## **Promoting Health Equity**

The Promoting Health Equity Project was adapted and modified from the Centers for Disease Control and Prevention (CDC) resource guide entitled *Promoting Health Equity: A Resource to help Communities Address the Social Determinants of Health.* It is a workbook for community-based organizations, public health practitioners, and community health partners seeking to create health equity by addressing the social determinants of health. To date, three communities have taken different approaches in addressing the issue of health equity and how it impacts the minority and underserved populations in their communities. Examples could include work-site cultural linguistic competency, community awareness using social media and marketing tools, conferences as well as expanding clinical services to meet the needs of a growing medically underserved community.

Three communities met the challenge of addressing health inequities in their communities:

- Lexington-Fayette County an urban community formed a coalition to address health inequities. A health equity summit was hosted to raise awareness and start conversations with the grass roots community around health care systems and policy related to achieving health equity.
- Anderson County a rural and less diverse community provided clinical services by establishing a
  FREE clinic to meet the needs of the medically underserved.
- Jessamine County another rural community is using the Community Assessment for Public Health Emergency Response (CASPER). A tool used to assess the health status and health needs of a community in order to identify gaps, prioritize goals and objectives and focus resources to provide equitable services and care.

A second round of funding for The Promoting Health Equity Project was made available through the Office of Health Equity. Three new communities were funded and worked to address the need for health equity. The ultimate goal was developing a sustainable infrastructure to garner continued support and community engagement.

- The Local Health Department of Clark County, a rural area, worked on a pedestrian and bicycle
  development plan to increase physical activity and transportation options for the community.
   They raised awareness of health disparities due to geography and built environment, while
  building support for developing a master Walk Bike Plan.
- The Local Health Department of Franklin County, a community with urban, rural, and suburban
  areas, developed a project to reduce the inequitable burden of STDs on Franklin County's Black
  population, especially among 15-24 year olds. They accomplished this by distributing health
  disparity data briefs, strengthening partnerships with organizations to reach youth, and offering
  on-site testing at educational events.
- The Northern Kentucky Independent District Health Department, which serves Boone, Campbell,
   Grant and Kenton Counties and contains several urban centers, worked to increase the number of Hispanic men who receive family planning and STI prevention services through NKIDHD.