

## Joint Statement

### Recommendations to Include Disparate Populations In Health Funding Awards

#### ***Social Justice in Health***

The allied national networks consortium, funded by the Office on Smoking and Health, work on the following principle of social justice in health:

***Everyone*** should have equal access to healthcare and wellness opportunities, equal economic opportunities, and equal health outcomes regardless of group membership.

#### ***Problem Statement***

While populations experiencing health disparities constitute at least 37% of the United States population, many health-related funding streams do not include meaningful plans for targeting and tailoring some portion of the work to reduce endemic health disparities. Health disparities have accumulated unevenly in certain populations as a result of disproportionate risk, access and allocation of resources. It is self-evident that a comprehensive approach to public health must include targeted responses to reduce these disparities. Without such investments, general population health will continue to improve but inequalities in health will continue. In fact, they may widen.<sup>i</sup>

#### ***Recommendations***

Using our combined experience and knowledge in reducing health disparities and the national network of constituents we have built, the National Networks offer the following specific recommendations to counter this problem:

1. Ensure all requests for awards (RFAs) and/or Funding Announcement Opportunities (FAOs) mandate substantive plans for grantees to:
  - a. Train project staff to deliver services in a culturally competent manner that effectively responds to the race, ethnicity, age, gender identity, cultural practices, sexual orientation, socioeconomic status, educational background and language of the target population. Note: It is important to name all of these populations in the funding



announcement, a legacy of discrimination against funding some populations has created an environment whereby omission conveys lack of inclusion.

- b. Assemble a local advisory council that reflects the diversity of the target populations in terms of: race/ethnicity, age, gender identity, cultural practices, sexual orientation, socioeconomic status, educational background and language.
  - c. Partner with community-based organizations with expertise in disparate populations. If possible, use local organizations.
  - d. Include outreach to and services for disparate populations in their action plan.
  - e. Incorporate evaluation process and outcome measures that assess project reach and impact on disparity populations, including promotion of routine data collection on the above named groups.
2. Provide seamless access to technical assistance for grantees in need of additional training or resources to successfully incorporate disparity elimination measures.
    - a. The incorporation of the National Networks as a technical assistance resource for the CDC Office on Smoking and Health state tobacco awards is an example of one such model.
  3. Ensure all possible funding streams include awards directly to disparate population community-based organizations or networks.
    - a. The three-pronged funding stream of the Communities Putting Prevention to Work (CPPW) initiative is an example of one such set of funding announcements that allowed for a government component, a community component, and a national organization component.
    - b. Defining communities by geographical boundaries alone can hinder disparity reduction. Many disparate populations are woven into a larger geographical area yet still carry shared risk due to their commonalities.
      - i. Allow definitions of community by membership in a disparate population.
    - c. Provide access to surveillance data to analyze project impact or, if needed, supplement projects with alternate data collection options to monitor impact. NCI's Tobacco Research Network on Disparities provides information on alternative monitoring strategies for hard-to-reach populations.
    - d. Ensure that all funding announcements that allow non-profit or academic entities to apply give preference to applicants that demonstrate expertise in single or multiple disparate populations, and ensure they have proven track records in convening and engaging constituents.

- e. Work with existing national networks and other partners addressing health disparities to ensure all funding announcements are promoted to expert applicants with expertise in addressing health disparities in specific populations.

### **Implementation Examples**

We have made suggested enhancements to the former CPPW RFAs to provide a model for how to maximize the disparity inclusion in a public health funding stream.

Attachment 1: CPPW state RFA with disparity modifications

Attachment 2: CPPW community RFA with disparity modifications

Attachment 3: CPPW national organizations RFA with disparity modifications

### **Respectfully Submitted:**



Kim Alford, BS, CHES, TTS  
Program Manager  
National Native Commercial Tobacco  
Abuse Prevention Network



Rod Lew, MPH  
Executive Director  
APPEAL



Scout, PhD  
Project Director  
Network for LGBT Tobacco Control



Jeannette Noltenius, MA, PhD  
National Coordinator  
National Latino Tobacco Control Network



Janet Porter, MPH  
Program Director  
Break Free Alliance  
Health Education Council



William S. Robinson, MA  
Executive Director  
National African American Tobacco Prevention Network

---

<sup>1</sup> Frohlich KL, Potvin L. Transcending the known in public health practice: the inequality paradox: the population approach and vulnerable populations. Am J Public Health 2008;98:216-21.