



**New Hampshire
Health & Equity Partnership**

Advancing health and equity takes many peoples efforts. A variety of voices working together can shape policies, alter practices, and create change in communities.

Sign on as a Partner of the NH Health & Equity Partnership!

BECAUSE securing a fair opportunity for health for all in New Hampshire is vital to the success of communities in New Hampshire; and

BECAUSE securing that opportunity requires creating change in our communities only possible through organizations and individuals working closely together; and

BECAUSE the NH Health & Equity Partnership can only serve as a collaborative network to create that change with the committed creative and expert experience of organizations.

As a partner, I/we agree to:

- **Support the strategic priorities listed in the *Plan to Address Health Disparities and Promote Health Equity in NH***
- **Raise awareness about health disparities and advancing health and equity.**
- **Commit to help identify, develop, plan and implement efforts to reduce or eliminate health disparities and advance health and equity**

_____ as of _____
(Name of Organization or Individual) (date)

Health equity means that everyone has a fair opportunity to live a long, healthy life. It implies that health should not be compromised or disadvantaged because of an individual or population group’s race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition. Achieving health equity requires creating fair opportunities for health and eliminating gaps in health outcomes between different social groups. It also requires solutions outside of the health care system and inside our communities, such as with affordable recreation opportunities, transportation systems or housing, the places where health begins.

As partners we have opportunities to...

- Be a part of a shared vision with common goals and know we are not in this work alone
- Participate in meaningful work groups and other joint activities
- Become acquainted with local experts on topics of concern
- Network and connect with others for mutual benefit
- Learn and grow skills
- Get support on how to advance health and equity in our own organizations
- Use the Partnership webpages and electronic mailing list to share information, get ideas, and get updates on activities
- Have data collected and analyzed from a wide variety of sources
- Develop common messaging and deliver it to diverse audiences
- Make a difference in ways no possible by individuals or entities standing alone!

Please enter your information in the appropriate column:

ORGANIZATION PARTNER INFORMATION			INDIVIDUAL PARTNER INFORMATION	
Name of Organization:			Name:	
Organization Representative:			Affiliation / organization:	
Title:			Email:	Phone:
Email:	Website:		Mail Address:	
Mail address:			City:	Zip Code:
City:	Zip Code:	Phone:		
Sector Organization Works In:			What Issues Areas are You Most Interested In:	
<input type="checkbox"/> Health	<input type="checkbox"/> Food/Agriculture		<input type="checkbox"/> Health	<input type="checkbox"/> Food/Agriculture
<input type="checkbox"/> Education	<input type="checkbox"/> Environmental/Natural Resources		<input type="checkbox"/> Education	<input type="checkbox"/> Environmental/Natural Resources
<input type="checkbox"/> Employment	<input type="checkbox"/> Immigrant Integration		<input type="checkbox"/> Employment	<input type="checkbox"/> Immigrant Integration
<input type="checkbox"/> Housing	<input type="checkbox"/> Communication Access Services		<input type="checkbox"/> Housing	<input type="checkbox"/> Communication Access Services
<input type="checkbox"/> Legal	<input type="checkbox"/> Transportation		<input type="checkbox"/> Legal	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____	
Type of Organization:				
<input type="checkbox"/> Academia	<input type="checkbox"/> Community-based Non-profit			
<input type="checkbox"/> Government	<input type="checkbox"/> Statewide Non-profit			
<input type="checkbox"/> For-profit	<input type="checkbox"/> Advocacy			
<input type="checkbox"/> Philanthropy	<input type="checkbox"/> Healthcare Provider			
<input type="checkbox"/> Faith-based	<input type="checkbox"/> Other _____			

Skill willing to share with Partnership:		
<input type="checkbox"/> Grantwriting	<input type="checkbox"/> Community organizing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Marketing	<input type="checkbox"/> Public speaking	
<input type="checkbox"/> Design	<input type="checkbox"/> Data/evaluation	
<input type="checkbox"/> IT	<input type="checkbox"/> Website development	

<input type="checkbox"/> Yes , I authorize my name (organization name if signing on as organization partner) to be listed as a Partner on the Partnership webpages and in partnership materials.
