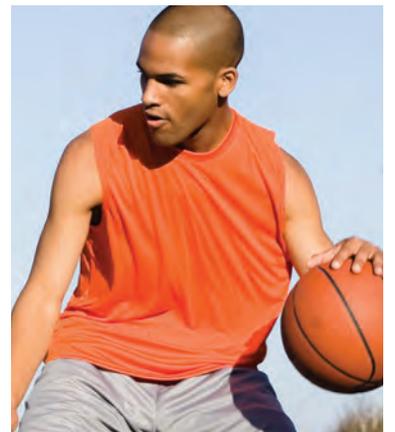




A PRACTITIONER'S GUIDE FOR
ADVANCING HEALTH EQUITY
Community Strategies for Preventing Chronic Disease



National Center for Chronic Disease Prevention and Health Promotion
Division of Community Health



This document was developed by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services and Prevention Institute, with funding support under contract 200-2007-20014 Task 009. The design and published components of this document were completed by Ogilvy Public Relations with funding from the Centers for Disease Control and Prevention under contract 200-2010-F-33546.

WWW.CDC.GOV/HEALTHEQUITYGUIDE

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Suggested Citation: Centers for Disease Control and Prevention – Division of Community Health. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. Atlanta, GA: US Department of Health and Human Services; 2013.

Disclaimer: *A Practitioner's Guide for Advancing Health Equity* is intended as a resource for public health practitioners working to advance health equity through chronic disease-focused community health efforts. However, this guide is not intended to reflect the Centers for Disease Control and Prevention (CDC) activities or promote strategies that may not adhere to restrictions regarding the use of federal investments.

Additionally, *A Practitioner's Guide for Advancing Health Equity* is not intended to serve as step-by-step instructions, as there is no one-size-fits all approach to advancing health equity. Although this document discusses a variety of evidence- and practice-based strategies, it is not exhaustive. Strategies included may not be appropriate for every organization's situation. Communities must decide what is appropriate for their local context. Therefore, strategies and examples in this guide should be considered in accordance with an organization's and, where applicable, its funder's established protocols and regulations.

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LETTER FROM THE DIVISION OF COMMUNITY HEALTH

PUBLIC HEALTH PRACTITIONER,

There is a growing body of literature exploring how environments in this nation shape our health. To address this issue, public health practitioners are implementing chronic disease policy, systems, and environmental improvements where people live, learn, work, and play. Practitioners are also considering how to ensure such improvements are designed to reverse the negative trends of chronic health conditions among vulnerable population groups. In response to the mounting needs of practitioners seeking reliable tools to advance health equity, the Centers for Disease Control and Prevention (CDC) developed *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease (Health Equity Guide)*.

The purpose of the *Health Equity Guide* is to assist practitioners with addressing the well-documented disparities in chronic disease health outcomes. This resource offers lessons learned from practitioners on the front lines of local, state, and tribal organizations that are working to promote health and prevent chronic disease health disparities. It provides a collection of health equity considerations for several policy, systems, and environmental improvement strategies focused on tobacco-free living, healthy food and beverages, and active living. Additionally, the *Health Equity Guide* will assist practitioners with integrating the concept of health equity into local practices such as building organizational capacity, engaging the community, developing partnerships, identifying health inequities, and conducting evaluations. The *Health Equity Guide* is designed for the novice interested in the concept of health equity, as well as the skillful practitioner tackling health inequities.

We encourage you to visit [WWW.CDC.GOV/HEALTHEQUITYGUIDE](http://www.cdc.gov/healthequityguide) for additional tools and resources that promote health and the integration of health equity into everyday practice. We hope you find the information and examples provided to be useful and an impetus in your efforts to reduce health disparities and advance health equity.

Sincerely,

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INTRODUCTION



Heart disease, cancer, diabetes, and stroke are the most common causes of illness, disability, and death affecting a growing number of Americans.⁴ Many of these chronic conditions tend to be more common, diagnosed later, and result in worse outcomes for particular individuals,⁵⁻⁷ such as people of color, people in low-income neighborhoods, and others whose life conditions place them at risk for poor health.

(See Appendix A for list of population groups experiencing chronic disease disparities.)

Despite decades of efforts to reduce and eliminate health disparities, they persist—and in some cases, they are widening among some population groups.⁸⁻¹¹ Such disparities do not have a single cause. They are created and maintained through multiple, interconnected, and complex pathways. Some of the factors influencing health and contributing to health disparities include the following:^{12,13}

- **Root causes or social determinants of health** such as poverty, lack of education, racism, discrimination, and stigma.
- **Environment and community conditions** such as how a community looks (e.g., property neglect), what residents are exposed to (e.g., advertising, violence), and what resources are available there (e.g., transportation, grocery stores).
- **Behavioral factors** such as diet, tobacco use, and engagement in physical activity.
- **Medical services** such as the availability and quality of medical services.

INTRODUCTION (Continued)

HEALTH EQUITY MEANS THAT EVERY PERSON HAS AN OPPORTUNITY TO ACHIEVE OPTIMAL HEALTH REGARDLESS OF:

- THE COLOR OF THEIR SKIN
- LEVEL OF EDUCATION
- GENDER IDENTITY
- SEXUAL ORIENTATION
- THE JOB THEY HAVE
- THE NEIGHBORHOOD THEY LIVE IN
- WHETHER OR NOT THEY HAVE A DISABILITY³

While health disparities can be addressed at multiple levels, this resource focuses on **policy, systems, and environmental improvement strategies** designed to improve the places where people live, learn, work, and play. Many of the 20th and 21st century's greatest public health achievements (e.g., water fluoridation, motor vehicle safety, food safety) have relied on the use of laws, regulations, and environmental improvement strategies.^{14,15} Health practitioners play an important role in these improvements by engaging the community, identifying needs, conducting analyses, developing partnerships, as well as implementing and evaluating evidence-based interventions.

These intervention approaches are briefly described below:

- **Policy improvements** may include “a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.”¹⁶
Example: A voluntary school wellness policy that ensures food and beverage offerings meet certain standards.
- **Systems improvements** may include a “change that impacts all elements, including social norms of an organization, institution, or system.”¹⁷
Example: The integration of tobacco screening and referral protocols into a hospital system.
- **Environmental improvements** may include changes to the physical, social, or economic environment.¹⁷
Example: A change to street infrastructure that enhances connectivity and promotes physical activity.



INTRODUCTION (Continued)

Such interventions have great potential to prevent and reduce health inequities, affect a large portion of a population, and can also be leveraged to address root causes, ensuring the greatest possible health impact is achieved over time. **However, without careful design and implementation, such interventions may inadvertently widen health inequities.** To maximize the health effects for all and reduce health inequities, it is important to consider the following:

- Different strategies require varying levels of individual or community effort and resources, which may affect who benefits and at what rate.
- Certain population groups may face barriers to or negative unintended consequences from certain strategies (see Appendix B for a list of common barriers). Such barriers can limit the strategy's effect and worsen the disparity.
- Population groups experiencing health disparities have further to go to attain their full health potential, so even with equitable implementation, health effects may vary.
- Health equity should not only be considered when designing interventions. To help advance the goal, health equity should be considered in other aspects of public health practice (e.g., organizational capacity, partnerships, evaluation).

A Practitioner's Guide to Advancing Health Equity provides lessons learned and practices from the field, as well as from the existing evidence-base. This resource offers ideas on how to maximize the effects of several policy, systems, and environmental improvement strategies with a goal to reduce health inequities and advance health equity. Additionally, the resource will help communities incorporate the concept of health equity into core components of public health practice such as organizational capacity, partnerships, community engagement, identifying health inequities, and evaluation.

This resource has four major sections:

- Incorporating Health Equity into **Foundational Skills** of Public Health
- Maximizing **Tobacco-Free Living** Strategies to Advance Health Equity
- Maximizing **Healthy Food and Beverage** Strategies to Advance Health Equity
- Maximizing **Active Living** Strategies to Advance Health Equity



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