

Foreword

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Reducing health disparities is a major goal of public health. Despite the persistence of disparities, progress is being made. Since 2011, *CDC Health Disparities and Inequalities Reports (1,2)* and the inaugural *Strategies for Reducing Health Disparities* report (3) have highlighted effective public health programs that have demonstrably reduced disparities. The reports in this supplement add to this record of progress.

There are six key components to effective public health program implementation: innovation, a technical package of evidence-based interventions, performance management, partnerships, effective communication, and political commitment (4). Among these, performance management, the real-time monitoring and evaluation of programs to ensure continuous program improvement, is particularly important to reduce disparities.

Public health programs can be particularly difficult to manage because of the inability to track program performance in real time. Moreover, results might not be apparent for months or even years. As a result, all programs must include sustainable monitoring systems that provide simple, accurate information on progress in program implementation and long-term impact. Even the best-designed programs might fail without timely, honest evaluation.

The reports in this Supplement detail various CDC or CDC-funded programs that incorporate effective performance management. For example:

- Over a decade, the Advisory Committee on Immunization Practices made incremental changes to hepatitis A (HepA) vaccination recommendations intended to increase coverage for children and persons at high risk for HepA infection. CDC analysis of data sets established that the recommended vaccinations eliminated most disparities in HepA disease by age, racial and ethnic group, and geographic area. The analysis also documented an increased proportion of HepA among an emerging population of susceptible adults, underscoring the importance of improving programs and avoiding complacency (5).
- After conducting a needs assessment over two years, Boston Children's Hospital and CDC researchers developed a program at Harvard Medical School to address disparities in pediatric asthma mortality. Targeting primarily black and Hispanic low-income neighborhoods served by Boston Children's Hospital, the program offered families advanced asthma care, including care coordination, case management,

and home visits. Evaluation compared program enrollees with children with asthma living in demographically similar areas. The program significantly improved asthma outcomes over a three-year period and has been adapted and replicated in other cities and states (6).

- Racial and ethnic minority groups, persons without health insurance, and households with low educational attainment and income have lower rates of colorectal cancer (CRC) screening. Since 2009, CDC's Colorectal Cancer Control Program has worked with states and tribal organizations to create and implement programs to increase CRC screening. Evaluation of two programs, one by the Alaska Native Tribal Health Consortium and another by Washington State's Breast, Cervical and Colon Health program, indicated that they increased CRC screening in underserved populations each year to levels similar to statewide rates in which patient navigators coordinate CRC screening services and perform community outreach. Previous studies validated the efficacy of patient-navigator services in increasing medical screening rates (7,8).

These and other reports in this supplement demonstrate that public health disparities can be overcome by innovative, well-designed, and consistently evaluated programs that build viable and sustainable long-term partnerships and inspire political commitment through effective implementation and communication.

References

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