Pfizer Multicultural Health Equity Collective

NATIONAL MINORITY QUALITY FORUM

NACCHO

MOREHOUSE SCHOOL OF MEDICINE

THE CENTURY FOUNDATION

HEALTH EQUITY IN ACTION

OPTIMAL INTERVENTIONS TO SYSTEMIC DRIVERS OF RACIAL HEALTH INEQUITIES

AN *ACTION GUIDE* TO DISRUPT INEQUITABLE HEALTH OUTCOMES



A letter from the Pfizer Multicultural Health Equity Collective

June 2025

Dear Readers,

We created *An Action Guide to Disrupt Inequitable Health Outcomes* following the inaugural Health Equity in Action Summit in 2022—hosted by the Pfizer Multicultural Health Equity Collective in partnership with the Morehouse School of Medicine, National Association of County and City Health Officials, the National Minority Quality Forum and The Century Foundation.

Since then, we convened a second Summit in 2024 to continue gathering community insights and committed more than $4 million in grants and charitable contributions to support community-led solutions to advance health equity. We have also witnessed significant shifts in the health equity landscape.

The inequities illuminated by the COVID-19 pandemic and the persistent disparities in our healthcare system remain urgently pertinent. While some of the resources, links and examples shared in this Guide may have changed since its publication, the core principles and strategies it puts forward remain as relevant as ever. They reflect the collective insights of more than 30 leading health equity experts from healthcare, policy, community-based programs, and advocacy sectors—each bringing decades of lived and professional experience to bear.

This Guide represents our continued commitment to meaningful, transformative action. We know creating a world where all people have equal opportunity to achieve their best health is not the work of one moment, one company—or even one generation. As leaders in healthcare, we believe we have both a professional obligation and moral imperative to drive this mission forward, in collaboration with communities and across sectors.

We hope this Guide helps support your efforts and invite you to explore our more frequently updated resources on our webpage www.Pfizer.com/TheCollective.

Sincerely,



Niesha Foster and Melissa-Bishop Murphy
The Collective Co-Leads
Pfizer Inc.

Contents

INTRODUCTION 3

HEALTHCARE FACILITIES AND DELIVERY 8

Considerations for Achieving Health Equity Through Healthcare Delivery 10

Addressing Social Determinants of Health 12

Select Priorities for Healthcare Delivery 13

Addressing Healthcare Provider Burnout and Supporting Wellness 13

Supporting Community Health Workers 14





WORKFORCE PATHWAYS 17

Considerations for Achieving Health Equity in the Healthcare Workforce 18

Diverse Healthcare Workforce with Community Health Workers 20

Government, Tribal, and Territorial Contributions 21

Profile: A Ladder of Opportunities to Increase Diversity of the Physician Workforce: Chicago Medical School, Rosalind Franklin University 22

RESEARCH & DATA 25

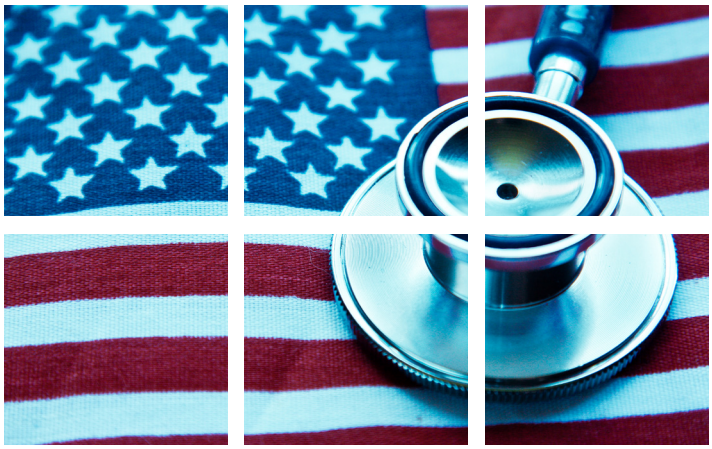
Considerations for Achieving Health Equity Using Research & Data 26

The Big Data Solution 27

A Collaborative Community Data Lake 28

Research Study Design 29





POLICY 31

Considerations for the Health Policy Process 32

Implementation and Funding 32

Select Policy Priorities 33

Social Determinants of Health 34

Maternal Health 34

Behavioral Health 35

Other Relevant Legislation and Authorities 36

Racism as a Public Health Crisis 37

CONCLUSION 39



Introduction

In the wake of the COVID-19 pandemic that disproportionately sickened and killed people of color in the United States,[1] a growing number of state and local health departments and the federal government declared that racism is a public health crisis, requiring concerted action from many sectors to address its manifestations.[2] Racism, these authorities argued, is more than simple individual animus – it is also a set of intersecting systems, including healthcare, education, and criminal justice systems, that operate in ways that create and perpetuate racial disadvantage.[3] It is incumbent upon leaders in healthcare systems, to critically examine how racism may be operating in healthcare broadly, as well as in specific healthcare systems and institutions.

1: Tai, D.B.G., Sia, I. G., Doubeni, C.A., and Wieland, M.L. Disproportionate impact of COVID-19 on racial and ethnic minority groups in the United States: A 2021 update. Journal of Racial and Ethnic Health Disparities, 2022; 9(6): 2334-2339.
2: Analysis: Declarations of racism as a public health crisis. American Public Health Association, October 2021. https://www.apha.org/-/media/Files/PDF/topics/racism/Racism_Declarations_Analysis.ashx. Last visited 6/1/23.
3: Ibid













In response to this charge, the Pfizer Multicultural Health Equity Collective and its partner co-conveners – including The Century Foundation, the National Minority Quality Forum, the Morehouse School of Medicine, and the National Association of County and City Health Officials – convened a Summit, *Health Equity in Action: Optimal Interventions to Systemic Drivers of Racial Health Inequities.* The Summit brought together thought leaders from industry, research and academic institutions, healthcare settings, advocacy organizations, and others to surface key opportunities to address racism and structural inequities that contribute to racial and ethnic healthcare disparities.

The discussion focused on practical solutions to drivers of inequity in four areas, which were selected based on surveys of healthcare professionals of color (described below). These solutions are focused on:

- Healthcare Facilities and Delivery
- Policy
- Research & Data
- Workforce Pathways

To sustain attention on the issues that were presented and help advance policy solutions, the Collective and its partners have prepared this guide, documenting discussion at the Summit and in subsequent workgroups comprised of Summit attendees, to summarize and develop content in the four impact areas. The recommendations offered here are by no means all that is needed to address racism in healthcare; we know that will require sustained commitment and focus over many years. The recommendations are, however, a practical start to a problem that we must urgently address.

In preparing this guide, we seek to spark dialogue and action, with three target audiences in mind:

- Healthcare industry decisionmakers
- Elected officials and policymakers
- Leadership of local and national multicultural advocacy and service provider organizations

We strongly believe, however, that the voices of healthcare consumers must be included in these conversations and action plans. We therefore encourage opportunities to develop strategic alliances, particularly with representatives of those communities most affected by inequities in healthcare systems.



















The Context

Simply put, racism cuts short the lives of too many people of color and other marginalized communities, and burdens too many with avoidable disease and disability.[4] Its persistence is morally wrong. But there is also an economic case to be made for reducing and ultimately eliminating health inequities. Because the disproportionate burdens cause people of color to live shorter lives, they can incur high healthcare costs, adding to their economic challenges, such as medical debt. But there are other collateral consequences. Families lose income and breadwinners, businesses lose productivity, governments lose tax revenue from lost wages and economic activity, and communities lose leaders. One study estimated that if health inequities were eliminated, direct medical care expenditures would have been reduced by $230 billion, and the indirect costs associated with illness and premature death would have been reduced by more than $1 trillion for the years between 2003 and 2006.[5] Clearly, reducing and eliminating health inequities is in our shared interest.

The nation is in a period of struggle, however, that poses political challenges for this work. Overt expressions of racism, xenophobia, and other forms of bigotry are on the rise,[6] as is disinformation from a large number of groups organized around hate.[7] Conversations focused on racism remain difficult, and some local and state governments are banning classroom discussion and teaching about racial inequality and our nation's fraught racial history.[8] Yet the consequences of silence, indecision, and inaction are too great. The Collective and its partners believe that racial health and healthcare inequities must be addressed with urgency. This requires the collective action of leaders and communities working across sectors, disciplines, and backgrounds, speaking boldly and with commitment. We hope that this document contributes to this important work.

Our Process

To identify key issues to be addressed at the Summit, the Collective fielded a survey on systemic racism in healthcare among healthcare professional organizations (the National Medical Association, the National Hispanic Medical Association, the National Association of Hispanic Nurses, and the National Black Nurses Association). Questions were intended to assess the pervasiveness of racism in healthcare, and included questions such as, "Have you ever experienced racially charged actions (e.g., derogatory language, discriminatory behavior, stereotyping, hate speech, etc.,) even if subtle, at any point in your medical/nursing career, including while in medical/nursing school or in residency?" The survey was administered during virtual meetings of the professional organizations in the Fall of 2020 and Winter-Spring of 2021. Over 150 respondents provided valuable insights; the vast majority reported experiencing instances of racial discrimination during training and in clinical settings. Importantly, they also offered insights into industry areas where discrimination must be addressed, and ideas about policy strategies to disrupt systemic racism. These responses informed the decision to focus the Summit on healthcare facilities and delivery, the health workforce, research and data, and policy.



4: Health disparities report 2021. United Health Foundation, America's Health Rankings. https://www.unitedhealthgroup.com/newsroom/posts/2021/2021-06-29-uhf-releases-ahr-health-disparities-report.html. Last visited 7/12/23.
5: LaVeist, T.A., Gaskin, D., Richard, P. Estimating the economic burden of racial health inequalities in the United States. International Journal of Medicine, 2011; 41(2):231-8. https://pubmed.ncbi.nlm.nih.gov/21563622/. Last visited 6/1/23.
6: Updated 2021 hate crimes statistics. The United States Department of Justice. https://www.justice.gov/crs/highlights/2021-hate-crime-statistics. Last visited 6/1/23.
7: Janik, R. and Hankes, K. The year in hate and extremism 2020. Southern Poverty Law Center, February 1, 2021. https://www.splcenter.org/news/2021/02/01/year-hate-2020. Last visited 6/1/23.
8: State lawmakers are trying to ban talk about race in schools. American Civil Liberties Union. https://www.aclu.org/news/free-speech/state-lawmakers-are-trying-to-ban-talk-about-race-in-schools. Last visited 6.1.23.



Healthcare Facilities and Delivery

Health equity in health facilities is crucial for improving overall health outcomes and reducing health disparities. Put simply, health equity involves giving people what they need, when they need it, and in the amount they need to achieve their optimal levels of health. This guide discusses health equity in healthcare facilities and delivery-systems, including addressing social determinants of health and promoting patient-centered care.





Considerations for Achieving Health Equity Through Healthcare Facilities and Delivery



Increasing Access to High-Quality Healthcare Services

One of the primary barriers to achieving health equity is the lack of access to high-quality healthcare services, especially for underserved and marginalized populations.[9] To address this issue, we must increase access to healthcare services, including preventive, primary, and specialty care. This can be achieved through various initiatives, such as:

Improving Quality of Care

Health facilities should continually assess and improve their quality of care to ensure that all patients receive high-quality care. This can include using data to identify disparities in care and implementing interventions to address them. Health facilities should also utilize a patient-centered, value-based care approach to healthcare that places the patient at the center of their care and ensures that their preferences, values, and needs are considered. This can be done by involving patients in decision-making about their care, offering flexible scheduling options, and ensuring that patients have access to the information they need to make informed decisions about their health. To ensure patients can receive appropriate care, health facilities should provide support services, such as transportation or mobile care options, and they need to expand models where care can be provided at home.

Implementing and Expanding Telehealth Access

Telehealth can increase access to healthcare services for people who live in rural or remote areas or those who have mobility issues, and who lack transportation. More importantly, it creates an access point for those working-class citizens from various socioeconomic classes to access care on their time. This will lead to better adherence, earlier detection, and an increase in the efficient utilization of the healthcare system.[10] The use of AI-powered telehealth platforms such as ThinkAndor® may enable clinicians to streamline workflows, enhance care collaboration, and improve patient care for vulnerable populations. Partnered with the utilization of more mobile diagnostic tools such as mobile labs and imaging, such technology will enhance transformation of the system to the patient-centered, value-based model.

Investing in Community Health Centers

Community health centers can provide affordable and accessible healthcare services to underserved populations, including those who are uninsured or underinsured. Such centers (along with the Indian Health Service) are often the only healthcare resources available in the nation's most poverty-stricken areas such as Appalachia, majority Black and Brown areas of the rural south (e.g., The Mississippi Delta), and Native American Tribal Nations.

9: Healthy people 2030: Access to health services. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services. Last visited 6/1/23.

10: Gajarawala, S.N. and Pelkowski, J.N. Telehealth benefits and barriers. The Journal for Nurse Practitioners, February 17, 2021, 17(2): 218-221. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7577680/. Last visited 6/1/23.



Addressing Social Determinants of Health

Despite spending more money on healthcare than any other highly industrialized country, the United States has the highest poverty rate, the most significant wealth disparity, and some of the worst health outcomes among developed countries.[11] To date, healthcare expenditures in the United States exceed $4 trillion.[12] Although access to healthcare is essential, health is often driven by social determinants of health, specifically by many factors outside of medical care, such as one's neighborhood, job type, economic status, level of education, and access to healthy foods and reliable transportation.[13] The causes of social determinants of health are numerous and complex. It is vital that healthcare decision makers understand how health is influenced by factors other than medical treatment and what it will take to help everyone live a healthier life.

It is essential that healthcare facilities and delivery systems recognize the value of investing in social determinants of health. Ensuring that community members and leaders have seats at the table to facilitate collaboration and collaborative decision-making at health facilities can improve health equity. When conducting assessments of the community's health requirements, these facilities should solicit and consider input from community representatives, specifically, the participation of key stakeholder groups in the needs assessment and implementation processes. In addition, offering education and job training programs could help patients to improve their socio-economic status. Health facilities can also work with local government agencies to improve housing conditions and access to healthy food options in low-income communities.

- **Implementing Health in All Policies:** Healthcare Facilities and Delivery System leaders can work with local elected officials to implement Health in All Policies. This is an approach that integrates health considerations into policymaking across all sectors, including housing, transportation, and education.
- **Increasing Access to Healthy Food**: Food insecurity is a major health determinant affecting millions of Americans. Community advocates, healthcare system leaders, and local elected officials can work together to increase access to healthy food to improve health outcomes, reduce healthcare costs, and promote health equity.
- **Investing in Affordable Housing**: Safe and affordable housing is a fundamental need that significantly impacts health outcomes. Community collaboratives of healthcare system and business leaders, community based organizations, and local elected officials can advance investments in affordable housing to help reduce homelessness, improve health outcomes, and promote health equity.



Importance of Accountable Board Governance

One way that board governance can promote health equity is by ensuring that healthcare facilities and delivery systems have diverse boards that represent the communities they serve. This can help to ensure that the perspectives and needs of underrepresented populations are taken into account when making decisions about healthcare policies and services. Additionally, a diverse board can promote cultural humility and understanding among healthcare providers, which can lead to better patient outcomes.

Another way that board governance can promote health equity is by setting strategic goals and objectives that prioritize equitable care. This can include developing policies and programs that target health disparities and social determinants of health, such as poverty, racism, and discrimination. Board governance can also play a role in ensuring that healthcare providers are trained in cultural competency and implicit bias, which can help to promote equitable care for all patients.

11: Gunja, M.Z., Gumas, E.D., and Williams, R.D. U.S. health care from a global perspective, 2022: Accelerating spending, worsening outcomes. The Commonwealth Fund, January 31, 2023. https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022. Last visited 6/1/23.

12: Why are Americans paying more for healthcare? Peter G. Peterson Foundation, January 30, 2023. https://www.pgpf.org/blog/2023/01/why-are-americans-paying-more-for-healthcare#:~:text=The%20United%20States%20has%20one,only%20about%20half%20as%20much. Last visited 6/1/23.

13: What are social determinants of health? Healthy people 2030. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. https://health.gov/healthypeople/priority-areas/social-determinants-health. Last visited 6/1/23.



Finally, board governance can promote health equity by monitoring and measuring the impact of healthcare policies and services on health outcomes for different populations. This can include collecting and analyzing data on health disparities, patient satisfaction, and other indicators of equitable care. By regularly monitoring and evaluating healthcare services, board governance can identify areas where improvements are needed and make adjustments to ensure that all patients receive equitable care.

The Black Directors Health Equity Agenda (BDHEA) is an important vanguard in ensuring accountable board governance. BDHEA seeks to use their platform as directors from organizations committed to health and wellness to bring about long-term, sustainable reductions in health disparities by fostering increased collaboration among top health systems to share best practices and synergies. To this end, BDHEA has created several playbooks which can be used by other directors who are interested in advancing this work.

Select Priorities for Healthcare Delivery

Promoting Equitable, Accessible, and Culturally Humble Care

Cultural humility has been defined as the ability to maintain an interpersonal stance open to others in relation to aspects of cultural identity that are most important to the person.[14] It is an alternative and often complementary framework to cultural competence, which has been defined as the ability to understand and respond to the cultural beliefs, values, and needs of patients from diverse backgrounds.[15]

Health facilities can improve health equity by promoting cultural humility and cultural competence among their staff, and training all staff members in these areas. It is also important to ensure that staff members from diverse backgrounds are represented in leadership positions. Health literacy training can also help patients better understand their health conditions, treatment options, and medication instructions, which can improve health outcomes and reduce healthcare costs.[16]

Equitable healthcare delivery ensures that all individuals have access to healthcare services and resources, regardless of their physical, financial, or geographical limitations. Providing accessible healthcare services can involve the provision of transportation services, the modification of facilities to accommodate patients with disabilities, and the use of telemedicine to increase access to healthcare services in remote areas. Language access is a critical component of accessibility in support of health equity. It ensures that patients with limited English proficiency and varying educational levels have equal access to healthcare services, information, and resources. Language barriers can lead to miscommunication, misdiagnosis, and limited access to health information, resulting in poor health outcomes. Language access can be provided through the use of interpreters, translated materials, and culturally humble communication methods.

Addressing Healthcare Provider Burnout and Supporting Wellness

Healthcare provider burnout is a syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment among healthcare providers.[17] There are several ways in which health equity and healthcare provider burnout are connected. For example, healthcare providers who work in settings with high levels of health disparities and social depravity are more likely to experience burnout. These providers face greater challenges in pro-

14: Hook, J. N., Davis, D. E., Owen, J., Worthington, Jr., E. L., and Utsey, S. O. Cultural humility: Measuring openness to culturally diverse clients. Journal of Counseling Psychology, 60(3), 353–366. https://doi.org/10.1037/a0032595. Last visited 6/1/23.
15: Stubbe, D.E. Practicing cultural competence and cultural humility in the care of diverse patients. Focus, The Journal of Lifelong Learning in Psychiatry. Winter 2020; 18(1): 49-51. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7011228/. Last visited 6/1/23.
16: Talking points about health literacy. Centers for Disease Control and Prevention. https://www.cdc.gov/healthliteracy/shareinteract/TellOthers.html#:~:text=Improving%20health%20literacy%20could%20prevent,over%20%2425%20billion%20a%20year. Last visited 6/1/23.
17: Patel, R. S., Bachu, R., Adikey, A. Malik, M., and Shah, M. Factors related to physician burnout and its consequences: A review. Behavioral Sciences, November 2018, 8(11): 98. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/. Last visited 6/1/23.

viding equitable care to their patients and often feel frustrated by the systemic barriers that prevent them from delivering the care their patients deserve. Furthermore, healthcare provider burnout can lead to poorer quality of care for patients, including those most vulnerable and needing equitable healthcare services. Burnout can result in medical errors, reduced patient satisfaction, and higher rates of medical malpractice claims. This further exacerbates existing health inequities and creates a vicious cycle in which providers become increasingly burnt out and less able to provide equitable care. The personal cost to a healthcare provider from extreme burnout can result in substance abuse, addiction, loss of and/or quitting of medical practice, and even suicide. As such, burnout contributes to a decrease in the available workforce, which disproportionately impacts marginalized communities.[18]

Healthcare organizations and policymakers must take steps to promote health equity and steps to prevent healthcare provider burnout. This can include providing resources and support for healthcare providers working in underserved communities, implementing policies to address systemic health disparities and social determinants of health, while prioritizing the well-being of healthcare providers. Strategies such as team-based care, mindfulness training, and promoting work-life integration are some examples of direct interventions in the workplace. Early career physicians are at high risk for burnout.[19] Preparing physicians and providers for stress management and burnout prevention in early stages of training such as medical school and residency will hopefully equip these early career providers with tools to avoid burnout. Reframing the conversation early in medical careers towards establishing wellness and well-being could divert spiraling pathways to burnout. The American Medical Association (AMA) AMA STEPS Forward® Practice Innovation Strategies offers evidence-based and evidence-informed approaches to engaging health system leadership, understanding physician burnout and how to address it, and developing a culture that supports healthcare provider well-being.



Supporting Community Health Workers

Community health workers (CHWs) play a vital role in addressing health equity by working with underserved communities to promote health and prevent disease. CHWs are trusted members of their communities who have a deep understanding of the cultural and social factors that influence health. They often provide a range of assistance, such as health education, advocacy, and support for accessing health services. By working closely with community members, CHWs can help to identify and address the root causes of health disparities and promote more equitable health outcomes.

For example, CHWs may work with community members to improve access to healthy foods, promote physical activity, or address social determinants of health such as housing, transportation, and education. They may also help to connect community members with healthcare providers, advocate for policy changes to improve community health, or provide emotional support to individuals and families facing health challenges.

Healthcare Facilities and Delivery Systems can support CHWs by providing training and development opportunities. The Morehouse School of Medicine has developed and scaled an effective CHW training program for high school students. This program also serves as a pathway for these students to enter other healthcare-related fields. Programs such as this must also be adaptable to ensure that they are accessible, inclusive, and culturally responsive to the communities that they target.

The federal government put significant funding to

18: Ibid
19: Ibid



support Community Health Worker programs during the COVID-19 pandemic, but with the end of the public health emergency, funding for these programs has been severely cut.[20] Community health advocates and healthcare leaders can work together with local and state elected officials to push for policies that can continue to support these programs to make progress on other chronic diseases and healthcare needs. The National Association of Community Health Workers has developed The Six Pillars of Community Health Workers, which can help health advocates develop position papers for supportive policies.
(For additional information on community health workers, *please see page 20.)*

Conclusion

In conclusion, by advancing the priorities above, healthcare facilities and delivery systems can promote their patients' and communities' health and well-being, regardless of their background or circumstances, and contribute to a more equitable society overall.

ADDITIONAL TOOLS AND RESOURCES

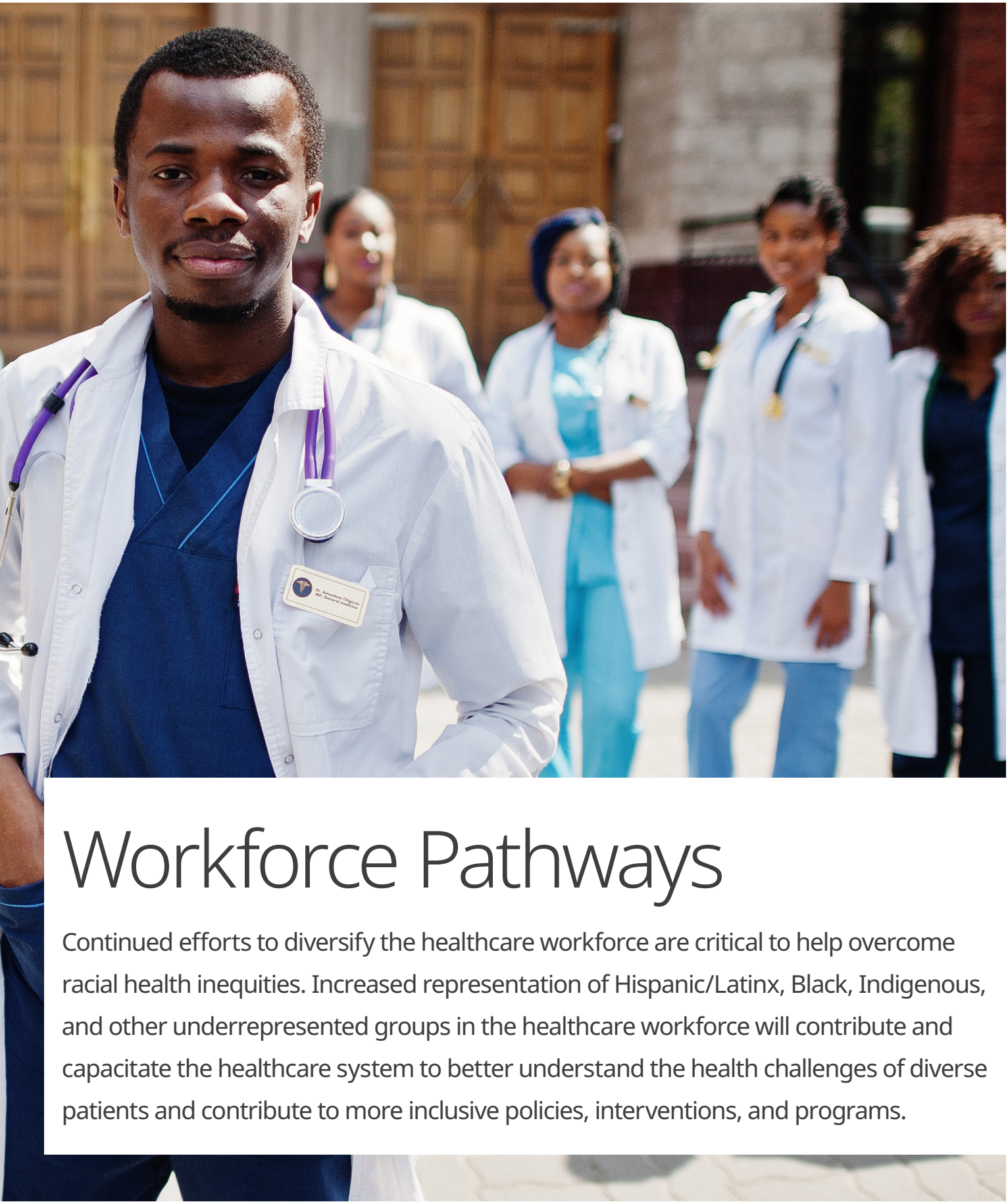
- **HEALTH EQUITY IN HEALTHY PEOPLE 2030**
  Outlines issues in health equity and approaches to address the issue, including prioritizing areas for improving health care quality and delivery and community partnerships to address the social determinants of health.
- **PRAPARE**
  National Association of Community Health Center's Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences. This is a social needs screening tool for community health center patients.
- **OUTCOMES FROM ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN SYSTEMS (OASIS)**
  A framework by which screening and referral for social determinant interventions may impact outcomes in the healthcare setting.

ACTION STEPS - HEALTHCARE FACILITIES & DELIVERY

HEALTHCARE INDUSTRY DECISIONMAKERS	■ Utilize a patient-centered, value-based care approach to health care. ■ Expand access to Telehealth. ■ Collaborate with community stakeholders to address social determinants of health.	■ Ensure board diversity and be intentional about health equity goals and objectives. ■ Lead with cultural humility and train staff on cultural competence. ■ Invest in community health worker initiatives.
ELECTED OFFICIALS AND POLICYMAKERS	■ Invest in community health centers ■ Implement Health in All policies to address social determinants of health, including housing.	■ Support health facilities and delivery systems in efforts to prevent health care provider burnout.
MULTICULTURAL ADVOCATES AND SERVICE PROVIDERS	■ Collaborate with local health and policy leaders to increase food access ■ Engage health facilities and delivery systems in community health worker initiatives.	■ Identify and educate health and policy leaders on social determinants of health in your community. ■ Partner with local health and policy leaders to identify and collect patient data to help improve access to, and quality of care.

20: Payne, D. A boom and bust of community health workers. Politico, May 8, 2023. https://www.politico.com/newsletters/politico-pulse/2023/05/08/a-boom-and-bust-of-community-health-workers-00095730. Last visited 6/1/23.





Workforce Pathways

Continued efforts to diversify the healthcare workforce are critical to help overcome racial health inequities. Increased representation of Hispanic/Latinx, Black, Indigenous, and other underrepresented groups in the healthcare workforce will contribute and capacitate the healthcare system to better understand the health challenges of diverse patients and contribute to more inclusive policies, interventions, and programs.



Considerations for Achieving Health Equity in the Healthcare Workforce

Early Outreach Interventions

The need to diversify the healthcare workforce is well documented. Black and Latinx physicians comprised only 5% and 5.8% of the healthcare workforce, respectively.[21] The nursing workforce consist of just 6.7% Black and 5.6% Latinx nurses.[22] In addition, research has shown when the race or ethnicity of a patient matches that of their clinician, patients' satisfaction, trust, care, and health outcome improved.[23]

Efforts before the COVID-19 pandemic focused on underserved communities, such as BIPOC (Black, Indigenous, and People of Color) and rural populations, which had chronic shortages of primary care providers. To help improve health outcomes, underserved communities needed providers who came from their communities and related to their specific health concerns. Arthur Ashe Institute of Urban Health's Health Science Academy (AAHSA) has championed diversity in the health professions since 1994. The Academy's STEM pipeline afterschool program has served over 2,900 middle and high school students from historically underrepresented groups for nearly 30 years.[24] AAHSA continues to introduce youth to college preparatory science coursework, leadership and teamwork skills, and mentoring to make suitable health career decisions.

The COVID-19 pandemic highlighted healthcare gaps, including a nonrepresentative healthcare workforce, that still exists nationally. Nevertheless, there are populations that are creating more equitable settings. Currently, community colleges have racially and ethnically diverse student bodies

21: Figure 18. Percentage of all active physicians by race/ethnicity, 2018, Diversity in medicine: Facts and figures 2019. Association of American Medical Colleges. https://www.aamc.org/data-reports/workforce/data/figure-18-percentage-all-active-physicians-race/ethnicity-2018. Last visited 6/1/23.
22: Smiley, R.A., et.al. The 2020 national nursing workforce survey. Journal of Nursing Regulation, Vol. 12, Issue 1, Supplement, S1-S96, April, 2021. https://www.journalofnursingregulation.com/article/S2155-8256(21)00027-2/fulltext. Last visited 6/1/23.
23: Gonzalez, D., Kenney, G.M., McDaniel, M., and O'Brien, C. Racial, ethnic, and language concordance between patients and their usual health care providers. Urban Institute, March 2022. https://www.urban.org/sites/default/files/2022-03/racial-ethnic-and-language-concordance-between-patients-and-providers.pdf. Last visited 6/1/23.
24: Championing diversity in the health professions. Arthur Ashe Institute for Urban Health. https://www.arthurasheinstitute.org/health-science-academy. Last visited 6/1/23.



with nearly 33% being first generation students[25] and have been committed to developing a well-equipped future U.S. healthcare workforce. As part of Centers for Disease Control and Prevention (CDC) Project Firstline, CDC and American Hospital Association (AHA) have partnered with community colleges to launch a pilot program to train future health professionals to prevent and control infections. The pilot phase began in summer 2021 and evaluation is pending.

An intentional effort to engage targeted communities must be early and collaborative to increase representation in the healthcare workforce. This can be accomplished by identifying evidence-based approaches and wrap around support to increase the number and diversity of students and professionals from minoritized and underserved groups through the following activities:

1. Work with Department of Education, Department of Labor, and Area Health Education Centers (in every state) to convene a group of stakeholders to develop a recruitment plan and a national database of community experiences.
2. Establish and multiply fellowships and apprenticeships to place students in health care positions.
3. Create a forum for communication strategies to address digital platforms that may hinder or enhance access to employment and educational opportunities.
4. Increase percentage of diverse faculty by expanding targeted recruitment and English as a Second Language (ESL) programs.
5. Build on evidence-based interventions and other programs in underserved communities to develop more health care professionals

25: Beer, A. Diversity of community college students in 7 charts. ACCT Now. https://perspectives.acct.org/stories/diversity-of-community-college-students-in-7-charts. Last visited 6/1/23.



Diverse Healthcare Workforce with Community Health Workers

Community Health Workers (CHWs) are trusted frontline workers, who facilitate access to services and improve the quality and cultural competence of service delivery. They represent all populations including Refugee, Immigrant, and Migrant (RIM) communities. Referenced since the 1950s, CHWs are coaches, lay health advisors, community health representatives, peer mentors, peer navigators, and educators who can create linkages between communities and the health care system. CHWs' impact in healthcare is slowly becoming recognized in many different tiers.

My Brother's Keeper (MBK) Initiative was launched by former President Barack Obama in February 2014, to address the persistent opportunity gaps boys and young men of color face and to ensure all young people can reach their full potential. Today, MBK is now MBK Alliance at the Obama Foundation. MBK Alliance has various initiatives that center racial equity and prepare boys and young men by strengthening leadership skills and working to solve problems for boys and young men of color to improve life outcomes. Similar to traditional community health worker programs, this initiative has been active in providing care coordination, health education, and resources to vulnerable Black and Brown male communities and introducing youth to potential health careers.

In another example, Texas has implemented a bilingual and bicultural curriculum that includes RIM populations to reach a broad population with critical resources. University of Houston established a Community Health Workers Initiative that trains students with community members to become licensed community health workers. Students and community members were recruited from vulnerable neighborhoods to develop a campaign to support COVID-19 education and prevention efforts.

Advancing CHWs in healthcare requires a commitment to upskill, retain, and provide access to them to help strengthen culturally competent care and improve health equity. This can be achieved through many efforts, such as:

1. Identify and increase funding mechanisms for accreditation and health professionals in vulnerable populations; Ensure accountability and transparency of funding allocation.
2. Expansion of Medicaid coverage of Community Health Workers services to build strong community and government partnerships and provide more opportunities for CHWs.



4. Provide training, support, and programming to enhance the knowledge, skills, and abilities of CHWs to respond to issues of systemic racism, implicit bias, and racial health inequities.
5. Improve digital and quantum literacy skills of CHWs to maximize their ability to leverage available community health information and data for design and implementation of community health interventions.
6. Cultural and linguistic trainings and mentorship programs that facilitate entry-level community health worker programs in all states.
   (For additional information on community health workers, **please see page 14.**)

Government, Tribal, and Territorial Contributions

Though government (federal, state, local, tribal, and territories) have strived to employ a significant share of women and people of color, hiring and advancement inequities still exist. In 2019, more than 60 percent of federal grant outlays to state and local governments were allocated for health (an estimated $454 billion).[26] Governing entities have tried to focus some of their resources on Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps) with government programs, such as National Health Service Corps (NHSC), Nurse Corps, Rural Health Clinic Program, and Physician HPSA Bonuses.

By some estimates, the U.S. public-health workforce will need to grow by 80 percent to provide a minimum set of health services in the country.[27] In addition, the COVID-19 pandemic shined the light on the need to rebuild the healthcare workforce to ensure that health outcomes are on the path to improvement over the longer term. The role of government, tribes, and territories is crucial to developing a sustainable workforce pipeline to address health care attrition that resulted from pandemic-related burnout and resignations. In May 2021, the White House invested $7.4 billion from the American Rescue Plan to recruit and train public-health workers.[28]

To continue to increase the diversity of the healthcare workforce across governing bodies, recruitment and promotion processes and practices should be refined, and ample professional development opportunities should be created. The following activities will develop a sustainable healthcare workforce pipeline and improve the capacity of healthcare workforce:

26: Federal grants to state and local governments: A historical perspective on contemporary issues. Congressional Research Seervice, May 22, 2019. https://sgp.fas.org/crs/misc/R40638.pdf. Last visited 6/1/23.

27: Staffing up. Workforce levels needed to provide basic public health services for all Americans. de Beaumont Research Brief, October 2021. https://debeaumont.org/wp-content/uploads/2021/10/Staffing-Up-FINAL.pdf. Last visited 6/1/23.

28: Fact sheet: Biden-Harris Administration to invest $7 billion from American Rescue Plan to hire and train public health workers in response to COVID-19. The White House, May 13, 20021. https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/13/fact-sheet-biden-harris-administration-to-invest-7-billion-from-american-rescue-plan-to-hire-and-train-public-health-workers-in-response-to-covid-19/. Last visited 6/1/23.

1. A multi-sector approach is needed to increase investments and efforts to diversify the healthcare workforce. Educational systems, nursing and medical schools, healthcare professional organizations, and community health advocates must work with federal, state, and local governments and elected officials to identify and implement funding mechanisms to support the goal.
2. Academic institutions and professional medical associations need to work with government to open more graduate medical education (GME) opportunities.
3. Community based organizations, mentoring programs, and healthcare professional organizations can collaborate with Minority Serving Institutions (MSIs) and Historically Black Colleges and Universities (HBCUs) about recruitment efforts and pathways.
4. Government and foundations can support a new line of research about Health Equity and DEI training at health institutions to help document effective solutions to racial health inquities.
5. Academic insitutions can leverage digital informational platforms to track talent gaps, inform recruiting, and reduce turnaround times in application processes.

Early outreach interventions, well-defined and enhanced roles of community health workers, and all levels of government, tribes, and territories can promote a more robust and diverse U.S. healthcare workforce that will produce positive health outcomes and advance health equity.



29: 2022 physician specialty data report. Association of American Medical Colleges, January 2023. https://www.aamc.org/media/63371/download?attachment. Last visited 6/1/23.
30: Ibid

Located in North Chicago, Rosalind Franklin University (RFU) of Medicine and Science has six schools – Chicago Medical School (CMS), College of Health Professions, College of Nursing, College of Pharmacy, Dr. William M. Scholl College of Podiatric Medicine, School of Graduate and Postdoctoral Studies – and more than 30 graduate health and science profession programs. The school's mission is to educate a diverse student body in a community-engaged, interprofessional environment and it has a long history of advocating for diversity and inclusion.

Based on its vast community experience it found many barriers to medical school education for students from underserved communities, including: a paucity of role models, lack of family support, fewer academic expectations, deficiency of mentorship, dearth of academic support, shortage of resources, economic pressures, and systemic racism. The school offers a number of enrichment pathways that can ladder up into CMS/RFU and can serve as a model for other academic institutions with an interest in growing a diverse healthcare workforce. They include:

- **Mini Medical School –** This program is for elementary school students from the surrounding community in North Chicago and includes a Parent and Teacher Academy to help guide students who show an interest in pursuing medical and/or other health professions. The curriculum is taught by CMS students with oversight from the Office of Equity Diversity and Inclusion. Activities include lectures about the human body systems, hands-on skills such as CPR, etc.
- **Science Saturdays –** This initiative targets high school students selected for their interest in science who are paired with RFU graduate students. It provides 40 hours of comprehensive training on modern laboratory techniques over ten weeks.
- **INSPIRE (Influence Student Potential and Increase Representation in Education) –** The goal of this program is to prepare local first-generation students from communities underrepresented in medicine (UiM) for college and careers in the STEM/Healthcare fields. It provides mentorship, workforce experience, life skills academic guidance, career exploration and family engagement. The program runs for 8 weeks during the students' summer break. Students perform original, hands-on biomedical research under the direction of a faculty mentor supported by a graduate student mentor in the research laboratories of RFU.
- **Pre-Matriculation Program (PMP) –** The PMP provides students from UiM groups the opportunity to gain and demonstrate knowledge and ability to undertake a Medical School Curriculum. Post-baccalaureate students enroll at no cost in a non-degree curriculum, experience medical school level coursework, prepare to re-take the mCAT, and for interviews.

ADDITIONAL TOOLS AND RESOURCES

- A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention
- The National Quantum Literacy Network is a nonprofit social enterprise, based in the Washington DC region, representing a broad coalition of business, government, nonprofits, and academic organizations.
- Medicaid Coverage of Community Health Worker Services is an issue brief from the Medicaid and CHIP Payment and Access Commission that advises Congress on Medicaid and CHIP policy.
- NACCHO's Roots of Health Inequity Course is a free, web-based 6-unit resource for cultivating a shared understanding of health equity to inform public health practice.

ACTION STEPS - WORKFORCE PATHWAYS

HEALTHCARE INDUSTRY DECISIONMAKERS	■ Work with community stakeholders to develop recruitment plans to diversify the healthcare workforce. ■ Invest in fellowships and apprenticeships to help place students in health care professions.	■ Utilize and build community-based training programs, including community health workers.
ELECTED OFFICIALS AND POLICYMAKERS	■ Identify and allocate funding to community based service providers for identifying and preparing youth and lay workers for the health professions. ■ Provide for expansion of Medicaid coverage of CHW services.	■ Provide legislative support and funding for workforce initiatives directed to improve health of underserved communities.
MULTICULTURAL ADVOCATES AND SERVICE PROVIDERS	■ Collaborate with local health and policy leaders to develop plans to recruit and prepare a diverse healthcare workforce. ■ Engage with local health, academic policymakers, and community partners to develop effective mentoring programs for community members interested in the health professions.	■ Help identify, support, and link community youth and adults interested in STEM and health careers to public and private educational and financial resources.





Research and Data

Advocacy organizations who seek to disrupt the systemic drivers of racial health inequities have long recognized their need for big data and big data analytics. Yet, a disconnect between policy, practice, and research seems to have contributed to the disallowance of effective solutions to persistent health disparities that disproportionately affect racial and ethnic underserved populations. Research and big data about health can be used to drive sound policy and create practices to help eliminate these health inequities.



Considerations for Achieving Health Equity Using Research & Data

While some may say there is no basis for race in conversations about science because of its genesis as a socio-political construct,[31] ancestry, ethnicity, and other demographic data is necessary to understand variations in health outcomes. So much so, that the need for disaggregation of data along these lines and more is a primary recommendation of the White House Equitable Data Working Group and the National Commission to Transform Public Health Data Systems, an initiative of the Robert Wood Johnson Foundation.

Rather than duplicating the great work and repeating the recommendations made by these highly esteemed groups, we encourage readers to review the reports – A Vision for Equitable Data: Recommendations from the Equitable Data Working Group and Charting a Course for an Equity-Centered Data System: Recommendations from the National Commission to Transform Public Health Data Systems. We applaud these multi-sector approaches and calls to action for federal, state, and local governments, public health systems, businesses, healthcare systems, nonprofits, professional associations, schools, and philanthropy to play a role in transforming the nation's public health data system, as well as for accountability to the American public.

Transparency of public health data is needed to facilitate use of the data by local community advocates and governments. A 2021 policy brief generated by a collaboration of key stakeholders for health equity – the Asian Pacific Islander American Health Forum (APIAHF), Arab Community Center for Economic and Social Services (ACCESS), UnidosUS, National Urban League (NUL), and National Congress of American Indians (NCAI) – outlines legislative and regulatory changes, as well as policy guidance and actions, that could help facilitate use of the data to "better understand the health needs and inequities, better allocate resources, and develop more cost-effective and focused solutions for all communities."[32] The urgency to control the spread and fatal impact of the COVID-19 pandemic demonstrated the critical importance of sharing data with communities, especially those that were severely affected, and when considering the tribal nations, it is important to understand that tribal governments are their own public health jurisdictions with sovereign rights to their own data, including disease surveillance.[33]

The American Indian Health Commission of Washington state has established four core tribal data sovereignty principles and other parameters that can help facilitate tribal-state collaboration on health policies and programs. One of those core principles is that tribes must have equitable access to data needed to perform their governmental duties. This would include epicenter data that can be shared with Tribal Epidemiology Centers. A new report from the U.S. Government Accountability Office highlights HHS Actions Needed to Enhance Data Access for these centers.

Beyond access to public health data, sharing of health research data from academic and private institutions with individual and organizational researchers trying to understand and improve health outcomes in underserved communities, including rural residents, would also be beneficial. Data sharing could help facilitate research projects from the onset and answer the need for larger sample sizes and to identify intersectional markers. To that end, it would help to have a reservoir of health equity research projects, such as the PRIDE Study aiming to improve the health of LGBTQ+ people.

31: Gannon, M. Race is a social construct, scientists argue. Scientific American, February 5, 2016. https://www.scientificamerican.com/article/race-is-a-social-construct-scientists-argue/. Last visited 6/1/23.
32: Policy recommendations: Health equity cannot be achieved without complete and transparent data collection and the disaggregation of data. APIAHF, ACCESS, UnidosUS, National Urban League, National Congress of American Indians, February 2021. https://www.apiahf.org/resource/policy-recommendations-health-equity-cannot-be-achieved-without-complete-and-transparent-data-collection-and-the-disaggregation-of-data/. Last visited 7/12/23.
33: Ibid



The Big Data Solution

Big data refers to the variety, volume, and velocity of information that is available to us in the Information Age. The availability of big data has the potential to address healthcare inequities by providing valuable insights and enabling informed decision-making. Here are several ways in which big data can contribute to addressing healthcare inequities:

1. **Identifying Disparities**: Big data analytics can analyze large volumes of healthcare data, including demographic information, health records, and social determinants of health, to identify patterns and disparities in healthcare access, outcomes, and resource allocation. By understanding these disparities, policymakers and healthcare providers can develop targeted interventions.
2. **Predictive Analytics**: Big data can be used to build predictive models that identify populations at higher risk of certain diseases or poor health outcomes. This information can help healthcare organizations focus their resources on prevention and early intervention strategies for vulnerable populations.
3. **Improved Healthcare Delivery**: Big data analytics can optimize healthcare delivery by analyzing patient data and treatment outcomes. This can help identify best practices, reduce variations in care, and develop personalized treatment plans tailored to individual patients, leading to better outcomes and reduced disparities.
4. **Precision Medicine**: Big data can support precision medicine initiatives by analyzing vast amounts of genomic and clinical data. This enables the identification of genetic markers associated with diseases and the development of targeted treatments. This approach can lead to more effective and equitable healthcare, as treatments can be tailored based on a patient's unique genetic makeup.
5. **Public Health Interventions**: Big data can aid in tracking and managing public health crises, such as disease outbreaks or natural disasters. By analyzing data from various sources, including social media, electronic health records, and environmental sensors, public health officials can make informed decisions, allocate resources effectively, and respond quickly to protect vulnerable populations.
6. **Health Monitoring and Wearables**: Big data analytics can leverage data from wearable devices, electronic health records, and remote monitoring systems to track population health trends and individual health metrics. This information can help detect early signs of health issues, support preventive care, and enable remote monitoring of underserved populations, improving access to care.

Big data analytics, such as machine learning and artificial intelligence (AI), can play a significant role in addressing healthcare inequities and offer the opportunity

to look at the intersections of identity and see where racial and ethnic disparities are exacerbated by other marginalized identities. However, AI and machine learning are not necessarily objective by design, and we must ensure that the collection of data from the onset is not based on any biased assumptions.

Notwithstanding, advocacy organizations are challenged by the costs and expertise required to be effective in the constantly evolving digital age. They rarely have the resources to fund, design, and manage data platforms that can be used to improve health care and the public policies that affect it. There is a definite need for more legislative support to increase government funding for community-led research and longitudinal studies.

A Collaborative Community Data Lake

Advocacy organizations can overcome some of these challenges by working collaboratively through a community data lake. A community data lake is a centralized repository that collects and stores various types of data from multiple sources. It enables data sharing, collaboration, and analysis to derive meaningful insights and drive decision-making.

Patient advocacy organizations can leverage a community data lake to address healthcare inequities in several ways:

1. **Data Collection and Aggregation**: Patient advocacy organizations can collect and aggregate data from diverse sources, including patient surveys, medical records, health outcome data, and socioeconomic information. By bringing together comprehensive data sets, they can gain a deeper understanding of the challenges faced by specific patient populations and identify areas for improvement.
2. **Empowering Patients**: A community data lake can provide a platform for patients to contribute their own data voluntarily. Patient advocacy organizations can educate individuals on the importance of data sharing and privacy considerations, ensuring that patients have control over their data while still allowing them to contribute to research and initiatives aimed at improving healthcare equity.
3. **Data Analysis and Insights**: By analyzing the data within the community data lake, patient advocacy organizations can generate insights into healthcare inequities. They can identify disparities in access to care, treatment outcomes, and resource allocation, which can inform advocacy efforts, policy recommendations, and targeted interventions.
4. **Collaborative Research:** A community data lake can facilitate collaboration between patient advocacy organizations, healthcare providers, researchers, and policymakers. By sharing data and knowledge, these stakeholders can work together to develop evidence-based strategies and interventions to address healthcare inequities more effectively. An example of this sort of collaboration is Catalyzing Communities, a research team committed to helping populations around the country jump-start community-level obesity prevention with a data-driven and equitable approach.
5. **Advocacy and Policy Influence**: Equipped with insights from the community data lake, patient advocacy organizations can advocate for policy changes and initiatives that promote healthcare equity. The data-driven evidence can strengthen their arguments and provide a foundation for engaging with policymakers and other stakeholders.

While a community data lake has many advantages, it is important for patient advocacy organizations to ensure data privacy, security, compliance with applicable regulations, and consistency of the data collected when running a community data lake. For instance, are all sources using the same demographic indicators? Do all racial and ethnic groups have the opportunity to appropriately identify themselves in these data sets? Implementing robust data standards, governance practices, protecting personal information, and obtaining appropriate consent are crucial steps to protect individual privacy while leveraging the power of data to address healthcare inequities.

The National Minority Quality Forum (NMQF) has been collecting health data for 20 years. It has built a data warehouse that contains over 5 billion patient records. NMQF shares this data with many patient advocacy organizations through a proprietary geographical information system, which visualizes the data by therapeutic conditions (diabetes, sickle cell, cancers, cardiovascular disease, etc.), by geography (including by state, nation, ZIP code, county, metropolitan statistical areas congressional and state legislative districts); and by demography (race and ethnicity, gender, and age).

In the summer of 2023, NMQF will launch a private cloud that will operate as a community data lake. It will be a cloud computing environment that is dedicated and exclusive for promoting health equity. As the manager of this private cloud, NMQF will be able to share curated data drawn from its data archive as maps from its Geographic Information System (GIS), and host the websites of patient advocacy organizations and those who are trying to reach underserved communities with trusted information.

The community data lake is intended to support the analysis of healthcare data in a way that identifies and addresses disparities in health outcomes,and promotes health equity for all individuals. The goal is to provide researchers, policymakers, and healthcare providers with a comprehensive and integrated view of healthcare data that can be used to identify and address health disparities, and to develop targeted interventions that promote health equity.

Research Study Design

While we must take steps to ensure access and exchange of data to derive solutions to racial health inequities, it is critically important to also consider necessary steps to ensure equity from the perspective of study design. COVID-19 spotlighted the need for diversity in clinical trials and the pharmaceutical industry has taken steps to help drive momentum in this area. For instance, Pfizer has committed to ensuring that its clinical trials accurately represent the diverse communities affected by the diseases it seeks to treat or prevent, including diverse and inclusive participation in clinical trials through equitable access and practices.

Factors such as nurturing diverse researchers, possibly via legislative support to increase funding through the Higher Education Opportunity Act and investing in community participatory research should also be considered. The use of racial and ethnic data in algorithms used to guide clinical decision making has produced unknown and unwanted effects, including exacerbating or perpetuating health disparities and inequities. Establishing health equity principles in the initial design of any research project can improve the usefulness of data for creating solutions to health inequities.



ADDITIONAL TOOLS AND RESOURCES

- Interdepartmental Health Equity Collaborative Data Workgroup, U.S. Department of Health and Human Services Office of Minority Health
- Compendium of Federal Datasets Addressing Health Disparities, U.S. Department of Health and Human Services (DHHS), U.S. Public Health Service, and Office of Minority Health, U.S. DHHS.
- University of Minnesota Rural Health Research Center
- Grand Rapids African American Health Institute
- UCLA Center for the Study of Latino Health and Culture

ACTION STEPS - RESEARCH AND DATA

HEALTHCARE INDUSTRY DECISIONMAKERS	■ Ensure health equity is at the core of public health research and data collection. ■ Facilitate data sharing and transparency with communities and tribal nations.	■ Promote community engagement and leadership in public health research design and data collection. ■ Provide funding to enhance capacity of community organizations to leverage big data.
ELECTED OFFICIALS AND POLICYMAKERS	■ Develop linkages with local private and public health systems to coordinate sharing of relevant health data. ■ Engage in research strategies to help ensure equitable practices and help develop confidence and trust among community.	■ Provide funding for local community and health organizations to build and grow research infrastructure and capacity.
MULTICULTURAL ADVOCATES AND SERVICE PROVIDERS	■ Engage with community stakeholders to standardize and collect data on social determinants of health. ■ Share relevant health data with community partners and disaggregate data to facilitate community health initiatives.	■ Establish health equity-driven research and data collection procedures.





Policy

Structural racism in health care results in inequities across outcomes, spanning income brackets, education levels, and geographic locations. The insidious nature of institutionalized racism and its long history in the United States means that any successful efforts to address racism in health care requires comprehensive, multifaceted, and innovative approaches. Policy, whether at the state, federal, or local level and across the domains of health, environment, and economy, is necessary to ensure these reforms are implemented widely.

According to the American Medical Association, "structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, healthcare and criminal justice. These patterns and practices in turn reinforce discriminatroy beliefs, values, and distribution of resrouces." [34]

This guide raises key important considerations for the creation and implementation of policy that promotes health equity and addresses structural racism in the healthcare sector and in aligned environmental and economic sectors. It includes a number of priority policy areas that are key to health equity as well as examples of specific policies that have been introduced or enacted, though these are not meant to be exhaustive.

Considerations for The Health Policy Process

Policy Formation

In developing new healthcare policies and systems, equity must be prioritized and incorporated from the start. One example of an existing framework for health equity, created by The Century Foundation, identifies five key pillars: affordability, sustainability, accountability, comprehensiveness, and inclusivity. Another practical framework, created by the Commonwealth Fund, was designed to evaluate racial equity specifically in health policy; this tool focuses on the concepts of disproportionality, institutional decentralization, and inclusivity of the voices of marginalized communities.

This guide will address several of these principles, as identified by members of a health equity policy working group—including a focus on inclusivity. Health policy will only be equitable if it centers the needs and vision of communities that have been systematically oppressed, and to do this, those communities must be involved beginning from policy formation.

Relatedly, overburdened, underserved and marginalized communities—whether by federal, state, or municipal governments—must be involved to advise on initiatives and research as lived experience experts. While it is necessary to include these community voices in these conversations, an equitable approach requires sufficient compensation and respectful treatment in these arrangements; these exchanges must be beneficial to the communities rather than exploitative.



Implementation and Funding

Based on existing authority and amplified with new authorities, a health equity lens must be applied beginning in the planning phase and continuing through the implementation and evaluation phases. In particular, when funding streams are created, it is critical that those funds are allocated to community-led groups working to eliminate racial disparities in healthcare. This includes community-based organizations (CBOs), which are typically underfunded yet with their limited resources, are doing the most impactful work to meet the unique needs of their communities. Even when funding opportunities are written so that CBOs are eligible to apply, the onerous application and grant management processes are often inaccessible for grassroots groups with limited staff capacity. More must be done to not only earmark funding for health equity CBOs, but also to set these groups up for success; greater technical assistance in application and implementation, streamlined application processes, and unrestricted funding that will allow for capacity building would help achieve this. The significant policy and practice progress

34: Bailey, Z.D., Krieger, N., Agenor, M., Graves, J., Linos, N., and Bassett, M.T. Structural racism and health inequities in the USA: Evidence and interventions. Lancet. 2017; 389 (10077):1453-1463. Last visited 6/1/23.



underway by the federal government to advance equity in funding for environmental and climate justice (e.g. Executive Order 14008's Justice 40 Initiative) must be integrated with healthcare programming.

In addition to CBOs, funding opportunities must be made available to tribal and Indigenous communities who often suffer some of the worst health outcomes and have the fewest resources to implement programs. There are a number of recommendations, released by the National Congress of American Indians, that would empower and strengthen the tribal workforce, including the healthcare workforce. To do so, the federal government would work with tribal nations and communities to remove barriers to tribal innovation and support new opportunities.

Select Policy Priorities

Medicaid

It goes without saying that for health coverage and care to be equitable, both need to be affordable. Providing health insurance to people with low incomes in the United States falls largely to the Medicaid and Children's Health Insurance (CHIP) programs. A crucial part of the social safety net, over ninety million people were enrolled in Medicaid and CHIP nationwide as of December 2022. Medicaid fills a critical gap in insurance coverage, particularly for people of color—but more work is needed.

One of the most pressing reforms needed is Medicaid expansion: in states that declined to expand Medicaid coverage after passage of the Affordable Care Act (ACA)—and the subsequent court case that prevented expansion nationwide—nearly two million adults fall into the Medicaid coverage gap, where their incomes are too high to qualify for Medicaid but too low to be eligible for subsidies on the ACA Marketplace. Lack of Medicaid expansion in the remaining states represents an urgent matter of racial equity in healthcare coverage, with people of color disproportionately represented among individuals falling into the coverage gap.[35]

Immigrant communities also face unique challenges in accessing health coverage, including Medicaid. Many immigrants, even those residing lawfully in the U.S., are subject to a five-year waiting period for Medicaid enrollment. Undocumented immigrants, meanwhile, are unable to enroll in Medicaid and CHIP or obtain coverage through the ACA Marketplace. Just recently, the Biden-Harris administration took an important step in the right direction, announcing a

35: Artiga, S., Damico, A. and Garfield, R. The impact of the coverage gap for adults in states not expanding Medicaid by race and ethnicity. Kaiser Family Foundation, October 26, 2015. https://www.kff.org/racial-equity-and-health-policy/issue-brief/the-impact-of-the-coverage-gap-in-states-not-expanding-medicaid-by-race-and-ethnicity/. Last visited 6/1/23.

plan to open up Medicaid, CHIP, and the ACA Marketplace to Deferred Action for Childhood Arrivals (DACA) recipients. There are additional proposed policies to achieve equity in health coverage for immigrants, including the HEAL for Immigrant Families Act at the federal level. HEAL would remove the five-year waiting period for Medicaid and CHIP, as well as eliminate barriers for Medicaid, CHIP, and Marketplace coverage for undocumented immigrants.

In addition to ensuring coverage, Medicaid enrollees must be able to access timely and quality care, and this requires a strong network of providers. Yet reimbursement rates for Medicaid are often so low that providers actually lose money by providing care to Medicaid enrollees. Inadequate reimbursement rates result in reduced access to quality care and, given the demographic makeup of Medicaid recipients, people of color are disproportionately affected. Reimbursement rates are an issue of racial equity, and must be prioritized in policy efforts to achieve health equity. Both Medicare and Medicaid rates are below commercial rates, and Medicaid rates are 30 percent lower than rates for Medicare. Disparities in reimbursement rates affect the provider network, with low wages impairing access to care. Although Medicare rates are set through a federal formula, state budget decisions largely drive Medicaid rates. In order to create more equitable access to care for Medicaid enrollees, who are disproportionately people of color, Medicaid rates must be sufficient to ensure availability of quality care.

Social Determinants of Health

In addressing racial equity in healthcare and outcomes, it is necessary to look beyond the healthcare sector. The social determinants of health (SDOH) represent the myriad interconnected and complex factors that impact an individual's health; from housing to education and economic stability to nutrition, these factors are also determined by structural racism.

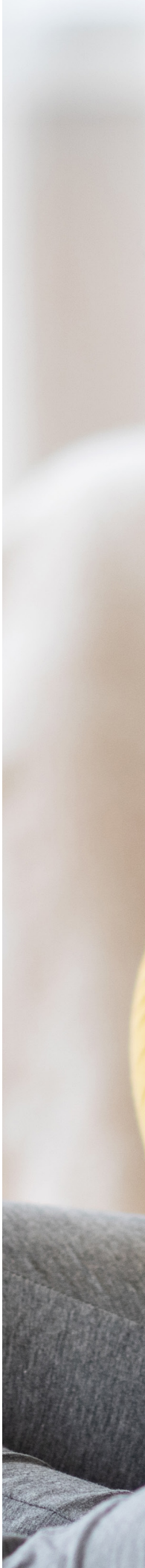
Environmental justice is another key social determinant of health: environmental factors such as air and water quality have significant impacts on health outcomes. Policies should explore community approaches in addition to combating environmental inequities at the systems level. For instance, Mount Trashmore to Mount Growmore Hydronic Farm and Wellness Campus out of Yale's Elevate Policy Lab, demonstrates community-centered efforts to combat environmental injustice and support positive outcomes in the areas of family related outcomes such as mental health, environmental sustainability, workforce development, and youth violence prevention. By applying a Triple Bottom Line (i.e. environmental, health and economic) Justice approach, community partnerships can leverage whole of society solutions to advance the health of families, environmental resiliency, and economic mobility relying on unprecedented federal government authority (e.g. Executive Order 13985, Bipartisan Infrastructure Law and Inflation Reduction Act).

Policy addressing the SDOH needs to span disciplines accordingly, of course, but efforts within U.S. healthcare policy are also gaining traction, and should be further studied and potentially replicated. One tactic that has been taken up by various states is the use of Medicaid 1115 waivers, which are demonstration projects meant to test new approaches in Medicaid. A number of states are using these waivers to add non-clinical services, such as housing and food assistance, to Medicaid benefits. The Centers for Medicare and Medicaid Services (CMS) last year formalized a call for these types of waivers to address social conditions, acknowledging their profound impact on healthcare utilization and outcomes.

Maternal Health

In the United States, maternal health is perhaps the most stark display of the health inequities facing people of color, and Black and Indigenous communities in particular. The U.S. maternal mortality rate drastically outstrips every other wealthy nation—over three times higher than other wealthy nations. The latest CDC data show a rate of nearly 33 deaths per 100,000 live births. These aggregate numbers, though, are hiding even more alarming racial disparities: Black women face over two and a half times the risk of dying as white women, with a rate of nearly 70 deaths per 100,000 lives births. Addressing maternal health is central to health equity not only for its glaring racial disparities—which are rooted in historic and ongoing structural racism—but also because it is solvable. The fact that over 80 percent of pregnancy-related deaths are preventable makes action all the more imperative.

Given how multifaceted the maternal health crisis is, there are innumerable policy levers that could improve equity, but there are several areas that must be prioritized. Medicaid plays an important role in maternal health; the program finances over 40 percent of all births in the United States, and 65 percent of births to Black women and birthing people. Yet pregnancy-related Medicaid is only required to provide coverage for 60 days postpartum. This leaves postpartum





people without healthcare coverage during a critical period: over half of pregnancy-related deaths occur after delivery, with a third of deaths occuring between one week and one year postpartum. Although many states have extended coverage to one year postpartum, there are still many states that have not done so—and these are often states with poor maternal health outcomes and large communities of people of color. Fortunately, the Biden-Harris administration created the option for states to extend Medicaid postpartum coverage through a state plan amendment, and this option has recently been made permanent. More work is needed to make this extension mandatory so that birthing people enrolled in Medicaid in all states have coverage during their postpartum period.

In federal policy, there is a comprehensive package of legislation known as the Black Maternal Health Momnibus, which was created by and for Black women and birthing people to address the many causes of the maternal health crisis. The bills that make up the Momnibus include policies tackling the social determinants of health, the perinatal workforce, supporting community-based organizations, addressing environmental health, and so much more. While advocates and policymakers are still working to advance the package through Congress, some states have passed their own versions of the Momnibus to take on these issues on a more local level.

Maternal health is also inextricably tied to the full spectrum of reproductive health, including abortion access. Particularly in the wake of the Dobbs decision that overturned Roe v. Wade—and with it the federal right to abortion in the U.S.—communities of color and people with low incomes face the greatest obstacles to abortion care. Policy can and should ensure access to and coverage of abortion care, including the Women's Health Protection Act and the Equal Access to Abortion Coverage in Health Insurance (EACH) Act at the federal level.

Behavioral Health

Health, of course, goes beyond the physical; achieving health equity requires addressing mental and behavioral health, and substance use. Not only do many racial minorities receive lower levels of mental healthcare, but racism itself is a stressor that contributes to poor mental health outcomes. Particularly for Black Americans, the weathering effect of racism, causes both physical and mental challenges.

Further, concentrated attention should be focused on maternal mental health (MMH). Maternal mental health conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women during pregnancy or postpartum.[36] Almost 40% of Black mothers experience MMH conditions.[37] Compared to white women, Black women are twice as likely to experience MMH conditions but half as likely to receive treatment.[38]

Accordingly, as supported by federal government action, any conversations about policy for health equity must include coverage of, and access to, mental health treatment—with an emphasis on culturally competent care that challenges the stigma that often exists around these services.

36: Fawcett, E.J., et.al. The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate bayesian meta-analysis. National Library of Medicine, National Center for Biotechnology Informatioon, July 23, 2019. https://pubmed.ncbi.nlm.nih.gov/31347796/. Last visited 5/24/23.
37: Black maternal mental health: The data, the barriers, and organizations to support. Maternal Mental Health Leadership Alliance. https://www.mmhla.org/articles/black-maternal-mental-health-the-data-the-barriers-and-organizations-to-support#:~:text=Almost%2040%25%20of%20Black%20mothers,the%20rate%20of%20white%20women. Last visited 5/24/2023
38: Fawcett, E.J., et.al. The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate bayesian meta-analysis. National Library of Medicine, National Center for Biotechnology Informatioon, July 23, 2019. https://pubmed.ncbi.nlm.nih.gov/31347796/. Last visited 5/24/23.

Other Relevant Legislation and Authorities

Health Equity and Accountability Act

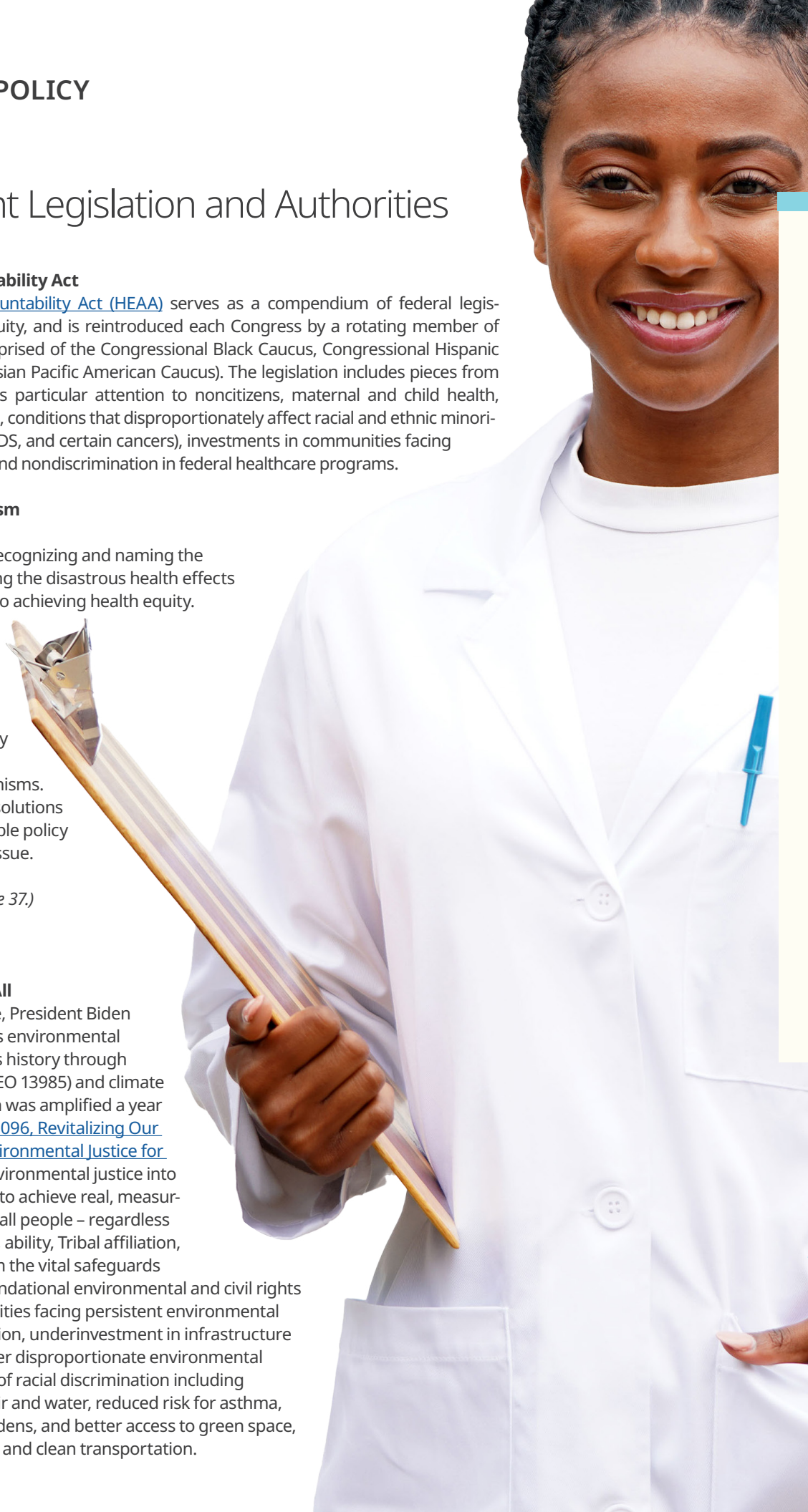
The Health Equity and Accountability Act (HEAA) serves as a compendium of federal legislation focusing on health equity, and is reintroduced each Congress by a rotating member of the Tri-Caucus (which is comprised of the Congressional Black Caucus, Congressional Hispanic Caucus and Congressional Asian Pacific American Caucus). The legislation includes pieces from other existing bills, and pays particular attention to noncitizens, maternal and child health, mental and behavioral health, conditions that disproportionately affect racial and ethnic minorities (such as diabetes, HIV/AIDS, and certain cancers), investments in communities facing health and other inequities, and nondiscrimination in federal healthcare programs.

Resolutions Declaring Racism as a Public Health Crisis

Part of tackling any issue is recognizing and naming the problem—and acknowledging the disastrous health effects of systemic racism is critical to achieving health equity. Throughout the country, leaders have introduced resolutions declaring racism a public health crisis. Although these resolutions are important first steps, they are non-binding and do not include enforcement mechanisms. It is imperative that these resolutions are followed up with actionable policy and funding to address the issue. (For more information, *please see the sidebar on page 37.)*

Executive Orders Advancing Environmental Justice for All

During his first week in office, President Biden launched the most ambitious environmental justice agenda in our nation's history through Executive Orders on equity (EO 13985) and climate justice (EO 14008). This vision was amplified a year later with Executive Order 14096, Revitalizing Our Nation's Commitment to Environmental Justice for All which further embeds environmental justice into the work of federal agencies to achieve real, measurable progress to ensure that all people – regardless of race, background, income, ability, Tribal affiliation, or zip code – can benefit from the vital safeguards enshrined in the nation's foundational environmental and civil rights laws. It will support communities facing persistent environmental injustice through toxic pollution, underinvestment in infrastructure and critical services, and other disproportionate environmental harms often due to a legacy of racial discrimination including redlining to ensure cleaner air and water, reduced risk for asthma, cancer, and other health burdens, and better access to green space, safe and affordable housing, and clean transportation.





Racism as a Public Health Crisis

The American Public Health Association (APHA) declared racism a public health crisis in October 2020, and has been tracking city and municipality racism declarations since June of the same year. According to its racism and health online analysis, more than 260 declarations proclaiming racism a public health crisis have been passed in localities across the U.S.

As of May 2023, leaders in 21 states, 94 counties and 147 cities have acknowledged that racism is a threat to health and adopted statements declaring it an emergency or crisis, according to the APHA.

While these declarations can be merely symbolic if not accompanied with funding resources and a framework for action, they can be important first steps and help drive meaningful change.

To see how, visit APHA's Storytelling Map and follow the policy journeys and outcomes of six jurisdictions: Boston, MA, Buncombe County, NC, Milwaukee County, WI, Minneapolis, MN, Austin, TX, and Multnomah County, OR.

The APHA has developed Analysis: Declarations of Racism as a Public Health Crisis to help guide the formulation of a racism declaration that can help spur strategic actions toward health and racial equity. These tools can be useful for public health advocates in their collaborative work with local policymakers.

ADDITIONAL TOOLS AND RESOURCES

- Raising the Bar, supported by the Robert Wood Johnson Foundation, "provides an actionable framework for the entire healthcare sector to embed equity and excellence throughout its work and help achieve optimal health for all."
- Raising the Bar for Maternal Health Equity and Excellence, from the National Partnership for Women & Families; toolkit for advocates
- Building a Movement, Transforming Institutions: A Guide for Public Health Professionals
- Equity Plan for Affordable Healthcare, a resolution from the National Hispanic Caucus of State Legislatures
- Building a Culture of Health: A Policy Roadmap to Help All New Jerseyans Live Their Healthiest Lives, the Robert Wood Johnson Foundation
- White House Blueprint for Addressing the Maternal Health Crisis, June 2022
- Fact Sheet: Biden-Harris Administration Announces New Actions to Tackle Nation's Mental Health Crisis, May 18, 2023.

ACTION STEPS - POLICY

HEALTHCARE INDUSTRY DECISIONMAKERS	■ Engage and compensate community leaders and organizations to provide their expertise on policy development. ■ Join forces with professional associations to advocate for increased Medicaid and Medicare provider rates.	■ Collaborate with community based leaders and government officials to establish. policies that address social determinants of health.
ELECTED OFFICIALS AND POLICYMAKERS	■ Apply a health equity lens in the implementation of policy and funding streams to secure the inclusion of community based organizations in health equity initiatives. ■ Integrate environmental and climate justice equity policies with health care programming.	■ Provide funding opportunities for health programming to tribal and indigenous communities. ■ Work to extend Medicaid postpartum coverage to one year in every state and to pass he Momnibus legislation on he federal leve.l
MULTICULTURAL ADVOCATES AND SERVICE PROVIDERS	■ Work to expand Medicaid in states that have not yet done so, to close gaps in care for individuals and communities. ■ Form coalitions with community partners, health leaders, and public officials to address the social determinants of health in local communities.	■ Ensure that patients' and community voices and lived experiences are heard and considered by policymakers.



Conclusion

The disproportionate impact of COVID-19 on underserved racial and ethnic communities in the U.S. and the coinciding movement for racial justice put a spotlight on systemic racism issues in healthcare. As a result, racism has been declared a public health crisis, and the Pfizer Multicultural Health Equity Collective and partner organizations including The Century Foundation, the National Minority Quality Forum, the Morehouse School of Medicine, and the National Association of County and City Health Officials have formed a bold cross-sector collaboration to address racism and structural inequities that contribute to racial and ethnic healthcare disparities. Their work to date has focused on amplifying practical solutions to disrupt drivers of inequity in four areas, which have been presented here along with links to helpful tools and resources that can help guide similar community collaborations and action to help advance health equity.

Healthcare Facilities and Delivery

Health equity in health facilities is crucial for improving overall health outcomes and reducing health disparities. Considerations for achieving health equity through healthcare delivery include a focus on increasing access to high quality healthcare services for underserved and marginalized populations, utilizing data to identify disparities, a patient-centered, value-based care approach to healthcare, involving patients in decision-making about their care, and development of interventions, programs, and services to address patient needs. Implementing and expanding Telehealth access and investing in Community Health Centers can also help to increase access.

It is essential that health policy leaders and leaders in health facilities recognize the value of investing in programs that can have an impact on social determinants of health. Ensuring that community members and leaders are at the table to facilitate collaboration and collaborative decision-making at health facilities and apply community insights that can improve health equity are important steps. Implementing Health in All Policies is a recommended approach that integrates health considerations into policymaking across all sectors, including housing, transportation, and education.

The board of directors of health institutions and facilities can play an important role in promoting health equity by setting strategic goals and objectives that prioritize equitable care, target health disparities, and address social determinants of health. Board leaders can keep organizations accountable to meeting their health equity goals and objectives by monitoring and measuring the impact of policies and services on health outcomes for different populations.

With regards to setting priorities for healthcare delivery, intentional focus must be given to enhancing cultural humility and cultural competence among current staff, supporting wellness for healthcare providers, and incorporating new staff with familiarity of underserved communities. By providing staff training, ensuring diverse leadership, providing patient support for health literacy, providing resources and support for healthcare providers working in underserved communities, and employing and fairly compensating Community Health Workers, Health Facilities and Healthcare Delivery Systems can advance health equity.

Workforce Pathways

The need to diversify the healthcare workforce is well documented. The COVID-19 pandemic highlighted healthcare gaps, including a nonrepresentative labor pool and intensified the stress on personnel, leading to the exodus of many healthcare providers from the workforce and increased



challenges. Intentional efforts are required to help correct the situation to improve health equity.

Early outreach interventions, as well as non-traditional and community-informed methods to prepare students for healthcare careers are needed for a well-equipped future U.S. healthcare workforce. Community Health Workers are a resource for diversifying the workforce. Providing opportunities for well-defined and enhanced roles of community health workers and activating all levels of government, tribes, and territories to promote a more robust and diverse U.S. healthcare workforce will produce positive health outcomes and advance health equity.

This guide offers several specific recommendations in each of these areas that can help build a healthcare workforce that can drive future change. From collaborating with Area Health Education Centers and community colleges to nurture health careers, to Medicaid expansion and building workforce development programs for community health workers, and working with all levels of government to establishing new funding streams and initiatives to meet the challenges of cultivating a diverse pool, there are a variety of paths that can be pursued by healthcare leaders, legislators and advocates in local communities.



Research and Data

A disconnect between policy, practice, and research seems to have disallowed effective solutions to persistent health disparities that disproportionately affect racial and ethnic underserved populations. Research and big data about health should drive sound policy and create practices to help eliminate these health inequities. Ancestry, ethnicity, and other demographic data is necessary to understand variations in health outcomes and a multisector approach is needed to help disaggregate data along these categories, in alignment with recent recommendations from The White House and the Robert Wood Johnson Foundation.

Transparency of public health data is also needed to facilitate use of the data by local advocates and governments that could lead to better understanding of the health needs and inequities in their communities, allocation of resources, and development of more efficient solutions. Equitable access to data for all community stakeholders, including tribal nations, can aid in formulating health programming to address the needs of population groups and expedite rapid response efforts to public health threats, such as pandemics. In addition, sharing of health research data from academic and private institutions with individual and organizational researchers could help facilitate research projects from the onset and answer the need for larger sample sizes and to identify intersectional markers of marginalized communities.

The availability of big data has the potential to address healthcare inequities by providing valuable insights and enabling informed decision-making. Big data can help to identify disparities, build predictive models, improve healthcare delivery, enable precision medicine, aid public health interventions, and leverage data from wearables and health monitoring platforms to track population health trends. While big data analytics can play a significant role in addressing healthcare inequities, they are not necessarily objective by design, and we must ensure that the collection of data from the onset is not based on any biased assumptions. Health advocacy organizations are also challenged by the costs and expertise required to be effective in leveraging big data. There is a need for more legislative support to increase government funding for community-led research and longitudinal studies.

Advocacy organizations can overcome some of these challenges by working collaboratively through a community data lake. Patient advocacy organizations can take advantage of a community data lake to address healthcare inequities by collecting and utilizing data from diverse sources, empowering and educating patients about controlling their own data, analyzing data to identify health inequities, collaborating with research stakeholders, and utilizing insights to advocate for necessary policy change. While a community data lake has many advantages, it is important for patient advocacy organizations to ensure data privacy, security, and compliance with applicable regulations when running a community data lake.

The National Minority Quality Forum (NMQF) has been collecting health data for 20 years and has built a data warehouse that contains over 5 billion patient records. In the summer of 2023, NMQF will launch a private cloud that will operate as a community data lake. The community data lake is intended to support the analysis of healthcare data in a way that identifies and addresses disparities in health outcomes and promotes health equity for all individuals. The goal is to provide researchers, policymakers, and healthcare providers with a comprehensive and integrated view of healthcare data that can be used to identify and address health disparities, and to develop targeted interventions that promote health equity.

While we must take steps to ensure access and exchange of data to derive solutions to racial health inequities, it is critically important to also consider necessary steps to ensure equity from the perspective of study design. Factors such as nurturing diverse researchers and establishing health equity principles in the initial design of any research project can improve the usefulness of data for creating solutions to health inequities.

Policy

Accountability for health equity at the federal, state, and local policy levels is no longer an option but an imperative. In developing new health care policies and systems, equity must be prioritized and incorporated from the start. Intentional efforts must be made to center the needs of the communities that have been systematically oppressed and those communities and their organizations must be involved from the beginning of policy formation and provided funding to help eliminate racial disparities in health care.

Medicaid expansion, health care coverage for immigrants, and enhanced reimbursement rates for Medicaid and Medicare are important policy areas that can help create more equitable access to health care and make an impact on health equity. It is also important to look beyond the health care sector and address the social determinants of health that disproportionately affect communities of color through impactful policy that eliminates factors of systemic racism. By helping to improve the interconnected systemic issues in housing, education, socio-economic, and environmental structures, policymakers will also make an impact on population health.

Effective policy can also improve and have impact on health conditions that disproportionately affect racial and ethnic communities, such as maternal health and infant mortality. The glaring health disparities affecting Black women require continued progress in this area and additional solutions to ensure reproductive health and improve health equity. Access to mental health treatment with an emphasis on culturally competent care that challenges the stigma that often exists around these services is also critical.

Other relevant policies to advance include the Health Equity and Accountability Act, which is a comprehensive package of federal legislation that addresses issues of health equity, and the reproduction of local and state resolutions declaring racism a public health crisis to provide a pathway for addressing the systemic issues in healthcare. It is important to set up a framework for accountability around these policies to pursue innovations that create positive change.

It is worth noting some common themes that flowed across the four areas for action:

- Health equity goals and objectives must be intentional and integrated into any strategic plan from the start of an action agenda. Be clear about the issues and outcomes you want to achieve.
- Involving patients and community voices in the formulation of health equity plans and policies is critical to the development of effective solutions. Be inclusive and collaborate with multi-sector community leaders, organizations and patients from the population being served.
- In any approach to addressing health equity, it is critically important to address the social determinants of health that disproportionately affect underserved communities. Systemic issues are interconnected and must be addressed through





the lens of the impact on population health.

- Leadership can make the difference in advancing health equity goals and objectives in health systems and local communities. Strong support from local, state, and federal government, business, and healthcare leaders is necessary for systemic change and long-term impact.
- It is important to establish a framework for action with outcome measures in specific areas and hold institutions, governments, and leaders accountable to meet health equity goals.

ACKNOWLEDGMENTS

CO-AUTHORS

Anna Bernstein
Fellow and Deputy Director
of Health Equity and Reform,
The Century Foundation

Melissa Bishop-Murphy
Co-Lead, Pfizer Multicultural
Health Equity Collective

Hassanatu Blake, Ph.D.
Director of Health Equity
and Social Justice,
National Association of
County and City Health Officials

Walter Conwell, M.D.
Chief Diversity & Inclusion Officer,
Morehouse School of Medicine

Niesha Foster
Co-Lead, Pfizer Multicultural Health
Equity Collective

Gary Puckrein, Ph.D.
President & CEO,
National Minority Quality Forum

Brian Smedley, Ph.D.
Equity Scholar, Urban Institute

CONTRIBUTORS

We want to thank everyone who participated in the working groups for the Health Equity in Action Guide.

HEALTHCARE FACILITIES AND DELIVERY

Amia M. Boone

Shonta Chambers, M.S.W.

Nicola Chin, M.D.

Errol Crook, M.D.

Kimberly Davis, Ph.D.

Burgess Harrison, M.B.A.

Ravi Kolli, M.D.

Yolanda Lawson, M.D.

Walkitria Smith, M.D.

Pierre Theodore

WORKFORCE PATHWAYS

Ashley Edmiston, M.P.H.
Marilyn A. Fraser, M.D.
Venus Ginés
Amanda Pears Kelly
Vacheria Keys, J.D.
Cassandra McCullough, M.D.
Michael Toedt, M.D.

RESEARCH AND DATA

Kimberly Haugstad, M.B.A.
Mason Patenaude, L.M.S.W.
Melanie Prince, M.S.N.
Lucy Rabinowitz Bailey, M.P.H.
Alex Sheldon, M.A.
Michael Smith, M.D.
Melicia Whitt-Glover, Ph.D.

POLICY

Darrin Anderson, Ph.D.
Tara Britt
Megan-Claire Chase
Kenneth Romero, J.D.
Suzi Ruhl, J.D., M.P.H.
Rhonda Smith, M.B.A.
Karalin Sprague, MSW
Elizabeth Yeh, Ph.D.

Pfizer
Multicultural
Health Equity
Collective

NATIONAL
MINORITY QUALITY
FORUM

NACCHO

MOREHOUSE
SCHOOL OF MEDICINE

THE CENTURY
FOUNDATION

PP-UNP-USA-2318
© 2023 Pfizer Inc. All rights reserved
Printed in USA/July 2023