The Community Guide: A Resource for Evidence-Based Strategies to Address Health Priorities

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Tools to Assist You with Evidence-Based Public Health Practices
New York State Association of County Health Officials

Disclaimer

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Objectives

- Explain the benefits of using evidence-based programs, services, and policies.
- Distinguish among types of findings the Community Preventive Services Task Force (Task Force) makes about the evidence.
- Identify the different ways the Guide to Community Preventive Services (The Community Guide) can help you meet your public health goals.
- Demonstrate how to access Task Force recommendations and findings on The Community Guide website.
- Understand influencers of choice for evidence-based strategies and interventions.

What is the Value of Using an Evidence-Based Approach to Select Interventions?
What is Evidence?

“The available body of facts or information indicating whether a belief is true or valid.”


What is Evidence in Public Health?

- Personal experience
- Word of mouth
- Program evaluation
- An intervention research study
- Systematic reviews of multiple intervention studies

Practice-based

Research-based
Why Use an Evidence-Based Approach?

- Allows for scarce resources to be used wisely
- Shortens the time that it takes to develop a program or policy
- Increases your likelihood of success
- Funders are requiring more accountability

The Community Guide: An Important Evidence Base for Public Health

www.thecommunityguide.org
The Community Guide

- **Evidence-based recommendations and findings**
  - Provide information about the effectiveness of community preventive programs, services, and policies.
  - Developed by the Community Preventive Services Task Force (Task Force).

- **Systematic reviews**
  - Analyze all available evidence on the effectiveness of community-based programs, services, and policies in public health.
  - Assess the economic benefit of all effective programs, services, and policies.
  - Highlight critical evidence gaps.
  - Conducted, with Task Force oversight, by scientists and subject matter experts from CDC in collaboration with a wide range of government, academic, policy, and practice-based partners.

What is The Community Preventive Services Task Force?

- A non-federal, independent, rotating panel.
- Internationally renowned experts in public health research, practice, and policy.
- Members are appointed by CDC Director; nominated using broad input from throughout public health and healthcare.
- Serve without payment.

  ➢ CDC is mandated to provide scientific, technical and administrative support for the Task Force.
21 public health topic areas

- Adolescent Health
- Alcohol - Excessive Consumption
- Asthma
- Birth Defects
- Cancer
- Cardiovascular Disease
- Diabetes
- Emergency Preparedness
- Health Communication
- Health Equity
- Worksite

- HIV/AIDS, STIs, Pregnancy
- Mental Health
- Motor Vehicle Injury
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Tobacco
- Vaccination
- Violence

Interventions may be informational; behavioral, social; environmental, policy; health system-based

The Task Force Seeks to Answer Key Questions about Interventions

- Do they work?
- How well?
- For whom?
- Under what circumstance are they appropriate (applicability)?
- What do they cost?
- How do they affect health equity?
- Are there barriers to their use?
- Are there any harms?
- Are there any unanticipated outcomes?
User Involvement in The Community Guide

- **Official Liaisons**
  - 30 federal agency and organizational
    - NIH, AHRQ, VA, all US Armed Forces, etc.
    - ASTHO, NACCHO, NALBOH, PHF, DHPE
    - Physician, nurse, public health, other organizations

- **Roles**
  - Provide input into prioritization of topics, reviews, Task Force recommendations and findings
  - Serve on, recommend participants for review teams
  - Participate in dissemination and implementation of Task Force findings, especially to their constituents

Findings of the Task Force

- **Recommend**
  - Strong Evidence
  - Sufficient Evidence

- **Recommend against**
  - Strong Evidence
  - Sufficient Evidence

- **Insufficient evidence to recommend for or against**
What Does Insufficient Evidence Mean?

- This does NOT mean the intervention does not work
- Insufficient evidence means that more research is needed for the Task Force to decide if the intervention is effective or not.
  - Too few studies exist for the Task Force to make a decision.
  - Not enough studies were of the quality needed for the Task Force to make a decision.
  - Enough studies exist, but have inconsistent results for the following reasons:
    - Variables other than the intervention could have influenced the results.
    - The intervention was not carried out in the same way in all the studies.
    - A substantial subset of studies show a minimal or negative effect.

If “Insufficient Evidence,” then what?

- If the intervention is currently being used
  - May want to continue if there are no associated harms.
  - May choose to stop due to issues such as cost.
- If the intervention is not being used
  - May not want to begin using it.
  - May choose to cite the IE finding in your funding proposal.
- Consider:
  - Do better documented alternatives exist for reaching the same goals?
  - Is sufficient data being collected on a practice-based innovation so the experience can contribute to the evidence base?
What to Do with a Recommendation

“Even if it is evidence-based, it is not certainty.”
McGinnis and Foege, 2000

- Not a cookbook or a one-size-fits-all solution.
- Users must combine scientific information (e.g., effectiveness, cost) with other information (e.g., needs, values, capacities, resources).

How Can You Use The Community Guide to Address Health Priorities?

- In support of policy:
  - Identify policies for which evidence of their effectiveness in achieving important public health outcomes exists.
  - Learn the possible magnitude of effect from implementation of specific policies.
  - Help inform interface with governmental agencies, organizations, and other stakeholders in support of evidence-based
    - Health policies
    - Policies in other sectors with health implications
How Can You Use The Community Guide to Address Health Priorities (cont’d)?

- In support of agency programmatic initiatives:
  - Plan and evaluate programs.
  - Strengthen applications for programmatic funding.
  - Justify program support or funding.
  - Plan or modify systems.
  - Learn what magnitude of effect might be possible from implementation of specific programs.
  - Inform connections with the health care system to support delivery of effective clinical services.

New Tool Coming: Public Health Accreditation Board – Community Guide Crosswalk

- Identifies evidence-based interventions from The Community Guide whose use can help demonstrate conformity with PHAB standards and measures.

- Crosswalk contains two tables:
  - Table 1 starts with PHAB domains, standards, and measures and identifies related evidence-based interventions from The Community Guide.
  - Table 2 starts with The Community Guide topic areas, allowing users to identify the PHAB measures that relate to each of the Community Guide interventions within a specific topic.
www.thecommunityguide.org

ACCESSING THE TASK FORCE RECOMMENDATIONS & FINDINGS: THE COMMUNITY GUIDE WEBSITE
CG Website: Sign-Up for Updates

- Evidence Supports Health Communication
- What is the Community Guide?
- Topics
  - Adolescent Health
  - Diabetes
  - Motor Vehicle Injury
  - Social Environment
- Nutrition
- Tobacco
- Violence
- What’s Next?
- Annual Reports to Congress
- CG Website: Factsheets and Action Stories

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7/16/2013
CG Website: Main Topic Page

**Preventing HIV/AIDS, Other STIs, and Teen Pregnancy: Interventions for Adolescents**

Group-based behavioral interventions promote behaviors that protect against or reduce the risk of HIV, other sexually transmitted infections, and pregnancy. Youth development interventions promote positive behaviors in youth, by building skills and competencies to maximize their health and avoid risk behaviors. Components of these interventions consist of social, emotional, or cognitive competence training.

### Task Force Recommendations & Findings

This table lists interventions reviewed by the Community Guide, with Task Force findings for each (definitions of findings). Click on an undefined intervention title for a summary of the review.

<table>
<thead>
<tr>
<th>Group-Based Behavioral Interventions</th>
<th>Comprehensive Risk Reduction Interventions for Adolescents</th>
<th>Youth Development Behavioral Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence Education Interventions for Adolescents</td>
<td>Comprehensive Risk Reduction Interventions for Adolescents</td>
<td>Interventions Coordinated with Community Service to Reduce or Prevent Risk for Adolescents</td>
</tr>
<tr>
<td>Insufficient evidence June 2010</td>
<td>Recommended June 2010</td>
<td>Recommended June 2010</td>
</tr>
</tbody>
</table>

CG Website: Intervention Summary Page

**Preventing HIV/AIDS, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents**

Comprehensive risk reduction (CRR) interventions promote behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs). These interventions may:

- Suggest a hierarchy of recommended behaviors that identifies abstinence as the best, or preferred method but also provides information about sexual risk reduction strategies
- Promote abstinence and sexual risk reduction without placing one approach above another
- Promote sexual risk reduction strategies, primarily or solely

This review evaluated CRR interventions delivered in school or community settings to groups of adolescents (10–19 years old). These interventions may also include other components such as condom distribution and STI testing.

**Summary of Task Force Recommendations & Findings**

The Community Guide recommends group-based comprehensive risk reduction (CRR) interventions delivered to adolescents to promote behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs). The recommendation is based on sufficient evidence of effectiveness in:
CG Website: Intervention Definition

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- Reducing a number of self-reported risk behaviors, including:
  - Engagement in any sexual activity
  - Frequency of sexual activity
  - Number of partners, and
  - Frequency of unprotected sexual activity
- Increasing the self-reported use of protection against pregnancy and STIs
- Reducing the incidence of self-reported or clinically documented sexually transmitted infections

There is limited direct evidence of effectiveness, however, for reducing pregnancy and HIV.

**About the Intervention**

Interventions may be:

- Tailored to adolescents

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CG Website: Task Force Rec & Finding

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**Task Force Finding and Positional Statement**

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CG Website: Results from the Review

Results from the Systematic Review

Sixty-two studies with 63 study arms qualified for this review.

- Results from meta-analyses show that effects were favorable and statistically significant for the following outcomes:
  - Sexual activity: decrease of approximately 12% (54 study arms)
  - Frequency of sexual activity: odds ratio (OR) = 0.81, 95% confidence interval (CI) 0.72, 0.90 (14 study arms)
  - Number of partners: decrease of approximately 14% (OR = 0.83, 95% CI 0.74, 0.93; 27 study arms)
  - Unprotected sexual activity: decrease of approximately 25% (OR = 0.70, 95% CI 0.60, 0.82; 28 study arms)
  - STIs: decrease of approximately 21% (OR = 0.65, 95% CI 0.47, 0.90; 8 study arms)
  - Use of protection (including use of condoms, oral contraceptives or both): increase of approximately 13% (OR = 1.39, 95% CI 1.15, 1.62; 50 study arms)

- Results from meta-analyses were also favorable but statistically nonsignificant for the following outcomes:
  - Oral contraceptives: increase of approximately 22% (OR = 1.29, 95% CI 0.96, 1.74; 44 study arms)
  - Dual use (use of both condoms and oral contraceptives): increase of approximately 17% (OR = 1.21, 95% CI 0.79, 2.12; 4 study arms)

CG Website: Economic Review

Economic Review

Monetary values are reported in 2008 U.S. dollars.

Ten studies qualified for the economic review, including 8 economic evaluations of individual programs.

- Program costs ranged from $66 to $10,024 per person per year (6 studies).
  - The wide range in costs is the result of variation in program content, number of participants, program duration, and type of program setting.
  - The highest cost programs tended to be multifaceted youth development interventions.
  - The lowest cost programs were school-based and curriculum-based education or involved a large number of participants.

- The benefit over cost ratio ranged from 2.7 to 2.7. This means that every dollar invested in the CRR programs yielded between $2.70-$3.70 in returns based on savings in healthcare costs related to pregnancies, HIV, and STIs and improvement in income associated with higher educational attainment (2 cost-benefit studies).
  - A separate cost-benefit study that looked at the most expensive program found that the cost of the program exceeded the economic benefit of pregnancy prevention.
  - The net cost per quality adjusted life year (QALY) ranged from $9,000 to $76,000 (2 cost-utility studies).

- CRR interventions resulted in healthcare savings from prevented pregnancies and STIs that ranged from $5.00 per participant per year for those aged 11-14 years to $338 per participant per year for those aged 15-19 years (1 dissertation).
  - Avoided pregnancies made up 80% of these savings for those aged 11-14 years and more than 95% for those aged 15-19 years.
CG Website: Supporting Materials & Pubs

Supporting Materials

- Evidence Gaps
- Summary Evidence Table [PDF - 30983]
- Included Studies
- Search Strategy

Publications


UNDERSTANDING YOUR EVIDENCE-BASED OPTIONS
Before You Hit the Ground Running

- Consider the goals, objectives and target audience for your proposed program, practice or policy.

- Consider the characteristics of the organization or setting.

- Then, select the best one to match those goals, objectives, and audience.

Considerations for Selecting an Evidence-Based Program/Service/Policy

- **Evidence-based strategy**
  - Health behaviors/topics
  - Goals
  - Type of delivery methods
  - Time span
  - Settings

- **Organization**
  - Fit with mission
  - Leadership support
  - Availability of a project coordinator
  - Resources:
    - Finances/cost
    - Staff & expertise
    - Facilities
    - Partnerships

- **Audience**
  - Age
  - Education
  - Gender
  - Race/ethnicity
  - Socioeconomic status

- **Community**
  - Priorities and values
  - Readiness for prevention
  - Fit with other programs
Why Is It Important to Understand Evidence-Based Options?

- Assess how much adaptation is needed by gauging its fit to your community and organization.
- Review methods, facilitators’ guide or implementation protocol to understand the steps for delivery.
- Learn the costs of implementation.

In short, decide which program to use.

THANK YOU!

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