

Twin Approach

The goal of the Centers for Disease Control and Prevention, Division of Community Health's (DCH) *Twin Approach* is for all populations regardless of age, education, environment, gender, income, race/ethnicity, or sexual orientation to obtain healthy opportunities that are specifically tailored to their needs, environment and unique cultural characteristics. The *Twin Approach* is built on the premise that public health programs should simultaneously address the needs of the population as well as that of a priority/subgroup that experiences a high rate of chronic disease.

The *Twin Approach* is based on several theories (LaLonde 1974, Rose 1985, Frohlich & Potvin 2008). While all share the same basic foundation, each suggests a different contributor for disease risk, such as diet and/or family history (LaLonde, 1974), environmental barriers (Rose, 1985), or social barriers (Frohlich & Potvin, 2008) both population-wide and within a priority/subgroup population.

DCH *Twin Approach* to Health Equity



Population-wide intervention with health equity in mind:

Focus and apply public health activities population-wide

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Targeted culturally tailored interventions to address greatest burden:

Focus and apply culturally tailored public health activities within a priority/subgroup population

= ***Twin Approach***

Population-wide includes persons inhabiting a particular area (i.e., country, state, county, city, town, parish, etc.) or people in a particular group (i.e., students, parents, blue-collar workers, etc.) or individuals that have common characteristics (i.e., young adults, single women, disabled veterans, etc.)

Priority or Subgroup population is a group of individuals (i.e., Asian men, Latino children, older African American adults, etc.) or a geographical area (i.e., rural, urban, suburban, etc.) that is at increased susceptibility to adverse health outcomes.

Twin Approach occurs when both population-wide and culturally tailored interventions are applied at the same time. Using this approach, increases the likelihood of reducing or eliminating health disparities population-wide and among priority/subgroup populations.

For More Information:

E-mail: DCHMailbox@cdc.gov

Subject: **Health Equity Feedback**

How can the *Twin* Approach be applied in a community?

The table has examples of the *Twin* Approach when both population-wide and tailored interventions are applied at the same time.

Table 1.0 – Examples of priority, supportive, and tailored interventions use in the *Twin* Approach

Public Health Focus	Focus Area/Strategy	Priority Intervention Population-wide	Tailored Intervention to Address Priority/Subgroup Population	Supportive Intervention
Tobacco-Free Living	Increase the number of smoke-free multi-unit housing complexes that have a smoke-free policy.	Work with partners to expand voluntary, indoor multi-unit housing smoke-free policies.	Provide low-income smokers with access to reduced-cost, evidence-based cessation treatments.	Promote availability of cessation counseling/classes. Promote use of Quit Line.
Healthy Eating	Increase accessibility of healthful foods in communities.	Partner to improve identified needs within transportation systems to connect neighborhoods to healthy retail.	Develop tailored communication approaches to increase awareness of transportation opportunities. Work with partners to align transportation decisions (e.g., transit hub locations, bus routes) with food access needs among those dependent on public transit (e.g., people with disabilities, elderly)	Implement communication approaches to increase awareness of transportation opportunities
Active Living	Improve the quality and amount of physical education and physical activity in schools.	Work with partners to improve or enhance school policies to increase amount of time students spend in moderate or vigorous physical activity during physical education class.	Engage parents/guardians when expanding wellness policies, physical education, recess, intramural sports, afterschool programs, and other physical activity-related issues.	Offer technical assistance to school districts to ensure school district physical activity policies/practices meet CDC and/or national standards. Work with partners to implement an evidence-based curriculum to increase the number of minutes children are engaged in moderate to vigorous physical activity. Implement communication approaches to increase awareness of the link between physical activity, health, and
Clinical and Community Linkages	Improve access to, coverage for and utilization of community based services for chronic disease prevention, risk reduction and disease management.	Implement organizational policies to increase availability of patient centered medical homes model in healthcare systems.	Include safety-net partners in coalitions to expand medical enrollment among vulnerable and low-income populations.	Increase use of patient centered medical homes by using referrals, media, etc.

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