The Community Guide

www.thecommunityguide.org

WHAT WORKS

Promoting Health Equity

Evidence-Based Interventions for Your Community

Health equity exists when individuals have equal opportunities to be healthy. The ability to be healthy is often associated with factors such as social position, race, ethnicity, gender, religion, sexual identity, or disability. Health inequities are caused by the uneven distribution of social determinants of health, such as education, housing, the neighborhood environment (e.g., sidewalks, parks), and employment opportunities.

Social determinants of health affect a person's ability to earn a good living, live and work in a safe and healthy environment, and effectively use available resources including health care resources. Sometimes populations that represent a specific demographic feature (e.g., a particular racial or ethnic group) do not have equal access to quality education, housing, and other resources which can lead to greater sickness and increased injuries and deaths.

This fact sheet provides proven intervention strategies—including programs and services—to help develop successful health equity interventions and initiatives. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities. This fact sheet summarizes information in The Guide to Community Preventive Services (The Community Guide), an evidence-based resource of what works in public health.

Use the information in this fact sheet to select from intervention strategies you can use in your community to

- Improve educational and health outcomes.
- Reduce educational achievement gaps.
- Improve household and neighborhood safety for low-income families.

Community Preventive Services Task Force

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (CPSTF) about preventive services and programs to improve health. The CPSTF—an independent, nonfederal panel of public health and prevention experts—bases its findings on systematic reviews of the scientific literature. Learn more about The Community Guide and what works to promote health equity by visiting www.thecommunityguide.org/topic/health-equity.

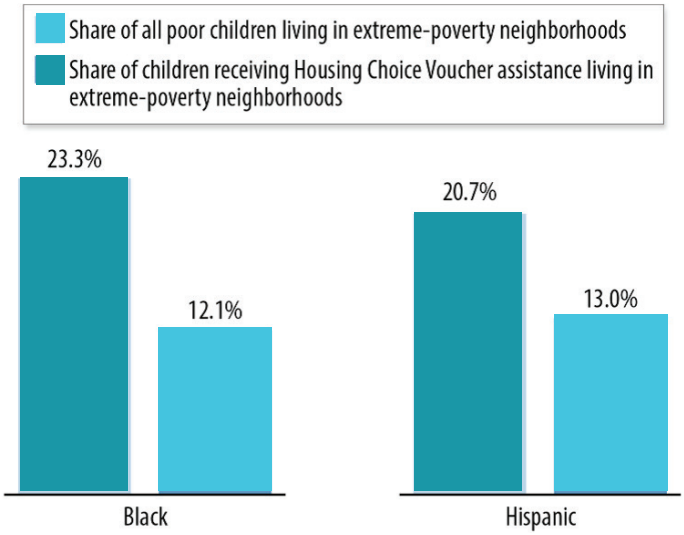
The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.

THE PUBLIC HEALTH CHALLENGE

Vouchers help Black and Hispanic families avoid extreme-poverty* neighborhoods

- High-poverty neighborhoods, which are often violent, stressful, and environmentally hazardous, can impair children's cognitive development, school performance, mental health, and long-term physical health.[1]

- For impoverished families, having a housing voucher cuts their likelihood of living in extreme-poverty neighborhoods by nearly half for black children and by more than a third for Hispanic children when compared with poor children of the same race or ethnicity.[1]



*Extreme-poverty neighborhoods = 40 percent or more of the population have incomes below the federal poverty level.

Source: Center on Budget and Policy Priorities analysis of HUD 2010 administrative data and 2009 Census data.

Health disparities are related to inequities in education

Overall, individuals with less education are more likely to experience a number of health risks, such as obesity, substance abuse, and intentional and unintentional injury compared with individuals with more education.[2]

Higher levels of education are associated with a longer life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions.[2]

Health risks such as teenage pregnancy, poor diet, inadequate physical activity, physical and emotional abuse, substance abuse, and gang involvement have a significant impact on how well students perform in school.[2]

For more about health disparities and inequalities, visit www.cdc.gov/minorityhealth/CHDIReport.html.

SUMMARIZING THE FINDINGS ON PROMOTING HEALTH EQUITY

All CPSTF findings and recommendations on reducing health inequalities among racial and ethnic minorities and low-income populations are available online at www.thecommunityguide.org/topic/health-equity. Some of the findings related to promoting health equity are below.

- **School-Based Health Centers (SBHC).** School-based health centers provide health services to students in grades K-12 and are often established in schools that serve predominantly low-income communities. SBHCs must provide primary health care and may also include mental healthcare, social services, dentistry, and health education. Services may be offered on-site (school-based health centers) or off-site (school-linked centers). These centers improve educational outcomes such as school performance and high school completion. Improvements were also seen in health outcomes, including delivery of vaccinations, asthma morbidity, and emergency department and hospital admissions.

- **Out-of-School Time Academic Programs: Reading Focused.** Programs that focus on reading must provide an academic component with ranges from minimum supervised time for students to complete homework or receive homework assistance, to intensive tutoring or remedial reading classes. Programs are provided outside of regular school hours during the school year or summer recess, to students in grades K-3 who are at risk of low achievement. Attendance is mostly voluntary, although students may be required to participate under certain circumstances (i.e., avoid retention in grade). Improvements from the program are not guaranteed in later years but ongoing school and social support for learning and development are essential.

- **Out-of-School Time Academic Programs: Math Focused.** Programs that focus on math must provide an academic component ranging from minimal supervised time for students to complete homework or receive homework assistance, to intensive tutoring or remedial math classes. Programs are provided outside of regular school hours during the school year or summer recess, to students in grades K-12 who are either low-achieving or at risk of low achievement. Attendance is mostly voluntary, although students may be required to participate under certain circumstances (i.e., avoid retention in grade). These academic programs aim to improve math achievement of academically at-risk students. Academic improvements appear greater for older students (grades 7-12), compared with younger students (grades 2-5).

PUTTING THE CPSTF FINDINGS TO WORK

As a public health decision maker, practitioner, community leader, or someone who can influence the health of your community, you can use The Community Guide to create a blueprint for success.

- ✓ Identify your community's needs. Review the intervention strategies recommended by the CPSTF and determine which ones best match your needs. Adopt, adapt, or develop evidence-based health equity interventions to support your programs, services, and policies.

- ✓ See how others have applied the CPSTF recommendations for promoting health equity at www.thecommunityguide.org/content/the-community-guide-in-action. Get ideas from their Community Guide in Action stories.

- ✓ Consult CDC's Morbidity and Mortality Weekly Report at www.cdc.gov/mmwr/pdf/other/su6301.pdf to learn what strategies can be used to reduce health disparities.

- ✓ Review the Office of Disease Prevention and Health Promotion's Healthy People 2020 at www.healthypeople.gov/2020/topics-objectives to learn how to improve the quality, availability, and effectiveness of educational and community-based programs .

- ✓ Visit the Robert Wood Johnson Foundation at www.rwjf.org/en/library/features/achieving-health-equity.html to learn more about Achieving Health Equity.

THE COMMUNITY GUIDE IN ACTION

Oregon's School-based Health Centers Reduce Absenteeism

For over 25 years, school-based health centers (SBHCs) in Oregon have worked to create healthier generations by empowering youth to be healthy. As of January 2015, there are 68 certified SBHCs in 20 counties throughout the state. Oregon's SBHCs provide comprehensive physical, mental, and preventive health services. Such services include immunizations, annual exams, eye exams, teeth cleanings, and mental health counseling. In the 2013-2014 school year, over 23,000 clients visited the SBHCs over 70,000 times. Students who used the SBHCs participated in a statewide survey. For the 2013-2014 school year, 63 percent of students reported that they didn't miss a class while using the SBHCs. Seventy-seven percent estimated that they would miss at least one class if they had to visit a clinic located elsewhere. The majority of the students surveyed reported having better overall health because of their use of the SBHCs. Over 80 percent said they were very satisfied with their school's health center. Read more on Oregon's school-based health centers at www.public.health.oregon.gov.

FOR MORE INFORMATION

The Community Guide: Promoting Health Equity
www.thecommunityguide.org/topic/health-equity

Office of Minority Health & Health Equity, CDC
www.cdc.gov/minorityhealth/OMHHE.html

Adolescent and School Health, Health Disparities
www.cdc.gov/healthyyouth/disparities

Healthy People 2020 Educational and Community-Based Programs
www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs

REFERENCES

[1]Sard, B., and Rice, D. (2014). Creating Opportunity for Children: How Housing Location Can Make a Difference. Center on Budget and Policy Priorities. Washington, DC. Accessed August 19, 2015 at www.cbpp.org/sites/default/files/atoms/files/10-15-14hous.pdf.

[2]Centers for Disease Control and Prevention. Adolescent and school health. Health disparities. Accessed August 26, 2015 at www.cdc.gov/healthyyouth/disparities.

[3]Fox J, Silverman E, Newman S, Miller, A. (2003). Forty percent cut in after-school funding: America's lost opportunity to prevent 41,000 crimes and save $2.4 billion. A Research Brief from Fight Crime: Invest in Kids. Washington, DC.

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CPSTF FINDINGS ON PROMOTING HEALTH EQUITY

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to promote health equity. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for CPSTF Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against (See reverse for detailed descriptions.)

Intervention	CPSTF Finding
Culturally Competent Health Care	
Cultural competency training for healthcare providers	◆
Culturally specific healthcare settings	◆
Use of interpreter services or bilingual providers	◆
Use of linguistically and culturally appropriate health education materials	◆
Programs to recruit and retain staff who reflect the community's cultural diversity	◆
Education Programs and Policies	
Center-based early childhood education	●
Full-day kindergarten programs	●
High school completion programs	●
Year-Round Schooling	◆
Expanded In-School Learning Time	◆

Intervention	CPSTF Finding
Out-of-school-time academic programs: Reading-focused	●
Out-of-school-time academic programs: Math-focused	●
Out-of-school-time academic programs: General	●
Out-of-school-time academic programs: Academic programs with minimal academic content	◆
School-based health centers	●
Housing Programs and Policies	
Mixed-income housing developments	◆
Tenant-based rental assistance programs	●

For more information on findings and recommendations promoting health equity, visit The Community Guide website at www.thecommunityguide.org/topic/health-equity. Other related resources include one pagers and Community Guide in Action stories.

The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.

UNDERSTANDING THE FINDINGS

The CPSTF bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the CPSTF, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners. Based on the strength of the evidence, the CPSTF assigns each intervention to one of the categories below.

Category	Description	Icon
Recommended	There is strong or sufficient evidence that the intervention strategy is **effective**. This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	●
Insufficient Evidence	There is **not enough evidence** to determine whether the intervention strategy is effective. This does not mean the intervention does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention strategy's effectiveness. The CPSTF encourages those who use interventions with insufficient evidence to evaluate their efforts.	◆
Recommended Against	There is strong or sufficient evidence that the intervention strategy is **harmful or not effective**.	▲

EVALUATING THE EVIDENCE

- The CPSTF findings and recommendations for intervention strategies related to promoting health equity are based on systematic reviews of the available evidence.
- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.
- Each systematic review looks at the intervention strategy's effectiveness and how it works in different populations and settings. If found effective, cost and return on investment are also reviewed when available.
- For each intervention strategy, a summary of the systematic review, evidence gaps, included studies, and journal publications can be found on the Health Equity section of the website at www.thecommunityguide.org/topic/health-equity.

Visit the "Our Methodology" page of The Community Guide website at www.thecommunityguide.org/about/our-methodology.html for more information about the methods used to conduct the systematic reviews and the criteria the CPSTF uses to make findings and recommendations.