MAINSTREAM INSTITUTION POLICY: HEALTH EQUITY

1. Adopt federal tobacco tax with inclusion of health equity language and concepts and allocations specific to communities of color and LGBTQ populations (Congress)
2. Mandate development of a Strategic and Implementation Health Equity Plan for CTCP with health equity policy goals that are aligned with ADEPT’s health equity definition and principles and with the TEROC Master Plan.
3. Funding for Health Equity: Mandate “community-friendly” grant mechanism system to ensure that those most marginalized and unreached of COCs and LGBTQs are prioritized
4. Accountability: Mandate the creation of an internal system that adequately ensures accountability in the institutionalization of health equity
5. Foster and Enhance Community Power: Build community engagement among COCs and LGBTQs to be key players in commercial tobacco control in the future (e.g., through leadership programs).
6. All commercial tobacco control policies need to be equity-based policies (decriminalization of commercial tobacco)
1. Health equity as defined by systems change and building community power
2. Countering the targeting of priority populations by the tobacco industry
HEALTH EQUITY PRINCIPALS

3. Priority Population focus is on the five communities of color (African Americans, American Indians, Asian Americans, Latinx and Native Hawaiians and Pacific Islanders) and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ); recognizes the need to also address low socioeconomic status and behavioral health issues with a particular focus on those from the six priority populations above.
4. Systems change is a major priority of health equity and the movement toward “Health Equity as a Policy Goal”
5. An important part of systems change is to monitor and challenge funding allocations, mechanisms and grantee reporting systems for priority populations.
HEALTH EQUITY PRINCIPALS

6. Approaches must address racism and homophobia (including implicit bias, institutional and explicit)
7. Support a comprehensive approach to tobacco control from Data/Research to Capacity Building to Policy Change that engages and empowers Priority Populations all along the spectrum
8. Ultimate goal is to strengthen local efforts through innovative and sustainable population-tailored approaches and through building community power.
HEALTH EQUITY PRINCIPALS

9. A key priority is to nurture the development of the next generation of leaders in our priority populations through funding from health departments and other private/public institutions.
10. Combines efforts to protect and value the uniqueness of each priority population communities with opportunities to nurture equity collaborations across priority populations.
THANK YOU

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