



INSTITUTIONALIZING HEALTH EQUITY: THE **ADEPT** PERSPECTIVE

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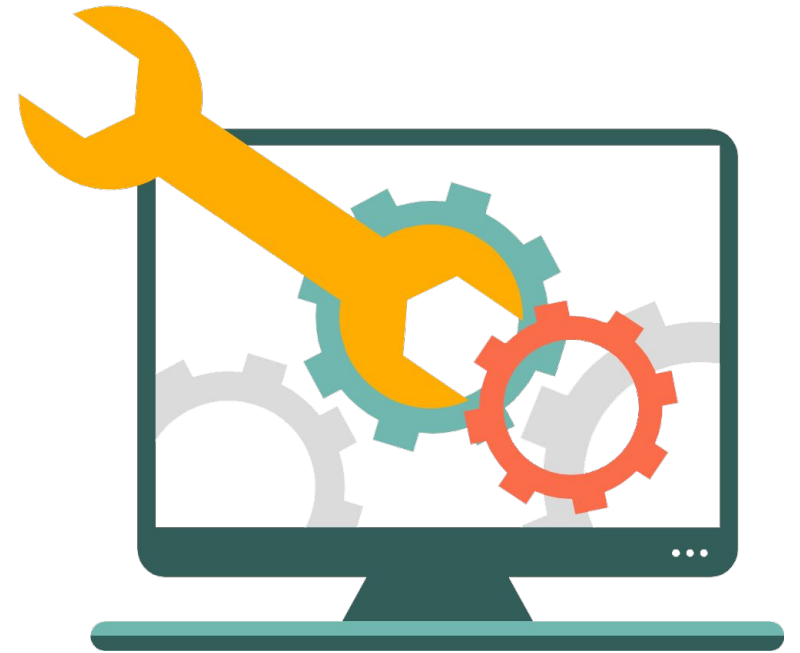
September 30, 2020

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 CTCF with health equity policy goals that are aligned with ADEPT's health equity definition and principles and with the TEROE 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)

HEALTH EQUITY PRINCIPALS

1. Health equity as defined by systems change and building community power



HEALTH EQUITY PRINCIPALS

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, Latinex 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.



HEALTH EQUITY PRINCIPALS

4. Systems change is a major priority of health equity and the movement toward “Health Equity as a Policy Goal”



HEALTH EQUITY PRINCIPALS

5. An important part of systems change is to monitor and challenge funding allocations, mechanisms and grantee reporting systems for priority populations



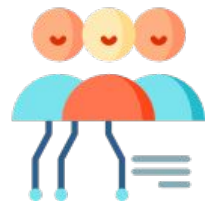
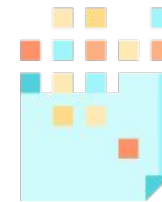
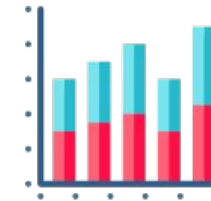
HEALTH EQUITY PRINCIPALS

6. Approaches must address racism and homophobia (including implicit bias, institutional and explicit)



HEALTH EQUITY PRINCIPALS

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



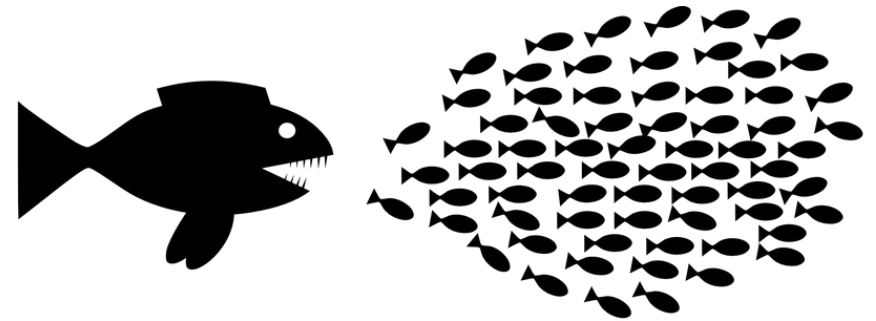
HEALTH EQUITY PRINCIPALS

8. Ultimate goal is to strengthen local efforts through innovative and sustainable population-tailored approaches and through building community power.

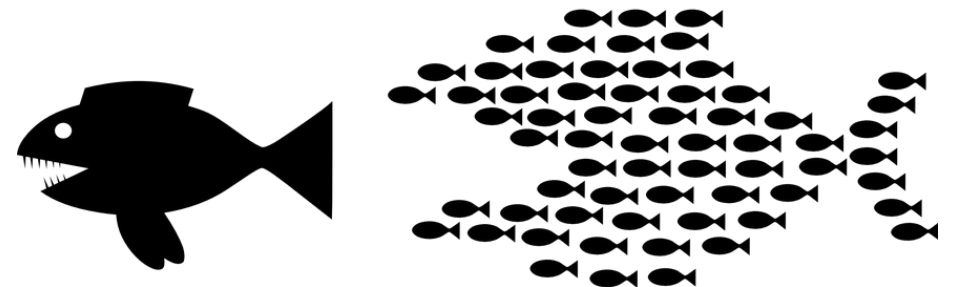


HEALTH EQUITY PRINCIPALS

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

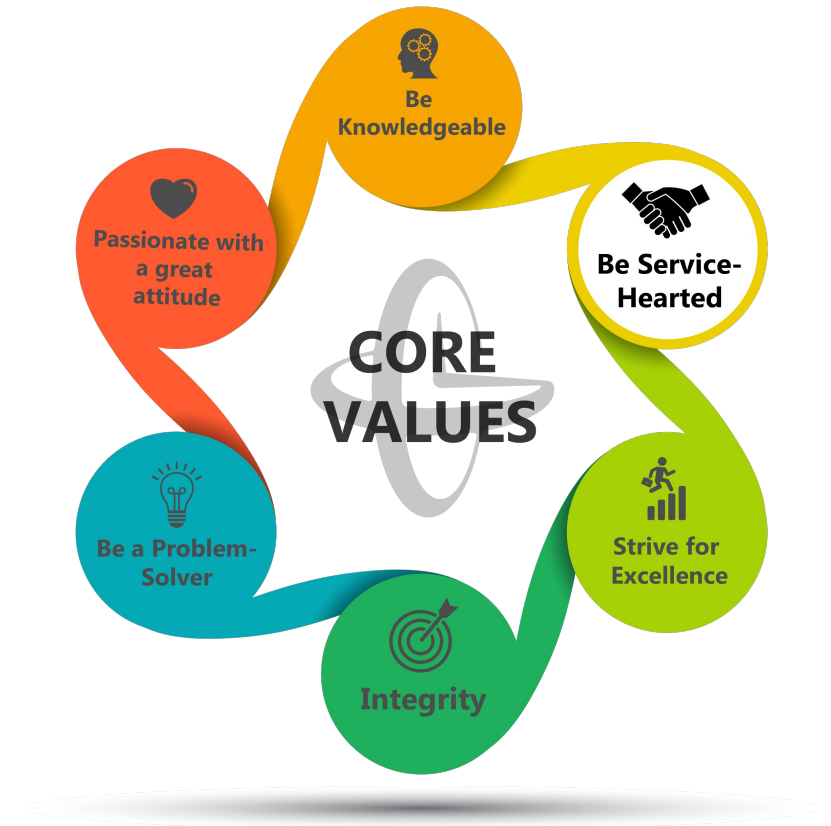


ORGANIZE!



HEALTH EQUITY PRINCIPALS

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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