**Incorporating Health Equity Language into Funding Opportunity Announcements: Example Language for State Health Agencies**

***<Name of State Health Agency>*** *supports initiatives that are proactive in the pursuit of health equity. To this end, all solicitations are expected to incorporate interventions which contribute to a sustained and multifaceted approach to overcome health disparities and health inequities in* ***<state name>.***

1. **Health Equity Requirements:**

***<Name of State Health Agency>***is committed to eliminating health inequities. Racial and ethnic minorities and **<state name>** economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., program narrative, objectives, etc.) applicants are required to:

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem being addressed by this funding opportunity.
2. Identify specific group(s) or population segments to be served by the funding opportunity who experience a disproportionate burden of disease, as well as the health condition(s) or problem(s) being addressed (this information must be supported by data).
3. Describe how services or activities provided within this proposal will be delivered in an equitable manner to all populations served and especially those currently underserved, socially disadvantaged, and ethnically diverse groups, which include services or activities that are culturally and linguistically appropriate.
4. Explain and identify how specific social and environmental conditions (social determinants of health) put people and communities who are already disadvantaged at increased risk for health inequities.
5. Outline concrete steps the agency will take to address the social determinants of health.
6. Explain how proposed program interventions will be evaluated to address this problem, including expected outcome measures and benchmarks.
7. Link health equity interventions in the grant proposal to the goals and strategies in the [National Stakeholder Strategy for Achieving Health Equity](https://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286), developed by the Office of Minority Health’s National Partnership for Action.
8. Demonstrate how the proposed program will adhere to the [National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care](https://www.thinkculturalhealth.hhs.gov/clas) and will consider the need for language services modifications for individuals with limited English proficiency, as well as other communications needs.
9. **The following section will provide a basic framework, guidance, and information to understand and apply health equity concepts:**

Certain groups in **<State>** face significant barriers to achieving the best health possible. These groups include **<State’s>** poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience a greater burden of disease, death, or disability relative to other groups. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work, and play. Health disparities can occur because of race/ethnicity, religion, socioeconomic status, sexual orientation, gender, mental health, cognitive, sensory, or physical disability status, age, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, stable housing, educational opportunities, safe neighborhoods, or may experience racism and other forms of discrimination. Collectively, these factors are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of all people, including marginalized groups, to achieve optimal health is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.