Updates from the Guide to Community Preventive Services (The Community Guide)

Yinan Peng
Health Scientist
Community Guide Branch

American College of Preventive Medicine Conference
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Disclaimer

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

The Centers for Disease Control and Prevention “provides administrative, research, and technical support for the Community Preventive Services Task Force.”

[PHS Act §399U[c]]
Task Force Recommends School-Based Health Centers to Promote Health Equity

School-based health centers for low-income children boost school performance and improve health prospects, says the Community Preventive Services Task Force.

Task Force

2016 Meetings
February 24–25
June 22–23
October 26–27

Annual Reports to Congress

Explore the New Community Guide Beta Site

*www.thecommunityguide.org*
What is The Community Guide?

- Credible source of systematic reviews and findings of an independent US Task Force ([www.thecommunityguide.org](http://www.thecommunityguide.org))
- Focuses on population-based interventions
  - Communities
  - Health care systems
- Provides evidence-based conclusions answering questions such as these:
  - What interventions have and have not worked?
  - In which populations and settings has the intervention worked or not worked?
  - What might the intervention cost? What should I expect for my investment?
  - Does the intervention lead to any other benefits or harms?
  - What interventions need more research before we know if they work or not?
What is the Task Force?

- Community Preventive Services Task Force (Task Force)
- Independent, nonfederal, unpaid panel of public health and prevention experts
- Oversees the systematic review process
- Produces recommendations and identify evidence gaps to help inform decision making by various government and non-government entities
### 2015 Community Preventive Services Task Force

- **Jonathan C. Fielding, MD, MPH, MBA** | Los Angeles DOH
- **Robert L. Johnson, MD** | UMD-New Jersey Medical School
- **Bruce N. Calonge, MD, MPH** | Colorado Trust
- **Marshall Chin, MD, MPH, FACP** | University of Chicago
- **John M. Clymer** | US Healthiest Alliance
- **Karen Glanz, PhD, MPH** | University of Pennsylvania
- **Ron Goetzel, PhD** | Emory University
- **Shiriki Kumanyika, PhD, MPH** | University of Pennsylvania
- **Gilbert Omenn, MD, PHD** | University of Michigan
- **C. Tracy Orleans, PhD** | Robert Wood Johnson
- **Nico P. Pronk, PhD** | HealthPartners
- **Patrick Remington, MD, MPH** | University of Wisconsin
Complementary Roles of the Community Preventive Services Task Force (CPSTF) and US Preventive Services Task force (USPSTF)

# Topics for Community Guide Reviews (as of 2015)

## Reviews Organized by Environment

<table>
<thead>
<tr>
<th>Health Equity (Social Environment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviews by Risk Behavior</td>
</tr>
<tr>
<td>Alcohol abuse/misuse</td>
</tr>
<tr>
<td>Cardiovascular disease prevention</td>
</tr>
<tr>
<td>Poor nutrition</td>
</tr>
<tr>
<td>Physical inactivity</td>
</tr>
<tr>
<td>Tobacco use</td>
</tr>
<tr>
<td>Unhealthy sexual behaviors</td>
</tr>
<tr>
<td>Reviews by Specific Condition</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Mental health</td>
</tr>
<tr>
<td>Motor vehicle injuries</td>
</tr>
<tr>
<td>Oral health</td>
</tr>
<tr>
<td>Vaccine-preventable disease</td>
</tr>
<tr>
<td>Violence</td>
</tr>
</tbody>
</table>

## Reviews Organized by Setting

| Worksite health promotion         |
| Special Projects                  |
| Health communications             |
| Reviews Organized by Life Stage   |
| Adolescent health                |
| Pandemic influenza                |
How Does the Task Force Choose Topics?

- Task Force conducts a periodic prioritization process
  - Latest round was carried out during the June 2015 Task Force meeting

- Topics for prioritization based on *Healthy People 2020* categories
  - 40 initial topics

- Nominations for new topics or in support of HP 2020 topics were solicited from public health professionals and the general public
Initial List of Topics: 40 Topics, A to W

- Adolescent Health
- Alcohol use
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Asthma
- Cancer
- Chronic Kidney Disease
- Climate change
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Early and Middle Childhood
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Health Communication and Health Information Technology
- Hearing and Other Sensory or Communication Disorders
- Heart Disease and Stroke
- HIV
- Immigrant Health
- Immunization
- Infectious Diseases
- (Unintentional) injury prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Occupational Safety and Health
- Older Adults
- Oral health
- Physical activity
- Public Health Infrastructure and Preparedness
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance abuse
- Tobacco use
- Vision
- Violence prevention
- Women’s health
- Worksite health promotion
Topics Prioritized for New and Expanded Work

- Diabetes
- Environmental health (health equity)
- Heart disease and stroke
- Independent living for older adults
- Mental health and mental disorders
- Nutrition and weight status
- Physical activity
- Prevention of unintentional injury
- Prevention of violence
- Sleep health
- Social determinants of health
Issues Considered in Community Guide Reviews

- **Intervention** (policy or program)
  - Considerations for Implementation
  - Population or Group

- **Intended Outcomes** (Behavior, Health)
  - Additional Benefits?
  - Potential Harms?

- **Reduced Morbidity and Mortality**

**Economics**
- Costs
- Benefits

**Is the evidence applicable to “my population”?**
Steps in a Community Guide Review

- Recruit a multidisciplinary team
- Develop a conceptual approach to the topic
- Establish a priority set of interventions to review
- Determine our research questions
- Search for evidence
- Abstract and evaluate the identified studies
- Summarize the findings
- Present findings to the Task Force
- Task Force adopts consensus conclusions

**Recommended for / against**

**Insufficient Evidence**

- Draft review results and research gaps
  - Website summaries
  - Papers for publication
How Does the Task Force Arrive at Its Recommendations?

- Based on rigorous, replicable systematic reviews of the scientific literature
- Scientists from CDC, with the Task Force oversight, conduct the reviews to:
  - Evaluate the strength and limitations of published scientific studies about community-based health promotion and disease prevention programs, services, and policies
  - Assess whether the programs, services, and policies are effective in promoting health and preventing disease, injury, and disability
  - Examine the applicability of these programs, services, and policies to varied populations and settings
  - Conduct economic analyses of recommended interventions
In General, a Conclusion About Effectiveness Requires....

A Body of Evidence
- Number of studies
- Quality of studies (study limitations)
- Suitability of study design

+ A Demonstration of Effectiveness

Consistency of Effect
“Most” studies demonstrated an effect in the direction of the intervention

Sufficient Magnitude of Effect
The effect demonstrated across the body of evidence is “meaningful”
Recent Publications

**Topic:** Cardiovascular Disease Prevention

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**Preventing Chronic Disease**

**Systematic Review**

Reducing Medication Costs to Prevent Cardiovascular Disease: A Community Guide Systematic Review


Recommendation to Reduce Patients' Blood Pressure and Cholesterol Medication Costs

Fielding JE, Rimer BK, Johnson RL, Orleans CT, Calonge N, Clymer JM, et al. 

Clinical Decision Support Systems and Prevention

A Community Guide Cardiovascular Disease Systematic Review


Clinical Decision Support Systems Recommended to Prevent Cardiovascular Disease

Community Preventive Services Task Force

Economics of Team-based Care in Controlling Blood Pressure


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Recent Publications

Recent Publications, Cont’d

**Topic: Diabetes Prevention**

**Combined diet and physical activity promotion programs to prevent type 2 diabetes among persons at increased risk: a systematic review for the Community Preventive Services Task Force.**


**Topic: Health Equity**

**Programs to increase high school completion.**

Recent Publications, Cont’d

**Topic:** Mental Health


**Topic:** Vaccine-Preventable Diseases


**Topic:** Tobacco Use

Intervention Reviews Completed in 2015

- **Cardiovascular Disease Prevention**
  - Self-measured blood pressure (SMBP) monitoring
    - Recommended
  - Economic review: Engaging community health workers for CVD prevention
    - Insufficient Evidence

- **Health Equity**
  - Economic review: school based health clinics
    - Cost-Effective
  - Economic review: early childhood education programs
    - Cost-Beneficial

- **Oral Health**
  - Economic review: School sealant program to prevent dental caries
    - Cost-Beneficial for High Risk Students
## Intervention Reviews Completed in 2015: Vaccination (Updated Reviews)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to vaccination services</td>
<td></td>
</tr>
<tr>
<td>Reducing client out-of-pocket costs</td>
<td>Recommended</td>
</tr>
<tr>
<td>Vaccination programs in school and organized child care centers</td>
<td>Recommended</td>
</tr>
<tr>
<td>Vaccination programs in WIC settings</td>
<td>Recommended</td>
</tr>
<tr>
<td>Increase community demand for vaccination</td>
<td></td>
</tr>
<tr>
<td>Client or family incentive rewards</td>
<td>Recommended</td>
</tr>
<tr>
<td>Client reminder and recall systems</td>
<td>Recommended</td>
</tr>
<tr>
<td>Clinic-based education when used alone</td>
<td>Insufficient evidence</td>
</tr>
<tr>
<td>Community-based interventions implemented in combination</td>
<td>Recommended</td>
</tr>
<tr>
<td>Requirements for childcare, school, and college attendance</td>
<td>Recommended</td>
</tr>
<tr>
<td>Provider- or system-based interventions</td>
<td></td>
</tr>
<tr>
<td>Health care system-based interventions implemented in combination</td>
<td>Recommended</td>
</tr>
<tr>
<td>Provider assessment and feedback</td>
<td>Recommended</td>
</tr>
<tr>
<td>Provider education when used alone</td>
<td>Insufficient evidence</td>
</tr>
<tr>
<td>Provider reminder</td>
<td>Recommended</td>
</tr>
<tr>
<td>Standing orders</td>
<td>Recommended</td>
</tr>
</tbody>
</table>
Projects Under Way (2016)

- **Cancer**
  - Multicomponent interventions to increase breast, cervical, and colorectal cancer screening

- **Cardiovascular Disease Prevention**
  - Community health worker-based interventions
  - Economic review: self-measured blood pressure monitoring

- **Reducing the Burden of Diabetes (updated reviews)**
  - Team-based care
  - Self management and control

- **Health Equity**
  - De-tracking
  - Extended school time—hours/day and days/year
Projects Under Way (2016)

- **Obesity Prevention and Control**
  - Policy and Environmental Strategies for Healthier Foods and Beverages in Schools
  - Policy and Environmental Strategies for Healthier Foods and Beverages and Opportunities for Physical Activity in Schools
  - Economic reviews for both interventions

- **Physical Activity (updated reviews)**
  - Built environment intervention approaches when implemented in combination
Thank you!

For more information please contact the Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

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.
Effectiveness of Multicomponent Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening: Initial Analyses

Devon Okasako-Schwicker, MPH
Community Guide Branch, Division of Public Health Information Dissemination, CDC

American College of Preventive Medicine Conference
February 2016
Disclaimer

The findings and conclusions in this presentation have not been formally determined by the Community Preventive Services Task Force or disseminated by the Centers for Disease Control and Prevention (CDC) and should not be construed to represent any Task Force or agency determination or policy. Additionally, the findings and conclusions do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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[PHS Act § 399U[c]]
Coordination Team for this Review

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- Beth Glenn (UCLA)
- Cathy Melvin (MUSC)
- Patricia Mullen (Univ. of TX)
- Vicky Taylor (FHCRC)
- Sally Vernon (Univ. of TX)
- Cynthia Vinson (NIH/NCI)
Reasons for Conducting this Review

- Cancer is the second-leading cause of death in the U.S.\(^1\)
  - In 2012:\(^2\)

<table>
<thead>
<tr>
<th></th>
<th>Incident Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Breast Cancer</td>
<td>224,147</td>
<td>41,150</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>12,042</td>
<td>4,074</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>134,784</td>
<td>51,516</td>
</tr>
</tbody>
</table>

- Mortality rates vary by race/ethnicity
  - Black men are more likely to die of cancer than any other group\(^3\)
  - Among women, black women have highest cancer mortality rates\(^3\)

- SES is associated with various behavioral risk factors for cancer and in screening rates\(^4\)

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Reasons for Conducting this Review (continued)

- Screening, with appropriate follow up, is effective in reducing mortality and in some cases incidence of breast, cervical and colorectal cancers\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target(^2)</th>
<th>Current with Screening 2010(^3)</th>
<th>Current with Screening 2013(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>81.1%</td>
<td>72.4%</td>
<td>72.6%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>93.0%</td>
<td>83.0%</td>
<td>80.7%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>70.5%</td>
<td>58.6%</td>
<td>58.2%</td>
</tr>
</tbody>
</table>

- Screening use below 2020 targets for all 3 screening types
  - Targets less likely to be met for underserved populations\(^5\)
  - Lower rates of repeat screening\(^6\)

Multicomponent interventions (MCIs) to promote breast, cervical, or colorectal cancer screening include any combined application of two or more single intervention components, as defined in previous Community Guide reviews, or intervention components addressing more than one structural barrier.

Combinations may consist of intervention components that address one or more of the three strategic objectives: increasing community demand, increasing community access, or increasing provider delivery in delivering screening services. MCIs may be coordinated through healthcare systems, delivered in community settings, or both.
## Intervention Components by Strategy

<table>
<thead>
<tr>
<th>Increase Community Demand</th>
<th>Increase Community Access</th>
<th>Increase Provider Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Education</td>
<td>Reducing Client Out-of-Pocket Costs</td>
<td>Provider Reminders</td>
</tr>
<tr>
<td>One-on-One Education</td>
<td>Reducing Structural Barriers</td>
<td>Provider Incentives</td>
</tr>
<tr>
<td>Client Reminder</td>
<td>Reducing Administrative Barriers</td>
<td>Provider Assessment</td>
</tr>
<tr>
<td>Client Incentive</td>
<td>Appointment Scheduling</td>
<td>and Feedback</td>
</tr>
<tr>
<td>Mass Media</td>
<td>Alternative Screening Sites</td>
<td></td>
</tr>
<tr>
<td>Small Media</td>
<td>Alternative Screening Hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide Transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide Translation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide Child Care</td>
<td></td>
</tr>
</tbody>
</table>
Analytic Framework: Multicomponent Interventions to Promote Cancer Screening

**Increase provider delivery**
- Provider reminder
- Provider incentive
- Provider assessment & feedback

**Increase demand**
- Group education
- One-on-one education
- Client reminder
- Client incentive
- Small media
- Mass media

**Increase access**
- Reduce out-of-pocket costs
- Reduce structural barriers*:
  - Reduce administrative barriers
  - Appointment scheduling assistance
  - Alternative screening sites or hours
  - Provide transportation
  - Provide translation
  - Provide child care

**Increase test recommendation, offer, order**

**Increase completed recent and/or repeat screening**

**Follow-up Diagnosis/Treatment**

**Decrease Incidence**

**Key Potential Effect modifiers:**
1) Deliverer (PN, CHW, provider, etc.) and health system factors
2) Previous personal experiences
3) Relationship factors (e.g. trust)

*Interventions addressing multiple structural barriers are considered multicomponent.

**Reduced incidence may not apply to all cancers.**
Research Questions

- How effective are multicomponent interventions in increasing recent and repeat cancer screening use?
  - Breast cancer screening
  - Cervical cancer screening
  - Colorectal cancer screening, including endoscopic screening

- Is intervention effectiveness influenced by:
  - Total number of components?
  - Type(s) or combinations of components used?
  - Type(s) or combinations of strategies used?
Search for Evidence

- Multicomponent interventions include
  - ≥2 defined intervention categories or
  - Addressed ≥2 structural barriers

- Electronic databases searched
  - PubMed, Medline, Embase, CINAHL, PsycINFO, Cochrane Library, Web of Science, Chronic Disease Prevention

- Search Period
  - January 2004 to November 2013
Inclusion Criteria for this Review

- Written in English
- Conducted in a country with a high-income economy
- Studies evaluated screening outcomes recommended by USPSTF (breast, cervical, or colorectal cancer screening)
  - Recent or repeat screening
- Studies included either:
  - Comparison groups unexposed/less exposed to intervention
  - Pre-post comparisons with pre-intervention screening rates >0%
- Studies report either absolute or incremental effects
  - Absolute: Comparison with non-intervention group or pre-intervention screening rate.
  - Incremental: Addition of ≥1 intervention category to other categories.
Search Results

Broad search of all potentially relevant articles from electronic databases (Jan 2004 – November 2013)  
53,372

Papers potentially relevant to this topic  
961

Intervention studies meeting inclusion/exclusion criteria  
96

Included studies  
88

Providing data on absolute effectiveness  
79

Unrelated to cancer screening  
52,411

Not meeting inclusion criteria  
831
No comparison group, 0% baseline  
34

Limited quality of execution  
8
Body of Evidence: Absolute Analysis Studies (N=79)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Greatest</th>
<th>Moderate</th>
<th>Least</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good <em>(0-1 limitations)</em></td>
<td>18</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Fair <em>(2-4 limitations)</em></td>
<td>35</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

Greatest: randomized control trials, other designs with concurrent comparison group
Moderate: retrospective cohort, prospective cohort with non-concurrent comparison group
Least: pre-post without comparison
### Characteristics of All Included Studies (N=88)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th># of Studies Reporting (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>76 (86.4%)</td>
</tr>
<tr>
<td>Non-US</td>
<td>12 (13.6%)</td>
</tr>
<tr>
<td>Urban</td>
<td>43 (48.9%)</td>
</tr>
<tr>
<td>Rural</td>
<td>7 (8.0%)</td>
</tr>
<tr>
<td>Mixed (rural/urban)</td>
<td>15 (17.0%)</td>
</tr>
<tr>
<td><strong>Implementation Environment</strong></td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td>24 (27.3%)</td>
</tr>
<tr>
<td>Community</td>
<td>46 (52.3%)</td>
</tr>
<tr>
<td>Health Care &amp; Community</td>
<td>18 (20.5%)</td>
</tr>
<tr>
<td><strong>How Outcomes Ascertained</strong></td>
<td></td>
</tr>
<tr>
<td>Un-validated Self-Report</td>
<td>25 (28.4%)</td>
</tr>
<tr>
<td>Validated Self-Report</td>
<td>6 (6.8%)</td>
</tr>
<tr>
<td>Medical Records</td>
<td>38 (43.2%)</td>
</tr>
<tr>
<td>Other</td>
<td>19 (21.6%)</td>
</tr>
<tr>
<td>Cancer Screening Outcomes*</td>
<td># studies (%)</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Breast Cancer Screening with Mammography</td>
<td>33 (38%)</td>
</tr>
<tr>
<td>Cervical Cancer Screening with Pap</td>
<td>20 (23%)</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>56 (64%)</td>
</tr>
<tr>
<td>Any CRC Screening Test</td>
<td>35 (40%)</td>
</tr>
<tr>
<td>FOBT/FIT</td>
<td>23 (26%)</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy Only</td>
<td>6 (7%)</td>
</tr>
<tr>
<td>Colonoscopy Only</td>
<td>16 (18%)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (7%)</td>
</tr>
</tbody>
</table>

*Not mutually exclusive
## Characteristics of the Study Populations (N=88)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th># of Studies Reporting (%)</th>
<th>Distribution Median (IQI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>51 (58%)</td>
<td>58.2 (55.0, 61.2)</td>
</tr>
<tr>
<td>Categorical*</td>
<td>35 (40%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2 (2%)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>47 (53%)</td>
<td>59% (51%, 66%)</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>41% (34%, 49%)</td>
</tr>
<tr>
<td>100% Female</td>
<td>37 (42%)</td>
<td>N/A</td>
</tr>
<tr>
<td>100% Male</td>
<td>3 (3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2 (2%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Studies provided age distribution brackets that were too diverse to summarize*
# Race and Ethnicity, U.S. Studies Only (N=76)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th># of Studies Reporting (%)</th>
<th>Distribution Median (IQI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>39 (51%)</td>
<td>51% (37%, 81%)</td>
</tr>
<tr>
<td>Black</td>
<td>35 (46%)</td>
<td>27% (6%, 52%)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>25 (33%)</td>
<td>11% (3%, 50%)</td>
</tr>
<tr>
<td>Asian</td>
<td>15 (20%)</td>
<td>5% (2%, 14%)</td>
</tr>
<tr>
<td>American Indian</td>
<td>2 (3%)</td>
<td>0.3%, 2%</td>
</tr>
<tr>
<td>Hawaii/Pacific Islander</td>
<td>2 (3%)</td>
<td>86.3%, 90.1%</td>
</tr>
<tr>
<td>Other</td>
<td>26 (34%)</td>
<td>5% (3%, 8%)</td>
</tr>
</tbody>
</table>

**Studies with Exclusive Study Populations**

<table>
<thead>
<tr>
<th>Study Population</th>
<th># of Studies Reporting (%)</th>
<th>Distribution Median (IQI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Black</td>
<td>6 (8%)</td>
<td>N/A</td>
</tr>
<tr>
<td>100% Hispanic</td>
<td>4 (5%)</td>
<td>N/A</td>
</tr>
<tr>
<td>100% Asian</td>
<td>10 (13%)</td>
<td>N/A</td>
</tr>
<tr>
<td>100% Chamorro</td>
<td>1 (1%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Not reported</td>
<td>7 (9%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## Characteristics of the Study Population (N=88)  
(Continued)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th># of Studies Reporting (%)</th>
<th>Distribution Median (IQI/Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-income</td>
<td>39 (44%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Not low-income</td>
<td>16 (18%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Not Reported</td>
<td>33 (38%)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤High School</td>
<td>39 (44%)</td>
<td>43% (33%, 66%)</td>
</tr>
<tr>
<td>Years of Education</td>
<td>4 (5%)</td>
<td>11.3 years (range: 2.8 to 15)</td>
</tr>
<tr>
<td>Other Metrics*</td>
<td>4 (5%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Not Reported</td>
<td>41 (47%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Studies reported measures that were disparate to summarize*
<table>
<thead>
<tr>
<th>Characteristic</th>
<th># of Studies Reporting (%)</th>
<th>Distribution Median (IQI/Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Insured</td>
<td>2 (2%)</td>
<td>100% not insured</td>
</tr>
<tr>
<td>Insured</td>
<td>71 (81%)</td>
<td>97% (78%, 100%)</td>
</tr>
<tr>
<td>Public Insurance among Insured</td>
<td>46 (52%)</td>
<td>62% (34%, 100%)</td>
</tr>
<tr>
<td>Not Reported</td>
<td>15 (17%)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Screening History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline Screening Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>19 (22%)</td>
<td>59% (34%, 69%)</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>10 (11%)</td>
<td>54% (27%, 64%)</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>22 (25%)</td>
<td>37% (16%, 52%)</td>
</tr>
<tr>
<td>0% Baseline</td>
<td>38 (43%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Not Reported</td>
<td>12 (14%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Research question:
• How effective are multicomponent interventions in increasing cancer screening?

EVIDENCE ON EFFECTIVENESS
Absolute Effectiveness of Multicomponent Interventions: Breast Cancer Screening with Mammography Test

Absolute Percentage Point Change in Breast Cancer Screening

37 effect estimates from 35 study arms

- Median: 6.2 pct pts
- IQI: 0.9, 14.5 pct pts

- BL > 50%
- BL ≤ 50%
- 0% Baseline
- No Baseline Reported
- Repeat MAM

Favors Intervention
Absolute Effectiveness of Multicomponent Interventions: Cervical Cancer Screening with Pap Test

19 effect estimates from 19 study arms

BL > 50% (range 52-84%)

Median: 6.1 pct pts
IQR: 1.1, 11.6 pct pts

BL ≤ 50%

0% Baseline

Favors Intervention

Absolute Percentage Point Change in Cervical Cancer Screening
Absolute Effectiveness of Multicomponent Interventions: Colorectal Cancer Screening with Any CRC Test

40 effect estimates from 40 study arms

Median: 15.4 pct pts
IQI: 6.1, 20.9 pct pts

Favors Intervention
Absolute Effectiveness of Multicomponent Interventions: Colorectal Cancer Screening by Specific Test

Absolute Percentage Point Change in Colorectal Cancer Screening

42 effect estimates from 23 study arms

Colonoscopy

Median: 10.2 pct pts
IQI: 5.0, 12.5 pct pts

FLEX

Median: -0.5 pct pts

Colonoscopy/FLEX

Median: 8.0 pct pts
IQI: 2.2, 22.4 pct pts

FOBT

Favors Intervention

*Study reported repeat screening

RCT  NRT  Pre-Post  Prosp Cohort  Interrupted Time Series
Research question:
• Is intervention effectiveness influenced by:
  Total number of components?
  Type(s) of components used?
  Type(s) or combinations of strategies used?

STRATIFIED ANALYSES
Absolute Effectiveness of Multicomponent Interventions: Stratified by Number of Components

<table>
<thead>
<tr>
<th>Components</th>
<th>Breast Cancer</th>
<th>Cervical Cancer</th>
<th>Colorectal Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Components</td>
<td>(62/39)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Components</td>
<td>(39/24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Components</td>
<td>(18/9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥5 Components</td>
<td>(7/5)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Favors Intervention

Absolute Percentage Point Change in Cancer Screening
Absolute Effectiveness of Multicomponent Interventions: Stratified by Type of Components

Type of Components
(# estimates/# MCI study arms)

Absolute Percentage Point Change in Cancer Screening

-15 -10 -5 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75

Breast Cancer  
Cervical Cancer  
Colorectal Cancer

*Part of multicomponent arms

- Group education* (32/23)
- One-on-one education* (50/29)
- Client reminder* (42/27)
- Client incentive* (4/3)
- Mass media* (14/10)
- Small media* (52/33)
- Reducing structural barriers* (84/52)
- ROPC* (12/8)
- Provider assessment and feedback* (23/9)
- Provider incentive* (3/2)
- Provider reminder* (36/17)
## Absolute Effectiveness of Multicomponent Interventions: Stratified by Type of RSB Component (study arms: 53)

<table>
<thead>
<tr>
<th>Increase Community Access</th>
<th>Number of MCI Study Arms (% Total)</th>
<th>Number of Effect Estimates</th>
<th>Screening Outcome: Median (IQI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reducing structural barriers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce administrative barriers +</td>
<td>31 (58%)</td>
<td>48</td>
<td>13.3 pct pts (6.6, 24.4)</td>
</tr>
<tr>
<td>Appointment scheduling assistance +</td>
<td>23 (43%)</td>
<td>34</td>
<td>8.9 pct pts (4.4, 16.0)</td>
</tr>
<tr>
<td>Alternative screening sites +</td>
<td>10 (19%)</td>
<td>17</td>
<td>15.4 pct pts (5.6, 23.3)</td>
</tr>
<tr>
<td>Alternative screening hours +</td>
<td>1 (2%)</td>
<td>4</td>
<td>7.3 pct pts (range -0.6, 16.0)</td>
</tr>
<tr>
<td>Provide transportation +</td>
<td>11 (21%)</td>
<td>17</td>
<td>18.4 pct pts (8.5, 30.2)</td>
</tr>
<tr>
<td>Provide translation +</td>
<td>4 (6%)</td>
<td>4</td>
<td>62.7 pct pts (range 11.6, 71.2)</td>
</tr>
<tr>
<td>Provide child care +</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Absolute Effectiveness of Multicomponent Interventions: Stratified by Strategy (study arms: 95)

<table>
<thead>
<tr>
<th>Strategies Included in the Selected Interventions</th>
<th>Number of MCI Study Arms (% Total)</th>
<th>Number of Effect Estimates</th>
<th>Screening Outcome: Median (IQI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Community Demand</td>
<td>Increase Community Access</td>
<td>Increase Provider Delivery</td>
<td>11 (12%)</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>48 (51%)</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>13 (14%)</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>5 (5%)</td>
</tr>
</tbody>
</table>
Preliminary Findings

- Body of evidence indicates that multicomponent interventions increase screening rates for breast, cervical and colorectal cancers
  - Greater median increase seen for colorectal cancer
  - Colonoscopy and FOBT had similar median effect sizes while flexible sigmoidoscopy had no increase in effect size
- Median effect size appears to increase with number of components
- Studies addressing all 3 strategies had larger median effect sizes than other strategy combinations, although IQIs overlap
Work in Progress

- Assess applicability of evidence, especially for traditionally underserved populations
- Examine effects of targeting and tailoring
- Examine who provides translation
Thank you!

DOkasakoSchmucker@cdc.gov
How Can You Access and Use The Community Guide?

Jamila H. Jones, PhD, MPH, MCHES
Community Guide Branch,
Centers for Disease Control and Prevention

American College of Preventive Medicine Conference
February 26, 2016
The findings and conclusions in this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The Centers for Disease Control and Prevention “provides administrative, research, and technical support for the Community Preventive Services Task Force.”

[PHS Act § 399U[c]]
Today’s Focus

- How The Community Guide Can Help You
- Navigating the Improved Website
- The Community Guide in Action: Stories from the field
- What’s Works Fact Sheets
- What’s New in the Community Guide Branch
THE COMMUNITY GUIDE:
NAVIGATING THE IMPROVED WEBSITE
What can The Community Guide Help You Do?

The Community Guide assists decision-makers in selecting effective interventions that make the best use of scarce resources by answering the following questions:

• What interventions work to promote good health behaviors?
• What might the intervention cost?
• What gaps exist in the evidence?
Understanding the Uses of The Community Guide

Stakeholders use Community Guide information in a variety of ways

These 11 main categories of uses were distilled from multiple inquiries to stakeholders
ACCESSING COMMUNITY PREVENTIVE SERVICES TASK FORCE FINDINGS: THE COMMUNITY GUIDE WEBSITE

www.thecommunityguide.org
Task Force Recommends School-Based Health Centers to Promote Health Equity
Behind What Works:
The Systematic Review

Skin Cancer: Interventions in Outdoor Recreational and Tourism Settings

SNAPSHOT
WHAT THE TASK FORCE FOUND
SUPPORTING MATERIALS
CONSIDERATIONS FOR IMPLEMENTATION

TASK FORCE FINDING

The Community Preventive Services Task Force recommends interventions in outdoor recreational and tourism settings that include skin cancer prevention messages or educational activities for visitors, and may also provide free sunscreen of SPF 15 or greater. This recommendation is based on strong evidence of effectiveness for increasing sunscreen use and avoidance of sun exposure, and decreasing incidence of sunburns.

INTERVENTION DEFINITION

Interventions to promote sun-protective behaviors among visitors to outdoor recreational and tourism settings include at least one of the following:

- Educational approaches (e.g., providing informational messages about sun protection to visitors through instruction, small media such as posters or brochures, or both)
- Activities designed to influence knowledge, attitudes, or behavior of visitors (e.g., modeling or demonstrating behaviors)
Systematic Review: What the Task Force Found

Skin Cancer: Interventions in Outdoor Recreational and Tourism Settings

ABOUT THE SYSTEMATIC REVIEW

This Task Force finding is based on evidence from a Community Guide systematic review published in 2004 (Sarafya et al. 9 studies on behavioral outcomes; search period January 1966–June 2000) combined with more recent evidence (8 studies, search period June 2000–April 2013). The systematic review was conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice, and policy related to preventing skin cancer. This finding updates and replaces the 2002 Task Force finding on Educational and Policy Approaches in Outdoor Recreational Settings Among Adults and Children [PDF - 296 KB].

CONTEXT

RESULTS

ECONOMIC EVIDENCE

APPLICABILITY

EVIDENCE GAPS

STUDY CHARACTERISTICS

PUBLICATIONS
# Skin Cancer: Interventions in Outdoor Recreational and Tourism Settings

## Analytic Framework

**Analytic Framework**

- [PDF: 224 kb]

## Summary Evidence Tables

**Included Studies**

- [+] +

## Additional Materials

**Search Strategy**

- [+] +

## Review References

**Users Who Viewed This Also Viewed**

- Physical Activity: Community-Scale Urban Design and Land Use Policies
- Cancer Screening: Small Media Targeting Clients – Cervical Cancer
- Vaccination Programs: Standing Orders

---

**Systematic Review**

**Topic:** Cancer

**Audience:** Adults, Decision-makers, Employees, Older Adults

**Setting:** Workplace/Worksite

**Strategy:** Health Education, Multicomponent, Organizational Changes, Policy Development

---

**Task Force Finding**

**Recommended**

April 2014
Systematic Review: Considerations for Implementation

Skin Cancer: Interventions in Outdoor Recreational and Tourism Settings

CONSIDERATIONS FOR IMPLEMENTATION

The following considerations are drawn from studies included in the evidence review, the broader literature, and expert opinion. The Community Guide does not conduct systematic reviews of implementation.

- Programs in recreational and tourism settings need to consider the small amount of extra time visitors are willing to spend on sun protection interventions and the wide dispersion of people in many of these settings. Strategies may include the following:
  - Displaying signage with key messages at a large numbers of locations, using multiple channels to disseminate sun safety messages (e.g., brochures, posters, interactive activities).
  - Incorporating sun safety messages into existing activities (e.g., swimming lessons; ski schools).
  - Disseminating information at strategic locations, such as waiting areas for tickets or events.

- Providing free sunscreen and ensuring adequate availability of shade may reduce barriers to effective sun protection related to inaccessibility and inconvenience. Providing free sunscreen also removes cost considerations that may cause people to use sunscreen less frequently than they should.

- Sun protection policies appropriate to a specific setting may complement other intervention components focused on educating people about sun safety and making sun protection more accessible. For example, outdoor activities may be scheduled in shaded areas or outside peak UV intensity periods.

- Policy development can play an important role in sustaining and helping to ensure consistent delivery of educational and environmental intervention components. For example, policies may require provision of sunscreen at the pool or incorporate sun safety instruction into curricula for swimming, skiing, or other lessons.

- Interventions may have beneficial consequences beyond individuals’ sun-protective behaviors. For example, programs may decrease risks of overexposure to heat by encouraging people to avoid peak sun exposure or cover up. Programs also can help participants guard against excessive sun exposure that may interfere with healthy outdoor pursuits.

One ongoing barrier to widespread implementation of these interventions is the belief among some operators of recreational facilities that implementing a sun safety program might adversely affect their business, or that they have no responsibility for their visitors’ sun safety.

Find a Research-tested Intervention Program (RTIP) about the use of education and policy approaches in outdoor recreation settings. (What is an RTIP?)
Welcome to the beta version of The Community Guide’s new website. Review tips and suggestions to help you navigate the site and consider setting up a personal profile. Comments and suggestions on the site’s look and feel are welcome: communityguide@cdc.gov.

Cancer

- Cancer is the second leading cause of death in the United States, responsible for an average of 1,602 deaths each day (CDC) 

- Care for cancer survivors accounted for an estimated $137.4 billion in medical care expenditures in the United States in 2010 (National Cancer Institute) 

- More systematic efforts to expand use of established screening tests, reduce tobacco use, obesity, and ultraviolet radiation exposure, and improve diet and physical activity could prevent much of the suffering and death from cancer (ACS) 

- Skin cancer is the most common form of cancer in the United States. Each year more than 65,000 people are diagnosed with melanomas of the skin (CDC) 

THE LATEST TASK FORCE FINDINGS FOR CANCER

The Community Guide includes systematic reviews of interventions in the following areas:

Skin Cancer: Interventions in Outdoor Recreational and Tourism Settings
Review Completed: April 2014

Skin Cancer: Interventions in Outdoor Occupational Settings
Review Completed: August 2013

Skin Cancer: High School- and College-Based Interventions
Review Completed: May 2013
HEALTHCARE PROVIDER

HEALTHCARE PROVIDER RELATED SYSTEMATIC REVIEWS

June 2015
Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control – When Combined with Additional Support

June 2015
Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control – When Used Alone

May 2015
Vaccination Programs: Client or Family Incentive Rewards
The Community Guide is a source of evidence-based strategies.

**Aim**
- Reduce Obesity

**CG Strategy**
- Behavioural Interventions to Reduce Screen Time

**Intervention Program**
- TV/Screen Reduction Tool for Use with Youth

**Aim**
- Increase Physical Activity

**CG Strategy**
- Point-of-Decision Prompts to Encourage Stair Use

**Intervention Program**
- StairWELL to Better Health
THE COMMUNITY GUIDE IN ACTION: STORIES FROM THE FIELD
Community Guide in Action #1
Practice What You Promote: Increasing Cancer Screening Rates Among Employees

- Cancer-related disease and death are a major public health concern.

- Michigan Cancer Consortium (MCC), which is a statewide partnership of over 100 organizations.

- Michigan Cancer Consortium (MCC) Challenge was launched in 2011 with about 7,000 participants and 8 organizations.
Community Guide in Action #1
Task Force Recommendations Used

- Client reminders and incentives
- Small media
- Group education
- One-on-one education
- Reducing structural barriers
- Reducing client out-of-pocket costs
Community Guide in Action #1

Michigan Cancer Consortium was Effective in Increasing Cancer Screening Rates

Talk to your doctor about scheduling an appointment to get screened for colon cancer.

We still have a lot of memories to make.

That’s why we do all we can to stay healthy, like getting screened for colon cancer.

*Michigan Colorectal Cancer Early Detection Program*
Community Guide in Action #1
Lessons Learned and Promising Outcomes

- **Promising Results**
  - Increased CRC rates from 67% to 88%.
  - 25% of overdue population completed a CRC screening test within one year of the project.

- **Lessons Learned**
  - Size does not matter.
  - Build on existing partnerships.
  - Find the right person to talk to.
Practice What You Promote: Increasing Cancer Screening Rates Among Employees

Public and private organizations in Michigan have increased cancer screening rates among their employees and their dependents by participating in the Michigan Cancer Consortium (MCC) Challenge. The challenge requires MCC members to use the Community Preventive Services Task Force’s (Task Force) findings to increase breast, cervical, and colorectal cancer screening.

The MCC is a partnership between public and private organizations that focus on reducing the cancer burden among state residents. These organizations range from hospitals and health departments to trade organizations, universities, and advocacy groups.

Sarah Mott, MPH, MS, RDN, Cancer Policy Analyst at the Michigan Public Health Institute, helps coordinate the project and recruit participants. “We asked fellow MCC member-organizations to improve their employees’ health by practicing internally what they promote out in their communities,” Mott says.

First Step: Recognize the Gaps

All organizations began the MCC Challenge by completing an internal assessment. This assessment identified what employees do not know about cancer screenings. It also identified current cancer screening rates among those employee populations.

Afterwards, each organization created an action plan and received planning and implementation support from participating MCC members and national organizations. The action plan involved visiting the Guide to Community Preventive Services (The Community Guide) website and selecting one or more of the following interventions reviewed by the Task Force:

- Client reminders
- Client incentives
- Small media
- Group education
- One-on-one education
- Reducing structural barriers
- Reducing client out-of-pocket costs

Mott says The Community Guide is a convenient and valuable resource. “The Task Force findings from The Community Guide provide evidence-based interventions in a single, accessible place,” Mott says. “The findings directed the possible interventions and allowed some choice for the organizations that participated in the project to select what would work best in their environment.”

The Challenge Begins

The MCC Challenge was launched in 2011. Eight organizations participated in the first year. That year, roughly 7,000 employees and their dependents were either educated on the benefits and opportunities for cancer screenings or experienced changes in their health insurance policies to expand coverage for cancer screenings.

The same held true for about 5,000 employees and dependents in the project’s second year. Five of the eight organizations from the first year continued participating the second year and two new organizations joined the MCC Challenge. The challenge is supported, in part, by funding from the Centers for Disease Control and Prevention’s National Comprehensive Cancer Control Program. Three organizations who had participated in previous years, also participated in the third year.

They were encouraged to continue their work from prior action plans, however, the organizations were required to use client reminders as an intervention strategy for colorectal cancer (CRC) screening. The organizations used the Make It Your Own (www.miyoworks.org) web tool to create the reminder postcards, with some financial support for printing and mailing. The MCC Challenge shifted focus to client reminders for colorectal cancer after a pilot project with the National Cancer Institute and the Make It Your Own tool increased cancer screening rates.

In the third year, those three organizations sent more than 800 total colorectal cancer screening reminder postcards to clients. As a result, one of the organization’s CRC screening rate increased from 67 percent to 88 percent. Another organization increased its CRC screening rate from 38 percent to 45 percent.

The third organization focused its reminder postcards on clients who were overdue for a CRC screening test. Twenty-five percent of that overdue population completed a CRC screening test within one year of the project.

Keep Things Going

In 2012, the Michigan Cancer Consortium was awarded first place in the Public Health Foundation’s I’m Your Community Guide Contest. These organizations that best used the findings on The Community Guide website to improve health in their communities won cash prizes.

Now in its fourth year, the MCC Challenge continues with a focus on client reminders for cancer screening. A total of four organizations are participating now—two organizations from year three and two physician practices. Client reminders are being sent for colorectal, breast, and cervical cancers.

Consider These Lessons Learned

- Size does not matter. A wide variety of organizations—large and small, rural and urban, hospitals and health departments, and trade organizations—were able to improve cancer screening rates for employees by using evidence-based strategies.
- Build on existing partnerships. Once trust has been established, maintain it. Trust was essential since many organizations were concerned about protecting employee privacy.
- Find the right person to talk to. Much of the initial promotion of the MCC Challenge was targeted to human resources departments since they could make the needed connections and changes.
Community Guide in Action #2
Familias Sanas y Activas: Improving Health among Latinos in San Diego

- Obesity is a risk factor for heart disease, which is the second leading cause of death among Latinos.¹

- SDPRC established free physical activity program, Familias Sanas y Activas (Healthy and Active Families).

- Twenty-four community volunteers were trained as promotoras.

Community Guide in Action #2

Task Force Recommendation Used

- Create social support interventions in community settings.
- Create or enhance access to places for physical activity by using existing community facilities.
Community Guide in Action #2

Promising Results
Promising Outcomes

- 442 people agreed to participate in the evaluation study.
- Decrease of 1.4 mmHg in systolic blood pressure and 1.5 mmHg in diastolic blood pressure in the first six months of the program.

Lessons Learned

- Share the knowledge.
- Make adjustments as needed.
- Remember the volunteers.
Familias Sanas y Activas: Improving Health among Latinos in San Diego

The San Diego Prevention Research Center (SDPRC)* is improving the health of Latinos in the city with a free physical activity program, Familias Sanas y Activas (Healthy and Active Families).

Researchers used findings from the Community Preventive Services Task Force (Task Force) found on the Guide to Community Preventive Services (The Community Guide) website to develop the program. Guadalupe X. Ayala, PhD, MPH, co-director for the SDPRC and the principal investigator for the Familias Sanas y Activas project says the Task Force’s findings helped them develop activities that work.

“Using Task Force findings made it easier for us to make decisions about the program, its design, structure, and content,” Ayala says.

The SDPRC includes San Diego State University, the University of California at San Diego, and San Ysidro Health Center.

Developing a Program for the Whole Community

Ayala says SDPRC staff knew the program would need to have a social component since the Latino population is very family-oriented and community-focused. The first Task Force recommended strategy was to create social support interventions in community settings.

Twenty-four community volunteers were trained as promotoras (community health workers) to lead group exercise classes. Ayala says the promotoras, known as “just like them” role models for being active. The hour-long exercise classes were offered six days a week at various times, and participants were encouraged to attend a class at least twice a week.

A website and Facebook page were created for community members to find out more about the program, view the schedule of classes offered, learn about the classes’ instructors, and connect with relevant resources. Promotoras as well as participants posted pictures of themselves at events and with their exercise groups to further illustrate social support.

The classes were held at local schools, recreation centers, community centers, and public housing complexes. The Familias Sanas y Activas project also adopted the Task Force’s recommendation for creating or enhancing access to places for physical activity by using existing community facilities. This has been shown to increase physical activity and physical fitness.

Close to 50 exercise classes were held each week. Participants were offered the chance to be evaluated for: blood pressure, weight, waist circumference, and heart rate recovery. Evaluations were done at the beginning of the study and then again 6 and 12 months later. The classes were open to the community and participating in the program’s evaluation was optional.

www.thecommunityguide.org

Get More Information

The Community Guide: Task Force Recommendations on Increasing Physical Activity

www.thecommunityguide.org/PA/index

Office of Minority Health and Health Equity, CDC

www.cdc.gov/minORITYHealth/index

Familias Sanas y Activas

FamiliasSanas_yActivas@sdccd.org
Community Guide in Action #3
Rural Community Works Together to Stay "Fun and Fit"

- Hoonah is a rural community in southeast Alaska with approximately 850 full-time residents.

- Alaskans living in rural Alaska are significantly more likely to be obese compared to those in all other regions of the state.

- Hoonah is accessible only by ferry or small charter plane.
Community Guide in Action #3
Task Force Recommendation Used

- Community-wide campaigns to promote physical activity
- Creation of or enhanced access to places for physical activity combined with informational outreach activities
- Social support interventions in community settings
- Enhanced school-based physical education
- School-based programs promoting nutrition and physical activity*
Community Guide in Action #3
Workgroup Charts Path for Partnership

Hoonah Fun and Fit Partnership
Community Guide in Action #3
Lessons Learned and Promising Outcomes

- Promising Outcomes
  - Encouraged community involvement in physical activity programs, such as the Raven Eagle Walking Challenge
  - Supported the reopening of the local pool, which had been closed for 3 years

- Lessons Learned
  - Shape your program’s direction with proven strategies
  - Engage a broader audience.
  - Apply strategies from The Community Guide to match your community.
Rural Community Works Together to Stay “Fun and Fit”

Obesity affects the health of millions of Americans, putting them at increased risk of heart disease, type 2 diabetes, stroke, and even some cancers. Alaskans living in rural Alaska are significantly more likely to be obese compared to those in all other regions of the state. One community in rural Alaska is making strides to address obesity by using findings and recommendations of the Community Preventive Services Task Force (Task Force) in The Community Guide to Community Preventive Services (The Community Guide). Under the guiding voice of a cross-sector partnership, the Hoornah community is working to address obesity by expanding access to places for physical activity and engaging the community in outreach activities.

Workgroup charts path for partnership

Because Hoornah is accessible only by ferry or small charter plane, Ms. Gable relied on existing partnerships and cultivated new ones within Hoornah to get the ball rolling. She gathered an initial workgroup comprised of representatives from the school district, the Hoornah Indian Association, and the local health clinic. They reviewed findings and recommendations on The Guide’s website to assess what would work to increase recreational activities, promote better nutrition in the school and community-wide, and increase public awareness of obesity-related issues. This group in turn expanded its outreach to other members of the community and local organizations. As more became involved, the workgroup grew into a larger, active coalition of citizens and local agencies currently known as the Hoornah Fun and Fit Partnership. It now represents all segments of the Hoornah community including residents, community leaders, and organizations such as Big Brothers Big Sisters, Parents as Teachers, Hoornah Organizations for Peace and Equality, community youth centers, and local and state government agencies.

Hoornah hands in the right direction

Once established, the Hoornah Fun and Fit Partnership began to identify strategies that could put into practice within the community. As part of their meeting agenda, workgroup members discussed a data-based approach described in The Community Guide, which helped shape the group’s goals. Specific findings and recommendations from The Community Guide that were considered included:
- Community-wide campaigns to promote physical activity
- Creation of enhanced access to places for physical activity combined with informational outreach activities
- Social support interventions in community settings

What is The Community Guide?

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 findings and recommendations about public health interventions and policies to improve health and promote safety.

Lessons Learned

- Shape your program’s direction with proven strategies. The Hoornah Fun and Fit Partnership gained momentum by using Task Force findings and recommendations to clarify their vision, efforts, and collaborative responses to address obesity.
- Engage a broad audience. Key influencers can mobilize a community through strategies that generate awareness of an issue and help create a common solution.
- Apply strategies from The Community Guide to match your community. The Hoornah partnership carried out the recommendations in The Community Guide that best fit the needs and resources of their small rural Alaskan community.

Planning sessions guided by evidence-based approaches helped the group see what solutions were achievable. “The most useful thing about The Community Guide is that it has evidence-based strategies that can be pointed out to the group,” said Mr. Gable. “It helps the community to identify their focus and then come up with actionable strategies to solve these issues.”

Strategy moves one village, influences another

While the first year of the workgroup’s creation, members collaborated to broaden access to recreational activities and awareness, promote better nutrition, and alert people to the real impact of obesity in Hoornah. Key strategies include:
- Working with the school district to provide better nutrition in the school, including finding out how to get locally caught fish on the school lunch menu, and encouraging school-based vegetable gardens.
- Supporting the local high school in providing regular gym classes.
- Encouraging community involvement in physical activity programs, such as the Raven-Eagle Walking Challenge competition, free dance and exercise classes, and “Girls on the Run,” a national program that encourages girls to develop healthy lifestyles through running.
- Creating a “Fun and Fit” activity for the residents of the area.
- Providing information and ideas to promote access to the city’s walking and biking trails.
- Supporting the deserving of the local pool, which had been closed for 3 years.
- Identifying opportunities to increase ice skating and cross-country skiing activities for residents.

The workgroup’s actions rallied the entire community to combat obesity. Candy Kneer, director of Human Services for the Hoornah Indian Association and a member of the Hoornah Fun and Fit Partnership commented on the Raven-Eagle Walking Challenge: “People are excited about walking. It’s having a great effect on the community.” Residents report healthier lifestyles, increased physical activity, and well-being. Mr. Gable, a resident, noted: “I think much better about my health now. I have lost some weight, am more active, and choose healthier food on a regular basis. The partnership has brought a positive change in our community.” Hoornah’s response has influenced a nearby village to start a similar movement to combat obesity in their community. Raven-Eagle Rock plans to collect additional data to fully measure the impact of their efforts throughout their community.
To access these and other stories from the field, visit:

www.thecommunityguide.org/CG-in-Action/index

To submit a Community Guide in Action story, visit:

WHAT WORKS FACT SHEETS
The Community Guide
What Works Cancer Fact Sheet

www.thecommunityguide.org

WHAT WORKS
Cancer Prevention and Control: Cancer Screening
Evidence-Based Interventions for Your Community

TASK FORCE FINDINGS ON CANCER SCREENING THROUGH 2011

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to increase breast, cervical, and colorectal cancer screening rates. 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.)

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<tr>
<th>INTERVENTION STRATEGY</th>
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<td>Promoting informed decision making for cancer screening</td>
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Visit the “Cancer Prevention and Control” page of The Community Guide website at www.thecommunityguide.org/cancer to find summaries of Task Force findings and recommendations on cancer screening. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.
WHAT’S NEW IN THE COMMUNITY GUIDE BRANCH?
**Foresee Satisfaction Summary**

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We’re now on Twitter!
Thank You!

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