CDC’s Vision for the 21st Century
“Health Protection…Health Equity”

Increasing CDC’s Impact
On Health Equity

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Office of the Director
Centers for Disease Control & Prevention
What is “Health Equity”? 

Health Equity is attainment of the highest level of health for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
Health Disparities
Communities of Color Are Disproportionately Affected
Key Winnable Battles

Healthcare-Associated Infections

HIV

Motor Vehicle Injuries

Nutrition, Physical Activity, Obesity & Food Safety

Teen Pregnancy

Tobacco
CDC
Health Disparity / Health Equity
Programs & Activities
Communities Putting Prevention to Work (CPPW)

- Two-year program funded primarily through the ARRA (American Recovery and Reinvestment Act of 2009)
- 50 communities supported for intensive community approaches to chronic disease prevention and control
- Grantees include large cities, urban areas, small cities, rural areas, and tribal entities
- Program focuses on two key areas:
  1. obesity, nutrition, and physical activity
  2. tobacco use and exposure
In theory, policy, systems, and environmental change should affect all equally.

In practice, this may not be the case.

- Varying support
- Differential enforcement
- Selection factors
- Relationships
- Implementation challenges

Goal is to make sure "jurisdiction-wide" strategies impacts different populations equitably.
Ensuring that CPPW benefits ALL people in our communities by:

- Targeting efforts to populations experiencing health disparities
- Working with and in organizations and settings to reach underserved populations
- Addressing barriers and potential unintended consequences of policy, systems, and environmental changes for those populations

Variety of resources and activities available to support communities’ efforts to advance health equity in this jurisdiction-wide approach
Racial and Ethnic Approaches to Community Health

- Serves as the cornerstone of CDC’s efforts to eliminate racial and ethnic disparities in health
- Supports 50 grantee partners in community-based, participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities across a wide range of health priority areas
- Supports 6 minority-serving national organizations to enable sharing of evidence and practice-based programs with local affiliates and chapters
Program Impact:
Cholesterol screening among Hispanics
REACH Risk Factor Survey 2002-2006

*CVI/DM communities only

*REACH Hispanics
*Nation - All
*Nation - Hispanics

Year
2002 2003 2004 2005 2006

Percent
80 75 70 65 60 55 50 45 40

*CVI/DM communities only
Program Impact:
Cholesterol screening among African-Americans
REACH Risk Factor Survey 2002-2006

* CVD/DM communities only
Program Impact:
Hemoglobin A1c Test in Diabetics
REACH Risk Factor Survey 2004-2010
Program Impact:
Fruit and vegetable consumption
REACH Risk Factor Survey 2002-2010
Program Impact:
Met physical activity recommendations
REACH Risk Factor Survey 2002-2010
National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

• Provides breast and cervical screening and diagnostic follow-up low-income and uninsured women (emphasizing recruitment of minority women).

• Also supports outreach, education, case management, quality assurance and program evaluation.

• In FY 2010, the NBCCEDP appropriation of $194.1 million funded all 50 states, the District of Columbia, five U.S. territories, and 12 tribal groups.
Impact of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Since 1991:
- >3.6 million women screened
- >8.8 million breast and/or cervical cancer screening examinations completed
- 42,208 breast cancers detected
- 118,627 pre-malignant cervical lesions, of which 42% were high grade
- 2,395 invasive cervical cancers detected

American Indian Initiative:
- Arctic Slope Native Assn, Ltd – North Slope Borough, Barrow, AK
- Cherokee Nation – Tahlequah, OK
- Cheyenne River Sioux Tribe – Eagle Butte, SD
- Hopi Tribe – Kykotsmovi, AZ
- Kaw Nation – Kaw City, OK
- Native American Rehabilitation Assn of the Northwest, Inc
- Navajo Nation – Window Rock, AZ
- Poarch Band of Creek Indians – Atmore, AL
- South Puget Intertribal Planning Agency – Shelton, WA
- Southcentral Foundation – Anchorage, AK
- Southeast Alaska Regional Health Consortium – Sitka, AK
- Yukon-Kuskokwim Health Corp – Bethel, AK

68 Screening Delivery Systems
Teen Pregnancy Prevention

- To test the effectiveness of innovative, multi-component, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates, with a focus on African American and Latino youth aged 15-19.

  - Grantees are funded, in part, through a collaboration with the HHS Office of Adolescent Health, President’s Teen Pregnancy Prevention Initiative and the Office of Population Affairs, Title X Program.
CDC is Working in Communities with High Teen Birth Rates

- Enhancing community partnerships & Improving access to family planning
- Promoting evidence-based prevention programs and policies
- Working with diverse communities—especially Latina and African American youth
Populations Experiencing Tobacco-Related Disparities

- Blacks/African Americans
- American Indians/Alaska Natives
- Asian Americans/Pacific Islanders
- Hispanics
- Low Socioeconomic Status (SES)
- Lesbian, Gay, Bisexual, Transgender (LGBT)
- Mental Illness and/or Substance Use
Cigarette Smoking* among Adults by Race/Ethnicity, United States, 2007

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
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<tbody>
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<td>Asian</td>
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<tr>
<td>Hispanic</td>
<td>13.3%</td>
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<tr>
<td>Non-Hispanic Blacks</td>
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<td>Non-Hispanic Whites</td>
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<tr>
<td>AI/AN</td>
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What are Comprehensive Statewide Tobacco Control Programs

A coordinated effort combining clinical, regulatory, economic, and social strategies to stimulate public support and social climate changes to:

- establish smoke-free policies and norms
- decrease affordability of tobacco products
- minimize tobacco advertising and promotion
- control access to tobacco products, and
- promote and assist tobacco users to quit
Eliminating Tobacco-Related Disparities

- Apply and monitor the impact of policy initiatives in diverse populations:
  - Bans/Restrictions on tobacco advertising, promotion, and sponsorship
  - Tobacco price increases
  - Smokefree policies
Expanded & Integrated HIV Testing (EIHT)

http://www.cdc.gov/hiv/topics/testing/index.htm

Division of HIV/AIDS Prevention (DHAP), National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention (NCHHSTP)
PS07-768: Expanded Testing Program

- **Purpose:** Expand HIV testing opportunities and increase the proportion of disproportionately affected populations who learn their HIV status and are linked to medical care and prevention services
- **Target population:** Primarily African Americans
- **Grantees:** 25 state and big city health departments
- **Project length:** 3 years (Oct 2007 – Sept 2010)
- **Funding:** Approximately $111 million over 3 years
- **Focus:** Routine HIV screening in clinical settings
- **Goals:**
  - Test 1.5 million persons annually
  - Identify 20,000 undiagnosed HIV infections
PS07-768: Expanded Testing Program Successes

- 2,786,739 HIV tests conducted
  - 60% among African Americans
- 18,432 persons identified with newly diagnosed HIV infection
  - 70% among African Americans
- Of persons with newly identified infection
  - 91% received their test results
  - 75% were linked to HIV medical care
  - 83% were referred to HIV partner services
- New partnerships formed between health departments and clinical care providers
Demographics
Culture
Healthcare cost increases
Unequal access
Language
Race and ethnicity
Healthcare quality
Thank You For Your Attention

For more information please contact Centers for Disease Control and Prevention

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Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.