa Gonzalez, Director, Minority Health Care Coalition

WHERE: **Johnson County Health Clinic**
Front lawn

WHEN: **Wednesday, April 7 at 10:00 AM**

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Event Planning

Tips for Arranging a Site Visit

Picking a Site

- **Visuals.** You should pick a site where visitors can actually “see” a solution. For example, an immunization program at an elementary school where visitors can see kids in line for shots, a clinic with bilingual nurses where visitors can witness improved patient-doctor communications or a community cancer center where visitors can see the facilities that provide mammography to low-income women.
- **Timing.** You should pick a time when your location will be in use, but you may want to avoid peak times. For example, don’t visit an after-school asthma treatment site in the morning when it will be deserted. On the other hand, you might want to avoid a public health clinic during the Saturday morning rush where everyone will be too busy to spend time with visitors. Work with the administrator at your chosen site to pick an appropriate time.

Picking Your Guests

- **Size.** For site visits, small groups of visitors work best. Consider the size of the facility and then decide how many people you can invite to participate. As a guide to help you plan, think of how many people, television cameras and equipment can fit into a small hospital room or examining room in a clinic. Remember that you must also count a “tour guide” from the facility in your numbers as well.
- **Who to invite: Policymakers.** Policymakers often participate in site visits as a way to reach out to their communities and to generate positive media coverage for themselves. You may want to invite only one policymaker (your Congresswoman, for example) to your visit so that they do not have to share the media opportunity with other policymakers.
- **Who to invite: Media:** Depending on the size of your site’s facilities, you probably want to include no more than three media outlets in your tour. Include at least one major paper (reporter and photographer) and one television station (reporter and cameraman). For site visits, it is better to let a few reporters explore the facility and produce in-depth pieces with lots of footage and details than to pack the place with journalists who are all jostling for shots and basic information.

Scheduling the Site Visit

- **Inviting policy makers.** If you want to invite a local policymaker to attend your site visit, you should send them an invitation as early as possible to increase your chances of getting on their schedules. You should follow-up with a phone call.
- **Inviting media.** To invite media to your site visit, you should send them an invitation with all the site visit details (either mail, fax or email) and then follow-up with a phone call. Let them know that you are only inviting a few outlets to participate.

Hosting the Visit

- **Plan of action.** You should work with the administrator at your facility to develop a plan of action for your site visit. Is there a meeting space where the group can gather for an introduction to the tour? What is the plan for how to guide visitors through the facility? Who will guide the tour? Do visitors need passes or any type of badge before they can tour the facility?
- **Initial meeting.** When your visitors first arrive, you should find a quiet space where you can introduce them to the facility. During this meeting, you should discuss the health disparity problems and describe how this facility is helping to solve them. In addition, you should introduce the facility staff and provide an overview of what the tour will include. This meeting should last no longer than ten minutes.
- **The tour.** Although you may bring staff and other partners with you to the initial meeting, they should not participate in the tour. Only invited visitors and the tour guide should go on the tour of the facility because of space concerns.
- **Q&A.** You should end your meeting back in the quiet meeting space so that journalists and policymakers can ask last-minute questions and speak to staff members and others who could not go on the actual tour. As you begin to plan media events in your area, there are some key messages that should be used to frame your media outreach.

REMEMBER: We are providing these core messages to help you frame your event. It is very important that you flesh out these messages with local information and examples of local best practices in all of your media outreach.

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Media Advocacy

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Advocacy is used to promote an issue in order to influence policy-makers and encourage social change. Advocacy in public health plays a role in educating the public, swaying public opinion and influencing policy-makers to safeguard, promote and enhance the issue.

Media coverage is one of the best ways to gain the attention of decision-makers, from local officials to members of Congress. All monitor the media. Every congressional office has a staff person who monitors the news in the district or state and clips articles that mention the representative or senator by name. These articles are circulated to staff each week. Decisions to support legislative initiatives are frequently influenced by the media coverage.

Getting media coverage can be very easy. By taking a few minutes to write a letter to the editor, any APHA member or public health advocate can reach thousands of other citizens, including policy-makers and their staff. Investing just a little more time can lead to significant payoffs for public health.

You can also use the media to publicize community or state level public health events. Any meeting merits mention in the local newspaper's community calendar, and a workshop or meeting with an outside speaker may warrant an article as well. Use each of these events to contact local reporters, editorial boards and radio and television talk show hosts. They may want to cover your event, and even if they do not, they will look to you as a resource person when they write about these issues in the future.



Key Messages for Your National Public Health Week Outreach

Key Messages for Framing your Outreach

- In [INSERT COMMUNITY], racial and ethnic minorities experience higher rates of a variety of health concerns than other populations.
 - For example, in [INSERT COMMUNITY], African-Americans are nearly [x] times as likely to die from cancer as whites and/or Hispanics are nearly [x] times as likely to have diabetes as whites.
 - Potential reasons for these disparities in [INSERT COMMUNITY] include [INSERT LOCAL EXAMPLES].
- Even though racial and ethnic health disparities are a growing concern in our community, local people in [INSERT COMMUNITY] are finding creative ways to address these problems.
 - For example: [INSERT EXAMPLES OF LOCAL BEST PRACTICES]
- Ending racial and ethnic health disparities is a major challenge—but one that can be met if our community works together.
 - We want you to take advantage of National Public Health Week to start or expand a solution in [INSERT COMMUNITY] today.
 - If you need more information, you can go to [INSERT YOUR ORGANIZATION] or the American Public Health Association for help.

REMEMBER: These messages can be tailored to fit whichever specific health disparity you select for National Public Health Week and should include your local information and best practices.

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Sample News Release

REMEMBER: As you develop your own release for National Public Health Week, you should include your own local information, best practices and local spokespeople.

DATE
For Immediate Release

Contact: John Smith
(xxx) xxx-xxxx, jsmith@apha.org

Moving from Statistics to Solutions: Eliminating Racial and Ethnic Health Disparities

Organizations in [INSERT YOUR COMMUNITY] Are Finding Creative Ways to Tackle Health Disparities

(City, State) — As concern continues to grow about increasing racial and ethnic health disparities in our area, public health officials in [INSERT COMMUNITY] are using National Public Health Week, April 5-11, to call attention to the growing number of local organizations who are finding creative ways to address these problems.

“National Public Health Week 2004 is about moving communities nationwide from statistics to solutions on health disparities,” said [INSERT LOCAL SPOKESPERSON].

Racial and ethnic minorities in [INSERT COMMUNITY] experience a higher rate of a variety of health concerns than other populations. For example:

[NOTE: YOU SHOULD INCLUDE LOCAL INFORMATION IN THIS SECTION]

The death rate for all cancers in [INSERT COMMUNITY] is [x] percent higher for African Americans than for whites.

Hispanics who live in [INSERT COMMUNITY] are nearly [x] times as likely to die from diabetes as whites.

American Indians who live in [INSERT COMMUNITY] are nearly [x] times as likely to die from unintentional injuries.

Some potential reasons for ethnic and racial health disparities in [INSERT COMMUNITY] include [INSERT LOCAL EXAMPLES].

“In our area, racial and ethnic minorities face a number of health challenges, including [insert local information,]” said [INSERT LOCAL SPOKESPERSON].

“Health disparities are an increasingly serious problem for ethnic and racial minorities in our area,” said [INSERT LOCAL SPOKESPERSON]. “These rapidly increasing disparities can no longer go unchecked.”

Fortunately, organizations across our area are finding creative ways to address problems with racial and ethnic health disparities. Examples of these types of best practices include: [NOTE: INSERT EXAMPLES OF BEST PRACTICES FROM YOUR OWN COMMUNITY.]

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Sample News Release—continued

[INSERT LOCAL PROJECT] has created a campaign to raise awareness among community residents about racial disparities in infant death rates and to help reduce these disparities.

[INSERT LOCAL PROJECT] has developed a program to address high rates of diabetes complications in minorities. The program provides transportation to a local diabetes clinic for low-income minority patients with diabetes so they receive adequate care.

[INSERT LOCAL PROJECT] has donated influenza vaccine to help increase the rate of minority residents age 60 and older who are immunized against the disease.

“These are only some of the many solutions being used in our local area to help address health disparities,” said [INSERT LOCAL SPOKESPERSON]. “We need to continue to expand these solutions and start new ones.”

“Ending racial and ethnic health disparities is a major challenge,” said [INSERT LOCAL SPOKESPERSON]. “But it’s a challenge that can be met if we tackle it together.”

For National Public Health Week, [INSERT YOUR ORGANIZATION] has planned several events to highlight best practices that are working in [INSERT COMMUNITY] to eliminate racial and ethnic health disparities. *Attach list of events, including locations, times and contact information.*

For more information about solutions to racial and ethnic health disparities, please visit [INSERT YOUR WEBSITE] or www.apha.org.

National Public Health Week was established in 1995 as a way to recognize the contributions of public health and prevention services to America’s well-being. In [INSERT COMMUNITY], this year’s weeklong event will focus public attention on best practices being used to address health disparities in our area.

###



Sample Letter to Public Service Coordinator Requesting Radio Spot at Radio Stations

Date _____

Dear Public Service/Program Director:

Concern continues to grow about increasing racial and ethnic disparities in our area. Unfortunately, racial and ethnic minorities experience a higher rate of a variety of health concerns than other populations. For example, [INSERT LOCAL INFORMATION]

The death rate for all cancers is [x] percent higher for African Americans than for whites and Hispanics are nearly [x] times as likely to die from diabetes as whites.

For this year's National Public Health Week, April 5-11, 2004, we are highlighting solutions that are working in [INSERT COMMUNITY] to eliminate health disparities. And we want to encourage people in our community to work together to continue to expand these best practices.

During National Public Health Week, _____ [INSERT YOUR ORGANIZATION] and our public health partners believe that it is very important to educate people about the health disparities in our community and the solutions that are working to fix them. You can help our efforts by airing these live announcer public service spots about [OUR EVENT; OUR INFORMATION, ETC.].

Please consider helping us spread the message about best practices that are being used in our community during National Public Health Week. If I can provide you with additional information or answer any questions, please don't hesitate to contact me by telephone _____ or e-mail _____.

Thank you for your time. Your assistance is important and appreciated.

Sincerely,

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Media Tools

Sample Radio Scripts

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30 Seconds on Town Hall Meeting: Rural Disparities

Did you know that people who live in rural areas often have more health problems than people in cities? In many cases, rural residents don't have easy access to doctors and other needed health care services.

Fortunately, many communities are finding creative ways to solve this problem. During National Public Health Week, (agency or association name) wants to invite you to a town hall meeting to discuss ways to improve rural health care. Join us on April 7 at 7:00 pm at Miller High School. For more information, call (xxx)xxx-xxxx.

It's time to move from statistics to solutions....

A message from (station call letters) and the (local association or agency name)

30 Seconds on Town Hall Meeting: Health Literacy

Did you know that many people can't get the health care they need because they can't talk to their doctor, read labels on medicines and complete medical forms? These are only some of the problems associated with low health literacy—which affects over half of people living in the U.S.

Fortunately, many communities are finding creative ways to solve this problem. During National Public Health Week, (agency or association name) wants to invite you to a town hall meeting to discuss ways to improve health literacy in our area. Join us on April 7 at 7:00 pm at Miller High School. For more information, call (xxx)xxx-xxxx.

It's time to move from statistics to solutions....

A message from (station call letters) and the (local association or agency name)

30 Seconds General: Environmental Disparities

Over [x] thousand children in our area suffer from severe asthma attacks each year. Did you know that there are high levels of environmental pollutants in our area that can cause these asthma attacks?

Fortunately, our community is finding ways to solve this problem. If you have a child with asthma, (agency or association name) invites you to visit www.asthmapreventionprogram.org for ways to stop these attacks.

For more information, call (xxx)xxx-xxxx.

It's National Public Health Week and it's time to move from statistics to solutions....

A message from (station call letters) and the (local association or agency name)

30 Seconds on a Health Fair: Disease Specific

Diabetes is a serious problem that affects over [x] people in [INSERT COMMUNITY]. Did you know that African-Americans are twice as likely to have diabetes as whites? And that they are more likely to develop complications from diabetes such as eye and kidney disease?

Fortunately, our community is finding ways to solve this problem. During National Public Health Week, (agency or association name) invites you to come to our health fair to learn more about ways to end disparities in diabetes. Join us on April 7 from 9 am–3 pm at National Hospital. For more information, call (xxx)xxx-xxxx.

It's time to move from statistics to solutions....

A message from (station call letters) and the (local association or agency name)



Legislative Advocacy

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National Public Health Week gives public health professionals an opportunity to act as advocates on behalf of public health with their public officials on the national, state and local levels about public health issues pending within their legislative body. Additionally, public health professionals can use National Public Health Week to send public officials educational materials regarding their theme. Public health professionals must use National Public Health Week as an opportunity to call, write or meet with public officials about issues that are important to public health on all levels of government. In this section you will find tips and suggestions on how to engage public officials at all levels of government during National Public Health Week.

Sending a Personal Letter

A personal letter to public officials is one of the most effective types of communications a public official can receive. When sending a letter, be brief, tell them what you want, don't forget to give them your address and always ask for a response. Most public officials will not send you a response if you don't show that you reside in their district. Due to increased security mechanisms, it is recommended that you fax in addition to mail personal letters.

Sending an Educational Packet

Use National Public Health Week as an opportunity to educate public officials about the theme of National Public Health Week and the many public health successes. In the packet, you can include

a personal letter, a general fact sheet, fact sheets on health disparities and information on issues that are important to your community.

Meeting with a Public Official

Meeting with a public official is the most effective way of advocating on your issue or educating the official about your cause. A meeting allows the advocate to meet face-to-face with the official and tell him/her about the importance of your issue. Nevertheless, in many cases the official will not be available and you will have to meet with staff that handles public health issues. Don't take this as a missed opportunity, staff are very crucial in providing information that allows the public official to make a decision on how he/she will vote on a piece of legislation or view an issue. When you attend the meeting, make sure you have prepared talking points so you do not leave out anything important and provide them an educational packet on National Public Health Week.

Telephone Call

If you don't have time to send a letter or set up a meeting, make a telephone call. A telephone call is a quick way to let your public official know about your commitment to public health and the issue of health disparities. A telephone call can be made anytime. If you get voice mail, leave your message, address and request a response.

National Public Health Week can serve as a vehicle to deliver the public health message to all levels of government. Public health professionals must take advantage of this opportunity.



Legislative Tools

Sample Letter to a Public Official

Date
The Honorable John Smith
United States Senate
Address
Washington, DC 20015

Dear Senator Smith:

As a constituent, public health professional and a member of the American Public Health Association, I want to make you aware that April 5-11, 2004, is recognized as National Public Health Week. During this week, public health professionals celebrate the success of public health and inform the public about serious health concerns affecting Americans.

This year, we are focusing our attention on the issue of eliminating health disparities. Health disparities have persisted for years despite major advances in public health, biotechnology, and economic wealth and prosperity and the overall improvement in the health status of the American population over the last century. Disparities in health are a considerable cost to society. Premature deaths can have devastating social and economic effects on families. Disparities in disease, disability, and death for six key health conditions (cardiovascular disease, diabetes, breast/cervical cancer, HIV/AIDS, immunization, and infant mortality) alone are enormous: death rates for racial and ethnic minority populations due to these key conditions are up to nearly 8 times the rates for non-minority populations.

We believe the time is right for Congress to consider legislation to increase health insurance coverage, significantly reduce chronic diseases in minority populations, strengthen health care services in minority communities, and to improve diversity in the health care workforce. We urge you to work with your colleagues to move forward with legislation to address these and other health disparities this year.

Throughout history, public health has been making a difference in the lives of Americans by identifying and addressing patterns of disease, illness and injury in populations. Public health is about ensuring healthy living and working environments. Today, Americans live 25 years longer due in part to public health.

I hope that after you take a look at the somber facts I have enclosed on health disparities in America, you will consider looking at options to help fund more research, prevention and intervention to work towards the elimination of health disparities. I appreciate all your hard work on Capitol Hill and look forward to hearing your position on this issue.

Sincerely,

Your Name
Address
Phone Number

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Legislative Tools

Sample Telephone Script

- 1) Hello my name is _____ and I am a constituent and public health professional in your Congressional district. I am calling today to make Congressman/woman _____ aware that April 5-11 is National Public Health Week. During this week, the public health community and I will be focusing our attention on eliminating health disparities in our country. Disparities in disease, disability, and death for six key health conditions (cardiovascular disease, diabetes, breast/cervical cancer, HIV/AIDS, immunization, and infant mortality) alone are enormous: death rates for racial and ethnic minority populations due to these key conditions are up to nearly 8 times the rates for non-minority populations.
- 2) Congressman/woman _____, we need your help to instigate a manageable solution for these inequities. Currently, there is limited federal spending on efforts to eliminate health disparities. In addition, health insurance coverage for minorities is significantly lower than coverage for white Americans.
- 3) In order to combat these problems, Congress must work to help us eliminate disparities in health by expanding health coverage, removing language and cultural barriers, improving workforce diversity, improving data collection and funding programs to reduce disparities.
- 4) Congressman/woman _____ I look forward to hearing your position on this issue. If the American Public Health Association or I can provide you with more information on this topic, please don't hesitate to contact me.

Don't forget to leave your name, address and telephone number.

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Legislative Tools

Sample Talking Points

- Throughout history, public health has been making a difference in the lives of Americans. Due in part to public health, the United States has been successful in identifying and addressing patterns of disease, illness and injury in populations. As a result, Americans now live 25 years longer.
- April 5-11, 2004, is nationally recognized as National Public Health Week. Public health professionals and agencies use this time to celebrate the successes of public health as well as bring attention to health issues that have serious consequences on Americans.
- During National Public Health Week this year, we will be focusing our efforts on eliminating health disparities. Did you know that infant death rates among African Americans are more than double that of whites? Even more startling are the disparities in deaths from HIV/AIDS, for instance, the death rate from HIV/AIDS for African Americans is more than seven times that for whites.
- People in low-income communities often have less healthy surroundings than people in other communities. Low-income communities are often located in or near polluting industrial areas and have cheap older housing where lead paint and pests are a threat.
- Environmental factors ranging from tobacco smoke to chemicals to dietary habits can cause serious health issues. Mexican Americans are much more likely to be exposed to pesticides, herbicides, and pest repellants and to be exposed at higher levels.
- In order to combat these problems, Congress must work to help us eliminate disparities in health by expanding health coverage, removing language and cultural barriers, improving workforce diversity, improving data collection and funding programs to reduce disparities.

Things to Remember Before, During and After a Meeting

- Make sure you schedule an appointment before you go to the public official's office. Call and ask to speak with the scheduler. In most instances they will ask for your request in writing.
- Be on time for your meeting.
- It is okay to meet with staff if the public official is not available.
- Always thank the public official for his/her service in the legislature.
- If you do not know the answer to a question, tell them you will send the answer.
- At the end of your meeting, always ask the public official or the person you are meeting with their position on your issue or request.
- Don't stay past your scheduled time, unless the public official initiates it.
- And always send a thank-you letter that reiterates your request.

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surveillance technology
teenagers tobacco
tracking transportation
treatment TRUST urban
underutilization
unequal care under-
representation
violence vaccinations
water quality welfare policy
women wellness white
workplace diversity



Legislative Tools

Sample Proclamation

A proclamation is another approach to bring visibility to National Public Health Week in your community. A proclamation can be requested from a governor, county commission or mayor.

Whereas, over the past 50 years, the United States has achieved significant increases in life expectancy and reductions in the incidence of injury, disability and disease;

Whereas, of the 30 additional years of life expectancy we have gained since the turn of the century, the public health approach is credited with the majority—approximately 25 years—of improvements in our health status and expanded life expectancy;

Whereas public health succeeds by identifying and addressing patterns of disease, illness and injury in populations;

Whereas the use of population-based strategies for disease and injury prevention, public health has contributed to the decline in illness and injury, including heart disease and stroke, tobacco-related diseases, infectious diseases and motor vehicle and workplace injuries;

Whereas National Public Health Week provides the focused opportunity for the public and public health professionals to learn about public health concerns and success stories which are vital to healthy communities, such as immunizing against infectious disease, maintaining good nutritional standards and providing good prenatal care;

Whereas the National Public Health Week theme for 2004—Eliminating Health Disparities: Communities Moving from Statistics to Solutions—seeks to educate Americans about disparities in health and highlight community programs that have been successful at eliminating and reducing health disparities;

Therefore I _____ proclaim April 5-11, 2004, as National Public Health Week _____, and commend this observance to all our citizens.

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workplace diversity



Health Disparities: A General Overview

What are health disparities?

- Health disparities are differences that occur by gender, race and ethnicity, education level, income level, disability, geographic location and/or sexual orientation.
- Some health disparities are unavoidable, such as health problems that are related to a person's genetic structure.
- However, other health disparities are potentially avoidable, especially when they are related to factors such as living in low-income neighborhoods or having unequal access to medical care and information.

Some examples of health disparities include:

- **Lack of physicians in rural areas.** Residents of rural areas have less contact and fewer visits with physicians.² Although 20 percent of Americans live in rural areas, only 9 percent of the nation's physicians practice in rural areas.¹
- **Unequal treatment for minorities.** Research has shown that even when racial/ethnic minorities are insured at levels comparable to whites, they tend to receive a lower quality of health care for the same health conditions.³
- **Lack of diversity among health care providers.** Lack of diversity among health care providers can be a barrier to communication. Minorities make up 28 percent of the U.S. population but only 3 percent of medical school faculty, 16 percent of public health school faculty and 17 percent of all city and county health officers.⁴
- **Low health literacy.** People with poor health literacy may have problems communicating

with their physician, reading instructions and labels on medicines, completing medical and insurance forms and understanding many other aspects of health care. Over half of the people living in the United States are affected by health literacy.⁵

- **Lack of insurance.** Uninsured women receive fewer prenatal services and needed care than women with insurance.⁶
- **Exposures to environmental risks.** People in low-income communities often have less healthy surroundings than people in other communities. Low-income communities are often located in or near polluting industrial areas and have cheap older housing where lead paint and pests are a threat.⁷
- **Poverty and cancer.** The American Cancer Society estimates that the cancer survival rate of poor individuals is 10 to 15 percent lower than those of other Americans. Low income women are less likely to have mammography and Pap test screening.²

1. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.
2. "Rural Poor and the Medically Underserved & Cancer," Intercultural Cancer Council, <http://iccnetwork.org/cancerfacts/ICC-CFS6.pdf>
3. "Closing the Gap 2003: Racial and Ethnic Disparities in Health Care," Alliance for Health Reform, October 2004, www.allhealth.org.
4. <http://www.cfah.org/factsoflife/vol8no3.cfm>
5. <http://www.chcs.org/resource/pdf/hl1.pdf>
6. March of Dimes 2003 Data Book for Policy Makers, "Maternal, Infant, and Child Health in the United States."
7. <http://www.ejhu.org/disparities.html>

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Disparities in Cancer

Some potential reasons for disparities in cancer incidence and death rates

- **Frequency of Medical Care.** African-American, Asian, Hispanic, American Indian and Alaska Native women age 40 and over are less likely than white women to have mammography.¹¹
- **Unequal Care.** White men are more likely to be diagnosed with prostate cancer in earlier stages than African-American men.¹¹ Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer than whites.¹¹
- **Geography.** Living in rural areas can make it difficult to travel to distant cancer care providers.¹⁰
- **Health Literacy.** Many minority groups cannot access screening and treatment because of language and cultural barriers.¹
- **Poverty.** The American Cancer Society estimates that the cancer survival rate of poor individuals is 10 to 15 percent lower than those of other Americans.⁵ Low income women are less likely to have mammography and Pap test screening.⁵
- **Education.** Women with low-education levels are less likely to have mammography and Pap test screening.⁵
- **Environmental Risks.** A recently study showed that women with higher blood levels of certain pesticides have twice the risk of developing breast cancer than other women. Many minorities work on farms and have higher exposures to these pesticides which puts them at higher risk for breast cancer.²

1. <http://www.cdc.gov/omh/AMH/factsheets/cancer.htm>
2. <http://www.niehs.nih.gov/oc/factsheets/disparity/women.htm>
3. http://www.hss.state.ak.us/dph/targets/ha2010/PDFs/22_Cancer.pdf
4. "Healthy People 2010: An Overview," www.healthypeople.gov.
5. "Rural Poor and the Medically Underserved & Cancer," Intercultural Cancer Council, <http://iccnetwork.org/cancerfacts/ICC-CFS6.pdf>.
6. <http://healthdisparities.nih.gov/whatare.html>
7. <http://www.hrsa.gov/OMH/OMH/disparities/pages09to14.pdf>
8. <http://hab.hrsa.gov/publications/august2002.htm>
9. http://crchd.nci.nih.gov/chd/racial_ethnic_disparities.html
10. <http://crchd.nci.nih.gov/chd/barriers.html>
11. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.

Cancer is the second leading cause of death in the United States, causing more than 500,000 deaths each year. Each year, cancer costs the United States an estimated \$180.2 billion.¹

Cancer incidence rates vary based on a person's race and ethnicity

- **African-Americans.** African-Americans have a 10 percent higher cancer incidence rate than whites.¹¹ African-American men have higher incidence rates of lung, prostate, colon, and rectum cancers than white men.¹
- **Hispanics.** Hispanics have higher rates of cervical, esophageal, gallbladder, and stomach cancer than whites.¹¹ Hispanic women have higher incidence rates of cervical cancer than other groups.⁶
- **Asians.** Asians have higher incidence rates of stomach and liver cancer than other groups.¹¹ The incidence rate for cervical cancer in Vietnamese women is nearly five times the rate for white women.⁴
- **Native Hawaiians.** Native Hawaiian men have higher incidence rates of lung cancer than white men.⁶
- **Alaska Natives.** Alaska Natives have higher incidence rates of colon and rectum cancers than whites.⁶
- **Whites.** Whites have higher incidence rates of leukemia than blacks and the highest incidence rates of melanoma among all groups.¹¹

Cancer death rates also vary by race and ethnicity

Death rates from cancer are per 100,000 people:

- 121 for Hispanics.
- 125 for Asian/Pacific Islanders.
- 127 for American Indians/Alaska Natives.
- 203 for whites.
- 198 for whites.
- 250 for African-Americans.¹¹
- **African-Americans.** African-Americans have a cancer death rate that is around 35 percent higher than it is for whites. African-American men have a cancer death rate that is about 50 percent higher than it is for white men.⁶
- **Alaska Natives.** Alaska Natives have a 40 percent higher cancer death rate than whites.³

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water quality welfare policy
women wellness white
workplace diversity

Fact Sheets

Disparities in Diabetes

Diabetes is the sixth leading cause of death in the United States. More than 17 million Americans have diabetes and over 200,000 people die each year of related complications.¹ Costs related to diabetes add up to nearly \$100 billion a year.²

Diabetes incidence rates vary based on a person's race and ethnicity

- **African Americans.** African-Americans are twice as likely to have Type 2 diabetes as whites.¹
- **Hispanics.** Both Hispanic/Latinos and Mexican Americans are almost twice as likely to have Type 2 diabetes as whites.¹ Mexican Americans have higher rates of undiagnosed diabetes than whites.⁹
- **Asian/Pacific Islander.** Asian and Pacific Islanders have higher rates of diabetes than whites.⁴
- **Native Hawaiians.** Native Hawaiians are 2.5 times more likely to have diabetes than white residents of Hawaii.¹
- **American Indians/Alaska Natives.** American Indians and Alaska Natives are more than twice as likely to have diabetes as whites.⁵ Diabetes incidence among Alaska Natives continues to increase at a higher rate than the U.S. rate.⁶

Rates for diabetes complications and deaths also vary by race and ethnicity

- **African-Americans.** African-Americans are more likely to develop diabetes complications and have higher rates of diabetes complications such as eye disease, kidney failure, and amputations than whites.³ They also have higher rates of hospitalization for diabetes than whites.⁹ African-American death rates for diabetes are 27 percent higher than death rates for whites.³
- **Hispanics.** Hispanics have higher rates of diabetic early stage kidney disease than whites.³ They also have higher rates of hospitalization for diabetes than whites.⁹ Hispanics are nearly twice as likely to die from diabetes as whites.⁵
- **American Indians.** American Indians have higher rates of diabetes-related complications such as kidney disease and amputations than whites.¹ They also have higher diabetes death rates than whites.⁹

- **Asians/Pacific Islanders.** Asians and Pacific Islanders have lower hospitalization rates for diabetes than whites.⁹

Some potential reasons for disparities in diabetes incidence and death rates

- **Quality of care.** There are differences in the quality of care furnished to African-American patients with Type 2 diabetes.³
- **Cultural barriers.** Hispanics with diabetes often face economic barriers to treatment and are reluctant to place their own medical needs over needs of family members. Other common barriers include a distrust of insulin therapy and a preference for more traditional remedies.³
- **Literacy.** Patients who have problems reading prescription bottles, educational brochures and nutrition labels are more likely to have poor blood-sugar control and higher rates of diabetes-related complications than more literate patients.⁸
- **Income.** Lower income patients tend to have higher rates of hospitalization for diabetes and its complications compared to higher income patients. Lower income diabetic patients are less likely to get recommended services such as annual retinal eye examinations.⁹

1. <http://www.cdc.gov/omh/AMH/factsheets/diabetes.htm>
2. "Center for Rural Care Health Care Fact Sheet," Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, January 27, 2003.
3. <http://diabetes.niddk.nih.gov/dm/pubs/africanamerican/index.htm>
4. <http://www.ahcpr.gov/research/diabdisp.htm>
5. "Healthy People 2010: An Overview," www.healthypeople.gov.
6. http://www.hss.state.ak.us/dph/targets/ha2010/volume_1.htm
7. <http://www.hrsa.gov/OMH/OMH/disparities/pages09to14.pdf>
8. <http://www.ahcpr.gov/research/sep02/0902RA3.htm#head1>
9. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.



Environmental Disparities

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treatment TRUST urban
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violence vaccinations
water quality welfare policy
women wellness white
workplace diversity

Environmental factors, ranging from tobacco smoke to chemicals to dietary habits, can cause serious health issues. Research has linked incidence and severity of cancer, asthma, Alzheimer's, autism, birth defects, endometriosis, infertility, and multiple sclerosis to environmental contaminants.¹ For example:

- Asthma is the most common chronic disease in children and has been strongly linked to environmental exposures.¹
- Learning disabilities have been associated with toxic chemical exposure and affect between 5 and 10 percent of children in public schools.¹
- High bone lead levels have been linked to low birth weight.⁵ In addition, DDT is linked to preterm birth, a leading cause of infant death in the United States.¹
- Evidence suggests that Parkinson's disease may occur from an interaction between genes and exposure to certain chemicals such as pesticides, fertilizers, and fungicides.¹
- Many types of cancer may not be inherited, but may be linked to environmental factors, including tobacco smoke, chemicals, dietary habits and viral infections.
- The National Toxicology Program recently listed 228 chemicals as known or reasonably anticipated human carcinogens.¹

Exposure to environmental risks varies based on race and ethnicity.

Minorities are at greater risk of exposure to synthetic chemicals.²

- **African-Americans.** African-Americans are much more likely to be exposed to dioxins and polychlorinated biphenyls and to be exposed at higher levels.² In the mid-1990s, high lead blood levels were found in 4.4 percent of all U.S. children and in 22 percent of African-American children.⁶
- **Mexican Americans.** Mexican Americans are much more likely to be exposed to pesticides, herbicides, and pest repellants and to be exposed at higher levels.²
- **Whites.** Whites are much more likely to be exposed to polycyclic aromatic hydrocarbons and phytoestrogens.²

Exposure to environmental risks varies based on income.

People in low-income communities often have less healthy surroundings than people in other communities.³

- Low-income communities are often located in or near polluting industrial areas and have cheap, older housing where lead paint and pests are a threat.³
- A greater proportion of poor communities live in polluted environments and work in hazardous conditions and occupations.⁶
- Low-income communities receive less treatment for environmental disease because healthcare resources are limited.³
- In the mid-1990s, high lead blood levels were found in 4.4 percent of all U.S. children and 16 percent of children from low-income families.⁶
- Almost 300,000 farm workers suffer pesticide-related illnesses each year.⁶

Exposure to environmental risks varies based on geography.

- **Living near water.** Native American children eat large amounts of fish that may be contaminated with polychlorinated biphenyls, mercury, lead, and fluoride.⁴
- **Living in urban areas.** African-American women who live in the South Bronx are exposed to auto exhaust and tend to have smaller babies with smaller head circumferences.⁶ In Central Harlem, 25 percent of the children have asthma, which has been linked to high exposure to diesel exhaust. Northern Manhattan has a third of the nation's largest diesel bus fleet and the city's highest concentration of diesel bus depots.⁶

1. http://www.breastcancerfund.org/calbbc/fs_biomonitoring.htm
2. <http://www.ejhu.org/eerdexecsum.htm>
3. <http://www.ejhu.org/disparities.html>
4. <http://www.niehs.nih.gov/oc/factsheets/disparity/child.htm>
5. <http://www.niehs.nih.gov/oc/factsheets/disparity/lead.htm>
6. "Building Healthy Environments to Eliminate Health Disparities Symposium," United States Environmental Protection Agency, May 28-29, 2003, Washington, D.C.



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underutilization
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water quality welfare policy
women wellness white
workplace diversity

Fact Sheets

Disparities by Gender

There are many differences in the overall health and health care needs of men and women. For example:

- Men have a life expectancy that is six years less than that of women and have higher death rates for each of the 10 leading causes of death.¹
- Men are two times more likely than women to die from unintentional injuries and four times more likely than women to die from firearm-related injuries.¹
- Women have increased death rates for lung cancer.¹
- Women are at greater risk for Alzheimer's disease than men and are twice as likely to be affected by major depression.¹

In addition to the gender differences mentioned above, there are notable disparities in health care for certain groups of women and men.

- **Costs.** Women of reproductive age currently spend 68 percent more in out-of-pocket health care costs than men, mainly due to reproductive health-related supplies and services.⁴ In 1998, more than half of all Viagra prescriptions received some insurance reimbursement which was more than the reimbursement for diaphragms and IUDs.⁴
- **Unequal Care.** Men are far less likely than women to have access to or to utilize essential health care.⁶ After a heart attack, women and men of color are less likely than White men to receive diagnostic and therapeutic procedures and cardiac rehabilitation.^{2,5}
- **Race/Ethnicity.** African-American women are nearly three times as likely to die from pregnancy complications and childbirth as white women.³ Native American, African-American and Hispanic women are most likely to receive inadequate prenatal care.³ Forty percent of African American men die prematurely from cardiovascular disease, compared with 21% of White men.⁷
- **Income.** Higher income women are less concerned about their ability to obtain needed medical care than lower income women. Higher income women are more likely to report that they "always obtain care for an illness or injury as soon as desired" and "are able to see specialists" than lower income women.² About four of ten men living in poverty have not seen a physician

in the past year. Only about two-thirds of poor and near-poor men report having a usual source of care, compared to 85% of men with incomes above 200 percent of the federal poverty line.⁶

- **Lack of insurance.** Uninsured women receive fewer prenatal services and care than women with insurance.³ The majority of low-income uninsured parents are low-income mothers.² African American men (46%) and Latino men (28%) are less likely to be insured than non-Latino White men (17%). Among poor men, nearly 59% of Black men and 73% of Latino men have no insurance.⁶
- **Education.** Higher-educated women are less concerned about their ability to obtain needed medical care than less-educated women. Higher-educated women are less likely to experience long waits to see their health care provider and less likely to be uninsured than less-educated women.²
- **Insurance.** Even though women are slightly more likely than men to be insured, uninsured women are nearly 20 percent more likely to report that they have difficulty obtaining health care services than uninsured men.² Poor women were still more likely to report having an office visit during the past year compared to men in any income bracket. More than three-fourths of White men obtain health coverage through their employer, while only two-thirds of Black men and half of Latino men get job-based coverage.⁶

1. "Healthy People 2010: An Overview," www.Healthypeople.gov.
2. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.
3. March of Dimes 2003 Data Book for Policy Makers, "Maternal, Infant, and Child Health in the United States."
4. PPAC fact sheet "Equity in Prescription Insurance and Contraceptive Coverage," May 18, 2001. Cited from the Women's Research and Education Institute (1994). <http://www.ppacca.org/issues/read.asp?ID=71>
5. Geiger HJ. "Racial and Ethnic Disparities in Diagnosis and Treatment: A Review of the Evidence and a Consideration of Causes" in Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, Institute of Medicine, 2003
6. Meyer JA, et al. "Health Care Access for Men," W.K. Kellogg Foundation, August 2003.
7. Barnette E, et al. "Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality," Centers for Disease Control and Prevention, 2001.



Disparities in Health Literacy

People with poor health literacy may have problems communicating with their physician, reading instructions and labels on medicines, completing medical and insurance forms and understanding many other aspects of health care. Over half of the people living in the United States are affected by health literacy.¹

Poor health literacy is more common among minority, older and/or low-income patients

- **Minority patients.** Minority patients are more likely to have difficulties communicating with their healthcare providers than white patients - up to 20 percent of Spanish-speaking Latinos do not seek medical advice due to language barriers.³ Asians and Hispanics often report difficulties understanding written information from doctor's offices and instructions on prescription bottles.⁸ Up to 40 percent of African-Americans have problems reading.¹
- **Older patients.** Two thirds of U.S. adults age 60 and over have inadequate or marginal literacy skills, and 81 percent of patients age 60 and older at a public hospital could not read or understand basic materials such as prescription labels.⁸
- **Low-income patients.** Approximately half of welfare recipients read below the fifth-grade level.¹

Poor health literacy is a predictor of poor health: According to the American Medical Association, poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level and race."²

- People with poor literacy are more likely to have a chronic disease and less likely to get the health care they need.⁶
- A study of low-income men found that poor literacy is a better predictor than race or age of advanced prostate cancer.¹
- Diabetes patients with poor literacy are nearly twice as likely to have poorly controlled blood sugar and serious long-term complications.³

- HIV-positive adults with poor literacy are more likely to miss treatment doses than those with high literacy due to confusion about instructions.¹
- Twice as many asthma patients reading below the third-grade level had poor metered-dose inhaler technique as patients reading at high school level.¹
- Adults with poor literacy are likely to have three times as many prescriptions filled as adults with higher literacy.⁴
- Emergency room patients with poor literacy are twice as likely to be hospitalized as those with higher literacy.⁶
- A study of outpatients found that 42 percent did not understand instructions to "take medication on an empty stomach," and 49 percent could not determine whether they were eligible for free care from a hospital financial aid form.³

Some potential reasons for disparities in health literacy

- **Diversity among health care providers.** Lack of diversity among health care providers can be a barrier to communication. Minorities make up 28 percent of the U.S. population, but only 3 percent of medical school faculty, 16 percent of public health school faculty and 17 percent of all city and county health officers.³
- **Hidden problem.** Patients with poor literacy are not easily recognized by physicians and other healthcare workers.² In a recent study, two-thirds of the patients who admitted having reading difficulties had never told their spouse. Six percent of them had told no one about their problem.⁶

1. <http://www.chcs.org/resource/pdf/hl1.pdf>
2. <http://www.ama-assn.org/amednews/2003/06/16/edsa0616.htm>
3. <http://www.cfah.org/factsolife/vol8no3.cfm>
4. <http://www.chcs.org/resource/pdf/hl3.pdf>
5. <http://www.ahcpr.gov/research/sep02/0902RA3.htm>
6. <http://www.chcs.org/resource/pdf/hl2.pdf>
7. "Fact Sheet: Health Literacy Tool Kit" The Council of State Governments, www.csg.org.
8. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.

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workplace diversity



Disparities in Heart Disease

Cardiovascular disease, primarily heart disease and stroke, causes more deaths in the United States than any other disease. Cardiovascular disease costs the United States an estimated \$300 billion per year.¹

Heart disease incidence rates vary based on a person's race and ethnicity

- **African-Americans.** Heart disease is more prevalent among African-Americans than whites.⁹ In 1999, African-American death rates for heart disease were 29 percent higher than those for whites.² African-American men are also almost twice as likely as Hispanic men to die of heart disease.³
- **Whites.** Whites have higher death rates for heart disease than Hispanics, Asians, and American Indians.⁹
- **Alaska Natives.** Alaska Native people have higher rates of risk factors for heart disease than the overall Alaska population.⁵

Heart disease incidence rates vary based on a person's gender

- **Males.** In 1999, rates of death from heart disease were 49 percent higher among men than women.² One out of every two males under 40 years of age will develop heart disease in their life compared to one out of every three females.⁵

Some potential reasons for disparities in heart disease

- **Frequency of medical care.** Minorities are less likely to undergo treatment to control their high blood pressure.⁴ Only 50 percent of American Indians/Alaska Natives, 44 percent of Asian Americans, and 38 percent of Mexican-Americans have had their cholesterol checked within the past two years.⁴
- **Unequal care.** African-Americans are less likely than whites to receive diagnostic procedures, revascularization procedures and thrombolytic therapy for heart disease.⁶ Hispanics are less likely to receive aspirin and beta blockers when hospitalized for acute myocardial infarction than whites.⁹

- **Risk factors: Hypertension.** African-Americans have a high incidence of hypertension, a leading risk factor for heart disease.⁷ African-Americans also tend to develop high blood pressure younger than other groups.¹
- **Risk factors: Obesity.** Fifty-three percent of black women are overweight compared to 52 percent of Mexican-American women and 34 percent of white women.⁴
- **Geography.** Higher rates of heart disease were found among men who live in the rural South, including the Mississippi River Valley and Appalachian regions.³
- **Diet.** Hypertension can be reduced by a healthy diet. African-American men consume the lowest amount of fruits and vegetables of any group.⁸
- **Income.** Higher income people are more likely to have had a blood pressure measurement in past two years and a blood cholesterol measurement in the past five years.⁹
- **Education.** Adults with more education are more likely to have had a blood pressure measurement in past two years. Adults with more education who have hypertension are more likely have their blood pressure under control.⁹

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2. "Center for Rural Health Care Fact Sheet," Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, January 27, 2003.
3. <http://www.ama-assn.org/amednews/2001/07/23/hlsc0723.htm>
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5. http://www.hss.state.ak.us/dph/targets/ha2010/PDFs/21_Heart_Disease.pdf
6. "Racial/Ethnic Differences in Cardiac Care: The Weight of the Evidence," The Henry J. Kaiser Family Foundation, October 2002, www.kff.org.
7. <http://www.niehs.nih.gov/oc/factsheets/disparity/lead.htm>
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underutilization
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workplace diversity



Disparities in HIV/AIDS

HIV infection is the fifth leading cause of death for people who are 25 to 44 years old in the United States. There are 850,000 to 950,000 U.S. residents are living with HIV infection, and approximately 40,000 new HIV infections occur each year in the United States.¹

HIV/AIDS incidence rates vary based on a person's race and ethnicity: African-Americans and Hispanics represent about one-quarter of the U.S. population and more than half of newly reported AIDS cases.¹

■ **HIV/AIDS death rate per 100,000 people:**⁷

- Three for whites.
- Seven for Hispanics.
- Twenty-four for African-Americans.

■ **African-Americans.** In 2001, the AIDS incidence rate for African-Americans was nine times the rates reported among whites.² Death rates from HIV/AIDS for African-Americans are more than seven times that for whites.³

■ **Hispanics.** Hispanics have higher AIDS incidence rates than whites.⁷

■ **Alaska Natives.** Alaska Natives have higher rates of HIV/AIDS than the overall Alaska population.⁴

HIV/AIDS incidence in racial/ethnic minority

MEN: Approximately 57 percent of males living with AIDS are African-Americans and Hispanics.²

■ **African-American men.** African-American men account for 43 percent of HIV cases reported among men in 2001.² Thirty-two percent of African-American men aged 23 to 29 years who have sex with men have HIV compared to seven percent of whites.² AIDS is the leading cause of death among African-American men aged 35 to 44.²

■ **Latino men.** Latino men ages 23 to 29 years who have sex with men have twice the rate of HIV infection of white men.²

HIV/AIDS incidence in racial/ethnic minority

WOMEN: Approximately 78 percent of HIV-infected women are minorities.¹

■ **African-American women.** The rate of HIV infection among African-American women, ages 20 to 44, was four times higher than Latinas and more than 16 times higher than white women of the same age.² AIDS is the leading cause of death among African-American women ages 25 to 34.²

HIV/AIDS incidence in racial/ethnic minority

YOUTH: African-American and Hispanic children represent more than 80 percent of pediatric AIDS cases.¹

■ **African-American youth.** African-American children represent almost 59 percent of all pediatric AIDS cases.² Young African-American women are seven times more likely and young African-American men are four times more likely to be infected with HIV than whites of the same age.²

Some potential reasons for disparities in HIV/AIDS incidence rates

■ **Unequal care.** African-American and Hispanic HIV patients are only about half as likely as whites to participate in clinical trials of new medications.⁵ African-Americans with HIV are less likely than whites to receive antiretroviral therapy, protease inhibitors, and prophylaxis for pneumocystis pneumonia.⁶

■ **Elevated risk factors.** Certain STDs can significantly increase the chances of contracting HIV. African-Americans are 27 times more likely to have gonorrhea and 16 times more likely to have syphilis.²

■ **Cultural barriers to prevention.** Some Hispanic women may feel powerless to act without the consent of the men in their life and have stereotypical expectations of virginity and lack of sexual desire. This cultural trend makes it difficult for these women to seek HIV information and testing.⁶ Some African-Americans are reluctant to acknowledge sensitive issues, such as homosexuality and drug use that are associated with HIV infection.²

■ **Education.** The AIDS death rate for people with less than a high school education is five times the rate for people with a college education.⁷

■ **Income.** There is a direct relationship between higher AIDS rates and lower income levels. Almost one in four African-Americans lives in poverty.²

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2. <http://www.cdc.gov/hiv/pubs/facts/afam.htm>
3. "Healthy People 2010: An Overview," www.healthy-people.gov
4. http://www.hss.state.ak.us/dph/targets/ha2010/PDFs/19_HIV_STD.pdf
5. <http://www.ahcpr.gov/research/may02/0502RA6.htm#head1>
6. <http://hab.hrsa.gov/publications/august2002.htm>
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HIV/AIDS insurance
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medicare/medicaid men
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drugs prevention quality
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violence vaccinations
water quality welfare policy
women wellness white
workplace diversity



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african american
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collaboration community
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solutions stereotypes
surveillance technology
teenagers tobacco
tracking transportation
treatment TRUST urban
underutilization
unequal care under-
representation
violence vaccinations
water quality welfare policy
women wellness white
workplace diversity

Fact Sheets

Disparities in Infant Mortality

Nearly 28,000 infants died before their first birthday in 2000—an infant mortality rate of 6.9 per 1000 live births. The U.S. infant mortality rate is higher than that in 27 other nations—more than twice as both Hong Kong and Sweden.¹

Infant mortality rates vary based on race and ethnicity

■ The 2000 infant mortality rate per 1000 live births for babies born to:¹

African Americans was 13.6.

Native Americans was 8.2.

Hispanics was 5.6.

Asian/Pacific Islanders was 4.8.

Whites was 5.7.

■ **African-Americans.** African-American infants are more than twice as likely to die before their first birthday as white infants.¹ In addition, African-American infant mortality rates are increasing.⁴ The rate of SIDS among African-Americans is twice that of whites.³

■ **Hispanics.** Overall, Hispanic infants do not have higher mortality rates than other groups.⁶ But this rate does not reflect the diversity within this group—the Puerto Rican infant mortality rate was 7.8 per 1,000 live births in 1998.⁴

■ **American Indians/Alaska Natives.** American Indians and Alaska Natives have an infant death rate almost double that for whites.² American Indians and Alaska Natives experience high rates of SIDS and fetal alcohol syndrome (FAS).⁴

■ **Native Hawaiian/Pacific Islander.** Native Hawaiian and other Pacific Islander infant mortality rates are 31 percent greater than that of whites.³

■ **Asians.** Asians have a lower infant mortality rate than whites, but the highest rate of infant deaths from birth defects.³

Causes of infant mortality vary based on race and ethnicity: Prematurity/low birth weight is the leading cause of death in the first month of life. Birth defects are the leading cause of death in the first year of life.¹

■ **African-Americans.** The rate of deaths due to prematurity/low birthweight for black infants was nearly four times that for white ones.¹

■ **Hispanics.** Hispanics/Latinos, in particular Puerto Ricans, exhibit a high rate of central nervous system anomalies, which include spina bifida, anen-

cephaly, and congenital hydrocephalus.⁴

Some potential reasons for disparities in infant mortality

■ **Age.** Younger and older mothers have higher preterm birth rates.¹

■ **Cigarette smoking.** Smoking is a potential factor for low birth weight and growth retardation. Asian/Pacific Islanders smoke the least and American Indian/Alaska Natives smoke the most.⁴

■ **Alcohol consumption.** Alcohol consumption is a potential factor in poor pregnancy outcomes. Whites and American Indian/Alaska Natives have the highest alcohol consumption and Asian/Pacific Islanders have the lowest.⁴

■ **Unintended pregnancy.** Births resulting from unwanted conceptions may suffer from elevated risks of infant mortality and low birth weight. In one study, African-American women indicated 29 percent of their births in the previous five years were unintended as opposed to 9.2 percent of white women.⁴

■ **Cultural.** Mexican Americans reported more prenatal stress, less support from the baby's father, and more drug/alcohol use.

■ **Obesity.** Asian/Pacific Islanders have the lowest obesity rate and African-Americans have the highest.⁴

■ **Unequal Care.** Rates of prenatal care in the first trimester:⁶

85 percent for whites.

77 percent for Native Hawaiians/Pacific Islanders.

75 percent for Hispanics.

74 percent for African-Americans.

69 percent for American Indians/Alaska Natives.

■ **Education.** More educated pregnant women have greater rates of prenatal care during the first trimester than less educated pregnant women.⁶

1. March of Dimes 2003 Data Book for Policy Makers, "Maternal, Infant, and Child Health in the United States."
2. "Healthy People 2010: An Overview," www.healthy-people.gov.
3. <http://www.epi.umn.edu/let/nfntmort.html>
4. <http://raceandhealth.hhs.gov/3rdpgblue/infant/red.htm>
5. <http://healthdisparities.nih.gov/whatare.html>
6. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.



Racial/Ethnic Disparities

Racial and ethnic minorities experience higher rates of a variety of health concerns than other populations. For example:

- **Life expectancy.** African-American men's life expectancy is 68.2 years compared to 74.8 years for white men. African-American women's life expectancy is 74.9 years compared to 80 years for white women.⁴
- **Overall health.** In 2000, nearly 8 percent of whites were considered to be in fair or poor health compared to nearly 13 percent of Hispanics/Latinos, nearly 14 percent of African-Americans and more than 17 percent of Native Americans.¹
- **Infant mortality rates.** Infant death rates among African-Americans are more than double that of whites. Infant death rates among American Indians and Alaska Natives are almost double that of whites.⁵
- **Cancer.** The death rate for all cancers is 30 percent higher for African-Americans than for whites. African-American women have a higher death rate from breast cancer than white women and Vietnamese American women have a cervical cancer rate that is nearly five times the rate for white women.⁵
- **HIV/AIDS.** The death rate from HIV/AIDS for African-Americans is more than seven times that for whites.⁵
- **Violence.** African-Americans' rate of homicide is six times that for whites.⁵ Alaska Native women, ages 20 to 44, are 16 times more likely than white women to be hospitalized for assault injuries.⁶ American Indians have disproportionately high death rates from unintentional injuries.⁵
- **Diabetes.** Hispanics are nearly twice as likely to die from diabetes as whites.⁵ American Indians and Alaska Natives have diabetes rate that is more than twice that for whites.⁵

Some potential reasons for ethnic and/or racial health disparities

- **Unequal treatment.** Research has shown that even when racial/ethnic minorities are insured at levels comparable to whites, they tend to receive a lower quality of health care for the same health conditions.¹
- **Poverty.** In 2001, more than half of Hispanics/Latinos, African-Americans, and Native Americans were considered poor or near poor.¹ Low-income patients are more likely to experience difficulties or delays accessing health care due to financial or insurance reasons.¹⁰

- **Insurance.** In 2002, 20.2 percent of African-Americans and 32.4 percent of Hispanics/Latinos were uninsured compared to 11.7 percent of whites.¹ In addition, minorities who have insurance are almost three times as likely as whites to be covered by publicly funded programs such as Medicaid and some health care providers refuse or restrict the number of Medicaid patients they will see.¹
- **Stereotyping.** Research has shown that doctors rated African-Americans patients as less intelligent, less educated, more likely to abuse drugs and alcohol and more likely to fail to comply with medical advice.¹
- **Communication barriers.** Minorities are underrepresented in the health care industry.¹ Thirty-three percent of Hispanics report having difficulty communicating with their doctors compared to 23 percent of African-Americans, 27 percent of Asian Americans and 16 percent of whites.⁹
- **Frequency of care.** Almost half of all Hispanics do not have a regular doctor compared to nearly a third of all African-American and only a fifth of whites.⁹ African-Americans and Hispanics are less likely than whites to make routine office or outpatient visits to health care providers.¹⁰
- **Access to care.** African-Americans are nearly one and a half times more likely to be denied authorization through their managed care system for care after an emergency room visit than whites.¹ Almost 30 percent of African-Americans and Hispanics report having little or no choice in where to seek care compared to 16 percent of whites.¹

1. "Closing the Gap 2003: Racial and Ethnic Disparities in Health Care," Alliance for Health Reform, October 2004, www.allhealth.org.
2. "Fact Sheet: Health Centers Role in Reducing Racial and Ethnic Disparities," National Association of Community Health Centers, September 2003
3. "Tracking Report: The Insurance Gap and Minority Health Care," Center for Studying Health System Change, June 2002
4. "Public Policy & Aging Report: The Landscape of Health Disparities Among Older Adults," Keith E. Whitfield & Mark Hayward, National Academy on an Aging Society, Summer 2003. www.agingociety.org
5. www.healthypeople.gov.
6. http://www.hss.state.ak.us/dph/profiles/injuries/PDFs/ID_overview.pdf
7. "Issue Brief: Unequal Access: African American Medicare Beneficiaries And the Prescription Drug Gap," Center for Studying Health System Change, July 2003
8. <http://www.ahcpr.gov/research/apr02/0402RA15.htm#head5>
9. <http://crrchd.nci.nih.gov/chd/barriers.html>
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medicare/medicaid men
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prenatal prescription
drugs prevention quality
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RURAL schools self-
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solutions stereotypes
surveillance technology
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water quality welfare policy
women wellness white
workplace diversity



access advocacy
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cardiovascular
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cultural competence
DIABETES diet disability
disparities
diversity education
environment evaluation
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HIV/AIDS insurance
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obesity partnership
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surveillance technology
teenagers tobacco
tracking transportation
treatment TRUST urban
underutilization
unequal care under-
representation
violence vaccinations
water quality welfare policy
women wellness white
workplace diversity

Fact Sheets

Disparities in Rural Areas

Approximately 20 percent of the U.S. population lives in rural areas. Rural communities have higher rates of chronic illness and disability and poorer overall health status than urban communities.³

Rural residents tend to be older and poorer than urban residents

- **Age.** Eighteen percent of rural residents are over 65 compared to 15 percent of urban residents.⁴
- **Income level.** Sixty-nine percent of rural residents live below the poverty level compared to 61 percent of urban residents.³ Rural communities have a disproportionately higher percentage of Medicare beneficiaries.²

Rural residents have more health issues

- Rural elders are more often disabled and diagnosed with more severe occupation-related illnesses than those found among urban residents.⁴
- Chronic conditions are more prevalent in rural areas.⁴
- Injury-related deaths are 40 percent higher in rural communities than in urban communities.⁵
- Heart disease, cancer and diabetes rates are higher in rural areas.⁵
- People living in rural areas are less likely to use preventive screening services, exercise regularly or wear safety belts.⁵

Some potential reasons for disparities in rural areas

- **Transportation.** Many individuals lack access to treatment because appropriate transportation is too expensive, limited by weather factors, or because the patient is too sick to use the options that are available.⁶
- **Lack of physicians.** Residents of rural areas have less contact and fewer visits with physicians.³

Although 20 percent of Americans live in rural areas, only 9 percent of the nation's physicians practice in rural areas.¹ Only 10 percent of specialists practice in rural areas.⁴

- **Lack of services.** Most of the "frontier counties" have limited health care services and some have none at all.¹ Many rural hospitals have negative operating margins and, from 1984 to 1997, over 500 rural hospitals closed.⁴
- **Limited services.** Rural residents are more likely to report that their provider does not have office hours at night or on weekends.¹
- **Insurance.** One study found that almost 20 percent of rural residents were uninsured compared with 16 percent of urban residents.² Rural residents under 65 are disproportionately uninsured.¹
- **Income.** Among urban residents, the percent of high-risk people ages 18 to 64 who had influenza vaccination in the past year is similar across income groups. Among rural residents, higher income people are significantly more likely to have had the vaccination.¹

1. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.
2. "Factors Affecting Health Disparities in Rural Areas," Elizabeth Embser Wattenberg, M.C.S.A, Health Care Disparities in Western New York, November 30, 2000.
3. "Rural Poor and the Medically Underserved & Cancer," Intercultural Cancer Council, <http://iccnetwork.org/cancerfacts/ICC-CFS6.pdf>
4. "Center for Rural Care Health Care Fact Sheet," Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, January 27, 2003.
5. "Healthy People 2010, An Overview" www.healthypeople.gov.
6. <http://crchd.nci.nih.gov/chd/barriers.html>



Eliminating Health Disparities Communities Moving from Statistics to Solutions

GOVERNMENT

Administration on Aging: <http://www.aoa.gov>
Agency for Healthcare Research and Quality: <http://www.ahrq.gov>
Centers for Disease Control and Prevention: <http://www.cdc.gov>
Department of Health and Human Services: <http://www.hhs.gov>
DHHS Office of Minority Health: <http://www.omhrc.gov>
Environmental Protection Agency: <http://www.epa.gov>
Food & Drug Administration: <http://www.fda.gov>
Healthy People 2010: <http://www.healthypeople.gov>
Healthfinder: <http://www.healthfinder.gov>
HRSA Office of Rural Health Policy: <http://www.ruralhealth.hrsa.gov>
Indian Health Service: <http://www.ihs.gov>
National Center for Minority Health Disparities: <http://www.ncmhd.nih.gov>
National Institutes of Health: <http://www.nih.gov>
Office of Disease Prevention and Health Promotion: <http://www.odphp.osophs.dhhs.gov>
Office of the Surgeon General: <http://www.surgeongeneral.gov/sgoffice.htm>
Office on Women's Health: <http://www.4woman.gov>
United States Department of Agriculture: <http://www.usda.gov>

DISEASE ORGANIZATIONS

American Cancer Society: <http://www.cancer.org>
American Diabetes Association: <http://www.diabetes.org>
American Heart Association: <http://www.americanheart.org>
American Lung Association: <http://www.lungusa.org>
American Sickle Cell Anemia Association: <http://www.ascaa.org>
Juvenile Diabetes Foundation International: <http://www.jdf.org>
March of Dimes: <http://www.modimes.org>

HEALTH ORGANIZATIONS

Alliance for Health Reform: <http://www.allhealth.org>
Center for Studying Health System Change: <http://www.hschange.org>
Children's Defense Fund: <http://www.childrensdefense.org>
Families USA: <http://www.familiesusa.org>
Urban Health Initiative: <http://www.urbanhealth.org/>
National Mental Health Association: <http://www.nmha.org>
National Network for Immunization Information: <http://www.immunizationinfo.org>
The Minority Health Professions Foundation: <http://www.minorityhealth.org/>
Trust for America's Health: <http://healthyamericans.org>

access advocacy
african american
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density cancer children
cardiovascular
cholesterol chronic
disease churches
collaboration community
cultural competence
DIABETES diet disability
disparities
diversity education
environment evaluation
ethnicity exposure faith
community financial
need goals grassroots
health insurance
healthcare providers
heart disease higher
rates healthy hispanic
american hypertension
HIV/AIDS insurance
infant mortality
initiative intervention
language barriers LEAD
life expectancy lifestyle
low birthweight
literacy malnutrition
medicare/medicaid men
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obesity partnership
overweight pollution
prenatal prescription
drugs prevention quality
of care race risk factors
RURAL schools self-
esteem socioeconomics
solutions stereotypes
surveillance technology
teenagers tobacco
tracking transportation
treatment TRUST urban
underutilization
unequal care under-
representation
violence vaccinations
water quality welfare policy
women wellness white
workplace diversity



Eliminating Health Disparities Communities Moving from Statistics to Solutions

FOUNDATIONS

California Healthcare Foundation: <http://www.chcf.org>
Congressional Black Caucus Foundation: <http://www.cbcfonline.org>
Josiah Macy, Jr. Foundation: <http://www.josiahmacyfoundation.org>
Kaiser Family Foundation: <http://www.kff.org>
Public Health Foundation: <http://www.phf.org/>
The Commonwealth Fund: <http://www.cmwf.org>
The Robert Wood Johnson Foundation: <http://www.rwjf.org>
The California Endowment: <http://www.calendow.com>
W.K. Kellogg Foundation: <http://www.wkcf.org>

ASSOCIATIONS

American Dietetic Association: <http://www.eatright.org>
American Academy of Pediatrics: <http://www.aap.org>
Association of American Indian Physicians: <http://www.aaip.com>
American Academy of Physician Assistants:
American Nurses Association: <http://www.nursingworld.org>
American Medical Student Association: <http://www.amsa.org/>
American Obesity Association: <http://www.obesity.org>
American Psychological Association: <http://www.apa.org>
Association of Medical Colleges: <http://www.aamc.org>
Association of Maternal and Child Health Programs: <http://www.amchp.org>
Association of Clinicians for the Underserved: <http://www.clinicians.org>
Association of Schools of Public Health: <http://www.asph.org>
Council on Education for Public Health: <http://www.ceph.org>
Gay Lesbian Medical Association: <http://www.glma.org>
National Association of Social Workers: <http://www.socialworkers.org>
National Association of County and City Health Officials: <http://www.naccho.org/>
National Association of Community Health Centers: <http://www.nachc.org>
National Association of Hispanic Nurses: <http://www.thehispanicnurses.org>
National Association of Local Boards of Health: <http://www.nalboh.org>
National Black Nurses Association: <http://www.nbna.org>
National Hispanic Medical Association: <http://www.nhmanmd.org>
National Medical Association: <http://www.nmanet.org>
National Partnership for Immunization: <http://www.partnersforimmunization.org/>
National Rural Health Association: <http://www.nrharural.org/>
The Association of State and Territorial Health Officials: <http://www.astho.org/>

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Eliminating Health Disparities Communities Moving from Statistics to Solutions

EDUCATION, PROGRAMS & RESEARCH

Covering the Uninsured: <http://www.coveringtheuninsured.org>

Center for Studying Health System Change: <http://www.hschange.com/>

Center for Minority Health at the Graduate School of Public Health, University of Pittsburgh:
<http://www.cmh.pitt.edu/about.html>

Ethnic Majority: <http://www.ethnicmajority.com/Healthcare.htm>

Hablamos Juntos: <http://http://www.hablamosjuntos.org/>

Health Disparities Collaborative: <http://www.healthdisparities.net>

Institute of Medicine: <http://www.iom.edu>

Diversity RX: <http://www.diversityrx.org>

Minority Health Project: <http://www.minority.unc.edu>

Morgan Hopkins Center for Health Disparities Solutions: <http://www.jhsph.edu/healthdisparities>

Research Center for Stroke and Heart Disease: <http://www.strokeheart.org/>

National Minority AIDS Council: <http://www.nmac.org>

National Center for Minority Health Disparities: <http://www.ncmhd.nih.gov>

Nebraska Center for Rural Health Research: <http://www.unmc.edu/rural/default.htm>

Rural Health Resources: <http://www.ruralhealthresources.com>

Summit Health Institute for Research & Education: <http://www.shireinc.org>

The American Foundation for AIDS Research: <http://www.amfar.org>

The Center for Research on Minority Health: <http://www.mdanderson.org/departments/crmh/>

The Cross Cultural Health Care Program: <http://www.xculture.org>

The Health Legacy Partnerships: <http://www.healthlegacy.org>

Urban Institute: <http://www.urban.org>

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MINORITY RESOURCES ON HEALTH DISPARITIES

Asian Americans and Pacific Islanders

Asian Health Services: <http://www.ahschc.org>

Asian and Pacific Islander Health Forum: <http://www.APIAHF.org>

National Asian Women's Health Organization: <http://www.nawho.org/>

The Association of Asian Pacific Community Health Organizations: <http://www.aapcho.org>

African Americans

All About Black Health: <http://www.allaboutblackhealth.com>

Black HealthCare: <http://www.blackhealthcare.com>

Black Women's Health Imperative: <http://www.blackwomenshealth.org/site/PageServer>

CBCFHealth.org: <http://www.cbcfhealth.org>

National Black Caucus of State Legislators: <http://www.nbcsl.org>

NACCP: <http://www.naacp.org>

Latinos

Latino Health Institute: <http://www.lhi.org>

Migrant Clinicians Network: <http://www.migrantclinician.org>

National Alliance for Hispanic Health: <http://www.hispanichealth.org>

National Center for Farm Worker Health: <http://www.ncfh.org>

National Council of La Raza: <http://www.nclr.org>

National Immigration Law Center: <http://www.nilc.org>

National Latina health Organization: <http://www.latinahealth.org/>

The Latino Health Access: <http://www.latinohalthaccess.org/>

American Indians & Alaskan Natives

Alaska Native Health Board: <http://www.anhb.org/>

American Indian & Alaskan Natives Women's Health:

<http://www.ihs.gov/MedicalPrograms/MCH/WH.asp>

Center for American Indian & Alaskan Native Health: <http://ih.jhsph.edu/cnah/>

Consumer Health Information: <http://www.ihs.gov/MedicalPrograms/consumer-health/>

Fact Sheets on Indian Health Disparities: <http://info.ihs.gov/Health/Health11.pdf>

National Indian Health Board: <http://www.nihb.org>

National Indian Council for Aging: <http://www.nicoa.org>

Tribal Health Connections: <http://www.Tribehealth.org>

Lesbian, Gay & Transgendered

Gay Health: <http://www.gayhealth.com>

Institute on Sexuality, Inequality and Health: <http://hmsx.sfsu.edu>

Medline Plus Gay & Lesbian Health:

<http://www.nlm.nih.gov/medlineplus/gayandlesbianhealth.html>

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Evaluation

2004 National Public Health Week Evaluation Survey

Name: _____
Organization/Agency: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____

1. What was your theme for National Public Health Week?
2. For how many years has your agency or association celebrated National Public Health Week?
3. Did you receive TV, print or radio media coverage of your activities during National Public Health Week? If so, describe?
4. What did you do to promote National Public Health Week?
5. What materials did you use from the APHA Toolkit and Planner's Guide? (Please attach materials you created and used)
6. Overall, were the APHA Toolkit and Planner's Guide useful?
What could be added to make it more useful?
7. Did you link to APHA's National Public Health Week Web page?
8. Do you think that National Public Health Week should have continued support on the national level?
9. How can the American Public Health Association better assist with National Public Health Week in the future?
10. Additional comments

Thank you for making National Public Health Week a success!

Please forward your completed survey to:
American Public Health Association
Attention: Director of Grassroots Advocacy
800 I Street, NW
Washington, DC 20002
Phone: (202) 777-2515 • Fax (202) 777-2532

This form can also be completed on APHA's Web Site on the National Public Health Week Web page.

