



**ELIMINATING  
HEALTH  
DISPARITIES  
IN HEALTH**

**REFORM**

**ADVOCACY TOOLKIT  
2009**

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## OVERVIEW

Dear Advocate,

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

Health reform legislation currently being developed by Congress presents a unique opportunity to address deficiencies in our nation's health system and work towards the elimination of health disparities. Unfortunately, the issue of health disparities has largely been excluded from the health reform debate. As a constituent, your voice is critical to changing the debate. How else can your legislators know and be responsive to the needs and concerns of your community?

This toolkit includes information and resources on different strategies for engaging in grassroots advocacy to urge members of Congress to address health disparities in health reform legislation. Organizations, community leaders and individuals are encouraged to use and disseminate the toolkit. Together, we can affect policy!

Sincerely,

Lark Galloway-Gilliam, MPA  
Coordinator  
National Health Equity Coalition

The National Health Equity Coalition is a policy and advocacy network with participation from a broad cross section of national health and human rights organizations along with community-based organizations, universities and public health advocacy groups committed to the elimination of racial/ethnic health disparities and the achievement of health equity.

## ADVOCACY EXPLAINED

Advocacy describes the activity of organizations and individuals that speak out for social or political reform. It is an instrument for protecting our well-being and improving quality of life. In fact, it is our civic duty to engage in advocacy to educate policymakers about the needs of our communities and hold them accountable for decisions that impact our lives. In the past, our communities have relied on a single organization or charismatic person to take up a cause and advocate on our behalf—a leader. Today’s challenges, like reforming our health system, demand that leadership be diffused among various organizations and individuals with a range of experiences and expertise.

An organization or individual’s voice can increase awareness about an issue and influence the actions of policymakers. To become an advocate of eliminating health disparities in health reform legislation, an organization or individual must feel passionately about the issue and have the time and motivation **to do something** with that passion. They can employ a variety of advocacy strategies, such as arranging a meeting, making a telephone call, writing a letter, attending a town hall meeting, and writing an Op-Ed or letter to the editor of a newspaper. Of course, any method that informs a policymaker about your opinion can be considered an advocacy strategy, including organizing rallies, petitions and even blogging.

The following are the most common advocacy strategies:

- **Meeting with legislators** or their staff in person is one of the most effective ways to influence health reform legislation. Taking the time to schedule and then attend a meeting shows your interest in and commitment to affecting legislation to eliminate health disparities.
- **Calling legislators** or their staff is an easy way to express support for addressing health disparities in health reform legislation, guarantees that your position is heard and gives you the opportunity to ask where the legislators stand on the issue of health disparities.
- **Writing to legislators** allows you to express support for addressing health disparities in health reform legislation and maintain documentation of your advocacy activities that can be shared with colleagues and other policymakers.
- **Attending a town hall meeting** is an opportunity to raise awareness about the importance of addressing health disparities in health reform legislation among participants in the town hall meeting, the legislator and other presenters, and often the media that cover the event.
- **Media advocacy**, such as writing an Op-Ed or letter to the editor of a newspaper or other media outlet, is another method for creating awareness about health disparities and how they impact your community at the local level and create pressure to address the issue at the national level.

When engaging in any advocacy strategy, keep the following tips in mind:

- Define a clear position and desired outcome. In defining the desired outcome, advocates should also discuss potential areas of compromise and outline issues that are not negotiable. Advocates must be willing to abandon a strategy if the only way to achieve a part of the plan is to compromise on the non-negotiable issues.
- Be proactive and positive. It is important that organizations and individuals advocate from a position that is proactive and positive. Negative messages in opposition to another groups' initiatives or issues may put you at a disadvantage
- Collaborate with other organizations and individuals. As with most things, there is strength in numbers. Finding collaborative partners that bring different strengths to the endeavor is critical.

No matter the advocacy strategy, health equity advocates should communicate a strong and coordinated message. Incorporate the **Ten Recommendations for Eliminating Health Disparities in Health Reform Legislation** into your communications with legislators. The rest of the toolkit provides tips on how to do so.



## Ten Recommendations for Eliminating Health Disparities in Health Reform Legislation

A priority of health reform legislation must be to eliminate long-standing disparities in health status and health care experienced by racial and ethnic minorities and other disadvantaged populations. According to a recent report by the U.S. Department of Health and Human Services, racial and ethnic minorities experience disproportionately higher rates of debilitating disease such as obesity, cancer, diabetes and AIDS. For example, 48% of African American adults suffer from chronic disease compared to 39% of the general population.

Health disparities can be traced to unequal social, economic and environmental conditions that limit access to health care, healthy foods, healthy housing, healthy communities, and even healthy working conditions. To achieve health equity, our health system must remove barriers to health care and healthy environments, and more equitably distribute available resources. Health reform legislation must include the following ten recommendations:

- 1. Sustain and support the role of traditional safety-net institutions:** Minority and health disparity populations are more likely to access health care in safety-net institutions, such as community health centers and public hospitals. These institutions often represent the only access point in otherwise under-resourced communities. Support should be provided to sustain these institutions. In particular, reimbursement under public insurance plans, including Medicaid and CHIP, must be adequate to ensure these institutions are viable and are able to recruit and retain sufficient providers.
- 2. Improve enrollment in public health insurance programs and ensure access to a medical home:** People who do not have access to health insurance and a usual source of primary and preventive health services are more likely to suffer from poor health. Health reform legislation should ensure that everyone who is eligible for public health insurance programs are enrolled by streamlining and simplifying enrollment procedures. In addition, health reform legislation should ensure that everyone has a “medical home”—a primary health care setting where a person has access to providers and regular, well-organized care.
- 3. Expand community-based prevention and wellness:** Community-based prevention and wellness programs address the unique health needs of communities, including the social, economic and environmental determinants of health. A greater investment is necessary to expand grants and demonstration projects to support community-based programs designed to reduce health disparities and barriers to health services through education and outreach, health promotion and disease prevention activities, and health literacy education and services.
- 4. Increase diversity among the health professions and address shortage areas:** Underrepresented minorities make up more than 25% of the population, but only represent about 10% of the health professions workforce. A greater representation of racial and ethnic minorities in the health professions workforce can reduce health disparities by improving access to and quality of health services among minority populations. Additional funding must be invested in the Public Health Service Act Title VII and VIII diversity programs that make medical schools more affordable for minority students. In addition, the National Health Service Corps, AIDS Education and Training Centers, and Graduate Medical Education programs should be expanded to strengthen the recruitment, retention and distribution of health professionals.

5. **Ensure cultural and linguistic competence in health care settings:** Poor communication with health service providers due to cultural differences and language barriers results in a host of problems, including less access to health services and poor adherence to medical recommendations. Health care and public health providers and systems must be culturally competent and language access services must be accessible to meet the needs of our increasingly diverse population.
6. **Require data collection on health disparities:** All efforts to reduce health disparities and barriers to quality health services require better, more consistent data. Federal, State and local governments and health care and public health providers must be required to collect and accurately report standardized demographic data on the community and patients, and be provided the resources to do so. Data and findings should be disseminated to inform policy decisions and assist in efforts to eliminate health disparities.
7. **Improve interagency coordination and implement health impact assessments:** Health among populations is intricately tied to community design and directly affected by policies and programs across various sectors, including housing, transportation, environment, land use, labor, and education. Health reform legislation should require better collaboration and coordination among programs that serve minority populations to more effectively address health disparities. In addition, health impact assessment should be required to assess the impact of policies and programs on the health of communities and health disparities.
8. **Adopt quality improvement policies and programs that address the health care needs and challenges of the underserved:** Quality improvement and pay-for-performance policies must take into account the needs and challenges of populations and communities that have traditionally suffered health disparities and barriers to health services, and reward efforts that reduce disparities and barriers. Studies should be done to ensure that efforts to improve quality of care for the general population, such as the development of quality measures under pay-for-performance programs, do not inadvertently exacerbate health disparities.
9. **Address the unique needs of underserved rural and inner-city communities:** Minority and low-income rural and inner-city communities suffer disproportionately from health disparities. Although they share some similar barriers to reducing health disparities, such as difficulty recruiting and retaining health service providers, their challenges are often distinct. For example, rural communities face factors such as geographic isolation and lack of transportation, and inner-city communities confront unhealthy and unsafe environments. Offices should exist within the Department of Health and Human Services to focus on the distinct needs of these two types of communities.
10. **Foster greater equality through the enforcement of civil rights laws that impact health:** The Institute of Medicine's Unequal Treatment report found that enforcement of civil rights laws (Title VI of the Civil Rights Act of 1964) is necessary for reducing health disparities. Health reform legislation should ensure that health service providers are aware of their obligations to comply with civil rights laws and that the Office for Civil Rights at the Department of Health and Human Services, the agency charged with enforcement, is given sufficient resources to investigate complaints of possible violations by individuals and to initiate compliance reviews of health service providers.

The National Health Equity Coalition is a policy and advocacy network with participation from a broad cross section of national health and human rights organizations along with community-based organizations, universities and public health advocacy groups committed to the elimination of racial/ethnic health disparities and the achievement of health equity. For more information, contact Nicky Bassford at [nicky@chc-inc.org](mailto:nicky@chc-inc.org).

## MEETING WITH LEGISLATORS

Legislators and their staff are available to their constituents in their district offices and in the Capitol. While Congress is in recess over the month of August, you have a better opportunity to meet with your Senators and Representative in their district offices.

**Request an appointment early.** Contact your legislator's office via letter, email, fax, or phone call to request an appointment. If you want to meet with your legislator in the district, contact the district office. If you will be visiting the Capitol, contact that office.

### **Your appointment request should:**

- Be addressed to the legislator and to the attention of the appointment scheduler
- Identify yourself as a constituent
- Describe who you are and what you want to discuss
- Identify the days and times when you are available to meet
- Provide the names of any colleagues who may accompany you.

**Follow up on your request.** Call the legislator's office and ask about the status of your request referring to your previous letter, email, fax or phone call. If the legislator is unavailable during the days and times you specified, ask to meet with the legislative staff person who handles health issues. Staff members have a lot of influence on legislators' opinions and positions.

### **Here are some tips to keep in mind for conducting a meeting:**

- Arrive on time and know with whom you are meeting. Be flexible as Congressional schedules are notoriously fickle and your visit may be canceled or delayed, or you may end up meeting with a different staff member. The duration of the meeting will vary as well and may last from just a few minutes to as long as an hour.
- Bring colleagues with you to show support for your position. Prior to the meeting, agree on the points each person will discuss.
- Be relaxed, polite and professional, and do not confront, threaten, pressure, or beg. Your legislator (or their staff) are as eager as you are to make a favorable impression and to have a cordial visit
- Introduce yourself and your colleagues. If you are representing an organization, explain the organization's mission, work and the population it serves. If you are an individual, introduce yourself as a concerned constituent and describe your expertise in health disparities and the health system.
- Deliver your message in three minutes. Clearly and concisely explain the importance of addressing health disparities in health reform legislation and provide recommendations for doing so. Specific requests are expected, so be comfortable and upfront about giving your suggestions.
- Demonstrate how health disparities impact constituents by providing stories and examples from your family, community and work.
- Ask what the legislator's position is and why.
- Be prepared to answer questions, particularly about counterargument, and offer your time and assistance in the future. Do not make promises you can't deliver.
- Leave behind a business card, information about your organization, the **Ten Recommendations for Eliminating Health Disparities in Health Reform Legislation**, and any fact sheets, reports, articles, or other materials that support your position.

- Follow up with a thank you letter and any additional information you may have promised or that may be relevant to the issue.

## Sample Request for an Appointment

August \_\_, 2009

The Honorable \_\_\_\_\_

Attention: Scheduler

United States Senate/ U.S. House of Representatives

Washington, DC 20510 (Senate)/ 20515 (House) **[or district office address]**

Dear Senator/ Representative \_\_\_\_\_,

As a constituent and health equity advocate, I am writing to request an appointment with **[Senator/ Representative]** \_\_\_\_\_ in **[Washington, DC or town where the nearest district office is]** on **[dates and times available]** to discuss the need to address in health reform legislation long-standing disparities in the health and health care experienced by racial and ethnic minorities and other disadvantaged populations.

Health reform legislation currently being developed by Congress presents a unique opportunity to address deficiencies in our nation's health system and work towards the elimination of health disparities. In particular, health reform legislation needs to \_\_\_\_\_ **[list one or more key recommendations that you have expertise in]**.

Please contact me to let me know when you are available to meet. I will follow up with you in the next week by phone. Thank you for considering my request.

Sincerely,

**[Name]**

**[Home address]**

**[Telephone number]**

**[Email address]**

## Sample Thank You Letter

August \_\_, 2009

The Honorable \_\_\_\_\_  
United States Senate/ U.S. House of Representatives  
Washington, DC 20510 (Senate)/ 20515 (House) **[or district office address]**

Dear Senator/ Representative \_\_\_\_\_,

Thank you for the opportunity to meet with you and your staff on \_\_\_\_\_ **[date of meeting]** in your \_\_\_\_\_ **[Washington, DC or district office location]** office. I was very pleased to hear that you support the inclusion of strong provisions to reduce health disparities and work towards health equity in health reform legislation. It is a pleasure counting on the support of a leader like you as we work to improve the health of racial and ethnic minorities and other disadvantaged populations.

Please do not hesitate to contact me if you have any questions and I look forward to working with you and your staff on this issue.

Sincerely,  
**[Name]**  
**[Home address]**  
**[Telephone number]**  
**[Email address]**

## CALLING LEGISLATORS

Legislators regularly ask their staff to report on the issues and opinions expressed by constituents calling the office. When calling a legislator's office, you should be as concise as possible and provide much of the same information as you would in an in-person meeting. Be sure to:

- Identify yourself as a constituent.
- Explain the issue, your recommendations and the impact on constituents in your State or Congressional district.
- Make sure your communication is timely. Call when legislation is scheduled to be discussed or voted on in committee or on the House or Senate floor.
- Ask what the legislator's position is and why.

To call your Senators or Representative's Washington, DC office, call the **U.S. Capitol Switchboard at (202) 224-3121** and ask for the office of Senator/Representative \_\_\_\_\_. You can also call his/her State or district office.

## Sample Phone Script

Hello, my name is \_\_\_\_\_ and I am a constituent and health equity advocate in your **[State/Congressional district]**.

I am calling to urge Senator/Representative \_\_\_\_\_ to ensure that health reform legislation includes strong provisions to reduce long-standing disparities in health status and health care experienced by racial and ethnic minorities and other disadvantaged populations.

Health and health care inequality exact a huge human and economic toll on the nation. Their persistence means that millions of Americans and their families suffer needlessly from a high burden of illness and mortality. Health disparities leave these Americans less able to contribute to the nation's economy and productivity, and to participate fully in social, civic and political affairs in their communities.

In particular, I urge you to do everything you can to ensure that health reform legislation \_\_\_\_\_ **[list one or more key recommendations that you have expertise in]**.

Thank you for your attention to my request and I look forward to hearing Senator/Representative \_\_\_\_\_'s position on the importance of reducing health disparities in health reform legislation. Please do not hesitate to contact me if you have any questions or if there is anything I can do to help you advance this important cause.

**[Leave your name, home address, phone number, and email address so the office can follow up with you at a later time.]**

## WRITING TO LEGISLATORS

Legislators also ask their staff to report on the issues and opinions expressed by constituents that write them letters. They often use stories and examples from constituent mail to make points during speeches and debates, and to influence the opinions of other legislators.

Encourage others to send a similar letter. Legislators react to the volume of letters they receive on an issue. Forward your letter to partner organizations and encourage them to send a similar message. You also can create an action alert, which is a message that an organization sends to its supporters calling on them to send your letter to their members of Congress.

### Here are some tips to keep in mind when writing a letter:

- Identify yourself as a constituent and introduce who you are. Indicate if you are representing an organization and explain the organization's mission, work and the population it serves.
- If representing an organization, use your organization's letterhead.
- Use the proper format and form of address (see sample letter)
- Limit your letter to no more than one page.
- Clearly and concisely state the purpose of your letter, explain the importance of addressing health disparities in health reform legislation and provide recommendations for doing so.
- Identify any specific bills by title and number.
- Highlight your personal experiences with health disparities and statistics on disparities and their impact on constituents in the legislator's State/Congressional district. Be sure the information and data you provide is accurate.
- Thank the legislator for taking the time to read your letter, praise him/her for any efforts he/she has made to advance your cause and ask your legislator to respond to the issue(s) you raise.
- Make sure your communication is timely. Send the letter when legislation is scheduled to be discussed or voted on in committee or on the House or Senate floor.
- Letters can be sent via email or fax to the office of your legislator. These days, most legislators have an online email form you can access on their website. You can also a letter through U.S. mail, but it may take several weeks to arrive due to security and is thus not recommended for timely communications.

## Sample Letter or Action Alert

August \_\_, 2009

The Honorable \_\_\_\_\_  
United States Senate/ U.S. House of Representatives  
Washington, DC 20510 (Senate)/ 20515 (House) **[Or district office address]**

Dear Senator/ Representative \_\_\_\_\_,

As a constituent and health equity advocate, I am writing to urge you to ensure that health reform legislation includes strong provisions to reduce long-standing disparities in health status and health care experienced by racial and ethnic minorities and other disadvantaged populations.

Health and health care inequality exact a huge human and economic toll on the nation. Their persistence means that millions of Americans and their families suffer needlessly from a high burden of illness and mortality. Health disparities leave these Americans less able to contribute to the nation's economy and productivity, and to participate fully in social, civic and political affairs in their communities.

In particular, I urge you to do everything you can to ensure that health reform legislation includes the following 10 critical provisions:

1. Helps sustain and support the role of traditional safety-net institutions;
2. Improves enrollment in public insurance programs and ensures access to a medical home;
3. Expands community-based prevention and wellness programs;
4. Increases diversity among the health professions and addresses shortage areas;
5. Ensures cultural and linguistic competence in health care settings;
6. Requires data collection on health disparities;
7. Improves interagency coordination among programs and policies that serve minority populations and requires health impact assessments;
8. Encourages the adoption of quality improvement policies and programs that address the health care needs and challenges of underserved communities;
9. Addresses the unique challenges minorities and underserved populations face in rural versus inner-city communities;
10. Fosters greater equality through the enforcement of civil rights laws that impact health.

Health reform legislation presents a unique window of opportunity for Congress to address deficiencies and gaps in our health system and work towards eliminating health disparities. I hope you will consider my request and support the inclusion of these important provisions in health reform legislation. Thank you for taking the time to read my letter and I look forward to your reply.

Sincerely,  
**[Name]**  
**[Home address]**  
**[Telephone number]**  
**[E-mail address]**

## ATTENDING A TOWN HALL MEETING

Many legislators hold town hall meeting in their States or districts during the August Congressional recess in order to hear directly from their constituents and their needs and concerns. Find an upcoming town hall meeting in your community by calling the nearest district office of your Senators and Representative or searching their websites.

### Keep these tips in mind for speaking at a town hall meeting:

- Prepare your message before attending the meeting. It is important to know what topic or issue the town hall meeting will be discussing. Advance preparation will ensure that you have enough time to make your statement, request or ask your question, and that you will be clear, accurate and concise.
- Know something about the elected official(s) hosting or participating in the meeting. Read the biographical and other information available on the legislator's website. Find out what committees he/she sits on, what issues are important to him/her and how he/she has voted in the past on issues related to health disparities.
- Tell a personal story. Be ready to share a persuasive, memorable, relevant, and brief story that conveys the impact health disparities have on your community and the importance of addressing health disparities in health reform legislation. You could tell a personal story or one about a person or group your represent or work with.
- Provide accurate and compelling statistics that demonstrate health disparities exist in the legislator's State or district and affect his/her constituents. You can also provide information on the support that exists in his/her State or district for addressing health disparities in health reform legislation, such as the number of people your organization represents.
- Always engage with legislators and staff in a respectful manner. When beginning your conversation, thank the official for hosting or attending the town hall meeting to discuss such an important topic as health reform.
- Leave the **Ten Recommendations for Eliminating Health Disparities in Health Reform Legislation** with the legislator and his/her staff. You can also leave a fact sheet, written copies of your position or a brochure about your organization.
- Follow up. As they say "the squeaky wheel gets the oil". Call, email or schedule a meeting with the legislator or his/her staff to let them know that you attended the meeting and want to follow up to learn more about what is happening around health reform legislation, and/or to provide additional information.

## Questions to Ask

If you are selected to speak at a town hall meeting, begin by thanking the legislator for hosting or attending the town hall meeting and taking the time to hear from his/her constituents about health reform. State your name and if you are representing an organization or group. Briefly explain the organization's mission, work and the population it serves.

### Raise one or more of the following questions:

1. Minority and health disparity populations are more likely to access health care in safety net institutions, such as community health centers and public hospitals, which provide primary care, women's health care, dental services, and other support services that facilitate health care (e.g., language interpretation, transportation and health outreach). These institutions often represent the only access point in otherwise under-resourced communities. In many cases, these institutions face financial vulnerability because of low Medicaid reimbursement rates and/or the costs of providing uncompensated care to uninsured individuals. These institutions will likely continue to face financial vulnerability until universal coverage is achieved and financial incentives are instituted to attract and retain health providers to practice in these medically underserved and provider shortage areas. Would you support health reform legislation that assesses the impact of health insurance expansion programs on these institutions and provides additional financial resources or other support where needed?
2. Having a "medical home"—a health care setting that enhances access to providers and timely, well-organized care—is associated with better management of chronic conditions, regular preventive screenings, and improved primary care. Racial and ethnic minorities and other disparity populations are less likely to report having a medical home, but when they do their health care access gaps are significantly reduced. In health reform legislation, would you support expanding and promoting the development of medical homes in health care institutions that serve minority and health disparity populations?
3. Community-based prevention and wellness programs are designed to reduce health disparities through improved access to health care, primary prevention activities, health promotion and disease prevention activities, health literacy education and services, and other education and outreach activities. Would you support a greater investment in community-based programs in health reform legislation?
4. Underrepresented minorities make up about 25 percent of the population, but only represent about 10 percent of the health professions workforce. A greater representation of racial and ethnic minorities in the health care workforce can reduce health disparities by improving access to and quality of care among minority populations. Existing federal programs that support the education and training of primary care, public health, nursing, and behavioral health professionals are woefully underfunded and do not sufficiently target minority students. Would you support health reform legislation that makes a significant investment in expanding and diversifying the health professions workforce?
5. Health care providers and systems must be culturally and linguistically competent to improve health care access and quality for an increasingly diverse U.S. population. The federal Culturally and Linguistically Appropriate Services (CLAS) standards identify over a dozen benchmarks that have been widely accepted and increasingly adopted by health systems and providers. Federally-funded health care organizations are mandated to meet four of the standards. Would you support health reform legislation that requires

more widespread adoption of the guidelines and recommended standards by all health care providers, not just those receiving federal funds?

6. The federal government should devise a strategy for developing appropriate standardized measures, indicators and methods for collecting and reporting data to learn more about health care access, quality and outcomes by patient demographic factors, including race and ethnicity, age, gender, primary language, socio-economic position, geographic location, and health literacy. Federal, State and local governments and health care and public health providers must be required to collect and accurately report standardized demographic data on the community and patients, and be provided the resources to do so. Is this something you would support in health reform legislation?
7. Health among populations is intricately tied to community design and directly affected by policies and programs across various sectors, including housing, transportation, environment, land use, labor, and education. Would you support health reform legislation that requires the federal government to take steps to coordinate the work of agencies that impact the health of minority populations to reduce duplication of effort, increase efficiency and more effectively address health disparities? Would you support requiring government agencies to do health impact assessments to assess the impact of their policies and programs on the health of communities and health disparities?
8. Health care quality improvement efforts, such as pay-for-performance or performance measurement, are gaining increasing attention. But because underserved communities and populations are typically sicker and face greater barriers to treatment compliance, performance measurement can inadvertently dampen provider enthusiasm for treating low-income and minority communities and populations. Would you support quality improvement policies and programs that take into account the challenges and needs of underserved communities and populations and reward efforts that reduce disparities and improve patient outcomes? Would you support quality improvement incentives that target safety net institutions and other providers that disproportionately serve minority and health disparity populations?
9. Minority and low-income rural and inner-city communities suffer disproportionately from health disparities. Although they share some similar barriers to reducing health disparities, such as difficulty recruiting and retaining health service providers, their challenges are often distinct. For example, rural communities face factors such as geographic isolation and lack of transportation, and inner-city communities confront unhealthy and unsafe environments. Would you support requiring the Department of Health and Human Services to focus on the distinct needs of these two types of communities?
10. Institute of Medicine's Unequal Treatment report found that enforcement of civil rights laws is an important component of a comprehensive strategy to address health disparities. Yet, the U.S. Supreme Court in the *Alexander v. Sandoval* decision made it impossible for private citizens to hold the government accountable for enforcing the key federal civil rights laws that address "unintentional" racial disparities in government programs (Title VI of the Civil Rights Act of 1964) and Congress has not yet responded to repair the damage. Authorizing individuals to hold the government accountable for violations of the law is necessary to address disparities in use of available resources. In addition, the Office for Civil Rights at HHS, the agency charged with enforcement, has suffered from insufficient resources to investigate complaints of possible violations and to initiate compliance reviews of health care providers. Would you support health reform legislation that requires all health care providers be made aware of their obligations to comply with civil rights laws and that gives the Office of Civil Rights sufficient resources dedicated to addressing both intentional and unintentional discrimination related to health disparities?

## MEDIA ADVOCACY

Legislators often look to newspapers and other media sources to gain an understanding of the issues and positions that are important to their constituents. Writing an op-ed or letter to the editor can help generate awareness of the importance of addressing health disparities in health reform legislation among legislators and the general public.

Op-Ed	Letter to the Editor
<ul style="list-style-type: none"><li>• An op-ed is an opinion piece generally printed on the page opposite the editorial.</li><li>• An op-ed is a concise argument explaining your opinion on a certain issue.</li><li>• A good length is about 750 words.</li></ul>	<ul style="list-style-type: none"><li>• A letter to the editor is usually written in response to a recently published article, editorial or column.</li><li>• A letter connects your opinion to a current thread of public discussion.</li><li>• It should be concise, typically between 100-250 words.</li></ul>

### Here are some tips for placing an op-ed or letter to the editor:

- Start by calling the newspaper and ask to speak with the editor of the editorial page. Tell him/her you are interested in submitting an op-ed or letter for placement during the August Congressional recess. Many newspapers receive several hundred submissions a week, so reach out as early as possible.
- Ask about submission guidelines. Many newspapers prefer submissions via email, fax or an online form on their websites. They also have different guidelines for formatting and word count. Following a paper's preferences will increase the chances of getting your op-ed or letter placed.
- Keep it relevant. Newspapers are more likely to publish an op-ed or letter that address a current issue or recently published articles. When you submit your op-ed or letter, include a cover letter reminding the editor who you are, reference any previous contact you may have had and highlight why the subject is important to the paper's readers.
- Papers like passion. An effective op-ed or letter should be passionate and inspiring to readers. Focus your discussion on one issue and use a few compelling examples to highlight your point. Keeping your op-ed or letter brief will make it more likely to be published.
- Be persistent. Follow-up with the editor about a week after you submit your op-ed or letter. Confirm that the op-ed was received and answer any of their questions. Offer to modify it if needed. If the editor declines your op-ed or letter, then try another paper. But, be sure to submit an op-ed or letter to only one paper at a time.
- Tell a friend to submit an op-ed or letter on the same subject. The more submissions an editor receives, the more likely they are to publish at least one.

## Sample Op-Ed

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

Health reform legislation currently being developed by Congress presents a unique opportunity to address the deficiencies in our nation's health system and work towards the elimination of health disparities. There are several critical provisions all Americans can urge their members of Congress to support. First, it is important to sustain and support traditional safety-net institutions, such as community health centers and public hospitals. These institutions often represent the only access point in otherwise under-resourced communities. Reimbursement under public insurance plans, including Medicaid and CHIP, must be adequate to ensure these institutions are viable and are able to recruit and retain sufficient providers.

Second, health reform legislation should ensure that everyone who is eligible for public health insurance programs are enrolled by streamlining and simplifying enrollment procedures. It should also ensure that everyone has a "medical home"—a primary health care setting where a person has access to providers and regular, well-organized care. People who do not have access to a usual source of primary and preventive health services are more likely to suffer from poor health.

Third, a greater investment must be made to expand grants and demonstration projects to support community-based programs designed to reduce health disparities and barriers to health services through education and outreach, health promotion and disease prevention activities, and health literacy education and services.

Fourth, health reform legislation should provide a stronger investment in programs that support the recruitment, retention and distribution of racial and ethnic minorities in the health professions workforce, which can reduce health disparities by improving access to and quality of health services among minority populations. Underrepresented minorities make up more than 25% of the population, but only represent about 10% of the health professions workforce.

Fifth, health care and public health providers and systems must be culturally competent and language access services must be accessible to meet the needs of our increasingly diverse population. Poor communication with health service providers due to cultural differences and language barriers results in a host of problems, including less access to health services and poor adherence to medical recommendations.

Sixth, all efforts to reduce health disparities and barriers to quality health services require better, more consistent data. Federal, State and local governments and health care and public health providers must be required to collect and accurately report standardized demographic data on the community and patients, and be provided the resources to do so.

Seventh, health reform legislation should require better coordination of programs that serve minority populations to more effectively address health disparities. In addition, health impact assessment should be required to assess the impact of policies and programs across various

sectors—including housing, transportation, environment, land use, labor, and education—have on the health of communities and health disparities.

Eighth, quality improvement and pay-for-performance policies and programs must take into account the needs and challenges of populations and communities that have traditionally suffered health disparities and barriers to health services, and reward efforts that reduce disparities and barriers.

Ninth, offices should exist within the Department of Health and Human Services to focus on the distinct needs of minority and other disadvantaged populations that live in rural and inner-city communities. Although these two types of communities share some similar barriers to reducing health disparities, such as difficulty recruiting and retaining health service providers, their challenges are often distinct. For example, rural communities face factors such as geographic isolation and lack of transportation, and inner-city communities confront unhealthy and unsafe environments.

Finally, health reform legislation should ensure that health service providers are aware of their obligations to comply with civil rights laws (Title VI of the Civil Rights Act of 1964) and that the Office for Civil Rights at the Department of Health and Human Services, the agency charged with enforcement, is given sufficient resources to investigate complaints of possible violations by individuals and to initiate compliance reviews of health service providers.

I encourage all Americans to support eliminating health disparities by writing to their members of Congress and encouraging them to make health equity a top priority in health reform legislation.

[Name]  
[Address]  
[Phone number]  
[Email address]

### Sample Letter to the Editor

Dear Editor:

The [Newspaper Name] article, “[Title of Article you are Responding to],” highlighted many reasons why we need health reform. However, reducing long-standing disparities in health and health services was not one of them. Health disparities exact a huge human and economic toll on the nation. Their persistence means that millions of Americans and their families suffer needlessly from a high burden of illness and mortality.

Health reform legislation currently being developed by Congress must address the deficiencies in our nation’s health system and work towards the elimination of health disparities. I encourage all Americans to support eliminating health disparities by writing to their members of Congress and encouraging them to make health equity a top priority in health reform legislation.

Sincerely,  
[Name]  
[Address]  
[Phone number]  
[Email address]

## ADDITIONAL RESOURCES

### Relevant government websites:

- Senate Committees with jurisdiction over health reform
  - Senate Committee on Health, Education, Labor and Pensions: <http://help.senate.gov/>
  - Senate Committee on Finance: <http://finance.senate.gov/>
- House Committees with jurisdiction over health reform
  - House Committee on Energy and Commerce: <http://energycommerce.house.gov/>
  - House Committee on Education and Labor: <http://edlabor.house.gov/>
  - House Committee on Ways and Means: <http://waysandmeans.house.gov/>
- The White House: <http://www.whitehouse.gov/>
- U.S. Department of Health and Human Services: <http://www.healthreform.gov/>

### Organizations' websites on health reform:

- American Public Health Association: <http://www.apha.org/advocacy/healthiestnation/>
- Families USA: <http://www.familiesusa.org/health-reform-2009/>
- Joint Center Health Policy Institute: <http://jointcenter.org/hpi/>
- Kaiser Family Foundation: <http://healthreform.kff.org/>
- National Health Law Program (NHLP): [http://www.healthlaw.org/library/folder.128017-Health\\_Care\\_as\\_a\\_Human\\_Right](http://www.healthlaw.org/library/folder.128017-Health_Care_as_a_Human_Right)
- Trust for America's Health: <http://healthyamericans.org/health-reform/>
- Working Group on Health Disparities and Health Reform: [http://www.healthlaw.org/library/folder.250311-Working\\_Group\\_on\\_Health\\_Disparities\\_and\\_Health\\_Reform](http://www.healthlaw.org/library/folder.250311-Working_Group_on_Health_Disparities_and_Health_Reform)

### Additional information about advocacy:

- Alliance for Social Justice, "About Advocacy": <http://www.afj.org/for-nonprofits-foundations/about-advocacy/>

### Some of the information in this toolkit was adapted from the following resources:

- American Public Health Association, Health Reform Advocacy Toolkit
- Arthritis Foundation, Town Hall Meeting Tips
- Community Health Council, Inc., Advocacy Toolkit
- National Association of County and City Health Officials, Top Ten Tips for Attending Town Hall Meetings
- Oncology Nursing Society, Top Ten Tips for Attending Town Hall Meetings

## CONTACT INFORMATION

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