January 23, 2020

Sandra Cashman
Executive Secretary
Community Preventive Services Task Force
Centers for Disease Control and Prevention
1600 Clifton Rd., NE
Atlanta, GA 30329

Re: Community Preventive Services Task Force Request for Information

Dear Ms. Cashman:

On behalf of the nearly 3,000 county and city health departments responsible for safeguarding the health of millions of Americans, the National Association of County and City Health Officials (NACCHO) provides the following recommendations on the Centers for Disease Control and Prevention Community Preventive Services Task Force (CPSTF) Request for Information.

Local public health departments are the governmental agencies that work every day in their communities to prevent disease, promote wellness, and protect health. NACCHO supports local health departments as they build their capacity to implement, evaluate, and sustain evidence- and practice-based chronic disease prevention activities by using a three-pronged approach: Policy, Practice, and Partnerships.

NACCHO provides the following recommendations based upon its capacity-building work with local health departments and its state, national, and federal partners to address chronic disease prevention and treatment. This information reflects input from NACCHO members and provides insight into topics of public health importance for consideration by CPSTF.

Health Equity

Strengthening the CPSTF Definition

As public health departments and community organizations alike strive to align their work and move upstream to address the social and structural root causes of health inequities, they rely on respected resources, like the Community Guide, to lead the way. For this reason, we applaud the Community Guide for including health equity as one of the topic areas, and moreover, strongly encourage that health equity be not only kept as a topic area but strengthened in the upcoming revisions.

We encourage the adoption of one of the following, systems focused, definitions of health equity:

- Health equity is the assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. — Camara Phyllis Jones, MD, MPH, PhD, 2019-2020 Radcliffe Fellow at the Radcliffe Institute for Advanced Study at Harvard

University; Senior Fellow at the Satcher Health Leadership Institute and the Cardiovascular Research Institute at the Morehouse School of Medicine.

- Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. "Health equity" or "equity in health" implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. — <u>World Health Organization</u>

These definitions address problematic phrasing in the current introductory text, which takes an individualistic approach to health equity rather than the systemic focus on groups and populations impacted. Further, while we applaud the inclusion of factors such as social position, race, ethnicity, gender, religion, sexual identity, or disability, we encourage the Community Guide to move beyond these individual factors to examine the structural frames around them: racism, xenophobia, sexism, religious discrimination, homophobia, and ableism, to name a few. These –isms underlie why there are differences in the social determinants of health, with these –isms impacting unjust distribution of education, housing, and many of the other resources deemed necessary to achieve optimal health.

As it stands, the definition and subsequent recommended interventions listed in the Community Guide serve as band aids for the larger problem, mitigating the outcomes of inequality, without addressing the deeper root causes. Adopting stronger language that recognizes the deep roots of inequities in health empowers organizations at the local level to come together and make lasting change to achieve optimal health for all. There are several resources and examples of local health departments and community organizations working together to take this upstream approach to addressing health equity, including the following:

- Communities in Action: Pathways to Health Equity; The Root Causes of Health Inequity
  <u>https://www.ncbi.nlm.nih.gov/books/NBK425845/</u>
- NACCHO: Tackling the Root Causes of Health Inequity
  <u>https://www.naccho.org/naccho-voice/tackling-the-root-causes-of-health-inequity</u>
- Health Equity Guide: Change the Conversation
  <u>https://healthequityguide.org/strategic-practices/change-the-conversation/</u>

<u>Organizational and Workforce Development for Health Equity</u>

For organizations to truly begin to make transformation change on issues around health equity, they must first build the internal structure and capacity to lead this change. This includes examining and building organizational structures, partnership, and staff knowledge, skills, and attitudes that are conducive to achieving health equity. Tools, such as the Bay Area Regional Health Network's Organizational Self-Assessment Toolkit (<u>http://barhii.org/resources/barhii-toolkit/</u>), provide research-based organizational and individual traits that support the ability to perform effective health equity work. Courses such as NACCHO's Roots of Health Inequity course (<u>http://www.rootsofhealthinequity.org/</u>) have been used with great success to begin to change organizational readiness to address health equity and transform public health practice. Results available upon request. Additional examples:

- Health Equity Guide: Prioritize Upstream Policy Change
  <u>https://healthequityguide.org/strategic-practices/prioritize-upstream-policy-change/</u>

- Health Equity Guide: Change Internal Practices and Processes
  https://healthequityguide.org/strategic-practices/change-internal-practices-and-processes

Policy and "Upstream" Approaches

Inclusive of public health programs, services, and other interventions is the need to include evidence-informed/-based policy change approaches across CPSTF topics to meaningfully identify and promote systems-level modifications to reduce health disparities and improve health equity. As well, cross-sectoral partnerships around evidence-based policies are important for community-level action. Examples include:

- CDC's HI-5 (High Impact in 5 Years)
  https://www.cdc.gov/policy/hst/hi5/interventions/index.html
- Trust for America's Health report: Promoting Health and Cost Control in States: How States Can Improve Community Health & Well-being Through Policy Change
  https://www.tfah.org/wp-content/uploads/2019/02/2019-PHACCS-Report_FINAL.pdf
- Health Equity Guide Case Studies
  https://healthequityguide.org/case-studies/?filter=sp2-57

Community Health Assessment and Planning

In order for public health programs, services, and other interventions to be effective, they need to align with community health assessment/community health improvement planning, which are fundamental practices of local and state health departments (C/SHAs-C/SHIPs), hospital systems (IRS Section 990 Schedule H, regarding community benefit), and Federally Qualified Health Centers (IRS Section 330, regarding conducting needs assessments) to collaboratively identify the health needs and priorities of the populations they serve and develop and implement effective strategies to protect and improve community health. These processes must be based on data, science, and an authentic understanding and inclusion of the communities' needs and priorities (i.e., "community voice"), which involves direct community participation throughout the CHA/CHIP process, including people with lived experiences of inequity, such as those who suffer from preventable chronic diseases. As such, employing evidence-informed strategies that authentically engage cross-sectoral partners and include populations in the CHA/CHIP process to meaningfully address the social and structural determinants of those populations is critical to the identification of strategic population health priorities, programs, services, and interventions.

Evidence-informed examples include the following:

- Mobilizing Action Through Planning and Partnerships (MAPP)
  https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp; evaluation results available up on request
- World Café Model
  http://www.theworldcafe.com/key-concepts-resources/research/
- Community Participatory Research
  https://www.nimhd.nih.gov/programs/extramural/community-based-participatory.html
- Community organizing
  https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1285 (**Cross cutting with health equity)

- Collective impact and results-based accountability
  https://clearimpact.com/results-based-accountability/
- Healthy People 2020 (soon to be 2030)
  https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- The proof's in the partnerships: Are Affordable Care Act and Local Health Department accreditation practices influencing collaborative partnerships in community health assessment and improvement planning? *Journal of Public Health Management and Practice*: JPHMP. 2015 Jan-Feb;21(1):12-17. DOI: 10.1097/phh.0000000000000087. (Authors: Laymon B, Shah G, Leep CJ, Elligers JJ, Kumar V.)

Effective CHA/CHIP processes can help to identify local barriers and partners to improve a broad range of health outcomes, including the following:

- Early Childhood Health
  - Highlighted in Healthy People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood/objectives. From a life course perspective, addressing opportunities in early childhood makes a lifelong difference in health.
  - Example: Expand center-based early childhood programs in communities across the country: https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-center-based-early-childhood
- Adolescent health – High School Graduation
  - Highlighted in Healthy People 2020 as a leading health indicator: https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health/objectives
  - Example: Facilitate high school completion: https://www.thecommunityguide.org/findings/health-equity-high-school-completion-programs
- Tobacco: Secondhand Smoke and Reduction of Use
  - Reduction highlighted in Healthy People 2020 as a leading health indicator: https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives
  - Examples:
    - Reducing exposure to secondhand smoke is a mechanism of changing the context to improve health: https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-smoke-free-policies
    - Increase the unit price of tobacco through local taxes: https://www.thecommunityguide.org/findings/ tobacco-use-and-secondhand-smokeexposure-interventions-increase-unit-pricetobacco
- Substance Abuse – Alcohol and Others
  - Healthy People 2020 substance abuse topic area and related objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives
  - Example: Impact of higher taxes on alcohol consumption: https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-increasing-alcohol-taxes

HIV Prevention and Treatment

In February 2019, the Trump administration announced the *Ending the HIV Epidemic Initiative: A Plan for America (EHE)*, which placed a priority on ending HIV in the United States within 10 years. This plan aimed to use all HIV care and prevention resources to include biomedical prevention tools, early start medication, and prevention interventions to reduce new HIV infections by 75% in five years and 90% in ten years. Phase One of this plan focuses resources in 48 counties, Washington, D.C., and San Juan, Puerto Rico that made up 50% of new infections in 2016 and 2017. The plan also focuses on seven states that have disproportionate rates of HIV in rural areas.

The current goal for the HIV Care Continuum within the U.S. is to have 90% of people aware of their diagnosis, 85% linked to care, and 80% virally suppressed; this goal is currently unmet. Although pre-exposure prophylaxis (PrEP) is effective in preventing HIV, HIV treatment is also a very effective prevention tool in ending the HIV epidemic. Therefore, it is important to link and retain people living with HIV in care and provide the necessary tools and structures for them to be successful and adherent to medication. The EHE plan recognizes and evidence shows that in order to prevent and treat HIV, programs and strategies need to be tailored to specifically address the community that is being served. Many interventions that involve individualized treatment plans and treating the "whole person" have been effective in retaining people in care, especially for people struggling with retention and adherence.

Examples and Models:

- Southern Initiative project: The project goal was to improve HIV outcomes among minority populations and build capacity to address health inequities and social injustices by integrating community health workers into care teams. This project confirmed the need for more individualize services to improve health outcomes for people living with HIV. https://www.naccho.org/uploads/downloadable-resources/Southern-Initiative-Release.pdf
- Retention and adherence involves addressing the entire person, including the social determinants of health: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- SPNS Initiative: Systems Linkages and Access to Care: https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-systems-linkages-and-access

Environmental Health

Environmental health focuses on the health interrelationships between people and their environment, promotes human health and well-being, and fosters a safe and healthful environment.
- Children's Environmental Health and Choose Safe Siting is a cross-cutting issue that impacts some of our most vulnerable populations (children) in our community spaces (e.g., childcare settings and schools). There is an ever-expanding evidence-base to inform safe siting for childcare establishments and schools that may be of interest for the CPSTF.
- Waste Reduction, Recycling, and Solid and Hazardous Waste Issues are addressed by many local health departments in a variety of ways and through a "climate change" lens to incorporate sustainable recycling practices and reduction of consumer waste. As more and more communities are taking steps to "go green" and pursue carbon-neutral practices, this will become an important area of opportunity for more and more local health departments. The evidence for these practices may be held within each local health department.

Healthy Aging

To create a context for healthy aging, a community must attend to the social determinants of health in the lives of seniors. Similarly, agencies and organizations need to address these determinants holistically, including by adopting a life course approach, rather than segmenting and addressing specific health conditions (e.g., chronic diseases, prescription misuse, depression) in isolation. These factors have been summarized in the Healthy People 2020 Social Determinants of Health Framework (https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults) and include:

- Housing unavailability (https://www.jchs.harvard.edu/housing-americas-older-adults-2018) and HUD solutions (https://www.huduser.gov/portal/periodicals/em/summer17/highlight1.html)
- Neighborhood and built environment: see AARP's Livability Index on transportation (https://livabilityindex.aarp.org/categories/transportation) and evidence-informed community actions (https://livabilityindex.aarp.org/resources)
- Social and community context: problem description (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139173/ Page 2) and rural and urban challenges increasing connectivity (http://www.tivityhealth.com/connectivity-summit/2019/wp-content/uploads/2019/08/TH9390BOOKLET0819_12ONLINE.pdf)

NACCHO appreciates the opportunity to provide these recommendations in response to the CPSTF Request for Information. As an essential governmental public health partner, we look forward to continuing to work with the Task Force to realize its goals. Please contact Eli Briggs, Senior Director of Government Affairs, for further information at 202-507-4194 or ebriggs@naccho.org.

Sincerely,

Lori Tremmel Freeman, MBA
Chief Executive Officer