



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 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 PUBLIC HEALTH CHALLENGE

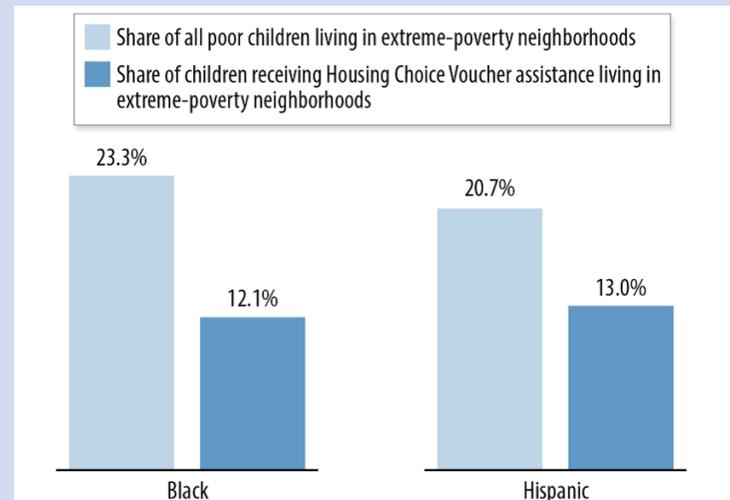
Vouchers help Black and Hispanic families avoid extreme-poverty* neighborhoods

- 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.



*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.

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.

▶ 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.

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.



FOR MORE INFORMATION

The Community Guide: Promoting Health Equity

www.thecommunityguide.org/healthequity

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



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 public.health.oregon.gov.

REFERENCES

¹Sard, 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/10-15-14hou.pdf.

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

³Fox 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.



WHAT WORKS

Promoting Health Equity

Evidence-Based Interventions for Your Community

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.

Legend for Task Force Findings: Recommended Insufficient Evidence Recommended Against (See reverse for detailed descriptions.)

Intervention	Task Force 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	

Intervention	Task Force 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	

Visit the "Promoting Health Equity" page of The Community Guide website at 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.

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.

CATEGORY	DESCRIPTION	ICON
Recommended	There is strong or sufficient evidence that the intervention 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 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.	
Recommended Against	There is strong or sufficient evidence that the strategy is harmful or not effective .	

Visit the “Systematic Review Methods” page on The Community Guide website at 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**
www.thecommunityguide.org/CG-in-Action
- **A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease**
Centers for Disease Control and Prevention
www.cdc.gov/NCCDPHP/dch/health-equity-guide/index.htm
- **Achieving Equity in Health**
Robert Wood Johnson Foundation
www.rwjf.org/en/library/research/2011/10/achieving-equity-in-health-.html
- **Healthy People 2020**
www.healthypeople.gov/2020/about/foundation-health-measures/Disparities



HEALTH IMPACT IN 5 YEARS

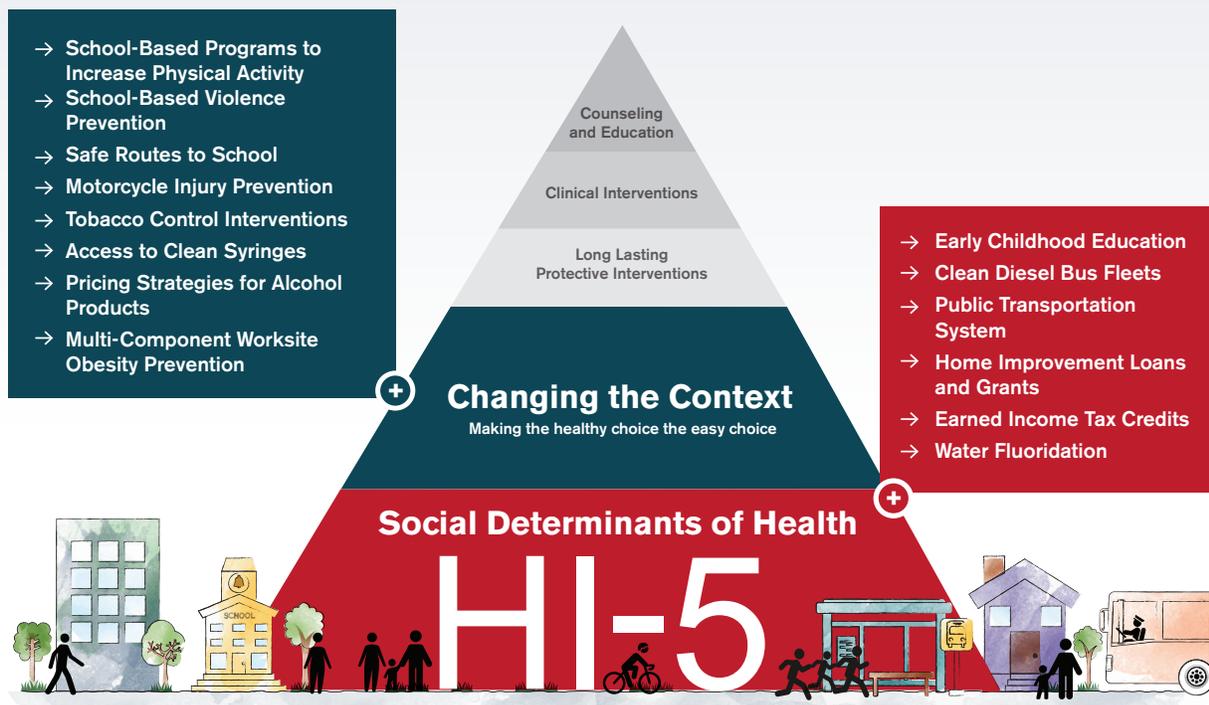
www.cdc.gov/hi5

Achieving lasting impact on health outcomes requires a focus not just on patient care, but on community-wide approaches aimed at improving population health.^[1-6] Programs that address the conditions in the places where we live, learn, work, and play have the greatest potential for keeping people healthy.^[7-11] By focusing on these “social determinants of health” (SDOH) and on “changing the context to make healthy choices easier,” we can help improve the health of everyone living in a community. The Health Impact in 5 Years (HI-5) initiative highlights non-clinical, community-wide approaches that have evidence reporting 1) positive health impacts, 2) results within 5 years, and 3) cost effectiveness or cost savings over the lifetime of the population or earlier. The public health impact pyramid shows the potential impact of different types of public health interventions.^[7] At the base of the pyramid are those interventions that have the greatest potential for impact on health because they reach entire populations of people at once and require less individual effort. The HI-5 Initiative maps directly to the two lowest tiers of the public health pyramid with the greatest potential for positive impact.

Health conditions that the HI-5 interventions address

Community-wide approaches can have broad health impact, often addressing several health conditions at once. Below is a partial list of the health outcomes that HI-5 interventions can prevent or reduce:

- Anxiety and Depression
- Asthma
- Blood Pressure
- Bronchitis
- Cancer
- Cardiovascular Disease
- Child Abuse and Neglect
- Cognitive Development
- Infant Mortality
- Liver Cirrhosis
- Motor Vehicle Injuries
- Obesity
- Dental Cavities
- Pneumonia
- Sexually Transmittable Infections
- Sexual Violence
- Teenage Pregnancy
- Traumatic Brain Injury
- Type II Diabetes
- Youth Violence



What are the HI-5 interventions?

Changing the Context



SCHOOL-BASED PROGRAMS TO INCREASE

PHYSICAL ACTIVITY: The goal of these school-based programs is to increase physical activity during the times children are on school grounds before, during, and after classes. The programs can expand and enhance existing physical education programs and incorporate physical activities into classroom learning activities. Evidence has shown that these programs are associated with increases in student physical activity and have positive effects on Body Mass Index (BMI) and obesity prevention.



SCHOOL-BASED VIOLENCE PREVENTION:

Universal school-based violence prevention programs provide students and school staff with information about violence, change how young people think and feel about violence, and enhance interpersonal and emotional skills such as communication and problem-solving, empathy, and conflict management. These approaches are typically delivered to all students in a particular grade or school. A systematic review found that universal school-based violence prevention programs were associated with less youth violence in all types of school environments, regardless of grade level, socioeconomic status, crime rate, and predominant race or ethnicity of students. The evidence also shows that specific programs have been associated with lower rates of delinquency and alcohol and substance abuse and improvements in academic performance.



SAFE ROUTES TO SCHOOL (SRTS):

SRTS is an overall approach that encourages students and their families to walk, bike, or use other forms of active transportation to get to and from school. It combines programmatic approaches like bicycle safety education, walking school buses, and increased traffic enforcement with infrastructure improvements such as better sidewalks, crosswalks, and lighting to ensure safe conditions for walking and biking. The evidence shows that SRTS is associated with increases in the number of students who walk and bike to and from school. There is also evidence that SRTS reduces the risk of injury from traffic collisions involving pedestrians and bicyclists.



MOTORCYCLE INJURY PREVENTION:

Universal motorcycle helmet laws require all motorcycle riders, both drivers and passengers, to wear a helmet when riding on public roads. States with universal laws consistently have higher rates of helmet use and lower rates of motorcycle-related deaths and injuries.



TOBACCO CONTROL INTERVENTIONS:

Effective tobacco control interventions include tobacco price increases, high-impact anti-tobacco mass media campaigns, and comprehensive smoke-free laws. Evidence has shown that a 20 percent increase in the unit price of tobacco can reduce the number of young people who start smoking, can increase quitting among young people and adults ages 30 and older, and can reduce tobacco use and demand. High-impact anti-tobacco mass-media campaigns, which target large audiences through television and radio broadcasts, print media (e.g., newspaper), and digital media to change knowledge, beliefs, attitudes, and behaviors regarding tobacco—have been shown to reduce adult tobacco use and promote tobacco cessation, as well as prevent tobacco use initiation among youth. Comprehensive smoke-free laws that prohibit smoking in all indoor areas of workplaces, bars, and restaurants are associated with reductions in exposure to secondhand smoke and improvements in short and long-term health outcomes, including reduced hospitalizations for asthma and heart attacks.



ACCESS TO CLEAN SYRINGES: Policies that support access to clean needles and syringes let pharmacies sell them without prescriptions. They also allow public health departments to authorize and conduct programs that distribute clean needles and syringes and safely dispose of used ones. Evidence shows that these policies, laws, and regulations are associated with lower prevalence and incidence of the human immunodeficiency virus (HIV) and the hepatitis C virus (HCV) among persons who inject drugs.



PRICING STRATEGIES FOR ALCOHOL PRODUCTS:

Evidence shows that raising the price of alcohol products is associated with reductions in alcohol consumption and related harms, including sexual violence and motor vehicle crashes and fatalities.



MULTI-COMPONENT WORKSITE OBESITY

PREVENTION: Strategies at the workplace include offering information and education, behavioral- and social- change strategies, environmental components, and financial incentives. According to the results of a thorough review of a large number of studies, worksite obesity prevention programs are associated with reductions in BMI and help employees lose weight.

Interventions Addressing the Social Determinants of Health of Health



EARLY CHILDHOOD EDUCATION:

Early Childhood Education (ECE) programs foster socio-emotional, cognitive, and motor skills development for children ages 3 to 4 years. Some programs also include physical activity, nutritious meals, support for parents, healthcare screening and access, and social services. ECE programs may be delivered in a variety of ways and settings: state and district programs (available to all children), the federal Head Start program, and model programs (which focus on at-risk or economically disadvantaged children). In addition to improved cognitive development, the evidence shows that ECE programs are associated with reductions in obesity and BMI, child abuse and neglect, youth violence, and emergency department visits.



CLEAN DIESEL BUS FLEETS: Under these transition programs, fleets of diesel buses are retrofitted to operate using clean diesel technology. The body of scientific evidence shows these reductions are associated with fewer cardiovascular events and respiratory conditions, including asthma, and better lung function among children.



PUBLIC TRANSPORTATION SYSTEM INTRODUCTION OR EXPANSION:

The purpose of introducing or expanding public transportation systems is to increase both access to and use of public transit and to reduce traffic. The body of evidence shows this intervention is associated with reductions in traffic crash injuries, fatalities, traffic congestion and associated air pollution as well as higher levels of physical activity.



HOME IMPROVEMENT LOANS AND GRANTS:

These financial resources provide funding to low-income families to repair and improve their homes. For example, funds may cover weatherization to improve insulation, air quality, dampness, and energy conservation, as well as removal of health or safety hazards from homes. The evidence shows that these actions are associated with improving residents' general health and reducing asthma symptoms and non-asthma-related respiratory problems.



EARNED INCOME TAX CREDITS: Earned income tax credits are usually implemented as refundable income tax credits levied at the federal, state, or local levels that benefit low- and moderate-income working people and families. The EITC has been credited with keeping more families and children above the poverty line than any other federal, state, or local program. In addition, the evidence demonstrates that EITC is associated with reductions in infant deaths and preterm births, and improvements in birthweight and mother's mental health.



WATER FLUORIDATION: Community water fluoridation is the process of adjusting fluoride levels in order to improve oral health. Drinking fluoridated water keeps teeth strong and reduces tooth decay by approximately 25% among children and adults. By preventing tooth decay, community water fluoridation has been shown to save money, both for families and the healthcare system.

Select References

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CDC's 6|18 INITIATIVE

Accelerating Evidence into Action

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE



REDUCE
TOBACCO USE



CONTROL
BLOOD PRESSURE



IMPROVE
ANTIBIOTIC USE



CONTROL
ASTHMA



PREVENT UNINTENDED
PREGNANCY



PREVENT TYPE 2
DIABETES

The Centers for Disease Control and Prevention (CDC) is partnering with health care purchasers, payers, and providers to improve health and control health care costs. CDC provides these partners with rigorous evidence about high-burden health conditions and associated interventions to inform their decisions to have the greatest health and cost impact. This initiative aligns evidence-based preventive practices with emerging value-based payment and delivery models.

HIGH-BURDEN HEALTH CONDITIONS AND EVIDENCE-BASED INTERVENTIONS

The following is a list of six high-burden health conditions with effective interventions that CDC is prioritizing to improve health and control health care costs.



REDUCE TOBACCO USE

- Increase access to tobacco cessation treatments, including individual, group, and telephone counseling, and Food and Drug Administration-approved cessation medications (in accordance with the 2008 *Public Health Service Clinical Practice Guidelines* and the 2015 *U.S. Preventive Services Task Force* recommendations).
- Remove barriers that impede access to covered cessation treatments, such as cost-sharing and prior authorization.
- Promote increased use of covered treatment benefits by tobacco users.



CONTROL HIGH BLOOD PRESSURE

- Implement strategies that improve adherence to anti-hypertensive and lipid-lowering prescription medications via expanded access to:
 - low cost medication copayments, fixed dose medication combinations, and extended medication fills;
 - innovative pharmacy packaging;
 - improved care coordination using standardized protocols, primary care teams, medication therapy management programs, and self-monitoring of blood pressure with clinical support.
- Provide home blood pressure monitors to patients with high blood pressure and reimburse for the clinical support services required for self-measured blood pressure monitoring.



IMPROVE ANTIBIOTIC USE

- Require antibiotic stewardship programs in all hospitals and skilled nursing facilities, in alignment with *CDC's Core Elements of Hospital Antibiotic Stewardship Programs* and *The Core Elements of Antibiotic Stewardship for Nursing Homes*.
- Improve outpatient antibiotic prescribing by incentivizing providers to follow *CDC's Core Elements of Outpatient Antibiotic Stewardship*.



CONTROL ASTHMA

- Use the 2007 *National Asthma Education and Prevention Program* as clinical practice guidelines.
- Promote strategies that improve access and adherence to asthma medications and devices.
- Expand access to intensive self-management education by licensed professionals or qualified lay health workers for patients whose asthma is not well-controlled with medical management.
- Expand access to home visits by licensed professionals or qualified lay health workers to provide intensive self-management education and reduce home asthma triggers for patients whose asthma is not well-controlled with medical management and self-management education.



PREVENT UNINTENDED PREGNANCY

- Reimburse providers for the full range of contraceptive services (e.g., screening for pregnancy intention; counseling; insertion, removal, replacement, or reinsertion of long-acting reversible contraceptives, and follow-up) for women of childbearing age.
- Reimburse providers for the actual cost of FDA-approved contraceptive methods.
- Unbundle payment for long-acting reversible contraceptives from other postpartum services.
- Remove administrative barriers to receipt of contraceptive services (e.g., pre-approval step therapy restriction, barriers to high acquisition and stocking costs).



PREVENT TYPE 2 DIABETES

- Expand access to the National Diabetes Prevention Program, a lifestyle change program to prevent or delay onset of type 2 diabetes.

For the latest information on
CDC's 6|18 Initiative visit:
www.cdc.gov/sixteen or
email sixteen@cdc.gov



Why It Matters

When communities need to know how to protect and improve their population's health, they turn to The Community Guide, a collection of evidence-based recommendations and findings from the [Community Preventive Services Task Force](#) (CPSTF). The CPSTF makes evidence-based recommendations about the effectiveness and economics of public health programs, services, and other interventions used in real-world settings—such as communities, worksites, schools, faith-based organizations, military bases, public health clinics and departments, and integrated healthcare systems.

The CPSTF is an independent, nonpartisan, nonfederal panel of public health and prevention experts. Their recommendations and findings are based on rigorous systematic reviews and are produced in accordance with the highest international standards. CPSTF findings do not mandate compliance or spending; instead, they provide decision makers with a menu of evidence-based options to choose from when considering the needs of their community.

Partners

The CPSTF engages key stakeholders in all aspects of its work. Systematic review science teams include scientists, practitioners, policymakers, and representatives from the private and nonprofit sectors. The CPSTF is supported by 32 Liaisons that represent state and local public health departments, the U.S. Armed Forces, federal agencies, health care professionals, and other national organizations invested in America's health.

Topics Addressed by CPSTF Reviews

The CPSTF has active recommendations and findings for more than 230 intervention approaches across 21 topic areas:

- Adolescent Health
- Asthma Control
- Birth Defects
- Cancer Prevention and Control
- Cardiovascular Disease Prevention and Control
- Diabetes Prevention and Control
- Emergency Preparedness and Response
- Excessive Alcohol Consumption and Related Harms
- Health Communication and Health Information Technology
- Health Equality
- HIV/AIDS, Sexually Transmitted Diseases, and Teen Pregnancy
- Mental Health
- Motor Vehicle-Related Injury Prevention
- Nutrition
- Obesity Prevention and Control
- Oral Health
- Physical Activity
- Tobacco Use and Second-Hand Smoke Exposure
- Vaccination (Increasing Appropriate)
- Violence Prevention
- Worksite Health

www.thecommunityguide.org



“Community Preventive Services Task Force findings provide decision makers across sectors with a menu of programs, services, and policies that have been shown to protect and improve health.”

Jerome M. Adams, MD, MPH
U.S. Surgeon General

How to Use CSPTF Findings

Public health professionals, healthcare providers, employers, researchers, and other decision makers in states and local communities across the nation use CPSTF recommendations and findings in a variety of ways to improve community health.

Inform



Identify evidence-based approaches to implement in communities, schools, businesses, or organizations



Use economic findings to inform budget decisions and identify priorities



Inform program goals and objectives



Use identified evidence gaps to inform research priorities and develop proposals

Develop



Develop evidence-based policies and regulations



Design training content to include systematic review methods



Develop funding opportunities

Support



Improve health systems and patient care



Support public health department accreditation



Strengthen proposals for program funding



Foster dialogue with partners and decision makers

Community Guide in Action

Access our [Community Guide in Action](#) stories online to learn about decision makers, program planners, employers, and leaders from across the United States who have used CPSTF recommendations and findings to make people safer and healthier.



The AMIGAS program engaged community health workers to deliver a multicomponent intervention based on CPSTF recommendations that doubled the rate of cervical cancer screening among Mexican-American women in Texas and Washington.



To raise the use of child safety seats and seat belts in the Yurok tribe in Northern California, a tribal motor vehicle injury prevention program, Buckle Up Yurok was created using evidence-based recommendations from the CPSTF.



Concerns of rising obesity rates led policymakers in Illinois to develop and implement an enhanced physical education program in schools based on evidence-based recommendations from the CPSTF.

Get Started!

Visit www.thecommunityguide.org to access CPSTF findings, effectiveness and economic evidence, implementation tools, and more. You can also subscribe to receive regular updates about upcoming webinars and presentations, new findings, and other products designed to help you use The Community Guide. Not finding what you need? Contact us at communityguide@cdc.gov with your questions – we're here to help you!



Database of Interventions

Search for *Interventions that Work* in Four Action Areas

The Centers for Disease Control and Prevention’s (CDC) online Community Health Improvement (CHI) Navigator—www.cdc.gov/CHInav—is a one-stop-shop that offers expert-vetted tools and resources to support collaborative, impactful CHI work.

ABOUT THE DATABASE

The **Database of Interventions** is a tool that helps you identify interventions that work in four action areas—socioeconomic factors, physical environment, health behaviors, and clinical care. This database provides leaders and stakeholders with options to consider when making decisions about how to invest in their community and address its health needs.

For community partnerships, a balanced portfolio of interventions can lead to greater impact on patient

and population health while reducing hospital readmissions and cutting costs across sectors.¹ Engaging in a collaborative CHI process and using evidence-based interventions helps support the missions of all organizations involved and is an approach often preferred by funders.

WHO SHOULD USE THE DATABASE?

The Database of Interventions can be used by various community stakeholders who are involved in CHI work and, ultimately, for improving

the health of their communities. These stakeholders include hospitals complying with the IRS Final Rule on Community Health Needs Assessments for Charitable Hospitals. Uses for the database include:

- Finding best practices and evidence-based interventions and approaches
- Generating ideas for proven interventions based on needs assessment results, community assets, and desired health outcomes
- Identifying evidence-based approaches to use in assessing current approaches or strategies

HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas



1. Hester JA, Stange PV. A sustainable financial model for community health systems. Discussion Paper, Washington, DC: Institute of Medicine, 2014. Available from <http://www.iom.edu/Global/Perspectives/2014/SustainableFinancialModel>.



- Discovering interventions to consider as part of an implementation strategy, a population health plan, a state health improvement plan, or a community health improvement plan
- Identifying options for potential inclusion in a population management plan that includes innovative approaches to care of populations

HOW TO USE THE DATABASE

The Database of Interventions is a free, online tool available at www.cdc.gov/CHInav:

- Click on the database button to be directed to tool.
- Once there, select a variety of filters (see figure 1), including Target Risk Factors, of highest priority for addressing community needs.
- As filters are selected, a preview of search results will automatically appear on the right side of the screen (see figure 2).
- Simply click on an individual result for more information about a particular intervention.

Filters Including Target Risk Factors

The database includes seven **Target Risk Factors** that are related to the leading causes of illness and death in the United States: **Tobacco Use and Exposure, Physical Inactivity, Unhealthy Diet, High Cholesterol, High Blood Pressure, Diabetes, and Obesity.**

This database provides ideas to encourage and inspire action to advance the health of communities. It includes many interventions proven to reduce smoking rates, cholesterol levels, blood pressure, and blood sugar.

In addition to filtering by Target Risk Factor, users can filter by: **Target**

Figure 1: Select Filters

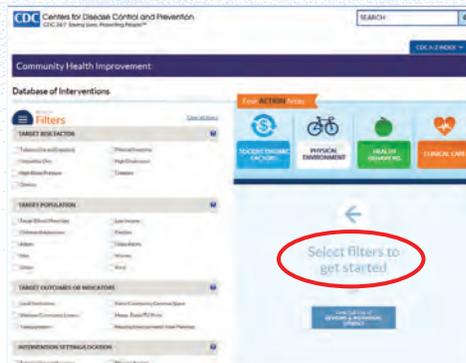
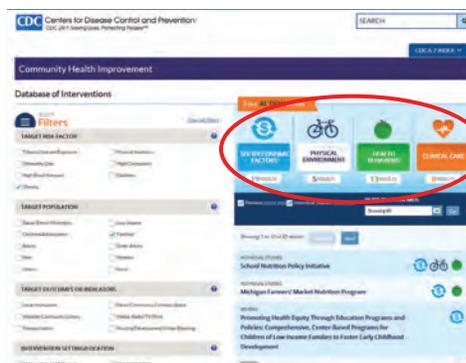


Figure 2: Preview Results



Populations, Target Outcomes or Indicators, Intervention Settings/ Locations, Intervention Types, Assets: People or Organizations, and Assets: Physical or Virtual Space.

Data Sources for Interventions

Interventions were drawn from source databases that met defined criteria for level of evidence and accessibility. The database includes both reviews (summary recommendations based on systematic review or synthesis of current evidence from multiple studies and other evidence-based sources) and individual studies (scientific evaluation of the efficacy of an intervention in a single study). A list of the sources is available at the CHI Navigator resources page.

QUOTE FROM INTERNAL REVENUE SERVICE FINAL RULE ON COMMUNITY HEALTH NEEDS ASSESSMENTS FOR CHARITABLE HOSPITALS.²

"... a hospital facility must identify significant health needs of the community, prioritize those health needs, and identify resources (such as organizations, facilities, and programs in the community, including those of the hospital facility) potentially available to address those health needs."³

"These needs may include, for example, the need to address financial and other barriers to accessing care, to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community."⁴

2. Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, 79 Fed. Reg. 78,953 (December 31, 2014) (to be codified at 26 C.F.R. pts. 1, 53, and 602), available at <http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>.

3. Id. at 79,702.

4. Id.

2020 Topics and Objectives – Objectives A–Z



Select a topic area from the list below to get started.

Each topic area includes an overview, objectives and data,* and evidence-based resources.

A

[Access to Health Services](#)

[Adolescent Health *New*](#)

[Arthritis, Osteoporosis, and Chronic Back Conditions](#)

B

[Blood Disorders and Blood Safety *New*](#)

C

[Cancer](#)

[Chronic Kidney Disease](#)

D

[Dementias, Including Alzheimer's Disease *New*](#)

[Diabetes](#)

[Disability and Health](#)

E

[Early and Middle Childhood *New*](#)

[Educational and Community-Based Programs](#)

[Environmental Health](#)

F

[Family Planning](#)

[Food Safety](#)

G

[Genomics *New*](#)

[Global Health *New*](#)

H

[Health Communication and Health Information Technology](#)

[Health-Related Quality of Life & Well-Being *New*](#)

[Healthcare-Associated Infections *New*](#)

[Hearing and Other Sensory or Communication Disorders](#)

[Heart Disease and Stroke](#)

[HIV](#)

I

[Immunization and Infectious Diseases](#)

[Injury and Violence Prevention](#)

L

[Lesbian, Gay, Bisexual, and Transgender Health *New*](#)

M

[Maternal, Infant, and Child Health](#)

[Medical Product Safety](#)

[Mental Health and Mental Disorders](#)

N

[Nutrition and Weight Status](#)

O

[Occupational Safety and Health](#)

[Older Adults *New*](#)

[Oral Health](#)

P

[Physical Activity](#)

[Preparedness *New*](#)

[Public Health Infrastructure](#)

R

[Respiratory Diseases](#)

S

[Sexually Transmitted Diseases](#)

[Sleep Health *New*](#)

[Social Determinants of Health *New*](#)

[Substance Abuse](#)

T

[Tobacco Use](#)

V

[Vision](#)



What Works for Health Shortcut

Evidence Matters. Choosing policies and programs that have been shown to work in real life and that are a good fit for your community will maximize your chances of success.

But where do you start? *What Works for Health* is our tool to help you find evidence-informed policies, programs, systems, and environmental changes that can make a difference locally.



Step 1: Get Ready

Without focus, all problems can feel equally important, and searching for strategies can be overwhelming. Before you start, think about what you want to accomplish in your community. Ask questions like:

- Is there a specific risk factor or health issue that is a concern?
- Are there groups of residents with worse outcomes than others?
- What do we hope to achieve?



Step 2: Search for Strategies

Go to *What Works for Health*: countyhealthrankings.org/whatworks.

If you have a specific topic (e.g., obesity, mental health, suicide) or strategy (e.g., Telemedicine, Living wage, Rain barrels) in mind use the keyword search. If you know the health factor you want to address (e.g., Tobacco Use), but don't have a specific topic or strategy in mind, select that factor from the *Rankings* model on countyhealthrankings.org/whatworks.



Step 3: Fine-tune Your Search

Look at your list. Are there ideas that make sense for your community? You might need new search terms—synonyms, related words, or root causes. You can also browse relevant health factors on the left of the screen.

Is your list too long? You can narrow by *approach*, *decision maker*, or *evidence rating* on the left of the screen.



Step 4: Explore Strategies

Clicking a strategy title gives more information about the strategy and how likely it is to work. You'll also find examples of the strategy in action, links to studies, and implementation resources. Check out related strategies at the bottom of the screen. These may also be of interest.



Step 5: Prepare to Select a Strategy

Think carefully about what you found. Ask questions like: Does the strategy work? Will it work here? Then, look at the details:

- **Evidence ratings** show the likelihood a strategy will work, based on best available evidence; **expected beneficial outcomes** show for which outcomes. Confirm these outcomes matter to you.
- **Disparity ratings** indicate likely effects on disparities or gaps in expected outcomes.
- Reading the **evidence of effectiveness** summary can help you know if a strategy is likely to work locally—do you see populations like yours? Communities like yours?
- **Implementation examples** include toolkits, model language, and illustrations of how communities have put a strategy into action.

Bring your partners together and get started.