Letter from the EDITOR

Since the last NPA newsletter, the U.S. Department of Health and Human Services (HHS) committed to new investments in addressing the opioid epidemic, childhood obesity, and serious mental illness – health issues that disproportionately impact minority communities. To help contribute to the Department’s work of creating a healthier nation, the Office of Minority Health (OMH) announced a new funding opportunity to advance initiatives to reduce health disparities and promote health equity within those areas.

In addition to new priorities and opportunities to work toward health equity, the NPA and the Regional Health Equity Councils (RHECs) made notable achievements since the last NPA newsletter. Five of the RHECs participated in their Annual Review and Planning Sessions (ARPS) where they recommitted themselves to the work of the NPA and the grassroots, community-driven approach that the NPA champions. This was the first time that the NPA team held joint ARPS meetings, an undertaking that took significant collaboration and work from the RHEC members and NPA team. Another RHEC – Region VII – announced its collaboration and signed a memorandum of understanding (MOU) with the HRSA Region VII Midwestern Public Health Training Center (Region VII MPHTC) at the University of Iowa College of Public Health with the goal of addressing health disparities across Region VII (Iowa, Kansas, Missouri, and Nebraska).

At the national level, the cross-RHEC caucus and workgroups continue to raise awareness around health disparities. Through its ongoing work and inaugural behavioral health webinar series, the NPA’s cross-RHEC American Indian and Alaska Native (AI/AN) Caucus continues to work to promote the health and wellbeing of AI/AN communities. Additionally, the Cross-RHEC Oral Health Work Group named Becca Matusovich (Region I) as the Oral Health Equity Hero Award recipient for her work with the SmilePartners dental access initiative in Maine.

Given how much the NPA’s RHECs, workgroups, and caucus have done in just the few short months since the last newsletter, it is always incredible to see the amount of energy, creativity, dedication, and passion that RHEC members bring to the work that they do in their communities to advance health equity. It is truly a testament to the important work that the NPA and the RHECs are doing every day in communities all over the country.
Announcements: New Opportunities for Working toward Health Equity

Childhood obesity is a major public health concern that contributes to chronic health conditions carried into adulthood, reducing length and quality of life. Racial and ethnic minority children often live in communities where they face challenges in access to affordable, healthy food or safe places to be physically active, which contribute to higher rates of obesity rates. Higher rates of obesity are observed for Hispanic (39%) and non-Hispanic black (37%) children, compared to non-Hispanic White children (25%).

The U.S. is facing an opioid epidemic with significant impact on the health and wellbeing of minority communities. Nationally, deaths from opioids continue to climb and are now the leading cause of injury-related deaths. Although white Americans make up the majority of current deaths, the opioid epidemic also has devastating effects on minority communities. Heroin overdose rates have more than doubled among non-Hispanic blacks, Hispanics, and Native Americans in the past. Minority populations often face cultural barriers and other health care access problems that make it difficult to seek treatment for substance use problems.


Regional Health Equity Councils (RHECS)

Many Americans struggling with substance use problems also suffer from serious mental illness. Nearly 10 million adults in the U.S. experience a serious mental illness in a given year that significantly interferes with or limits one or more major life activities. Individuals living with a serious mental illness are at disproportionate risk for unemployment, incarceration, and homelessness, compared to those without. Rates of serious mental illness are disproportionately higher among non-Hispanic blacks and minority populations access mental health services at about half of the rate of Whites.

Addressing these urgent public health issues can help the U.S. to become not only a healthier nation, but also work toward health equity. Recognizing this, the HHS Office of Minority Health (OMH) announced a new funding opportunity, Empowered Communities for a Healthier Nation Initiative (Empowered Communities Initiative), to advance initiatives to reduce health disparities and promote health equity within these priority areas. The Empowered Communities Initiative will seek to reduce significant health disparities impacting minorities and disadvantaged populations.
through the implementation of evidence-based strategies with the greatest potential for impact. The program will serve residents in communities disproportionately impacted by the opioid epidemic; reduce the impact of serious mental illness at the primary care level for children, adolescents and/or adults; and reduce obesity prevalence and disparities in weight status among disadvantaged children and adolescents. OMH anticipates that projects will begin this fall.

### RHECs Develop New Strategic Plans and Priority Areas

This past spring, five RHECs held their Annual Review and Planning Sessions. RHECs I and II held a joint meeting in Providence, Rhode Island on March 30-31, 2017. RHECs V, VIII, and X held a joint meeting in Denver, Colorado on April 6-7, 2017. During these sessions each of the RHECs recommitted to their council’s mission and vision, reviewed the past year’s work and progress and developed a 3-year work plan with new priority areas. These priority areas are listed in the table on the following page.
Heartland Regional Health Equity Council (RHEC VII) Signs MOU with HRSA Region VII Midwestern Public Health Training Center

A memorandum of understanding (MOU) between RHEC VII and the Health Resources and Services Administration (HRSA) Region VII Midwestern Public Health Training Center (Region VII MPHTC) at the University of Iowa College of Public Health was recently signed by both parties. The goal of the collaboration is to address health disparities across Region VII, which includes the states of Iowa, Kansas, Missouri, and Nebraska, specifically by identifying workforce training and education needs and developing and implementing strategies to address those needs. The Region VII MPHTC is one of 10 regional public health training centers funded by HRSA that works to ensure that the current and emerging public health workforce has the knowledge, skills, and abilities to address the public health challenges of the 21st Century. The collaboration will center on identifying workforce training and education needs and on developing and implementing strategies to address those needs in Region VII.

RHECs V and X Share Health Equity Stories

RHEC members from Regions V and X have been gathering stories in Q&A-style blog posts from public health professionals within their communities. The blog posts highlight activities and personal experiences of community members working toward health equity. The stories, collected primarily from RHEC members, are used to illustrate how social determinants of health affect a person’s overall health and highlight personal stories that touch on important themes such as education, poverty, and leadership diversity within public health.

Some of the questions posed during the Q&A ask what challenges persist in achieving health equity in public health and how health inequities have changed over time. The answers are varied and insightful and provide a wealth of information that is beneficial to other public health professionals – and those who are working towards health equity.

The stories are available at the website http://healthequitystorytelling.blogspot.com. The collected stories have thus far all come from Regions V and X, but RHEC member JamieLou Delavan is eager to share health equity stories from around the country.

Have a health equity story you would like to share? Go to http://healthequitystorytelling.blogspot.com to view storytelling resources and find out how you can share your story.
AI/AN Caucus Activities Update

The American Indian and Alaska Native (AI/AN) Caucus recently held a new member orientation to welcome 10 new members who joined this year. New members come from across the country covering RHECs II, V, VI, VII, IX, and X and represent tribes and organizations such as the Kickapoo Tribe in Kansas, the National AI/AN Addiction Technology Center, and the University of Arizona.

The work of the Caucus continues in full steam. Members have finalized its current priorities, which are:

- Social determinants of health
- Data collection and reporting
- Cultural health

During National Minority Health Month, the caucus launched the AI/AN Behavioral Health Webinar series. Detailed information on the webinar series is provided as a separate article in this newsletter. Goal statements are also being created for each of the priorities, followed by a work plan to assist with strategic implementation of the Caucus’ activities.

In addition to AI/AN Caucus-wide activities, caucus member Dr. Joe Coulter, Ph.D., University of Iowa wrote an NPA blog post on unintentional injuries.

AI/AN Caucus Behavioral Health Webinar Series

The 2017 AI/AN Behavioral Health Webinar series highlights innovative and promising practices and programs working to address substance use disorders, including prevention and treatment efforts, within AI/AN communities.

The first webinar in the behavioral health series provided an overview of the National Tribal Behavioral Health Agenda (TBHA). Shervin Aazami, Public Health Project Coordinator at the National Indian Health Board (NIHB), was the presenter. Tamara Fulwyler, Planning/Development Director for the South Puget Intertribal Planning Agency and member of the AI/AN NPA Caucus, served as the moderator. Mr. Aazami explained that the TBHA was developed through close consultation with tribal leaders, Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Service (IHS) and NIHB. He provided an in-depth analysis of the TBHA, including the five foundational elements of the agenda and an overview of the various strategies and recommendations for addressing behavioral health concerns. Seventy-six attendees participated in the webinar.

The second webinar in the behavioral health series highlighted The Hope Squad, a school-based peer advocate program that is working to prevent suicide and decrease the incidence of untreated mental illness, held on May 18th. Gregory A. Hudnall, Ed.D., Executive Director of HOPE4UTAH, presented and Francine Gachupin, Ph.D., Assistant Professor at the University of Arizona and AI/AN NPA Caucus Member, moderated the webinar.

The Hope Squad partners with local mental health agencies to identify and refer at-risk peers. Hope Squads are students trained to watch for at-risk students, provide friendship, identify suicide-warning signs, and always seek help from adults. Hope Squads are creating change in over 200 schools and communities - including Native communities in Alaska, Oklahoma, and Utah. This webinar covered the program’s history and creation, implementation, outcomes, and reasons to consider implementing a Hope Squad within a school community. There were 150 webinar attendees.
Cross-RHEC Oral Health Workgroup Announces Its First Oral Health Equity Hero Award Recipient

Becca Matusovich, a Policy Associate at the Cutler Institute for Health and Social Policy within the University of Southern Maine’s Muskie School of Public Service, was named the 2017 Cross-RHEC Oral Health Equity Hero Award recipient. The award recognizes individuals and/or organizations that support community efforts to promote oral health equity and eliminate oral health disparities.

Ms. Matusovich coordinates the SmilePartners dental access initiative throughout Maine. SmilePartners was formed in 2013 as a dental access workgroup under the Greater Portland Refugee and Immigrant Health Collaborative to provide affordable restorative and dental care to the immigrant/refugee community. The pilot program was funded by Northeast Delta Dental and the Cumberland District Public Health Council to help reduce costly emergency room visits and lost wages caused by dental diseases.

To promote oral health equity, SmilePartners provides oral health literacy education to participants and relies on community health workers (CHWs) to support its implementation. The successes of the pilot program included an 80% completion rate and 97% appointment adherence, with 80% of participants planning to continue preventive appointments.

The workgroup is currently creating a financial model that will ensure the program’s sustainability, and plans to launch another cohort later this year. SmilePartners will continue to work with refugees and immigrants and plans to treat young adults aging out of foster care.

RWJF Report cites the NPA and the Federal Interagency Health Equity Team’s Data Compendium

In May 2017, the Robert Wood Johnson Foundation (RWJF) released a report titled What is Health Equity? And What Difference Does a Definition Make? that cited the NPA and Federal Interagency Health Equity Team’s Data Compendium. The report aimed to stimulate a national discussion and promote greater consensus about the meaning of health equity and the implications of its meaning for action within the Culture of Health Action Framework.

Notably, the RWJF report lists the NPA as a resource for achieving health equity. The report cites the NPA as an organization that has produced practical tools and resources designed to help practitioners and decision-makers design, implement, and evaluate initiatives to achieve greater health equity. The report specifically highlights the NPA’s Compendium of Publicly Available Datasets and Other Data-Related Resources (also known as the Data Compendium) as a useful resource. The Compendium is a free resource of publicly available data relevant to research and programs aiming to reduce health disparities. It compiles descriptions of and links to 132 public datasets and resources that include information about health conditions and other factors that impact the health of minority populations.