

APRIL

This month, *Health is Primary* is focusing on health equity and highlighting the role of primary care in reducing health disparities. We are sharing the facts about health disparities in America and how improved access to primary care can promote health equity. **Join us and spread the word. #MakeHealthPrimary #AccessforAll #HealthEquityisPrimary**

BE A CHAMPION



- **Write** a blog post or op-ed for your local paper about the importance of primary care in achieving health equity. Talk about the need for a strong foundation of primary care to address health disparities and work toward access to health care for all. Share a community or practice success story to demonstrate the value of primary care in ensuring health equity.
- **Share** the facts about health equity and primary care through social media. Post regularly on Twitter and Facebook using the facts listed here. Don't forget to follow the campaign (Facebook and Twitter: @HealthisPrimary). Retweet and share our posts!
- **Share** your stories about how primary care teams are delivering comprehensive, continuous care and better outcomes for chronic disease patients in your practice, community or state. Go to www.healthisprimary.org and click on the "stories" tab.

THE FACTS ABOUT HEALTH EQUITY

- Health disparities continue to undermine opportunities for economic and social development in too many communities across the United States and globally. (Health Equity Initiative)
- Urban and rural communities that have an adequate supply of primary care practitioners experience lower infant mortality, higher birth weights and immunization rates at or above national standards despite social disparities. (Phillips, R., & Bazemore, A., 2010)
- Health Equity is providing every person with the same opportunity to stay healthy and/or effectively cope with disease or health-related emergencies – regardless of their race, gender, age, economic conditions, social status, environment and other socially determined factors. (Health Equity Initiative)
- In the U.S. alone, combined costs (direct and indirect costs) of health inequities totaled \$1.24 trillion over a three-year period. (Health Equity Initiative)

EVERYBODY KNOWS YOUR NAME



APRIL FOCUS: HEALTH EQUITY

04 | 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
EASTER	NATIONAL PUBLIC HEALTH WEEK					WORLD HEALTH DAY
	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
EARTH DAY	WORLD IMMUNIZATION WEEK (TBD)					
	EVERY KID HEALTHY™ WEEK					
28	29	30	1	2	3	
					03 2018 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	05 2018 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

IMPROVING HEALTH EQUITY



URBAN AND RURAL COMMUNITIES THAT HAVE AN ADEQUATE SUPPLY OF PRIMARY CARE PRACTITIONERS EXPERIENCE LOWER INFANT MORTALITY, HIGHER BIRTH WEIGHTS, AND IMMUNIZATION RATES AT OR ABOVE NATIONAL STANDARDS DESPITE SOCIAL DISPARITIES.¹

¹ Phillips, R. Bazemore, A. Primary Care And Why It Matters For U.S. Health System Reform. Health Affairs. May 2010. Vol. 29. No. 5 806-810. Available at <http://content.healthaffairs.org/content/29/5/806.abstract>

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