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 brochure is designed to help public health program planners, community advocates, educators, primary care providers and policymakers find proven intervention strategies—including programs, services and policies—to develop successful health equity interventions and campaigns. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities. This brochure summarizes information in The Guide to Community Preventive Services (The Community Guide), an essential resource for people who want to know what works in public health.

Use the information in this brochure to help select from the following 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

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (Task Force) about community preventive services, programs, and policies to improve health. Learn more about The Community Guide and what works to promote health equity by visiting www.thecommunityguide.org/healthequity.

The Centers for Disease Control and Prevention provides administrative, research, 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

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](http://www.cdc.gov/minorityhealth/CHDIReport.html).

EVALUATING THE EVIDENCE

- The Task Force 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, and journal publications can be found on the Promoting Health Equity section of the website at [www.thecommunityguide.org/healthequity](http://www.thecommunityguide.org/healthequity).

Community Preventive Services Task Force

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations and findings about public health interventions and policies to improve health and promote safety. The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid body of public health and prevention experts—bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, 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.

More information about how the Task Force conducts its reviews is available at [www.thecommunityguide.org/about/methods.html](http://www.thecommunityguide.org/about/methods.html).
SUMMARIZING THE FINDINGS ON PROMOTING HEALTH EQUITY

All Task Force findings and recommendations on reducing health inequalities among racial and ethnic minorities and low-income populations are available online at www.thecommunityguide.org/healthequity. Some of the Task Force recommendations 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.

- **Center-Based Early Childhood Education.** Center-based early childhood education programs aim to improve the cognitive or social development of children ages 3 or 4 years. These programs improve educational outcomes that are associated with long-term health, and social- and health-related outcomes. When provided to low-income or racial and ethnic minority communities, early childhood education programs are likely to reduce educational achievement gaps, improve the health of low-income student populations, and promote health equity. Programs must include an educational component that addresses one or more of the following: literacy, numeracy, cognitive development, socio-emotional development, and motor skills.

- **Tenant-Based Rental Assistance Programs.** Tenant-based rental assistance programs provide vouchers or direct cash assistance to allow low-income families more housing options than they could afford by themselves. This assistance can reduce crimes against person and property and decrease exposure to neighborhood social disorder, such as crime, public drug use, or gunfire. Household victimization was found to have decreased by a median of 6 percent and social disorder exposure decreased by a median of 15.5 percent. Evidence is insufficient to determine the effects of tenant-based rental assistance programs on housing hazards, youth risk behaviors, mental health status, or physical health status.

PUTTING THE TASK FORCE 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 Task Force 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 Task Force recommendations for promoting health equity at www.thecommunityguide.org/CG-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.**

- **Use Healthy People 2020 at www.healthypeople.gov/2020 to learn more about educational and community-based programs.**
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 public.health.oregon.gov.

REFERENCES


**TASK FORCE FINDINGS ON PROMOTING HEALTH EQUITY**

The Community Preventive Services Task Force (Task Force) 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.

Visit the “Promoting Health Equity” page of The Community Guide website at [www.thecommunityguide.org/healthequity](http://www.thecommunityguide.org/healthequity) to find summaries of Task Force findings and recommendations on promoting health equity. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

For more information on related interventions for specific public health topics, see [www.thecommunityguide.org/about/whatworks.html](http://www.thecommunityguide.org/about/whatworks.html).

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

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### Legend for Task Force Findings:
- 🍃 Recommended
- 🟠 Insufficient Evidence
- 🔴 Recommended Against

### Interventions and Task Force Findings

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<td>Culturally specific healthcare settings</td>
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<td>Use of interpreter services or bilingual providers</td>
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<td>Use of linguistically and culturally appropriate health education materials</td>
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<tr>
<td>School-based health centers</td>
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UNDERSTANDING THE FINDINGS

The Task Force bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, 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 Task Force assigns each intervention to one of the categories below.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Recommended</td>
<td>There is strong or sufficient evidence that the intervention is <strong>effective.</strong> 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.</td>
</tr>
<tr>
<td>Insufficient Evidence</td>
<td>There is <strong>not enough evidence</strong> to determine whether the intervention 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’s effectiveness. The Task Force encourages those who use interventions with insufficient evidence to evaluate their efforts.</td>
</tr>
<tr>
<td>Recommended Against</td>
<td>There is strong or sufficient evidence that the strategy is <strong>harmful or not effective.</strong></td>
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Visit the “Systematic Review Methods” page on The Community Guide website at [www.thecommunityguide.org/about/methods.html](http://www.thecommunityguide.org/about/methods.html) for more information about the methods used to conduct the systematic reviews and the criteria the Task Force uses to make findings and recommendations.

RESOURCES

You can use the following resources to guide the implementation of evidence-based strategies and put the Task Force findings to work.

- **The Community Guide in Action: Stories from the Field**

- **A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease**
  Centers for Disease Control and Prevention

- **Achieving Equity in Health**
  Robert Wood Johnson Foundation

- **Healthy People 2020**