



HEALTH EQUITY LEADERSHIP INSTITUTE

HELI MISSION: *TO SUPPORT AND ADVANCE THE CAREER DEVELOPMENT OF RESEARCHERS TARGETING THE ELIMINATION OF HEALTH DISPARITIES, RECOGNIZING THAT WHERE WE LIVE, LEARN, WORK AND PLAY CAN HAVE A GREATER IMPACT ON HOW LONG AND HOW WELL WE LIVE THAN MEDICAL CARE¹*

OVERARCHING INSTITUTE GOALS

- Highlight the prevalent health disparities and health inequities in Wisconsin that challenge its communities
- Learn how health disparity and health equity-focused translational research teams at UW Madison and other collaborating partner institutions are addressing these disparities
- Engage NIH staff to offer guidance on development of new research on health disparities and health equity translational research projects
- Nurture a community of scholars who are focused on eliminating health disparities and advancing health equity research

SCHOLAR LEARNING OBJECTIVES

- Connect with junior and senior health disparity and health equity researchers, with special emphasis on conducting translational research successfully
- Identify social, economic and cultural determinants of health and health policies that widen and minimize health disparity gaps in Wisconsin and beyond
- Acquire familiarity with evidence-based research including those approaches applicable for use in Wisconsin and beyond
- Access career and research guidance to develop research programs focused on health disparities and/or health equity
- Appreciate UW-Madison as a campus committed to creating a research climate conducive to interdisciplinary research on health disparities and health equity

¹ Adopted from the Robert Wood Johnson's Portfolio on Social Determinants of Health; Key terms: **Health disparities and health equity:** In 2009, the Wisconsin Minority Health Leadership Council defined health disparities as "... differences in the incidence, prevalence, mortality, burden of disease and other adverse health conditions or outcomes that exist between population groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories. Most health disparities are also considered to be health inequities – disparities that are avoidable, unfair or unjust and/or are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups" (Wisconsin Department of Health Services, Minority Health Leadership Council, 2009).