

Health Equity Guide for Program 2 of Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations funding opportunity DP22-2202: The National Comprehensive Cancer Control Program

Purpose: This health equity guide provides a comprehensive discussion of health equity and resources to advance health equity. In addition, this supplement includes relevant social determinants of health data sources and tools and conceptual frameworks that can be used as communication tools and help map out current areas of work, identify gaps, establish priorities, and support program planning and evaluation. Also included are innovative approaches that may be more useful for advancing health equity in certain populations. Descriptions of previous work with NCCCP awardees using these approaches are included. These descriptions are provided for applicants to get a sense of how these approaches can be used in cancer control planning for certain populations.

This guide should be used in conjunction with the QuickStart Guide by those applying to **Program 2—the National Comprehensive Cancer Control Program (NCCCP)**, contained within the new funding opportunity DP22-2202 Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations. Applicants for Program 2 NCCCP should use this supplement to integrate health equity into specific activity and workplan, consistent with the requirements outlined in DP22-2022, and delivered as part of the application. Other Program 2 NCCCP resources include a Quickstart Guide, Decision Matrix, Intervention Guide for Comprehensive Cancer Control, Comprehensive Cancer Control Branch Program Evaluation Toolkit, Logic Model: Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations, and the From SMART to SMARTIE Objectives guide. Together, these resources provide the crucial information needed for effective workplan development and cancer planning for applicants responding to Program 2 NCCCP. During workplan development and cancer planning, applicants should pay particular attention to health equity and strive to plan activities that address and achieve cancer prevention and control among ALL persons in their area. Some of the information below is also included in the Quickstart Guide for Program 2 NCCCP component resource. All resources listed are hyperlinked to corresponding web pages for ease of use.

Achieving Health Equity by Addressing the Social Determinants of Health

Despite significant progress against cancer in the United States, cancer disparities have widened.¹ Greater focus on addressing the underlying social determinants of health (SDOH)—the conditions in which we are born, live, learn, work, play, worship, and age—is required to accelerate progress against cancer and advance health equity, a state in which every person has

the opportunity to attain their highest level of health.² A health equity lens is critical throughout the process of planning, designing, implementing, and monitoring health programs or interventions.³

CDC Resources

- [National Center for Chronic Disease Prevention and Health Promotion \(NCCDPHP\) and Social Determinants of Health \(www.cdc.gov/chronicdisease/programs-impact/sdoh.htm\)](https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm) describes NCCDPHP's framework, role, and examples of work in addressing SDOH to reduce barriers and promote health and wellness.
- [Social Determinants of Health: Know What Effects Health \(www.cdc.gov/socialdeterminants/\)](https://www.cdc.gov/socialdeterminants/) provides CDC resources for SDOH data, research, tools for action, programs, and policy.
- [Health Disparities Among Youth \(www.cdc.gov/healthyyouth/disparities/\)](https://www.cdc.gov/healthyyouth/disparities/) provides information on funded programs, surveillance, evaluation, and research activities that address health disparities among youth.
- [Health Equity Guiding Principles on for Inclusive Communication \(www.cdc.gov/healthcommunication/Health_Equity.html\)](https://www.cdc.gov/healthcommunication/Health_Equity.html) emphasizes the importance of addressing all people inclusively and respectfully. It helps public health professionals adapt their communication products and strategies to the specific cultural, linguistic, environmental, and historical situation of each population or audience of focus.
- [Health Equity Toolkit to Reduce Obesity Disparities \(www.cdc.gov/nccdphp/dnpao/health-equity/state-health-equity-toolkit/\)](https://www.cdc.gov/nccdphp/dnpao/health-equity/state-health-equity-toolkit/) can help public health practitioners with a systematic approach to program planning using a health equity lens.
- [Tobacco-Related Disparities \(www.cdc.gov/tobacco/disparities/\)](https://www.cdc.gov/tobacco/disparities/) provides data, scientific articles, and case studies on the differences in the patterns, prevention, and treatment of tobacco use among specific populations.

A. Data Sources and Tools

- [City Health Dashboard \(www.cityhealthdashboard.com\)](https://www.cityhealthdashboard.com) integrates city- and neighborhood-level data from multiple national sources.
- [County Health Rankings & Roadmaps \(www.countyhealthrankings.org\)](https://www.countyhealthrankings.org) is an online data tool to explore the factors that influence health.
- [Places \(www.cdc.gov/places/\)](https://www.cdc.gov/places/) is an expansion of the original [500 Cities Project \(www.cdc.gov/places/about/500-cities-2016-2019/\)](https://www.cdc.gov/places/about/500-cities-2016-2019/) to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the largest 500 cities in the United States.

- [Social Vulnerability Index](http://www.atsdr.cdc.gov/placeandhealth/svi/) (www.atsdr.cdc.gov/placeandhealth/svi/) uses U.S. Census data to determine the social vulnerability of people in every census tract.
- [Tracking Network](https://ephtracking.cdc.gov/) (<https://ephtracking.cdc.gov/>) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.

B. Conceptual Frameworks

- [Conceptual Framework of Equity-focused Implementation Research](https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-0984-4) (<https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-0984-4>)
- [Health Impact Pyramid](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/) (www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/)
- [Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy](https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21586) (<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21586>) provides an integrated conceptual framework for understanding and addressing social determinants of health to advance cancer health equity.
- [Social Ecological Model](http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/cancer/crccp/sem.htm) (<http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/cancer/crccp/sem.htm>)
- [WHO Commission on the Social Determinants of Health Framework](http://www.health.state.mn.us/communities/practice/resources/equitylibrary/docs/coiin-hrsa/story_html5.html) (www.health.state.mn.us/communities/practice/resources/equitylibrary/docs/coiin-hrsa/story_html5.html)

C. Additional Resources

- [Comprehensive Cancer Control National Partners Health Equity Tip Sheet](http://www.acs4ccc.org/wp-content/uploads/2021/04/Cancer-Plan-Tip-Sheet_Health-Equity_FINAL.pdf) (www.acs4ccc.org/wp-content/uploads/2021/04/Cancer-Plan-Tip-Sheet_Health-Equity_FINAL.pdf [PDF-1.1MB]) is part of a series offered through the Comprehensive Cancer Control National Partnership to help comprehensive cancer control programs update their cancer control plans.
- [Centers for Medicare & Medicaid Services \(CMS\) Disparities Impact Statement](http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf) (www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf PDF-591KB]) provides a step-by-step tool to develop an action plan to advance health equity.
- [CMS Disparities Impact Statement Data Sources Handout](http://www.cms.gov/files/document/cms-health-equity-ta-data-sources-handout.pdf) (www.cms.gov/files/document/cms-health-equity-ta-data-sources-handout.pdf [PDF-35KB]) is a table of data sources to help identify health disparities and priority populations.

- [National Cancer Institute Health Disparities Calculator \(https://seer.cancer.gov/hdcalc/\)](https://seer.cancer.gov/hdcalc/) is statistical software designed to generate multiple summary measures to evaluate and monitor health disparities.

Innovative Approaches

Innovation is critical to program development and public health strategy and key to developing the evidence base needed to establish and improve the various elements of successful program implementation.⁴ Innovative approaches are an important component of an overall successful program and may be especially useful in advancing health equity due to the relative lack of existing evidence-based community interventions (EBIs) that reduce cancer disparities.

Innovative approaches from the following categories can be considered:

A. EBIs that can be adapted or modified for groups that have been marginalized or placed at higher risk for cancer outcomes

- Example: A group of previous NCCCP awardees worked to build and sustain new partnerships with local opioid- or viral hepatitis-related groups to improve knowledge and awareness of the link between injecting drugs and the risk of hepatitis and liver cancer. These awardees worked with their selected local partners to implement EBIs or promising strategies for preventing viral hepatitis and opioid overdose to reduce the risk of hepatitis B virus (HBV), hepatitis C virus (HCV), and liver cancer among people who inject drugs, who are at high risk for liver cancer.

B. EBIs from other areas of health or sectors that reduce known risk factors for cancer (or improve known protective factors for cancer)

- Example: Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and upbringing in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, including cancer, and substance misuse, such as smoking and heavy drinking, in adulthood. EBIs from CDC's technical package on [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence \(www.cdc.gov/violenceprevention/pdf/preventingACES.pdf \[PDF-3.7MB\]\)](https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf) can be implemented to prevent ACEs.^{5,6,7,8}

C. EBIs that have promising or demonstrated measurable improvements in health outcomes, preventive care, and health behaviors, or have led to policy or environmental change that will have positive effects in the long term on health outcomes

- Example: While rural populations have lower overall cancer incidence, they experience higher cancer mortality than their metropolitan counterparts.⁹ Rural residents have

limited access to cancer support providers such as oncologists, social workers, and mental health professionals. Rural residents are more likely to engage in high-risk health behaviors such as tobacco use, alcohol consumption, and physical inactivity, and are less likely to receive cancer screenings and human papillomavirus (HPV) vaccination. A group of previous NCCCP awardees worked to reduce these disparities through patient navigation and tele-mentoring to increase the quality of cancer survivorship care in rural communities in two ways. First, they engaged patient navigators to increase communication between multidisciplinary health care specialists and health care providers in rural areas. Then they used Project ECHO's tele-mentoring platform to increase the knowledge and skills of multidisciplinary health care provider teams to enhance the care that cancer survivors in rural communities receive. This project was innovative in its top-down and bottom-up approach to address the needs of both primary care teams and cancer survivors.^{10,11,12}

References

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