Achieving Health Equity in States & Communities

Legislator Policy Brief
The Healthy States Initiative provides information state policymakers need to make decisions on public health issues. The Council of State Governments’ partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). The initiative brings state legislators together with public health experts and officials from the Centers for Disease Control and Prevention (CDC) and state health departments to share information and identify innovative policy solutions.

**Healthy States Resources for State Policymakers**

- **Healthy States Web site.** This unique Web site offers information and resources on many public health issues. Visit [http://www.healthystates.csg.org](http://www.healthystates.csg.org) to get information, sign up for publications and view the calendar and other information about the initiative.

- **Healthy States e-monthly.** This free monthly electronic newsletter brings the latest public health news, resources, reports and upcoming events to your inbox.

- **Healthy States Quarterly.** This free quarterly newsletter covers public health policy initiatives, innovative best practices, emerging disease prevention issues and information on Healthy States activities.

- **Healthy States Forums.** These forums, which bring together state legislators from across the country, feature educational sessions on public health issues, new legislator training and roundtable discussions with public health experts.

- **Healthy States Policy Briefs and Talking Points.** These resources, designed specifically for state legislators, address public health issues such as prevention of cancer and chronic diseases, HIV/AIDS and sexually transmitted diseases, use of vaccines, efforts to address health disparities and efforts to achieve wellness through community and school programs.

**For More Information**

Visit [http://www.healthystates.csg.org](http://www.healthystates.csg.org)

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Despite increased understanding of the causes, disparities in health status and health care persist in American communities. This brief examines a broad range of state policies and community initiatives that show promise in building health equity and making the national commitment to reducing health disparities a reality.

What Do State Legislators Need to Know About Building Health Equity?

Disparities related to race, ethnicity, age, gender, geographic location, income and education remain prevalent in U.S. health care. Disparities occur across health care settings, in access to and quality of services, and in health status and disease categories. Contributions to health inequities include:

- Socioeconomic factors, lack of health insurance, social environments, poor housing and racism;
- Individual health risk behaviors such as tobacco use, physical inactivity, and alcohol and drug use;
- Barriers to obtaining quality health care, such as:
  - cultural and community norms that cause people to not seek health care or trust providers;
  - poor language skills and lack of knowledge in using health care services;
  - lack of cultural understanding and prejudice or bias of health care providers; and
  - insufficient community resources to promote health.

Promising state and community-based policy solutions for reducing disparities include:

- **Targeted programs**: Initiatives are often implemented in nontraditional, non-health care settings in communities where inequities exist.
- **National effort to share successful community programs**: Building on federal grant support available through the Centers for Disease Control and Prevention’s REACH (Racial and Ethnic Approaches to Community Health) program, state and local public health departments, health care facilities, universities and other partners are using and evaluating community-based, targeted approaches to achieve health equity.
- **State efforts to support community programs**: States are creating information systems to monitor and document the health status of their residents, working to improve the cultural competence of the health care work force and including goals to reduce health disparities in all health and education programs.

What Can State Legislators Do to Help Achieve Health Equity?

- **Support and collaborate** with local community programs aimed at eliminating health inequities.
- **Consider legislation** to:
  - improve understanding of disparities through increased data collection;
  - improve access to care for underserved populations;
  - enhance the cultural competency of the health care work force; and
  - adopt health equity as a goal for all public health programs.
- **Provide funding and support** policies that seek to improve the environment of communities and encourage citizens to lead healthier lifestyles.
Support Community Collaboration

- Fund outreach and awareness-raising efforts by local coalitions addressing health disparities including community- and faith-based organizations, advocacy groups and minority health agencies.
- Support health disparities research and assist researchers in developing partnerships with credible local community groups that serve hard-to-reach populations.
- Convene forums to foster exchange of best practices among groups working to achieve health equity.

Develop Information Systems to Monitor Progress

- Support development of information systems for monitoring and addressing health disparities.
  - Ensure standardized reporting of race and ethnicity data across state programs to more accurately assess the extent of existing disparities.
  - Provide for establishment of baseline data to identify communities with high rates of death and illness and monitor state progress in closing the gaps.
  - Fund assessments of state mortality data, the cost of health disparities and the benefits of achieving health equity. For example, an estimated 83,000 excess deaths each year could be prevented nationally if the mortality gap between African-Americans and whites could be eliminated.

Enhance State Monitoring and Support for Communities

- Adopt health equity as a goal for all state health programs, set specific targets and identify outcome measures.
- Ensure state health agency management reflects the diversity of the state’s population.
- Fund state offices that address health disparities. Ensure their ability to coordinate efforts with other public and private programs and their ability to access health status and outcome data.
- Provide support for successful and promising community-based programs that foster increased use of screening and prevention services.
- Establish a standing commission on reducing health disparities and achieving health equity that includes both public and private sector members.
- Ensure that state agencies (including health and human services, education, transportation, housing, military affairs and emergency services) and the health care community are prepared to serve the health needs of all populations during natural disasters and catastrophic events.

Increase Access to Health Care

- Reduce the number of uninsured people by expanding eligibility for Medicaid and the State Children’s Health Insurance Program (SCHIP).
- Provide funding to increase community health centers’ ability to provide care in communities with health disparities.
• Provide funding for more medical interpreters and other language services in hospitals.
• Provide funding and support for health information technology and telemedicine services (the use of communication equipment to link health care providers and patients in different locations) in geographically remote areas with provider shortages.
• Establish policies to encourage use of regular caregivers—referred to as medical homes—rather than hospital emergency rooms for health care. Include medical home initiatives in the state Medicaid program. Such initiatives can reduce disparities, research shows.6

Support Public Information Campaigns

• Provide support for ongoing public education campaigns that encourage people to use preventive services.
• Support campaigns that are targeted to underserved populations and coordinated with public schools and community- and faith-based organizations.
• Establish a state Web site with culturally appropriate and linguistically correct health information for the public.

Improve Cultural Competence in the Health Care Work Force

• Encourage development of cultural and linguistic competency standards for health care providers to improve availability of health information and services.
• Work with colleges and universities to increase minority enrollment in health care training programs and include cultural competency training in clinical rotations.
• Provide financial incentive programs (scholarships, grants, loans, loan forgiveness, reimbursements, etc.) for minority providers to practice in underserved communities.
• Ensure that universities offer continuing education on culturally appropriate patient communication and improving patient health literacy.
• Provide funding for medical interpreter services in hospitals, medical interpreter training and certification programs, and language training for health care providers.

Improve the Environmental Health of Communities

• Provide funding to encourage healthier lifestyles by increasing green spaces, recreational facilities and walkable neighborhoods in communities without them.
• Provide financial incentives for grocery stores, farmers markets and food suppliers to increase availability of nutritious foods in low-income communities.
• Support policies to prevent harmful environmental consequences from disproportionately affecting communities with vulnerable populations. Ensure these communities participate in policy decisions that could affect their environment and health status.
Washington Plans to Improve Cultural Competence of Providers


Senate Bill 6197 (2006) created the Governor’s Interagency Coordinating Council on Health Disparities to develop a state plan to eliminate health disparities and recommend ways to improve culturally appropriate health literature and interpretive services in public and private health agencies.

See: http://www.sboh.wa.gov/hdcouncil/default.htm

New Jersey’s Strategic Plan to Address Disparities

House Bill 655 (2004) authorized an initiative coordinated by the Office of Minority and Multicultural Health, resulting in a 2007 plan that stresses:

- Improving standards for collecting and reporting race and ethnicity data;
- Increasing availability of culturally and linguistically sensitive materials and services;
- Increasing minorities in management positions at the state health department; and
- Increasing programs that exemplify promising practices.

See: http://www.state.nj.us/health/omh/plan/index.shtml

Michigan Supports Community-Based Programs

House Bill 4455 (2006) established the Health Disparities Reduction and Minority Health Program to fund community organizations addressing health conditions in specific populations, initiate disparities reduction by managed care organizations, and analyze state data across racial categories to identify and confront inequities. Using state and federal funding, the program supports community programs to reduce:

- infant mortality, diabetes, hypertension and obesity among African-Americans in Detroit;
- obesity among African-Americans and Latinos in Grand Rapids;
- cancers among Arabs in Dearborn and Detroit; and
- asthma among African-Americans in Ypsilanti.

See: http://michigan.gov/mdch/0,1607,7-132-2940_2955_2985---,00.html

Ohio Reduces Dental Disparities Through School Grants

School-based and school-linked dental sealant programs can reduce dental cavities by 60 percent. The Ohio Department of Health funds more than 20 dental sealant programs, serving about 30,000 kids in locales with high percentages of low-income families and limited access to dental care. Third-graders in participating schools are about five times more likely to have sealants than students where programs are not offered. Third-graders in all racial and income groups at participating schools in 2001 achieved the 2010 national goal of 50 percent of children having sealants, while no single group met the objective at schools without sealant programs.

North Carolina: Church-Based Diabetes Management Program

_A New DAWN: Diabetes Awareness & Wellness Network_ is a church-based diabetes self-management education program for African-Americans with type 2 diabetes. Peer church diabetes advisers, acting as both cultural translators and diabetes control advocates, provide individual counseling and group education. The advisers also make follow-up phone calls and send postcards reinforcing the importance of good clinical care and self-management. The program compiled a diabetes resource manual, planned a health fair and maintains a bulletin board with diabetes information and recipes for the entire church community.

Similar church-based education and screening programs are effective in changing African-Americans’ health behaviors. Such programs can provide opportunities for health education that would not normally exist, especially in rural areas.

See: [http://www.cdc.gov/pcd/issues/2006/jul/05_0085.htm](http://www.cdc.gov/pcd/issues/2006/jul/05_0085.htm)

Texas: Lay Health Workers Increase Screening Rates

The AMIGAS program was developed by University of Texas at El Paso researchers who used promotoras, or lay health workers, to increase cervical cancer screening among women of Mexican heritage who are less likely than other women to be screened for cervical cancer. The program:

- increases patients’ knowledge and positive attitudes about screening;
- recruits family members to encourage women to undergo screening; and
- eliminates barriers through convenient clinic hours and use of bilingual staff.

Researchers hope promotoras are employable in a variety of settings to increase screening.

See: [http://publicaffairs.uth.tmc.edu/media/newsreleases/nr2008/cdc-cervicalcancer.htm](http://publicaffairs.uth.tmc.edu/media/newsreleases/nr2008/cdc-cervicalcancer.htm)

Louisiana: Reducing Heart Disease and Stroke Disparities

The state’s Heart Disease and Stroke Prevention program supports two national initiatives that communities can modify to address disparities in heart disease and stroke:

- **Search Your Heart**, promoted by the American Heart Association, helps faith-based organizations reach African-Americans and Hispanics through professional health screenings and referrals for heart disease and stroke. Education on healthy cooking and nutrition, exercise and fitness, community coalitions and stress management is included. There is also a Spanish version, _Conozca Su Corazon_.

- **Sisters Together: Move More, Eat Better** is an initiative implemented by researchers at historically black Southern University in Louisiana. Designed to improve weight maintenance and health behaviors in African-American women, the program’s activities, messages and materials are culturally appropriate and include community walking groups, supermarket tours and a cable TV cooking show. The program raises awareness in African-American women using national and local newspapers, magazines, radio stations, schools, and consumer and professional organizations.


Achieving Health Equity in States & Communities

Advice from a State Legislator

Shirley Nathan Pulliam  
Maryland House of Delegates

Del. Shirley Nathan Pulliam chairs the Minority Health Disparities Subcommittee in the Maryland House of Delegates. She has been prolific in the area of health disparities and has sponsored legislation to:

- establish cultural competence and health literacy training in universities and integrate it into continuing education requirements (House Bill 883, 2003);
- require implementation of a state plan to reduce disparities (House Bill 883, 2003);
- create the state Office of Minority Health and Health Disparities (House Bill 86, 2004); and
- pilot a cultural competency training program for health care providers (House Bill 1455, 2006).

Her Advice to State Legislators:

- **Bring Legitimacy and Stability to State Disparities Efforts:** “There are a lot of offices of minority health but they’re not in statute. That means if the government changes, (you might not) have the same intensity (given to inequities) … They may wipe it out. So it is important that states do move to make sure that their (office of minority health) is in statute.”

- **Cultural Competency of Health Professionals is Key:** “Whenever I get the opportunity, I’m out speaking before nursing groups and before physicians and other groups to inform them that people trust people who look like them and if you don’t look like them, then you need to understand their issues. And even those who look like them need to still have courses in cultural competence.”

- **Building Health Equity Requires Persistence:** “I’ve been in the legislature going on 14 years. I’ve been talking health disparities since I got here. For five or six or seven years I was very invisible. Nobody actually listened to what I was saying … But what I did was continue to (introduce) legislation, chipping away at the problem. I put in legislation on stroke care, on HIV/AIDS, substance abuse, sickle cell anemia—anything I knew there were tremendous disparities in … I could do (disparities) all day and I still haven’t begun to scratch the surface.”

- **Some Still Need Convincing That Disparities Exist:** “There are still people who don’t buy it and there’s still people who buy it but they are not about to do anything about it. So you’ve got to get the political will. It takes awhile … I got (some) bills passed without any money (attached). I got them passed just with promises and in-kind contributions from different organizations.”

- **The Economic Impact of Inequities Can Help Convince Doubters:** “What I’ve discovered that is working more effectively is to tie it into economics and money … You’ve got to know if you have X number of people dying from cardiovascular disease and spending more of their days in hospitals and running up the costs, you can’t have a productive state …”
Rep. Dwight Evans, chairman of the House Appropriations Committee, was instrumental in establishing the Pennsylvania Fresh Food Financing Initiative, a program that works to increase the number of supermarkets and grocery stores in underserved communities.

His Advice to State Legislators:

- **Build Coalitions, Engage Partnerships:** “We took a relatively small investment in terms of state dollars—$30 million out of a budget that runs into the billions—leveraged that with some private money and [created] change. I think that’s one of the reasons this program has been so well recognized because it’s a win for everybody. We’re not only investing in people. Obviously we want people in our communities to have access to fresh fruits and vegetables and to be healthy. But it creates economic development, it stabilizes communities, it creates jobs. One little program like this is doing all that across the state of Pennsylvania.”

- **The Solutions Don’t Have to Be Complex or Expensive:** “This is a simple concept. You take some state money. You get some private dollars … You get people some of the startup money that they need to either start a grocery store or to expand or improve the facility that they’re in … You open up grocery stores in communities, you give people access to fresh fruits and vegetables, and all kinds of other good things will happen.”

- **Evidence of Disparities Can Influence the Powerful:** “You kind of suspect anecdotally that if people are living in an underserved area, and they don’t have fresh fruits and they don’t have access to fresh vegetables, and they’re not being educated about a healthy lifestyle, you can presume that they’re probably unhealthy. But when (I saw maps that) so clearly showed that the incidence of (diet-related) disease was greater in some of the worst poverty-stricken neighborhoods of Philadelphia, I think it hit home … So then you (begin to think about) the positive steps that we can take to start to make change happen.”

Want to Know More?

*We’ll help you find experts to talk to about this topic.*

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we’ll help you connect with:

- an expert on this issue from the CDC;
- fellow state legislators who have worked on this issue; or
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to *healthpolicy@csg.org* or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.
Achieving Health Equity in States & Communities

Key Facts and Terms

Inequities Exist in Access to, Use of and Quality of Services

- Health gaps can result from economic, geographic, linguistic and cultural factors.\(^7\)
- According to the 2006 National Healthcare Disparities Report, income was the most powerful predictor of disparities in access to and use of health care services,\(^1\) and
  - Hispanics, African-Americans and low-income people received poorer quality care than whites;\(^1\)
  - Compared to whites, Asian-Americans and Hispanics use routine care and most health care services less often. African-Americans and low-income individuals use routine care less often, use emergency departments and hospitals more often, and have higher avoidable admission rates.\(^1\)
  - Hispanics and African-Americans are more likely than whites to lack a regular source of care. More than 40 percent of Hispanics and 20 percent of African-Americans lack a “medical home” compared to about 15 percent of whites and Asian-Americans.\(^6\)

Inequities Exist in Health Insurance Coverage

- Hispanic adults are three times more likely to be uninsured than white adults.\(^8\)
- More than 40 percent of low-income adults are uninsured.\(^8\)
- African-American children are twice as likely and Hispanic children are three times as likely to be uninsured as white children.\(^8\)

Inequities Exist in Work Force Diversity and Cultural Competency

- Provider discrimination and miscommunication with patients result in disparities.\(^3\)
- Hispanics and African-Americans represent only 10 percent of the physician population but more than 25 percent of the U.S. population.\(^1\)

Inequities Exist in Health Status and Death and Disability

- **Health Status and Deaths:** African-Americans, Alaska Natives, American Indians, Asian-Americans, Hispanics and Pacific Islanders are more likely than whites to have poor health and to die prematurely.\(^9\) More than 80,000 deaths each year could be prevented if the mortality gap between African-Americans and whites were eliminated.\(^5\) In 2000, infant mortality among African-Americans was more than twice as high as for whites.\(^10\)
- **Chronic Diseases:** Minorities, women and low-income populations disproportionately die or experience disability from cardiovascular disease, compared to white men.\(^11\) African-Americans are twice as likely as whites of similar age to have diabetes.\(^12\) African-American women are less likely than white women to have either breast or cervical cancer, but those affected are more likely to die.\(^13\)

What is the Impact of These Inequities?

- Individuals from racial and ethnic minority populations have shorter life expectancy, decreased quality of life and fewer economic opportunities.\(^2\)
- These inequities result in unnecessary decreased productivity, increased health care costs and perpetuation of social injustice.\(^2\)
Community Programs Encourage People to Obtain Preventive Services

Community-based organizations around the country are addressing specific health disparities with targeted programs, using these strategies:

- reaching out to populations experiencing the disparities to learn how to best communicate health information to them;
- developing culturally appropriate educational materials; and
- launching media and marketing campaigns to encourage them to obtain prevention and other health services.

Although there is not yet enough data to consider these programs best practices, many studies, reports and recommendations have begun to document success. A great deal of research is under way to identify the programs that will most effectively reduce disparities.

National Effort to Share Successful Community-Based Programs

Established in 1999, Racial and Ethnic Approaches to Community Health, also known as REACH, is the CDC’s program to eliminate disparities. In 2007, 40 community programs in 22 states received funding to address disparities in six key health areas: heart disease, diabetes, breast and cervical cancer, immunizations, infant mortality and HIV/AIDS. REACH funds programs addressing disparities in five racial and ethnic groups: African-Americans, Hispanics/Latinos, Asian-Americans, Hawaiians/Pacific Islanders and American Indians/Alaska Natives.

Twenty-two of the funded programs are designated as Action Communities to implement and evaluate proven approaches targeted to specific population groups. The other 18 REACH programs are designated as Centers of Excellence in the Elimination of Health Disparities. Drawing on expertise with specific ethnic populations, these resource centers will disseminate information on practices that work and train new communities to follow in the footsteps of successful ones.

State Oversight and Monitoring Supports Community Programs

State policies around the country are addressing inequities by:

- giving legislative authority to minority health offices and disparities commissions to ensure their stability and success;
- improving state capacity to monitor health status and respond to the health needs of communities through improved data collection;
- expanding health insurance coverage to populations affected by inequities and connecting patients to a “medical home”;
- working with educators and health care providers to recruit more minorities in the health professions, improve access to culturally competent health services and reduce provider and facility shortages in affected communities;
- facilitating dialogue with local health departments and community-based organizations on successful and promising methods to decrease health inequities; and
- supporting community-based organizations using promising methods to reduce inequities.
**Resources**

**Centers for Disease Control and Prevention (CDC)**
- Cancer-Related Programs
  [http://www.cdc.gov/cancer/depc/about/programs.htm](http://www.cdc.gov/cancer/depc/about/programs.htm)
- Division of Adolescent & School Health
  [http://www.cdc.gov/HealthyYouth/](http://www.cdc.gov/HealthyYouth/)
- Division of Oral Health: State-Based Programs
- Heart Disease & Stroke Prevention Program
  [http://www.cdc.gov/DHDSP/state_program/index.htm#map](http://www.cdc.gov/DHDSP/state_program/index.htm#map)
- Nutrition & Physical Activity Program
  [http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/funded_states/index.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/funded_states/index.htm)
- Office of Minority Health & Health Disparities
  [http://www.cdc.gov/omhd](http://www.cdc.gov/omhd)
- Racial & Ethnic Approaches to Community Health (REACH)
  [http://www.cdc.gov/reach](http://www.cdc.gov/reach)
- State-Based Diabetes Prevention & Control Programs

**Healthy States Initiative**
- Legislator Policy Briefs
  - Local Solutions to Racial and Ethnic Health Disparities
  - Addressing Adolescent Health Disparities Through Schools
- Talking Points:
  - Achieving Health Equity in States and Communities
  - Local Solutions to Racial and Ethnic Health Disparities
  - Eliminating Disparities in Immunizations
  - Disparities in Sexually Transmitted Diseases
- State News:
  - REACH-ing New Heights: Program to Eliminate Health Disparities Enters New Phase
- Tool Kit: Preventing HIV/AIDS and Sexually Transmitted Diseases

**National Black Caucus of State Legislators**
[http://www.nbcsl.org](http://www.nbcsl.org)

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Achieving Healthy Equity in States & Communities

Resources

Policies That Work Based on the Research Evidence

1. **Promote healthy eating.**
   Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Providing access to healthful foods and nutrition information in every community makes it easier for people to make healthy food choices.

2. **Get people moving.**
   Community information campaigns and easy access to safe places for physical activity help people become more physically active and lower their risk of chronic diseases.

3. **Help smokers to quit and youth to never start smoking.**
   Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—effectively curb smoking and reduce the incidence of cancer and heart disease.

4. **Encourage prevention coverage.**
   Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven strategies to increase the rates of people taking preventive action.

5. **Promote health screenings.**
   Policies that promote—through workplace health programs and media campaigns—the importance of health screenings in primary care settings are proven ways to help reduce rates of chronic disease.

6. **Protect kids' smiles.**
   Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven methods to dramatically reduce tooth decay.

7. **Require childhood immunizations.**
   Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8. **Encourage immunizations for adults.**
   Policies that support and encourage immunizations of adults—including college students and health care workers—reduce illness, hospitalizations and deaths.

9. **Make chlamydia screenings routine.**
   Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10. **Promote routine HIV testing.**
    Making HIV testing part of routine medical care for those ages 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC’s mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily–determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state’s public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State–specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC’s efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.
The Council of State Governments’ (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG’s partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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