

# National Breast and Cervical Cancer Early Detection Program and Health Equity Strategies

## Working Toward Health Equity

**Health equity** is achieved when every person has an opportunity to “attain his or her full health potential” and no one is at a disadvantage from achieving this potential. “All people get the right screening at the right time for the best outcome” is a strategic priority of CDC’s Division of Cancer Prevention and Control. Below, CDC outlines guidance for implementing strategies to support this health equity priority.

Visit [www.cdc.gov/chronicdisease/healthequity/](http://www.cdc.gov/chronicdisease/healthequity/) to learn more.



## The Approach

- 1** From the beginning of the process, collaborate with the local communities being served; consider the people burdened with cancer, and identify the assets, partners, challenges, and solutions.
- 2** Include staff in planning and monitoring health equity strategies and goals and help them understand their roles in changing practice.
- 3** Assess the effect of all activities, and determine whether practices or policy actions increase, decrease, or have no effect on health equity for each population of focus.

## The Work

- Document health equity gaps using cancer incidence, late-stage diagnosis, and mortality data.
- Partner with local organizations who have trusting relationships and credibility with the populations of focus.
- Work with partners to engage individuals to increase the program’s understanding of population groups and community experiences that affect health and access to health care.
- Engage partners and communities in the development of a health equity strategy that addresses gaps, builds on community strengths, and reduces cancer health disparities.
- Engage both providers and clinics in setting and meeting health equity goals that address access, quality, policies, and systems to improve patient outcomes.
- Expand health care access by supporting partnerships with organizations who address social determinants of health<sup>1</sup> to connect the unscreened to program clinics and screening services.
- Expand access by engaging new providers and clinics in locations where population groups experience higher rates of cancer incidence, late-stage diagnosis, and mortality.
- Evaluate efforts to achieve the program’s health equity goals and objectives.

<sup>1</sup> Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.

## The Fundamentals

- Start now, if you haven't started already.
- Make health equity a priority in your program.
- Align efforts with national program goals.
- Use multiple internal and external strategies to achieve health equity.
- Establish a common language to discuss health equity.
- Use inclusive terminology in communications.
- Update standard operating procedures.
- Invest in public health workforce training for diversity, health equity, and inclusion.
- Include both qualitative and quantitative metrics to measure success, and compare findings to verify outcomes

## The Strategy

### Describe the challenge

Use community and partner input and cancer data to describe health equity needs and challenges in your jurisdiction.

### Focus efforts

Identify and describe population(s) of focus using late-stage cancer diagnosis and mortality data to prioritize screening resources to those most in need, and plan appropriate intervention strategies.

### Outline the plan

- Describe your proposed strategies and how they may affect cancer outcomes and advance health equity for each population of focus.
- Include annual and five-year health equity goals for each population of focus, including screening goals by population.
- Describe implementation and evaluation.
- Describe the resources, assets, and partners needed to support activities.