

The Guide to Community Preventive Services  
**THE COMMUNITY GUIDE**  
*What Works to Promote Health*

# 2014-2015

## Guiding Community Health Outcomes through Evidence

Annual Report to Congress, Federal Agencies and Prevention Stakeholders, including a Special Update on Recommendations to Prevent Cancers

*A Report by the*

 **Community Preventive Services Task Force**

*...Working to Promote the Nation's Health since 1996...*  
[www.thecommunityguide.org](http://www.thecommunityguide.org)

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

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The 2014-2015 Annual Report to Congress was prepared by the Community Preventive Services Task Force (Task Force) in response to a statutory requirement.

“...providing yearly reports to Congress and related agencies identifying gaps in research and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.”

(Public Health Service Act § 399U (b) (6))

Centers for Disease Control and Prevention provides “ongoing administrative, research, and technical support for the operations of the Task Force.”

(Public Health Service Act § 399U(c))

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## Overview

The **Community Preventive Services Task Force** (Task Force) is an independent, nonpartisan, nonfederal, unpaid 15-member panel of public health and prevention experts appointed by the Director of the Centers for Disease Control and Prevention (CDC). The Task Force was established in 1996 by the U.S. Department of Health and Human Services to support the efforts of a wide range of U.S. decision makers by identifying programs, services, and policies that can be carried out in communities, states and healthcare settings to help save American lives and dollars, increase longevity, and improve quality of life. The work of the Task Force, as defined in Section 399U of the Public Health Service Act [42 U.S.C. §280g-10] includes eight activities. Of these activities, the Task Force provides annual reports to Congress and related agencies identifying remaining evidence gaps and recommending priority areas deserving further examination.

The intent of this report and future annual reports to Congress is to provide updates on the work of the Community Preventive Services Task Force as it helps to strengthen the evidence base for public health.

This 2014–2015 Annual Report to Congress highlights the Task Force’s work in strengthening our nation’s ability to prevent cancers—all-too-common illnesses that place a great burden on individuals, their families, places of work, communities, and our healthcare system. This report also summarizes the recent recommendations of the Task Force in multiple areas, where knowledge and prevention have the potential to reduce illness, injury, disability, and premature death and improve well-being.

## Special Focus on Cancers in the United States

According to CDC, cancers are the leading cause of death among people less than 80 years, and second leading cause overall in the United States, responsible for an average of 1,575 deaths each day.<sup>1-3</sup> In 2010, the cost of medical care for patients with cancers was an estimated \$124.6 billion in the United States, as reported by the National Cancer Institute.<sup>4</sup> Suffering and death from cancers could be prevented by more systematic prevention efforts, such as reducing tobacco use, controlling the epidemic of obesity, improving diet and physical activity, and expanding use of established screening tests. Thus, the Task Force has chosen to highlight its cancer work for this report.

The Task Force continues efforts to identify effective ways to

- ▶ Reduce the number of people who start smoking, increase the number who quit, and protect non-smokers from the negative effects of secondhand smoke;
- ▶ Increase knowledge and actions that help people change or acquire eating and activity habits in ways that can lead to lifelong improvements in health;
- ▶ Increase appropriate use of established screening tests (e.g., colonoscopy, mammogram, Pap tests) and to educate children, young people, adults and other caregivers on ways to reduce risky sun exposure during peak sunlight hours.

## Content of this Report

This report covers the work of the Task Force and its impact on the health of people in the United States. Evidence gaps and needs are also discussed in this report, along with information on how public health programs can be strengthened through the use of evidence-based findings. In addition, this report contains “Community Guide in Action” stories that highlight how organizations and communities use Task Force recommendations to address their own public health objectives.

### **What are “Community Preventive Services”?**

“Community Preventive Services” are health-care related *preventive services* provided in *community settings such as places of employment, schools, childcare centers, community centers, medical care and other places where services are delivered*. Preventive services aim to reduce illness, injury, disability and premature death and improve well-being. They include familiar health systems interventions that aim to bring more people to receive care such as provider reminders, screening for disease and vaccinations, as well as other services such as providing public information and education programs. Preventive services can also take the form of policies or laws, such as the use of child safety seats.

“Community” here is an umbrella term, covering, for example, geographic communities, demographic communities, and educational communities.

Community Preventive Services can be provided by a variety of people, including medically training personnel, state and local health department workers, laypeople in the community, and teachers.

## About the Community Preventive Services Task Force

The U.S. Department of Health and Human Services established the Community Preventive Services Task Force (Task Force) in 1996 to support the efforts of a wide range of U.S. decision makers by identifying programs, services, and policies that can be carried out in communities, states, and healthcare settings to help save American lives and dollars, increase longevity, and improve quality of life ([Appendix A](#)).

The Task Force is an independent, nonpartisan, nonfederal, unpaid 15-member panel of public health and prevention experts appointed by the Director of the Centers for Disease Control and Prevention (CDC). Its members represent a broad range of local, state, and national research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention ([Appendix B](#)).

The work of the Task Force, as defined in Section 399U of the Public Health Service Act [42 U.S.C. §280g-10] includes eight activities.

- ▶ Overseeing systematic evidence reviews and making recommendations with respect to the implementation of programs and policies based on the findings of those reviews;
- ▶ Developing additional topic areas for new systematic reviews and related recommendations;
- ▶ Updating existing recommendations;
- ▶ Enhancing dissemination of recommendations;
- ▶ Providing technical assistance to health professionals, agencies, and organizations who request assistance to implement recommendations;
- ▶ Integrating with Federal Government health objectives and targets for health improvement;
- ▶ Providing annual reports to Congress and related agencies identifying remaining evidence gaps and recommending priority areas deserving further examination; and
- ▶ Coordinating with the U.S. Preventive Services Task Force (USPSTF) and the CDC Advisory Committee on Immunization Practices (ACIP), both of which formulate recommendations on clinical preventive services.

## Purpose of Task Force Recommendations

Task Force recommendations seek to reduce health and economic burdens from disease, injury, and disability. The recommendations also aim to reduce use of resources on programs, services, and policies without a proven track record when an evidence-based effective alternative is available.

Task Force recommendations can be used broadly (e.g., statewide or nationwide). They can be used in many community settings: schools, worksites, community centers, faith-based organizations, foundations, health plans, public health jurisdictions and clinics, public health and clinical training programs, as well as healthcare systems. These evidence-based recommendations provide information for public policy makers, decision makers and other stakeholders who want to allocate resources effectively to

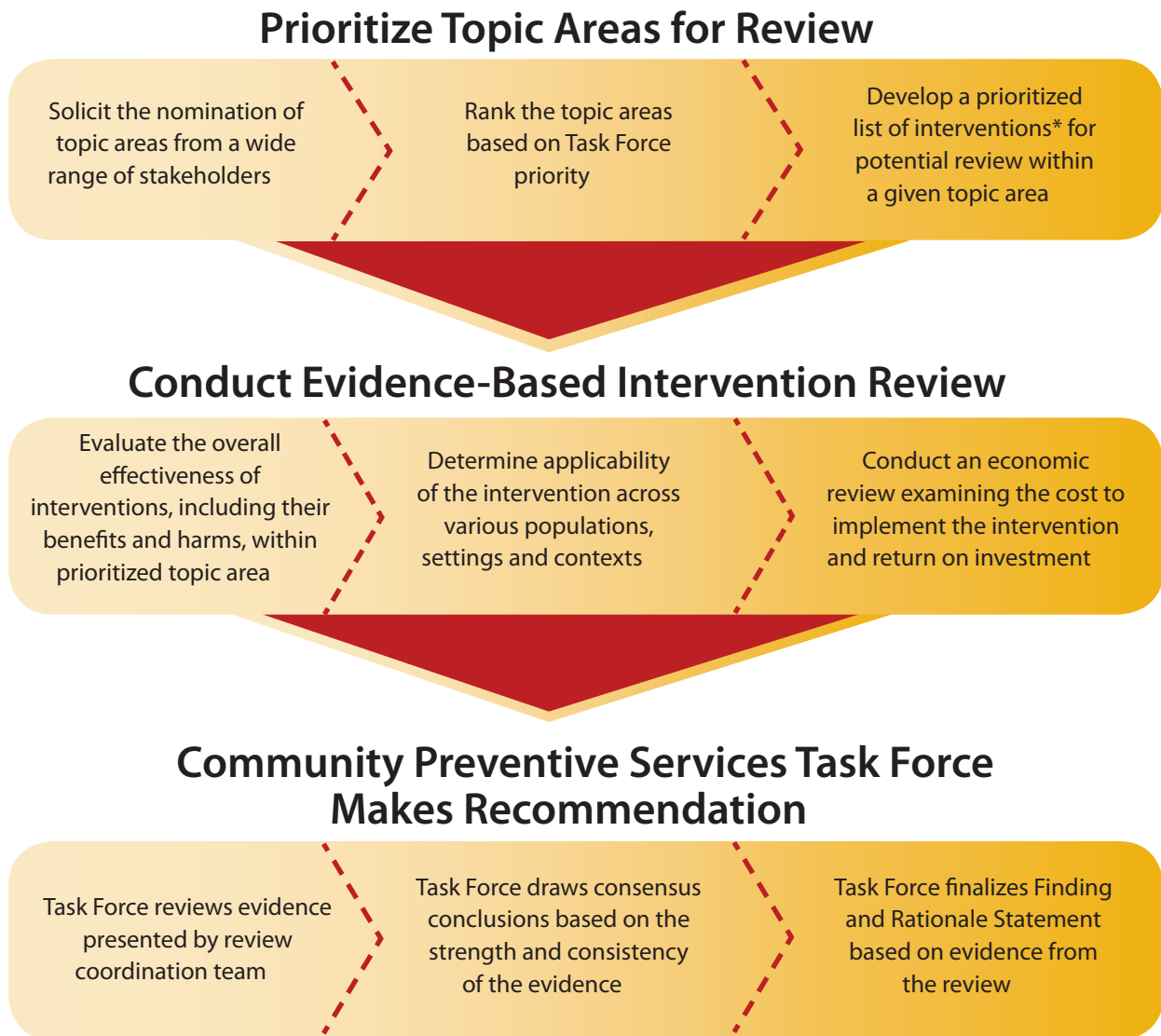
- ▶ Protect and improve people's health.
- ▶ Reduce future demand for healthcare spending driven by preventable disease and disability.
- ▶ Increase the productivity and competitiveness of the U.S. workforce.

With input from its partners and stakeholders, the Task Force first prioritizes specific topics for review (see the section “How the Task Force Sets Priorities for Future Reviews”). Each systematic review then involves subjecting existing, relevant, high-quality research and evaluation studies to a rigorous appraisal ([Appendix C](#)). Each systematic review is conducted under the oversight of the Task Force by a systematic review team including individuals from these areas:

- ▶ Task Force Members
- ▶ Official Liaisons to the Task Force (see [Appendix D](#))
- ▶ Federal and non-Federal scientists and program staff
- ▶ Practitioners (e.g., health department staff, educators, city planners), policy makers, and other stakeholders such as businesses, voluntary health organizations (e.g., American Heart Association, American Cancer Society), and professional organizations (e.g., American Dental Association, American Academy of Pediatrics).

To better understand how the Task Force reaches its evidence-based recommendations using a rigorous, replicable process to systematically review all published scientific evidence, see Figure 1.

Figure 1. Process for Developing Task Force Recommendations and Findings



\*Interventions – refer to programs, services, and policies

The Task Force, through its recommendations, identifies a wide range of preventive programs, services, and policies that can be used by individuals, communities, and health systems to address a health issue (see [Appendix E](#) for definition and examples of Task Force recommendations). The result is a “menu” of various evidence-based programs, services, and policies. Decision makers can review the options to see which ones might be suited to their population, setting, preferences, and available resources. All Task Force findings, and the systematic reviews on which they are based, are compiled in The Guide to Community Preventive Services (The Community Guide; see [www.thecommunityguide.org](http://www.thecommunityguide.org)).

## Partnering for a Purpose

In all aspects of its work, the Task Force seeks regular input from partners and stakeholders at local, state, and federal levels. The Task Force works with the U.S. Preventive Services Task Force (USPSTF) ([Appendix F](#)) and the Advisory Committee on Immunization Practices (ACIP). Many of the nation's leading public health practice and research groups have official Liaison status with the Task Force ([Appendix D](#)). Liaison representatives act on behalf of their organizations and constituents through the following:

- ▶ Informing the Task Force of the most pressing current public health priorities for their constituents;
- ▶ Providing input during Task Force consideration of the evidence and resulting recommendations;
- ▶ Disseminating Task Force recommendations and helping Liaison members and constituents translate evidence-based recommendations into actions; and
- ▶ Conveying critical evidence gaps and needs to the nation's leading public health and private research funders, researchers, evaluators, and other stakeholders.

## How Communities, Organizations, and Businesses Use Task Force Recommendations

Currently, the Task Force provides 218 recommendations in The Community Guide. These recommendations provide evidence-based information for potential users to consider when choosing approaches that address their needs. New recommendations are added regularly. Some decision makers use the recommendations to communicate public health challenges and solutions to their communities. Others use them as planning tools—to help determine how to combat a specific health problem or to strengthen an overall approach to improving public health and getting the most from available resources. Specific examples of how communities, organizations, and businesses across the country have used Task Force recommendations to bring about healthful changes are featured in [Appendix G](#).

### MARYLAND

#### *Worksite Wellness*

#### ***Maryland Businesses Support Worksite Wellness Effort to Combat Chronic Disease***

In 2010, the Maryland Department of Health and Mental Hygiene launched an initiative (called Healthiest Maryland Businesses) to address chronic disease by promoting wellness at work-



sites throughout the state. They searched The Community Guide for evidence-based intervention strategies designed to combat obesity and diabetes, including encouraging stair use, diabetes management programs, and health risk assessment programs. Within a year, more than 150 businesses, employing more than 180,000 Maryland workers, committed to this initiative and are dedicated to implementing programs to improve employee health. For the full story, please see [Appendix G](#).

## How the Task Force Contributes to the Prevention of Cancers

One of the greatest health challenges faced by communities, organizations, and businesses is to reduce the burden of cancers. Cancers are the leading cause of death among people less than 80 years, and the second leading cause of death overall in the United States.<sup>1,2</sup> The Task Force has therefore chosen to focus this report on how its work contributes to preventing cancers.

More than 100 different types of cancer affect men and women of all backgrounds, races, and ethnicities, but not equally. Differences in social and economic circumstances and opportunities can result in certain groups being at greater risk for developing specific cancers and lower the likelihood of receiving timely and high-quality treatment. These inequities are sometimes reflected in disparities in various rates of cancers across U.S. population groups. For example, African-Americans are more likely to die of cancers than people of any other race or ethnicity.

Among U.S. men, for all cancers combined—

- ▶ The rate of new cancer cases is highest among African American men, followed by white, Hispanic\*, Asian/Pacific Islander, and American Indian/Alaska Native men.<sup>5</sup>
- ▶ Death rates are highest among African American men, followed by white, American Indian/Alaska Native, Hispanic\*, and Asian/Pacific Islander men.

Among U.S. women, for all cancers combined—

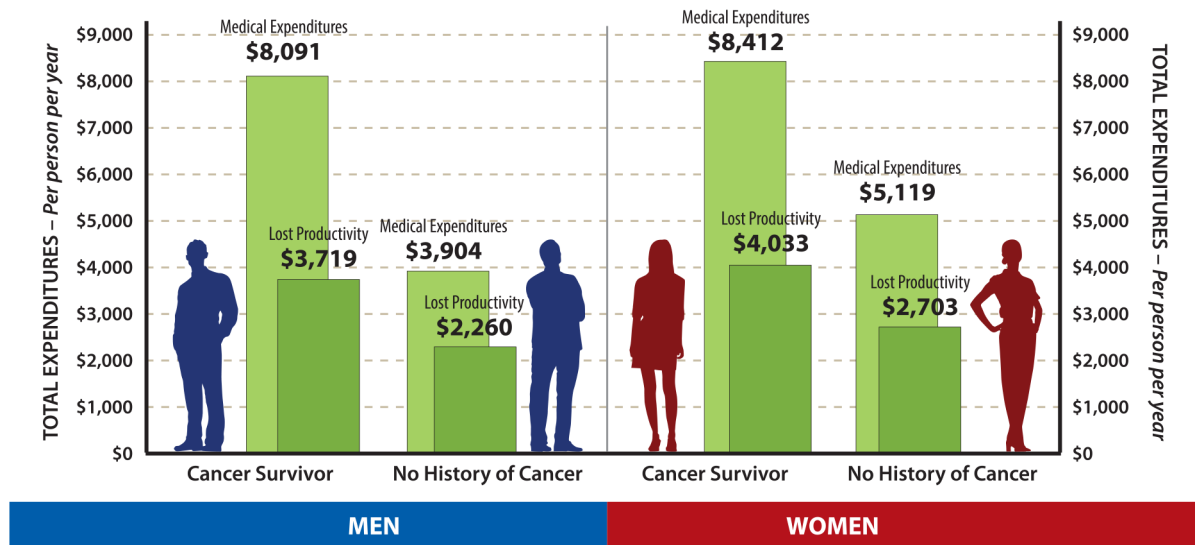
- ▶ The rate of new cancer cases is highest among white women, followed by African American, Hispanic\*, Asian/Pacific Islander, and American Indian/Alaska Native women.<sup>5</sup>
- ▶ Death rates are highest among African American women, followed by white, American Indian/Alaska Native, Hispanic\*, and Asian/Pacific Islander women.<sup>5</sup>

The cost of cancers extends beyond the number of lives lost and new cases each year. Cancer survivors, as well as their family members, friends, and caregivers, may face physical, emotional, social, and spiritual challenges as a result of their cancer diagnosis and treatment. Survivors of one cancer are at increased risk of additional cancers and often experience lasting and late effects of treatment. The economic burden of illness, including medical expenditures and productivity losses, is particularly significant because half of the estimated 13.4 million cancer survivors are of working age.<sup>6</sup>

\*Hispanic is not mutually exclusive from white, African American, Asian/Pacific Islander, or American Indian/Alaska Native.

## Annual medical expenditures and lost productivity\* among cancer survivors and persons without a cancer history

Medical Expenditure Panel Survey (MEPS), United States, 2008–2011



SOURCE: *Morbidity and Mortality Weekly Report*, June 13, 2014

Medical Expenditures: Source of payment (I.e. Private health insurance, Medicare, Medicaid, etc.) and Service type (I.e. Ambulatory care, Inpatient care, Prescription medications)

\*Lost Productivity: Source of productivity loss (I.e. employment disability, missed work days, lost household productivity)

Certain behavioral changes have been shown to be effective in reducing the burden of cancers. Cancer risk can be reduced by avoiding tobacco, limiting alcohol use, limiting excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, being physically active, reducing exposure to cancer-causing agents and unnecessary medical radiation, and receiving appropriate preventive services as part of medical care.

In addition to recommendations specifically focused on reducing cancer, effective approaches to reducing cancer risk in the areas listed above is also considered part of cancer prevention. The Task Force's contribution to cancer prevention is therefore to evaluate the effectiveness of a wide range of programs, services, and policies that are effective in addressing factors that put people at increased risk for cancer, and that communities, organizations, and businesses can use to help support behavior changes.

The Task Force has identified effective approaches that 1) promote appropriate screening services and follow up, 2) reduce factors known to increase cancer risk (risk factors), and 3) reduce the health and economic burden of some cancers. These approaches include community-based, provider-oriented, and health system practices. See Table 1 for a list of cancer and related risk factor topics addressed by Task Force reviews and [Appendix E](#) for a list of all the specific interventions the Task Force has addressed in each of these topic areas.

For some cancer risk factors, the Task Force has already constructed extensive menus of effective programs, services, and policies. See [Appendix E](#) for more information on physical inactivity, tobacco use, excessive alcohol consumption, excessive exposure to ultraviolet rays from the sun, and receipt of appropriate preventive services as part of medical care.



**Table 1. Cancer and Related Risk Factor Topics Addressed by Task Force Reviews  
June 1996 to September 2014**

- ▶ Cancer Prevention and Control:
  - Increasing Breast, Cervical, and Colorectal Cancers Screening
  - Preventing Skin Cancers
- ▶ Alcohol: Preventing Excessive Alcohol Consumption
- ▶ Nutrition: Promoting Good Nutrition
- ▶ Obesity Prevention & Control
- ▶ Oral Health: Improving Oral Health
- ▶ Physical Activity: Increasing Physical Activity
- ▶ Tobacco: Reducing Tobacco Use & Secondhand Smoke Exposure
- ▶ Vaccination: Increasing Receipt of Age-Appropriate Vaccinations

## Important “Evidence Gaps” and Needs Related to Cancers and Task Force Efforts to Fill those Gaps

Each Community Guide review identifies critical evidence gaps—areas where information is lacking. Sometimes there is not enough evidence to determine whether an intervention is effective. Even when enough evidence exists for the Task Force to make a recommendation, additional information could help users determine if the intervention will meet their particular needs. Specifically, evidence may be missing on whether the intervention works at all, whether it will work in all settings and for all groups, how to implement and how much it will cost, what its return on investment will be, how users should structure or deliver the intervention to ensure maximum effectiveness or how the intervention impacts different outcomes.

Filling these evidence gaps can make a significant positive impact on public health, health disparities, and healthcare costs. Researchers and program evaluators can review Task Force-identified evidence gaps relevant to their research and develop studies to answer one or more of the outstanding questions. If the results of their research or evaluation are published, the publications become part of the evidence the Task Force will review when it updates relevant recommendations.

Agencies and organizations that fund research and programs are crucial to filling evidence gaps. The greatest impact can be seen when these funders highlight Task Force-identified evidence gaps as priority areas within their funding announcements, thereby encouraging targeted research and evaluation. The resulting research or evaluation studies, when taken together, may themselves contribute significant information to fill specific gaps.

For reviews within the Cancer topic, Task Force-identified evidence gaps are presented for recommended interventions ([Appendix H-1](#)) and interventions for which there was insufficient evidence ([Appendix H-2](#)). Some of the most common and important of these gaps and needs are discussed below. Evidence gaps for all reviews undertaken to address risk factors for the prevention and control of cancers are available on The Community Guide website [www.thecommunityguide.org](http://www.thecommunityguide.org).

African-American women in South Carolina are

**40%** more likely

to die of **breast cancer**, and are

**3x** more likely

to die of **cervical cancer** than white women.

### **SOUTH CAROLINA** - *Cancer Screening* **Black Corals: A Gem of a Cancer Screening Program in South Carolina**

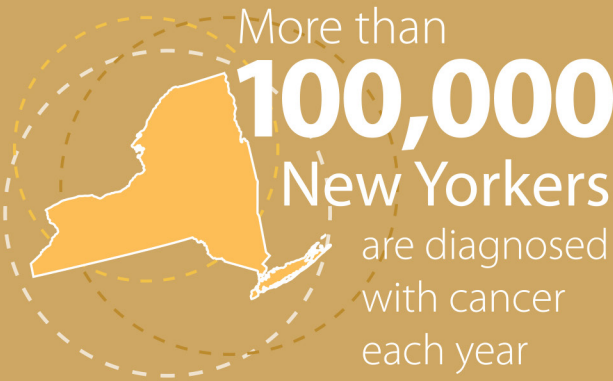
In rural South Carolina, many African-American women have limited access to cancer screenings. Additionally, diagnoses of breast and cervical cancers for this population occur at later stages than for Caucasian women. To address this disparity, the St. James-Santee Family Health Center developed the Black Corals program using Task Force recommendations to encourage breast and cervical cancer screenings at no cost. Two years after implementation, the number of women getting Pap tests increased by nearly 17%, mammograms increased by 15%, and the percentage of women who missed appointments decreased from 31% to 19%. For the full story and video, please see Appendix G.

## Evidence Gaps: Increasing Breast, Cervical, and Colorectal Cancers Screening

- ▶ The Task Force has identified a number of effective approaches for increasing colorectal cancers screening, but evidence is largely specific to the fecal occult blood test (FOBT). It is unclear how effective these interventions are in increasing other forms of colorectal cancer screening uptake.
- ▶ What is the influence of newer methods of communication, (e.g., Internet, email, social media, texting) on increasing cancer screening uptake and reaching more people?
- ▶ How useful are these intervention strategies (alone or in combination with other approaches) in improving uptake of other recommended clinical services?
- ▶ Can these interventions reduce health disparities by targeting specific populations with low rates of cancer screening, such as certain racial/ethnic minority groups, low-income groups, and the uninsured?
- ▶ What are the costs and cost-effectiveness of various screening methods? Can health systems reduce cost and improve cost-effectiveness by addressing logistical problems (e.g., contacting providers and reducing administrative time)?

## Evidence Gaps: The Example of Prevention of Skin Cancers

- ▶ Long term assessments are needed, specifically those that address the impact of interventions on:
  - skin cancer incidence.
  - prolonged behavior change to reduce cancer risk.
- ▶ What are the long-term impacts of approaches to preventing skin cancers, particularly how many people develop skin cancers and how long do people practice new behaviors to reduce cancer risk?
- ▶ Studies are needed to compare environmental (e.g., providing shade or sunscreen), policy (e.g., requiring sun protective clothing), and educational components (e.g., health education, posters, brochures) to determine their relative contributions to overall effectiveness.



More than  
**100,000**  
New Yorkers  
are diagnosed  
with cancer  
each year

**NEW YORK** - *Cancer Screening*  
**Screening New Yorkers to Save Lives**

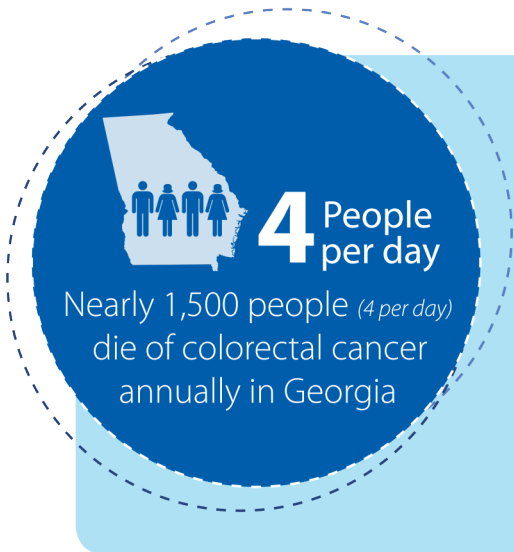
Cancer is one of the most common chronic diseases in New York. The New York State Department of Public Health's Cancer Services Program (CSP) provides breast, colorectal, and cervical cancer screenings to uninsured and underinsured residents. The CSP relies on the Task Force's findings and recommendations to promote their services and increase cancer screenings. Using findings such as client reminders, small media, mass media, and reducing structural barriers, they campaigned across New York and encouraged residents to get tested. Early results of a telephone screening system and reminder program showed an increase in the number of people who had completed colorectal cancer screening. For the full story, please see Appendix G.

- ▶ Studies are needed that report readily interpretable outcome measures (e.g., hours of direct ultraviolet [UV] exposure) as compared to more abstract, statistical measures (e.g., mean scores, z-scores). These outcomes are easier to understand and are helpful in summarizing results across studies.
- ▶ More studies are needed that control for relevant factors such as seasonal variation in UV exposure, annual UV exposure, and population risk factors (e.g., skin type, family or personal history of skin cancer, history of sunburns, indoor tanning, and certain types and number of moles).
- ▶ Comprehensive assessments of the costs and cost-effectiveness of implementing the interventions are needed.

### **SOUTH GEORGIA** – *Cancer Screening*

#### **Positive Outcomes through Cancer Screening in South Georgia**

Georgia has one of the highest colorectal cancer rates in the country. The Cancer Coalition of South Georgia developed the Community Cancer Screening Program™ (CCSP) using Task Force recommendations including client reminders, small media (such as brochures or newsletters), one-on-one education, reducing structural barriers to screening, and others. In 2012, evaluation of the program showed that uninsured patients who participated in the CCSP were significantly more likely to be screened for colorectal cancer. For the full story, please see Appendix G.



## **Current Task Force Recommendations in Other Topic Areas Where the Task Force Has Issued Recommendations**

The Task Force has also identified effective community preventive programs, services, and policies that address a wide range of other important public health topics (see Table 2). These approaches, which overlap with some of the cancer risk reduction recommendations, broadly include promoting healthful lifestyles, encouraging a healthy environment, and helping ensure that all Americans have access to early, affordable, and appropriate preventive screening and treatment—all of which are vital to

- ▶ Promoting the public’s health;
- ▶ Reducing disease, disability, injury, and premature death;
- ▶ Decreasing long-term healthcare costs; and
- ▶ Reducing employers’ and government costs associated with preventable diseases, disabilities, and injuries (e.g., employer-sponsored coverage, Medicare, Medicaid, and other social service programs).

**Appendix E** contains all 218 Task Force findings. Findings fall into three categories:

1. “Recommend” an intervention that is effective (e.g., interventions to increase cancer screening);
2. “Recommend against” an intervention that causes harm or is not effective (e.g., placing convicted youth in adult prisons); and
3. Find that there is “insufficient evidence to determine effectiveness”.

More than half of all Task Force findings recommend an intervention, less than half find insufficient evidence, and only two to date have recommended against an intervention.

For a detailed description of Task Force finding definitions see **Appendix E**.

## How the Task Force Sets Priorities for Future Reviews

The Task Force uses a multi-stage process to identify and prioritize review topics. The first step is to solicit suggestions for high-priority topics from a wide range of stakeholders, including Task Force Liaison agencies and organizations, and the public. A Task Force committee then oversees the process of compiling extensive background information on all proposed topics. A systematic evaluation of this information is followed by ranking proposed topics using predetermined criteria (Table 3). Finally, the entire Task Force reviews and ranks topics as “high,” “medium-high,” “medium or low” priority.

**Table 2. Other Topic Areas Addressed by Task Force Reviews**

June 1996 to September 2014

- ▶ Adolescent Health: Improving Adolescent Health
- ▶ Asthma Control
- ▶ Birth Defects: Preventing Birth Defects
- ▶ Cardiovascular Disease Prevention & Control
- ▶ Diabetes Prevention & Control
- ▶ Emergency Preparedness & Response
- ▶ Health Communication & Social Marketing
- ▶ Health Disparities: Addressing Disparities in Health Status (Health Equity)
- ▶ HIV/AIDS, Other STIs & Pregnancy: Preventing HIV/AIDS, Other STIs & Teen Pregnancy
- ▶ Mental Health: Improving Mental Health
- ▶ Motor Vehicle-Related Injury Prevention
- ▶ Violence Prevention
- ▶ Worksite Health Promotion

**Table 3. Criteria for Defining Priority Areas for Future Task Force Reviews**

- ▶ ***Burden of disease and preventability***
  - Potential magnitude of preventable illness, premature death, and healthcare burden for the U.S. population based on estimated reach (how many people are affected), impact, and feasibility.
- ▶ ***Presence of health disparities***
  - Health disparities among population groups of different ages, genders, race/ethnicities, income, education, disability, settings, insurance status, and other factors.
- ▶ ***Ability to cover a reasonable portion of topic***
  - Availability of research to support informative systematic reviews to provide users with an evidence-based menu of options.
- ▶ ***Balance across public health topics***
  - Need for balance of reviews and recommendations across health topics, risk factors, and types of services, settings, and populations.
- ▶ ***Audience/stakeholder interest***
  - Degree and immediacy of interest expressed by major Community Guide audiences and constituencies, including public health and healthcare practitioners, community decision makers, the public, and policy makers.
- ▶ ***Alignment with other national efforts***
  - Alignment with other strategic community-based prevention initiatives, including, but not limited to: [Healthy People 2020](#), [County Health Rankings](#), and [America's Health Rankings](#).
  - Synergy with topically-related recommendations from the [U.S. Preventive Services Task Force](#) and [Advisory Committee on Immunization Practices](#)
- ▶ ***The degree to which the Task Force can make a difference***
  - Likelihood of the Task Force finding to affect decision-making in the relevant field.

Once priority areas for future reviews have been set, the Task Force, supported by additional systematic review and subject matter experts, reviews multiple programs, services, and policies (“interventions”) within each topic area. Conducting multiple reviews in a topic area allows the Task Force to evaluate and make recommendations on more interventions using fewer resources. It also provides decision makers with a menu of effective options for addressing each topic.

Using a process focused on preventing avoidable illness, disability, premature death, and improving well-being, the Task Force prioritized the following topics for review in 2015:

- ▶ Cardiovascular Disease Prevention and Control
- ▶ Cancer Prevention and Control
- ▶ Obesity Prevention and Control
- ▶ Diabetes Prevention and Control
- ▶ Promoting Physical Activity
- ▶ Addressing Disparities in Health (Health Equity)
- ▶ Increasing Receipt of Age-Appropriate Vaccinations

As changes in science and resources permit, the Task Force balances the production of new reviews with updating existing reviews at regular intervals. Reviews are updated to ensure that recommendations are based on the most current evidence. Also, updating reviews helps the Task Force assess whether researchers, program evaluators, and funders of research and programs are adequately addressing recognized evidence gaps and needs.

## Accomplishments Since the Last Report to Congress

Accomplishments are featured in this report and all reports to Congress. Note that although the Task Force receives technical and research support from CDC to complete these actions, all recommendations are made solely by the Task Force.

- ▶ **Addressing additional topic areas for new recommendations and updating existing recommendations**
  - Conducted new systematic reviews and updates to existing reviews, resulting in 21 evidence-based recommendations since the last Report to Congress (see Table 4).
- ▶ **Evaluating and improving dissemination of recommendations**
  - Developed a prototype for a customized search and selection tool on the Community Guide website that assists users in locating, selecting, and using Task Force recommendations that meet their needs and preferences.
  - Documented new “The Community Guide in Action” stories showing how communities and businesses have used The Community Guide.
  - Continued to ensure that new and updated Task Force recommendations are posted in Announcements in the CDC’s *Morbidity and Mortality Weekly Report (MMWR)* journal.
  - Developed and disseminated materials featuring all completed Task Force findings.

- ▶ **Providing technical assistance to health professionals, agencies, and organizations in implementing recommendations**
  - Published and disseminated a comprehensive crosswalk tool that helps health departments identify the many evidence-based programs, services, and policies from The Community Guide whose use can help them secure national accreditation by the Public Health Accreditation Board.
  - Enhanced the use of Task Force recommendations by providing training and technical assistance to health organizations and agencies; Task Force Liaisons; staff who oversee Federally funded programs at CDC; and state and local health departments, boards of health, and community-based organizations in 36 states from October 2013 through September 2014.
  - Provided technical assistance about systematic review methods and process development to CDC programs, other federal agencies, and partners.
  
- ▶ **Integrating with Federal government health objectives and targets for health improvement**
  - Collaborated with Federal Agencies to strengthen connections in areas of mutual interest, such as Community Guide reviews on health equity and smoke-free policies.
  - Worked with Healthy People 2020 staff to increase web links between [www.HealthyPeople.gov](http://www.HealthyPeople.gov) and [www.thecommunityguide.org](http://www.thecommunityguide.org) to assist users in efficiently connecting Task Force recommendations with national public health goals.
  
- ▶ **Identifying and communicating important evidence gaps and needs, to help policy makers, funders, scientists, and evaluators optimize resources for research and evaluation**
  - Provided consultation to staff within the National Institutes of Health and CDC on how they might create opportunities for their grantees to conduct research and evaluation studies to fill Task Force-identified evidence gaps and needs.
  
- ▶ **Coordinating with the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP)**
  - Explored joint dissemination of USPSTF and Community Preventive Services Task Force recommendations on related topics to capitalize on potential synergy in clinical and community settings ([Appendix F](#)).
  - Served in a liaison role to USPSTF by attending meetings, presenting on the work of the Community Preventive Services Task Force, and providing input as requested during deliberations.



**Table 4. Task Force Reviews Completed since the Last Report to Congress**

Recommended ● Insufficient Evidence ◆ Recommended Against ▲

Topic Area	New Reviews	Findings
Tobacco: Reducing Tobacco Use & Secondhand Smoke Exposure	1. Comprehensive Tobacco Control Programs	●
Diabetes Prevention and Control	2. Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk	●
Promoting Health Equity	3. Out-of-School Time Academic Programs	
	▶ Reading-focused	●
	▶ Math-focused	●
	▶ General	●
	▶ Programs with minimal academic content	◆
	4. High School Completion Programs	●
Motor Vehicle-Related Injury Prevention	5. Use of Motorcycle Helmets: Universal Helmet Laws	●

**Updates to Existing Reviews**

Topic Area	New Reviews	Findings
Cancer Prevention and Control: Preventing Skin Cancers	6. Interventions in Outdoor Occupational Settings	●
	7. Interventions in Outdoor Recreational and Tourism Settings	●
	8. Child Care Center-Based Interventions	●
	9. High School and College-Based Interventions	◆

Topic Area	New Reviews	Findings
Obesity Prevention and Control	10. Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children	●
Improving Oral Health	11. Oral and Pharyngeal Cancers: Population-Based Interventions for Early Detection	◆
	12. Preventing Oral and Facial Injuries: Population-Based Interventions to Encourage Use of Helmets, Facemasks, and Mouthguards in Contact Sports	◆
Promoting Physical Activity	13. Enhanced School-Based Physical Education	●
Increasing Age-Appropriate Vaccination	14. Community-Based Interventions Implemented in Combination	●
	15. Health Care System-Based Interventions Implemented in Combination	●
	16. Reducing Out-of-Pocket Costs for Vaccinations	●
	17. Vaccination Programs in Schools and Organized Child Care Centers	●
	18. Vaccination Programs in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Settings	●

Recommended ●    Insufficient Evidence ◆    Recommended Against ▲

## What's Ahead for the Task Force in 2015

Demand for evidence-based Task Force recommendations continues to grow—from users, funders, those involved in performance improvement, and others.<sup>7</sup> Policy makers, the health sector, employers, third-party payers, and the public recognize the importance of keeping people healthy and productive and reducing the burden of healthcare costs on individuals, governments and the private sector. It has become clear that community preventive services can have even more influence on Americans' health than quality medical care.<sup>8</sup>

To meet the increasing demand, and with technical and research support from CDC, the Task Force plans to undertake the following actions consistent with its authorizing statute:

- ▶ **Review additional topic areas for new recommendations and update existing recommendations**
  - Continue to balance the production of new reviews and review updates.
  - Complete the first stage of a large-scale reprioritization of new reviews and review updates.
  - Identify updates and new reviews that can be completed using expedited review processes.
- ▶ **Enhance dissemination of recommendations**
  - Increase the number of websites that syndicate content from The Community Guide website.
  - Develop and disseminate materials that feature all Task Force findings.
  - Increase the number of Community Guide in Action stories to provide a broader range of examples for users.
- ▶ **Provide technical assistance to health professionals, agencies, and organizations that request help in implementing recommendations**
  - Provide technical assistance to state and local health departments using The Community Guide–Public Health Accreditation Board (PHAB) Crosswalk: A Tool to Support Accreditation and Increase the Use of Evidence-Based Approaches to Health Accreditation Board standards and measures.
  - Develop tools and technical assistance processes to assist small- and medium-sized private and public organizations in using Task Force recommendations.
  - Launch a customized search and selection tool on The Community Guide website to assist users in locating, selecting, and using Task Force recommendations that meet their needs and preferences.
- ▶ **Integrate with Federal government health objectives and targets for health improvement**
  - Continue work with Healthy People 2020 staff to increase web links between [www.HealthyPeople.gov](http://www.HealthyPeople.gov) and [www.thecommunityguide.org](http://www.thecommunityguide.org) that will help users to connect Task Force recommendations and national public health goals efficiently.

- ▶ **Identify and communicate important evidence gaps and needs, to help policy makers, funders, scientists, and evaluators optimize resources for research and evaluation**
  - Using newly finalized templates, prepare tables of evidence gaps for all recent and current Community Guide reviews and post them on The Community Guide website for ready access by researchers, program evaluators, and funders.
  - Continue to consult with researchers and funders (e.g., National Institutes of Health, Robert Wood Johnson Foundation, Agency for Healthcare Research and Quality, CDC, and private sector funders) on ways they might help to fill gaps in evidence.
  - Help programs within CDC use The Community Guide in planning their evaluations.
- ▶ **Coordinate with the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP)**
  - Evaluate health system supports for both USPSTF and ACIP recommendations.
  - Refine and disseminate Community Guide methods, in collaboration with USPSTF, ACIP, and other organizations.

## References

1. Yoon PW, Bastian B, Anderson RN, Collins JL, Jaffe HW. Potentially preventable deaths from the five leading causes of death – United States, 2008-2010. *MMWR*, May 2, 2014/63(17):369-374(see Table 1, Total row).
2. Hoyert DL, Xu JQ. Deaths: preliminary data for 2011. *Natl Vital Stat Rep* 2012;61(6).
3. Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. *National vital statistics reports*; vol 61 no 4. Hyattsville, MD: National Center for Health Statistics. 2013.
4. *Cancer Trends Progress Report – 2011/2012 Update*, National Cancer Institute, NIH, DHHS, Bethesda, MD, August 2012, <http://progressreport.cancer.gov>. (accessed December 17, 2014).
5. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2010 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2013. Available at: <http://www.cdc.gov/uscs>.
6. Ekwueme DU, Yabroff KR, Guy GP, et al. Medical costs and productivity losses of cancer survivors – United States, 2008-2011. *MMWR*, June 13, 2014/63(23):505-510.
7. See, for example, Centers for Disease Control and Prevention. National Public Health Improvement Initiative. <http://www.cdc.gov/stltpublichealth/nphii/index.html>. Accessed September 26, 2014; Public Health Accreditation Board. *Standards and Measures, Version 1.5*. December 2013. <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>. Accessed September 26, 2014; U.S. Department of Health and Human Services. *Introducing Healthy People 2020*. 2012. <http://healthypeople.gov/2020/about/default.aspx>. accessed September 26, 2014.
8. McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Affairs* 2002; 21(2): 78-93.

## Appendix A. The Utility of Community Preventive Services

The United States spends a higher portion of its gross domestic product on healthcare than any other country, and our overall health system performance ranks below many countries that spend a lower percentage.<sup>1</sup> Preventing disease, injury, and supporting healthful aspects of personal and social well-being, are the most effective, common-sense ways to improve and protect health. Task Force-recommended community preventive services can empower individuals, families, employers, schools and communities by providing information, resources, skills, and environments in which people, communities and organizations can thrive.<sup>2</sup> Specifically, they can

- ▶ **Increase healthy longevity**—Today's youth could be the first generation to live shorter and less healthy lives than their parents.<sup>3</sup>
- ▶ **Reduce illness burden**—Many Americans suffer from preventable, costly chronic conditions, such as diabetes, for a long period prior to death.<sup>4</sup>
- ▶ **Reduce the likelihood of becoming ill**—Protecting American's health by preventing diseases makes sense and can save money.<sup>5</sup>
- ▶ **Reduce healthcare spending**—Community-based disease prevention efforts can help restrain the growth in healthcare spending by reducing both the need and the demand for clinical services.<sup>6</sup>
- ▶ **Make healthy choices easy choices**—Making healthy choices is easier with access to options such as healthy food, safe physical activity and recreation, and smoke-free environments.<sup>7</sup>
- ▶ **Maintain or improve economic vitality**—A healthy, vibrant community is a productive community with a resilient workforce and economic vitality. Healthy, safe communities may help attract new employers and industries, create jobs, increase housing values, enhance community prosperity, and support global competitiveness.<sup>8</sup>
- ▶ **Reduce waste**—Implementing Task Force-recommended programs and services can increase delivery of recommended clinical preventive services in multiple settings (e.g., clinics, worksites, schools), reducing both the healthcare services otherwise needed for preventable conditions and related productivity losses.<sup>9</sup>
- ▶ **Enhance national security**—According to the 2012 Mission: Readiness report, "Still Too Fat to Fight," obesity is the leading medical reason young men and women fail to qualify for military service.<sup>10</sup>
- ▶ **Prepare communities for emergencies**—First responders and public health workers need to be fortified with evidence-based guidelines for responding to tornadoes, hurricanes, floods, other natural disasters, infectious disease outbreaks, and other threats.<sup>11</sup>

## References

1. Tandon A, Murray C, Lauer J, Evans D. *Measuring Overall Health System Performance for 191 Countries*. GPE Discussion Paper Series, No. 30, World Health Organization. <<http://www.who.int/healthinfo/paper30.pdf>> (accessed September 23, 2014).
2. Brownson RC, Baker EA, Leet TL, et al. *Evidence-Based Public Health, 2<sup>nd</sup> ed.* New York: Oxford University Press, Inc., 2011  
Fielding JE, Hopkins DP. An introduction to evidence on worksite health promotion. In *American College of Sports Medicine's Worksite Health Handbook: A Guide to Building Healthy and Productive Companies*. Pronk NP, editor. Champaign, Illinois: Human Kinetics, 2009; 75-81.
3. Olshansky SJ, Passaro DJ, Hershow RC, et al. A potential decline in life expectancy in the United States in the 21st century. *New England Journal of Medicine* 2005; 352(11): 1138–1145  
Reither EN, Olshansky SJ, Yang Y. New forecasting methodology indicates more disease and earlier mortality ahead for today's younger Americans. *Health Affairs* 2011; 30(8): 1562-1568.
4. McGinnis JM, Foege WH. Actual causes of death in the United States. *Journal of the American Medical Association* 1993; 270(18): 2207-2212; and Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *Journal of the American Medical Association* 2004; 291(10): 1238-1245, corrections 293(3): 298  
World Health Organization. *Global Status Report on Noncommunicable Diseases*, 2010. Geneva: World Health Organization, 2011. <[http://www.who.int/nmh/publications/ncd\\_report2010/en/index.html](http://www.who.int/nmh/publications/ncd_report2010/en/index.html)> (accessed September 24, 2014).
5. Trust for America's Health. *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*. Washington, DC: Trust for America's Health, February 2009. <<http://healthyamericans.org/reports/prevention08/Prevention08.pdf>> (accessed September 24, 2014).
6. Milstein B, Homer J, Briss P, et al. Why behavioral and environmental interventions are needed to improve health at lower cost. *Health Affairs* 2011; 30(5): 823-832.
7. See, for example, Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2014*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.  
< [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/comprehensive.pdf](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf)> (accessed September 24, 2014);  
Keener D, Goodman K, Lowry A, et al. *Recommended Community Strategies and Measurements to Prevent Obesity In the United States: Implementation and Measurement Guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2009. <[http://www.cdc.gov/obesity/downloads/community\\_strategies\\_guide.pdf](http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf)> (accessed September 24, 2014).

8. Cawley J, Ruhm C. *The Economics of Risky Health Behaviors*. National Bureau of Economic Research Working Paper No. 17081, May 2011  
 Goetzel RZ, Kowlessar N, Roemer EC, et al. Workplace Obesity Programs. In: *The Oxford Handbook of the Social Science of Obesity*, Cawley J, editor. New York: Oxford University Press, Inc., 2011, Chapter 8  
 Goetzel RZ, Ozminkowski RJ. The health and cost benefits of work site health-promotion programs. *Annual Review of Public Health* 2008; 29: 303-323  
 Stiglitz JA, Sen A, Fitoussi J-P. 2009. *Report by the Commission on the Measurement of Economic Performance and Social Progress*. . Paris, France: Commission on the Measurement of Economic and Social Progress. <[http://www.stiglitz-sen-fitoussi.fr/documents/rapport\\_anglais.pdf](http://www.stiglitz-sen-fitoussi.fr/documents/rapport_anglais.pdf)> (accessed September 24, 2014)  
 Pronk NP. Placing Workplace Wellness in Proper Context: Value Beyond Money. *Prev Chronic Dis* 2014; 11:140128.
  
9. Fielding JE, Teutsch SM. Integrating clinical care and community health: delivering health. *Journal of the American Medical Association* 2009;302(3): 317-319  
 Ockene JK, Edgerton EA, Teutsch SM, et al., Integrating evidence-based clinical and community strategies to improve health. *American Journal of Preventive Medicine* 2007; 32(3): 244-252  
 See also the discussion of tobacco cessation interventions in Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2014* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.. <[http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/comprehensive.pdf](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf) > (accessed September 24, 2014).
  
10. Mission: Readiness. *Still Too Fat to Fight: A Follow-Up Report to Too Fit to Fight*. Washington, DC: Mission Readiness, 2012. <<http://missionreadiness.s3.amazonaws.com/wp-content/uploads/Still-Too-Fat-To-Fight-Report.pdf> > (accessed September 24, 2014).
  
11. Trust for America's Health, Robert Wood Johnson Foundation. *Remembering 9/11 and Anthrax: Public Health's Vital Role in National Defense*. Washington, DC: Trust for America's Health, September 2011.<<http://healthyamericans.org/assets/files/TFAH911Anthrax10YrAnnvFINAL.pdf>> (accessed September 24, 2014);  
 Auf der Heide E. The Importance of Evidence-Based Disaster Planning. *Annals of Emergency Medicine* 2006; 47(1):34-49.

## Appendix B. List of Current Task Force Members

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and Director of the Division of Adolescent and Young  
Adult Medicine, New Jersey Medical School Rutgers,  
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**Ned Calonge, MD, MPH**  
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**Marshall H. Chin, MD, MPH, FACP**  
Richard Parrillo Family Professor of Healthcare  
Ethics in the Department of Medicine, University  
of Chicago; Director, Chicago Center for Diabetes  
Translation Research; Director, RWJF Finding  
Answers: Disparities Research for Change

**John M. Clymer**  
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Rollins School of Public Health, Emory University;  
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Senior Research Investigator, HealthPartners  
Research Foundation; Adjunct Professor of Society,  
Human Development and Health, Harvard School  
of Public Health

**Patrick L. Remington, MD, MPH**  
Professor and Associate Dean for Public Health,  
Gordon T. Ridley, Consultant to Dean,  
University of Wisconsin School of Medicine  
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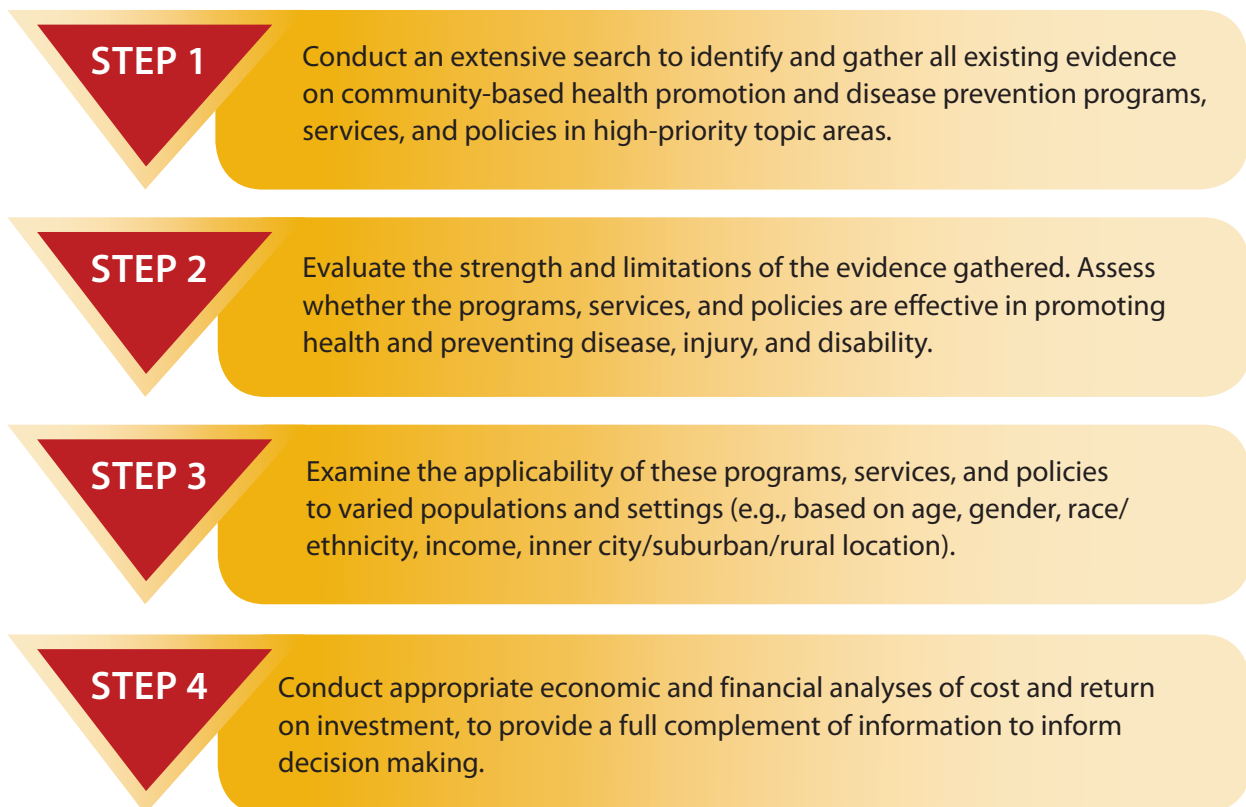
## Appendix C. The Work of the Community Preventive Services Task Force

### How the Community Preventive Services Task Force Conducts its Work and Makes its Recommendations

The Task Force meets three times annually in person and communicates throughout the year by phone and email to carry out the following activities with support from staff in the Community Guide Branch to:

- ▶ Set priorities for selecting topics for systematic review;
- ▶ Participate in developing and refining systematic review methods;
- ▶ Assign members to serve on systematic review teams;
- ▶ Assess the findings of each review and make recommendations for policy, practice, and research;
- ▶ Identify key research and evidence gaps and needs and recommend new research and evaluation to be conducted in critical areas;
- ▶ Help to disseminate findings and recommendations to public health and healthcare practitioners and policy makers, and provide tools and technical assistance to help implement those findings and recommendations.

The Task Force bases its recommendations on a rigorous, replicable, and systematic review process that includes four steps.



These systematic reviews are conducted, with oversight from the Task Force, by scientists and other subject matter experts from CDC in collaboration with a wide range of government (federal, state, and local), academic, policy, and practice-based partners and stakeholders (i.e. public and private entities). The Task Force examines the evidence, produces findings about effective and ineffective programs, services, and policies, and identifies evidence gaps that need to be filled. Task Force findings provide evidence-based options that decision makers and stakeholders can consider when determining what best meets their needs.

The compilation of all Task Force reviews and findings is known as the Guide to Community Preventive Services (The Community Guide). The Community Guide helps decision makers, practitioners, and scientists select the prevention strategies best suited to their settings and populations—based on the strength of evidence for or against the effectiveness of specific policies, programs, and services, and their applicability to varied populations and circumstances. The evidence gaps and needs that are identified help researchers, program evaluators, and funders of research and program focus their future efforts. It is online ([www.thecommunityguide.org](http://www.thecommunityguide.org)) and frequently updated.

## Appendix D. Official Task Force Liaison Agencies and Organizations

Liaisons participate in meetings of the Task Force and represent the views, concerns, and needs of their organizations and constituents by contributing as follows:

- ▶ Helping the Task Force identify the most pressing current public health priorities.
- ▶ Serving on and recommending other participants for systematic review teams.
- ▶ Providing input while the Task Force examines the systematic review findings to reach its recommendations.
- ▶ Disseminating the Task Force recommendations and implementation guidance, and helping their members and constituents translate evidence-based recommendations into action.
- ▶ Conveying the critical evidence gaps and needs identified by Task Force review teams to the nation's leading public and private research and programmatic funders, researchers, evaluators, and other stakeholders.

The following agencies and organizations have official Liaison status with the Task Force




Federal Agency Liaisons	Organization Liaisons
<ul style="list-style-type: none"> <li>▶ Agency for Healthcare Research and Quality (as staff support to United States Preventive Services Task Force)</li> <li>▶ Department of Health and Human Services, Office of Disease Prevention and Health Promotion</li> <li>▶ Department of Veterans Affairs, Veterans Health Administration, Office of Patient Care Services, National Center for Health Promotion and Disease Prevention</li> <li>▶ Health Resources and Services Administration</li> <li>▶ Indian Health Service</li> <li>▶ National Institutes of Health</li> <li>▶ Prevention Research Centers, Centers for Disease Control and Prevention</li> <li>▶ Substance Abuse and Mental Health Services Administration</li> <li>▶ United States Air Force</li> <li>▶ United States Army Public Health Command</li> <li>▶ United States Navy Medicine</li> </ul>	<ul style="list-style-type: none"> <li>▶ American Academy of Family Physicians</li> <li>▶ American Academy of Nurse Practitioners</li> <li>▶ American Academy of Pediatrics</li> <li>▶ American Academy of Physician Assistants</li> <li>▶ American College of Preventive Medicine</li> <li>▶ American Medical Association</li> <li>▶ American Public Health Association</li> <li>▶ America's Health Insurance Plans</li> <li>▶ Association for Prevention Teaching and Research</li> <li>▶ Association of Schools and Programs of Public Health</li> <li>▶ Association of State and Territorial Health Officials</li> <li>▶ Center for Advancing Health</li> <li>▶ Directors of Health Promotion and Education</li> <li>▶ Institute of Medicine</li> <li>▶ National Association of County and City Health Officials</li> <li>▶ National Network of Public Health Institutes</li> <li>▶ Public Health Foundation</li> <li>▶ Quad Council of Public Health Nursing Organizations</li> <li>▶ Society for Public Health Education</li> </ul>

## Appendix E. List of Task Force Recommendations and Other Findings

Information on all recommendations and other findings is available at [www.thecommunityguide.org](http://www.thecommunityguide.org).

Recent Task Force recommendations and other findings are accompanied by a Rationale Statement that explains Task Force conclusions and provides other relevant information.

### Categories of Task Force Recommendations and Other Findings

Category	Description	Icon
<b>Recommended</b>	There is strong or sufficient evidence that the intervention is <b>effective</b> . This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	
<b>Insufficient Evidence</b>	There is <b>not enough evidence</b> to determine whether the intervention is effective. This does not mean the intervention does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the interventions effectiveness. Additional research is needed to determine whether or not the intervention is effective. There are several reasons why the Task Force would find insufficient evidence to determine effectiveness of an intervention: <ul style="list-style-type: none"> <li>a. There are not enough studies to draw firm conclusions.</li> <li>b. The available studies have inconsistent findings.</li> <li>c. The interventions were too varied to make an overall conclusion.</li> <li>d. The quality of the included studies was poor.</li> <li>e. Concerns exist about applicability or potential harms of the intervention.</li> </ul> The Task Force encourages those who use interventions with insufficient evidence to evaluate their efforts.	
<b>Recommended Against</b>	There is strong or sufficient evidence that the strategy is <b>harmful or not effective</b> .	

Recommended  Insufficient Evidence  Recommended Against 

\* Denotes that review is a recent update to an existing review

**Rows with pink shading and bold font represent cancer-related interventions**

## Tables: Topics and Task Force Findings and Recommendations

### Adolescent Health: Improving Adolescent Health

Topic	Recommendations and Other Findings	Review Completion Date
Person-to-Person Interventions to Improve Caregivers' Parenting Skills	●	April 2012

### Alcohol: Preventing Excessive Alcohol Consumption: Interventions Directed to the General Population

Topic	Recommendations and Other Findings	Review Completion Date
Dram Shop Liability	●	March 2010
Increasing Alcohol Taxes	●	June 2007
Maintaining Limits on Days of Sale	●	June 2008
Maintaining Limits on Hours of Sale	●	February 2009
Regulation of Alcohol Outlet Density	●	February 2007
Electronic Screening and Brief Interventions (e-SBI)	●	August 2012
Overservice Law Enhancement Initiatives (Overservice refers to servicing alcoholic beverages to intoxicated customers.)	◆	March 2010
Responsible Beverage Service	◆	October 2010
Privatization of Retail Alcohol Sales	▲	April 2011

### Interventions Directed to Underage Drinkers

Topic	Recommendations and Other Findings	Review Completion Date
Enhanced Enforcement of Laws Prohibiting Sales to Minors	●	February 2006

### Asthma Control: Home-Based Multi-Trigger, Multicomponent Environmental Interventions

Topic	Recommendations and Other Findings	Review Completion Date
Home-Based Multi-Trigger, Multicomponent Interventions for Children and Adolescents	●	June 2008
Home-Based Multi-Trigger, Multicomponent Interventions for Adults	◆	June 2008

Recommended ● Insufficient Evidence ◆ Recommended Against ▲

Rows with pink shading and bold font represent cancer-related interventions

**Birth Defects:** Preventing Birth Defects: Maternal and Infant Health Outcomes

Topic	Recommendations and Other Findings	Review Completion Date
Interventions to Fortify Food Products with Folic Acid	●	June 2008
Community-Wide Campaigns to Promote the Use of Folic Acid Supplements	●	June 2004

**Cancer Prevention and Control:** Increasing Breast, Cervical and Colorectal Cancer Screening

Topic	Recommendations and Other Findings	Review Completion Date
<b>Small Media–Breast Cancer</b>	●	December 2005
<b>Small Media–Cervical Cancer</b>	●	December 2005
<b>Small Media–Colorectal Cancer</b>	●	December 2005
<b>Provider Reminder and Recall Systems</b>	●	February 2006
<b>Reducing Client Out-of-Pocket Costs – Breast Cancer*</b>	●	October 2009
<b>Group Education–Breast Cancer*</b>	●	October 2009
<b>Provider Assessment and Feedback</b>	●	October 2009
<b>Client Reminders–Breast Cancer *</b>	●	July 2010
<b>Client Reminders–Cervical Cancer *</b>	●	July 2010
<b>Client Reminders–Colorectal Cancer*</b>	●	July 2010
<b>One-on-One Education–Breast Cancer*</b>	●	March 2010
<b>One-on-One Education–Cervical Cancer*</b>	●	March 2010
<b>One-on-One Education–Colorectal Cancer*</b>	●	March 2010
<b>Reducing Structural Barriers–Breast Cancer*</b>	●	March 2010
<b>Reducing Structural Barriers–Colorectal Cancer*</b>	●	March 2010
<b>Decision Making for Cancer Screening</b>	◆	February 2002
<b>Reducing Client Out-of-Pocket Costs –Cervical Cancer*</b>	◆	October 2009
<b>Reducing Client Out-of-Pocket Costs –Colorectal Cancer*</b>	●	October 2009
<b>Group Education–Cervical Cancer*</b>	◆	October 2009

Recommended ●

Insufficient Evidence ◆

Recommended Against ▲

Topic	Recommendations and Other Findings	Review Completion Date
Reducing Structural Barriers–Colorectal Cancer*	◆	March 2010
Decision Making for Cancer Screening	◆	February 2002
Reducing Client Out-of-Pocket Costs –Cervical Cancer*	◆	October 2009
Reducing Client Out-of-Pocket Costs –Colorectal Cancer*	◆	October 2009
Group Education–Cervical Cancer*	◆	October 2009
Group Education– Colorectal Cancer*	◆	October 2009
Provider Incentives	◆	October 2009
Mass Media–Breast Cancer*	◆	October 2009
Mass Media–Cervical Cancer *	◆	October 2009
Mass Media–Colorectal Cancer*	◆	October 2009
Client Incentives–Breast Cancer *	◆	July 2010
Client Incentives–Cervical Cancer *	◆	July 2010
Client Incentives–Colorectal Cancer*	◆	July 2010
Reducing Structural Barriers–Cervical Cancer*	◆	March 2010

## Preventing Skin Cancer

Topic	Recommendations and Other Findings	Review Completion Date
Child Care Center-Based Interventions*	●	May 2013
Interventions in Outdoor Recreational and Tourism Settings*	●	April 2014
Interventions in Outdoor Occupational Settings*	●	August 2013
Multicomponent Community-Wide Interventions	●	April 2012
Primary and Middle School Interventions	●	August 2012
Education and Policy Approaches for Healthcare Settings and Providers	◆	July 2002
Interventions Targeting Children’s Parents and Caregivers	◆	July 2002
Mass Media	◆	June 2011
High School- and College-Based Interventions*	◆	May 2013

\* Denotes that review is a recent update to an existing review

### Cardiovascular Disease Prevention and Control

Topic	Recommendations and Other Findings	Review Completion Date
Team-Based Care in Improving Blood Pressure Control	●	April 2012
Reduced Out-of-Pocket Cost for Cardiovascular Disease Preventive Services Among Patients with High Blood Pressure and High Cholesterol	●	November 2012
Clinical Decision-Support Systems (CDSS) for Cardiovascular Disease Prevention	●	April 2013

### Diabetes Prevention and Control: Healthcare System Level Interventions

Topic	Recommendations and Other Findings	Review Completion Date
Disease Management Programs	●	December 2000
Case Management Interventions to Improve Glycemic Control	●	January 2001
Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk	●	July 2014

### Self-Management Education

Topic	Recommendations and Other Findings	Review Completion Date
Diabetes Self-Management Education in Community Gathering Places - Adults with Type 2 Diabetes	●	March 2001
Diabetes Self-Management Education in the Home - Children and Adolescents with Type 1 Diabetes	●	March 2001
Diabetes Self-Management Education in the Home - People with Type 2 Diabetes	◆	March 2001
Diabetes Self-Management Education in Recreational Camps	◆	March 2001
Diabetes Self-Management Education in School Settings	◆	September 2000
Diabetes Self-Management Education in Worksites	◆	September 2000



Recommended ●

Insufficient Evidence ◆

Recommended Against ▲

**Emergency Preparedness and Response**

Topic	Recommendations and Other Findings	Review Completion Date
School Dismissals to Reduce Transmission of Pandemic Influenza: Severe Pandemic	●	August 2012
School Dismissals to Reduce Transmission of Pandemic Influenza: Moderate to Low Severity Pandemic	◆	August 2012

**Health Communications**

Topic	Recommendations and Other Findings	Review Completion Date
Health Communication Campaigns That Include Mass Media and Health-Related Product Distribution	●	December 2010

**Health Disparities:** Addressing Disparities in Health Status (Health Equity) Culturally Competent Health Care

Topic	Recommendations and Other Findings	Review Completion Date
Programs to Recruit and Retain Staff who Reflect the Community's Cultural Diversity	◆	October 2001
Use of Interpreter Services or Bilingual Providers	◆	October 2001
Culturally Specific Healthcare Settings	◆	October 2001
Cultural Competency Training for Healthcare Providers	◆	October 2001
Use of Linguistically and Culturally Appropriate Health Education Materials	◆	October 2001

Recommended ●

Insufficient Evidence ◆

Recommended Against ▲

## Education Programs and Policies

Topic	Recommendations and Other Findings	Review Completion Date
Comprehensive, Center-Based Programs for Children of Low-Income Families	●	June 2000
Full-Day Kindergarten	●	December 2011
Out of School Time Academic Program: Reading-Focused Programs	●	October 2013
Out of School Time Academic Program: Math-Focused Programs	●	October 2013
Out of School Time Academic Program: General Academic Programs	●	October 2013
High School Completion	●	October 2013
Out of School Time Academic Program: Programs with Minimal Academic Content	◆	October 2013

## Housing Programs and Policies

Topic	Recommendations and Other Findings	Review Completion Date
Tenant-Based Rental Assistance Programs	●	February 2001
Mixed-Income Housing Developments	◆	October 2000

**HIV/AIDS, Other STIs & Pregnancy:** Preventing HIV/AIDS, Other Sexually Transmitted Infections, and Pregnancy HIV in Men Who Have Sex with Men

Topic	Recommendations and Other Findings	Review Completion Date
Group-Level Behavioral Interventions for Men Who Have Sex With Men	●	June 2005
Individual-Level Behavioral Interventions for Men Who Have Sex With Men	●	June 2005
Community-Level Behavioral Interventions for Men Who Have Sex With Men	●	June 2005

Recommended ● Insufficient Evidence ◆ Recommended Against ▲

#### Interventions for Adolescents

Topic	Recommendations and Other Findings	Review Completion Date
Group-Based Comprehensive Risk Reduction Interventions for Adolescents	●	June 2009
Youth Development Behavioral Interventions Coordinated with Community Service to Reduce Sexual Risk Behaviors in Adolescents	●	October 2007
Youth Development Behavioral Interventions Coordinated with Sports or Club Participation to Reduce Sexual Risk Behaviors in Adolescents	●	April 2008
Youth Development Behavioral Interventions Coordinated with Work or Vocational Training to Reduce Sexual Risk Behaviors in Adolescents	◆	April 2008
Group-Based Abstinence Education Interventions for Adolescents	◆	June 2009

#### Partner Counseling and Referral Services

Topic	Recommendations and Other Findings	Review Completion Date
Partner Notification by Provider Referral to Identify HIV-Positive People	●	February 2005
Partner Notification by Patient Referral to Identify HIV-Positive People	◆	February 2005
Partner Notification by Contact Referral to Identify HIV-Positive People	◆	February 2005

#### **Mental Health:** Improving Mental Health and Addressing Mental Illness

Topic	Recommendations and Other Findings	Review Completion Date
Collaborative Care for the Management of Depressive Disorders*	●	June 2010
Mental Health Benefits Legislation	●	August 2012

#### Interventions to Reduce Depression Among Older Adults

Topic	Recommendations and Other Findings	Review Completion Date
Home-Based Depression Care Management	●	February 2008
Clinic-Based Depression Care Management	●	February 2008
Community-Based Exercise Interventions	◆	February 2008

\* Denotes that review is a recent update to an existing review

Recommended ●

Insufficient Evidence ◆

Recommended Against ▲

**Motor Vehicle-Related Injury Prevention:** Motorcycle Helmet Laws

Topic	Recommendations and Other Findings	Review Completion Date
Use of Motorcycle Helmets: Universal Helmet Laws	●	August 2013

## Reduced Alcohol-Impaired Driving

Topic	Recommendations and Other Findings	Review Completion Date
Ignition Interlocks	●	April 2006
Multicomponent Interventions with Community Mobilization	●	June 2005
Lower BAC Laws for Young or Inexperienced Drivers	●	June 2000
0.08% Blood Alcohol Concentration (BAC) Laws	●	August 2000
Maintaining Current Minimum Legal Drinking Age (MLDA) Laws	●	August 2000
Mass Media Campaigns	●	June 2002
School-Based Programs: Instructional Programs	●	October 2003
Publicized Sobriety Checkpoint Programs*	●	August 2012
Designated Driver Promotion Programs: Population-Based Campaigns	◆	October 2003
Designated Driver Promotion Programs: Incentive Programs	◆	October 2003
School-Based Programs: Peer Organizations	◆	October 2003
School-Based Programs: Social Norming Campaigns	◆	October 2003

## Use of Child Safety Seats

Topic	Recommendations and Other Findings	Review Completion Date
Laws Mandating Use of Child Safety Seats	●	June 1998
Community-Wide Information and Enhanced Enforcement Campaigns	●	June 1998
Distribution and Education Programs	●	June 1998
Incentive and Education Programs	●	June 1998
Education Programs When Used Alone	●	June 1998

Recommended ● Insufficient Evidence ◆ Recommended Against ▲

### Use of Safety Belts

Topic	Recommendations and Other Findings	Review Completion Date
Laws Mandating Use of Safety Belts	●	October 2000
Primary (vs. Secondary) Enforcement Laws	●	October 2000
Enhanced Enforcement Programs	●	October 2000

### Nutrition: Promoting Good Nutrition

Topic	Recommendations and Other Findings	Review Completion Date
School-Based Programs Promoting Nutrition and Physical Activity	◆	June 2003

### Obesity Prevention and Control: Interventions in Community Settings

Topic	Recommendations and Other Findings	Review Completion Date
Worksite Programs	●	February 2007
Behavioral Interventions to Reduce Screen Time	●	August 2014
Technology-Supported Multicomponent Coaching or Counseling Interventions to Reduce Weight	●	June 2009
Technology-Supported Multicomponent Coaching or Counseling Interventions to Maintain Weight Loss	●	June 2009
Mass Media Interventions to Reduce Screen Time	◆	January 2008
School-Based Programs	◆	October 2003

### Provider-Oriented Interventions

Topic	Recommendations and Other Findings	Review Completion Date
Multicomponent Provider Interventions	◆	February 2008
Multicomponent Provider Interventions with Client Interventions	◆	February 2008
Provider Education with a Client Intervention	◆	February 2008
Provider Reminders	◆	October 2007
Provider Education	◆	October 2007
Provider Feedback	◆	October 2007

\* Denotes that review is a recent update to an existing review

**Oral Health:** Improving Oral Health: Dental Caries

Topic	Recommendations and Other Findings	Review Completion Date
School-Based Dental Sealant Delivery Programs	●	April 2013
Community Water Fluoridation*	●	April 2013
Community-Based Initiatives to Promote the Use of Dental Sealants	◆	April 2013

Oral and Facial Injuries

Topic	Recommendations and Other Findings	Review Completion Date
Population-Based Interventions to Encourage Use of Helmets, Facemasks, and Mouthguards in Contact Sports	◆	October 2013

Oral and Pharyngeal Cancers

Topic	Recommendations and Other Findings	Review Completion Date
Population-Based Interventions for Early Detection of Oral and Pharyngeal Cancers*	◆	October 2013

**Physical Activity:** Promoting Physical Activity: Behavioral and Social Approaches

Topic	Recommendations and Other Findings	Review Completion Date
Social Support Interventions in Community Settings	●	February 2001
Individually-Adapted Health Behavior Change Programs	●	February 2001
Enhanced School-Based Physical Education	●	December 2013
College-Based Physical Education and Health Education	◆	February 2001
Classroom-Based Health Education to Reduce TV Viewing and Video Game Playing	◆	October 2000
Family-Based Social Support	◆	February 2001

Recommended ● Insufficient Evidence ◆ Recommended Against ▲

#### Campaigns and Informational Approaches

Topic	Recommendations and Other Findings	Review Completion Date
Community-Wide Campaigns	●	February 2001
Stand-Alone Mass Media Campaigns	◆	March 2010
Classroom-Based Health Education Focused on Providing Information	◆	October 2000

#### Environmental and Policy Approaches

Topic	Recommendations and Other Findings	Review Completion Date
Point-of-Decision Prompts to Encourage Use of Stairs	●	June 2005
Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities	●	May 2001
Community-Scale Urban Design Land Use Policies	●	June 2004
Street-Scale Urban Design Land Use Policies	●	June 2004
Transportation and Travel Policies and Practices	◆	February 2004

\* Denotes that review is a recent update to an existing review

Recommended ● Insufficient Evidence ◆ Recommended Against ▲

**Tobacco:** Reducing Tobacco Use and Secondhand Smoke Exposure

Topic	Recommendations and Other Findings	Review Completion Date
Quitline Interventions*	●	August 2012
Reducing Client Out-of-Pocket Costs for Evidence-Based Cessation Treatments*	●	April 2012
Mobile Phone-Based Cessation Interventions	●	December 2011
Increasing the Unit Price for Tobacco Products*	●	November 2012
Smoke-Free Policies*	●	November 2012
Mass Reach Health Communications Interventions*	●	April 2013
Worksite-Based Incentives and Competitions to Increase Smoking Cessation: Combined with Additional Interventions	●	June 2005
Comprehensive Tobacco Control Programs	●	August 2014
Internet-Based Cessation Interventions	◆	December 2011
Mass Media - Cessation Contests	◆	May 2000
Community Education to Reduce Exposure in the Home	◆	February 2000
Worksite-Based Incentives and Competitions to Increase Smoking Cessations: When Used Alone	◆	June 2005



Restricting Minors Access to Tobacco Products

Topic	Recommendations and Other Findings	Review Completion Date
Community Mobilization with Additional Interventions	●	June 2001
Community Education about Youth's Access to Tobacco Products When Used Alone	◆	June 2001
Laws Directed at Minors' Purchase, Possession, or Use of Tobacco Products When Used Alone	◆	June 2001
Sales Laws Directed at Retailers When Used Alone	◆	June 2001
Active Enforcement of Sales Laws Directed at Retailers When Used Alone	◆	June 2001
Retailer Education with Reinforcement and Information on Health Consequences When Used Alone	◆	June 2001
Retailer Education Without Reinforcement When Used Alone	◆	June 2001

**Vaccination:** Increasing Appropriate Vaccinations: Enhancing Access to Vaccination Services

Topic	Recommendations and Other Findings	Review Completion Date
Reducing Client Out-of-Pocket Costs*	●	September 2014
Vaccination Programs in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Settings*	●	September 2014
Home Visits to Increase Vaccination Rates*	●	March 2009
Vaccination Programs in Schools and Organized Child Care Centers*	●	September 2014

\* Denotes that review is a recent update to an existing review

Recommended ● Insufficient Evidence ◆ Recommended Against ▲

#### Increasing Community Demand for Vaccinations

Topic	Recommendations and Other Findings	Review Completion Date
Client Reminder and Recall Systems*	●	February 2008
Vaccination Requirements for Child Care, School and College Attendance*	●	June 2009
Client or Family Incentive Rewards*	●	April 2011
Community-Based Interventions Implemented in Combination*	●	September 2014
Community-Wide Education When Used Alone	◆	March 2010
Clinic-Based Education When Used Alone*	◆	February 2011
Client-Held Paper Immunization Records*	◆	March 2010
Monetary Sanction Policies*	◆	April 2011

#### Provider- or System Based Interventions

Topic	Recommendations and Other Findings	Review Completion Date
Standing Orders*	●	June 2008
Provider Reminders*	●	June 2008
Immunization Information Systems	●	July 2010
Provider Assessment and Feedback*	●	June 2008
Health Care System-Based Interventions Implemented in Combination*	●	September 2014
Provider Education When Used Alone*	◆	March 2010

Recommended ●

Insufficient Evidence ◆

Recommended Against ▲

**Violence Prevention:** Early Childhood Visitation

Topic	Recommendations and Other Findings	Review Completion Date
Early Childhood Home Visitation: To Prevent Child Maltreatment	●	February 2002
Early Childhood Home Visitation: To Prevent Violence by Parents (Other Than Child Maltreatment or Intimate Partner Violence)	◆	February 2002
Early Childhood Home Visitation: To Prevent Intimate Partner Violence	◆	February 2002
Early Childhood Home Visitation: To Prevent Violence by Children	◆	February 2002
Early Childhood Home Visitation: To Prevent Violence by Parents (Other Than Child Maltreatment or Intimate Partner Violence)	◆	February 2002








## Firearms Laws

Topic	Recommendations and Other Findings	Review Completion Date
"Shall issue" Concealed Weapons Carry Laws	◆	April 2002
Bans on Specified Firearms or Ammunition	◆	October 2001
Restrictions on Firearm Acquisitions	◆	October 2001
Waiting Periods for Firearm Acquisition	◆	October 2001
Firearm Registration and Licensing of Firearm Owners	◆	October 2001
Child Access Prevention (CAP) Laws	◆	April 2002
Zero Tolerance Laws for Firearms in Schools	◆	October 2001
Combinations of Firearms Laws	◆	April 2002


\* Denotes that review is a recent update to an existing review

Recommended Insufficient Evidence Recommended Against 



## Reducing Psychological Harm From Traumatic Events

Topic	Recommendations and Other Findings	Review Completion Date
Individual Cognitive-Behavioral Therapy		June 2006
Group Cognitive-Behavioral Therapy		June 2006
Play Therapy		June 2006
Art Therapy		June 2006
Psychodynamic Therapy		June 2006
Pharmacological Therapy		June 2006
Psychological Debriefing		June 2006


## School-Based Violence Prevention Programs

Topic	Recommendations and Other Findings	Review Completion Date
School-Based Programs to Reduce Violence		June 2005

## Therapeutic Foster Care

Topic	Recommendations and Other Findings	Review Completion Date
Therapeutic Foster Care for the Reduction of Violence Chronically Delinquent Juveniles		June 2002
Therapeutic Foster Care for the Reduction of Violence Children with Severe Emotional Disturbance		June 2002

## Youth Transfer to Adult Criminal System

Topic	Recommendations and Other Findings	Review Completion Date
Policies Facilitating the Transfer of Juveniles to Adult Justice Systems		April 2003

Recommended ●

Insufficient Evidence ◆

Recommended Against ▲

**Worksite Health Promotion:** Assessment of Health Risk with Feedback (AHRF) to Change Employees' Health

Topic	Recommendations and Other Findings	Review Completion Date
AHRF plus Health Education with or without Other Interventions	●	February 2007
Assessment of Health Risks with Feedback (AHRF) Used Alone	◆	June 2006

## Interventions to Promote Seasonal Influenza Vaccinations among Healthcare Workers

Topic	Recommendations and Other Findings	Review Completion Date
Interventions with On-Site, Free, Actively Promoted Vaccinations	●	June 2008
Interventions with Actively Promoted, Off-Site Vaccinations	◆	June 2008

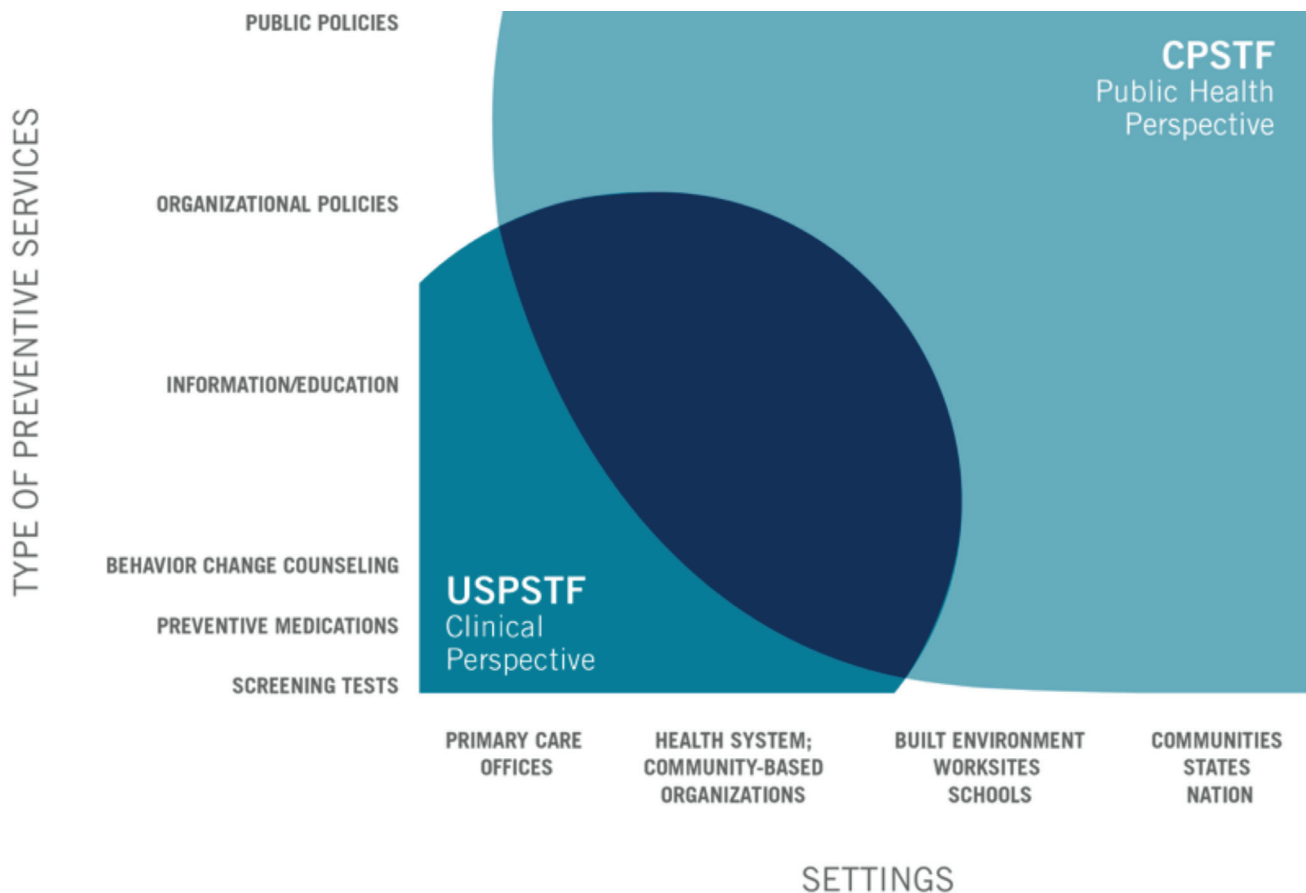
## Interventions to Promote Seasonal Influenza Vaccinations among Non-Healthcare Workers

Topic	Recommendations and Other Findings	Review Completion Date
Interventions with On-Site, Reduced Cost, Actively Promoted Vaccinations	●	June 2008
Interventions with Actively Promoted, Off-Site Vaccinations	◆	June 2008

## Appendix F. Community Preventive Services Task Force and Other Public Health-Related Organizations

The Community Preventive Services Task Force (CPSTF) was created as a complement to the independent U.S. Preventive Services Task Force (USPSTF), which was established in 1984 to provide evidence-based recommendations for primary care clinicians, other healthcare professionals, and decision makers on effective *clinical preventive services*—such as screening, counseling, and preventive medications for asymptomatic people without established disease. The Agency for Healthcare Research and Quality (AHRQ) is statutorily mandated to provide ongoing administrative, research, and technical support to the USPSTF to support its operations. A diagram outlining the domains of the Task Force and USPSTF is shown below. The Task Force also complements the work of other groups such as the Advisory Committee on Immunization Practices (ACIP) (not shown here) which develops recommendations for the routine administration of vaccines to children and adults.

**Figure 2. Understanding the types of preventive services and settings of the work of the Community Preventive Services Task Force (CPSTF) and the U.S. Preventive Services Task Force (USPSTF)**



## Appendix G. The Community Guide in Action: Examples of Communities Using Task Force Findings and Recommendations

The following table lists a number of specific examples, by location and topic area, of how Task Force findings and recommendations have helped communities across the country to bring about healthful changes. It is not an exhaustive compilation, but rather an illustrative overview. To read the full stories, click on the links provided in the table. You can also access them from the home page of the Community Guide website at [www.thecommunityguide.org](http://www.thecommunityguide.org).

State	Location	Title	Finding Topic Area(s)	Link to Full Story
Alaska	Hoonah Community & Alaska Department of Health and Social Services	Rural Community Works Together to Stay "Fun and Fit"	<ul style="list-style-type: none"> <li>▶ Nutrition</li> <li>▶ Obesity</li> <li>▶ Physical Activity</li> <li>▶ Schools</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/FunandFit-AK.pdf">www.thecommunityguide.org/CG-in-Action/FunandFit-AK.pdf</a>
Arizona	Maricopa County Department of Public Health	Maricopa County's Journey Toward Public Health Accreditation	<ul style="list-style-type: none"> <li>▶ Obesity</li> <li>▶ Diabetes</li> <li>▶ Cancer</li> <li>▶ Cardiovascular Disease (CVD)</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/Accreditation-AZ.pdf">www.thecommunityguide.org/CG-in-Action/Accreditation-AZ.pdf</a>
California	Los Angeles County Department of Public Health	Planning a Strategy: Changing the Way a County Health Department Addresses Health Conditions	<ul style="list-style-type: none"> <li>▶ CVD</li> <li>▶ Obesity</li> <li>▶ Tobacco</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/LACounty.pdf">www.thecommunityguide.org/CG-in-Action/LACounty.pdf</a>
Florida	Duval County Health Department	A Good Shot: Reaching Immunization Targets in Duval County	<ul style="list-style-type: none"> <li>▶ Vaccines</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/Vaccinations-FL.pdf">www.thecommunityguide.org/CG-in-Action/Vaccinations-FL.pdf</a>
Florida	Jefferson & Madison County Health Department	Community-Wide Effort to Make Florida Tobacco Free	<ul style="list-style-type: none"> <li>▶ Tobacco</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/TobaccoFree-FL.pdf">www.thecommunityguide.org/CG-in-Action/TobaccoFree-FL.pdf</a>
Illinois	Illinois Department of Public Health	Reducing Obesity Rates in Illinois: The Path to Enhanced Physical Education	<ul style="list-style-type: none"> <li>▶ Physical Activity</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/EnhancedPE-IL.pdf">www.thecommunityguide.org/CG-in-Action/EnhancedPE-IL.pdf</a>

## Appendix G. The Community Guide in Action: Examples of Communities Using Task Force Findings and Recommendations (continued)

State	Location	Title	Finding Topic Area(s)	Link to Full Story
Maryland	Department of Health and Mental Hygiene	Maryland Businesses Support Worksite Wellness Effort to Combat Chronic Disease	<ul style="list-style-type: none"> <li>▶ Diabetes</li> <li>▶ Obesity</li> <li>▶ Worksite</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/Worksite-MD.pdf">www.thecommunityguide.org/CG-in-Action/Worksite-MD.pdf</a>
Maryland	Western Maryland Health System	Mobilizing Funding Support to Battle Overweight and Obesity	<ul style="list-style-type: none"> <li>▶ Obesity</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/Obesity-MD.pdf">www.thecommunityguide.org/CG-in-Action/Obesity-MD.pdf</a>
Michigan	Dow Chemical Company	Investing in Worksite Wellness for Employees	<ul style="list-style-type: none"> <li>▶ Obesity</li> <li>▶ Physical Activity</li> <li>▶ Tobacco</li> <li>▶ Worksite</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/Worksite-Dow.pdf">www.thecommunityguide.org/CG-in-Action/Worksite-Dow.pdf</a>
Minnesota	Blue Cross and Blue Shield	Evidence-Based Recommendations Get Minnesotans in the Groove	<ul style="list-style-type: none"> <li>▶ Obesity</li> <li>▶ Physical Activity</li> <li>▶ Schools</li> <li>▶ Worksite</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/PhysicalActivity-MN.pdf">www.thecommunityguide.org/CG-in-Action/PhysicalActivity-MN.pdf</a>
Montana	Department of Public Health and Human Services	An Evidence-Based Approach to Montana's Health Landscape	<ul style="list-style-type: none"> <li>▶ Asthma</li> <li>▶ Tobacco</li> <li>▶ Vaccines</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/PublicHealth-MT.pdf">www.thecommunityguide.org/CG-in-Action/PublicHealth-MT.pdf</a>
National		Lowering Legal Blood Alcohol Limits Saves Lives	<ul style="list-style-type: none"> <li>▶ Alcohol</li> <li>▶ Motor Vehicle Injury</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/BAC.pdf">www.thecommunityguide.org/CG-in-Action/BAC.pdf</a>
Nebraska	City of Lincoln and Lancaster County	Blueprint for Success in Reducing Tobacco Use	<ul style="list-style-type: none"> <li>▶ Tobacco</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/Tobacco-NE.pdf">www.thecommunityguide.org/CG-in-Action/Tobacco-NE.pdf</a>
New York	New York State Department of Health Cancer Services Program	Screening New Yorkers to Save Lives	<ul style="list-style-type: none"> <li>▶ Cancer Screening</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/CancerScreening-NY.pdf">www.thecommunityguide.org/CG-in-Action/CancerScreening-NY.pdf</a>



## Appendix G. The Community Guide in Action: Examples of Communities Using Task Force Findings and Recommendations (continued)

State	Location	Title	Finding Topic Area(s)	Link to Full Story
North Carolina	Granville County	Creating Walkable Communities in Rural North Carolina	<ul style="list-style-type: none"> <li>▶ Obesity</li> <li>▶ Physical Activity</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/PhysicalActivity-NC.pdf">www.thecommunityguide.org/CG-in-Action/PhysicalActivity-NC.pdf</a>
South Carolina	St. James-Santee Family Health Center	Black Corals: A Gem of a Cancer Screening Program in South Carolina	<ul style="list-style-type: none"> <li>▶ Cancer Screening</li> </ul>	<a href="http://www.thecommunityguide.org/CG-in-Action/CancerScreening-SC.pdf">www.thecommunityguide.org/CG-in-Action/CancerScreening-SC.pdf</a>  Video: Black Corals
Washington	Pacific Northwest and Mason County, WA	Putting the Community Guide to Work at Workplaces: Partnering to Reach Employers	<ul style="list-style-type: none"> <li>▶ Worksite</li> <li>▶ Cancer</li> <li>▶ Tobacco</li> <li>▶ Physical Activity</li> </ul>	<a href="http://www.thecommunityguide.org/CG-inAction/PartneringWorkplaces-WA.pdf">www.thecommunityguide.org/CG-inAction/PartneringWorkplaces-WA.pdf</a>

All examples can also be accessed from The Community Guide website at [www.thecommunityguide.org](http://www.thecommunityguide.org) or by clicking on the “In Action” image on the right side of the homepage.

# Appendix H-1. Evidence Gaps and Needs Identified in Task Force Recommended Cancer Interventions

Evidence gaps for all other topic areas can be found at [www.thecommunityguide.org](http://www.thecommunityguide.org).

## Increasing Breast, Cervical, and Colorectal Cancer Screening (Client-Oriented Interventions, Provider-Oriented Interventions)

To fill evidence gaps related to this intervention, we need information in these areas:

Generalizability, Applicability		Economics	Implementation	Other Outcomes
How the intervention works in different populations	How the intervention works in different settings	How much the intervention costs and economic analyses	How to implement the intervention	How the intervention impacts different outcomes
<b>Overall Evidence Gaps Across the Set of Reviews:</b>				
<ul style="list-style-type: none"> <li>▶ Groups never screened vs. groups overdue for screening</li> <li>▶ Targeting interventions to specific populations</li> </ul>	<ul style="list-style-type: none"> <li>▶ Variability of effectiveness of screening based on setting (e.g., rural vs. urban)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Combining the intervention with other interventions</li> <li>▶ Use of newer methods of communication (e.g., internet, email, social media, texting)</li> <li>▶ Type of colorectal cancer screening test</li> </ul>	<ul style="list-style-type: none"> <li>▶ Costs and cost-effectiveness related to structural characteristics of the setting (e.g., HMOs vs. fee-for-service practices)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Which recommended screening test(s) are most suitable for a specific setting or population</li> </ul>
<b>Provider Reminder and Recall Systems:</b>				
<ul style="list-style-type: none"> <li>▶ Contextual and population prevalence factors to help explain reduced impact of reminders on mammography in recent studies compared to older studies</li> </ul>				

## Appendix H-1. Evidence Gaps and Needs Identified in Task Force Recommended Cancer Interventions (continued)

### Increasing Breast, Cervical, and Colorectal Cancer Screening (Client-Oriented Interventions, Provider-Oriented Interventions)

#### To fill evidence gaps related to this intervention, we need information in these areas:

Generalizability, Applicability			Economics	Implementation	Other Outcomes
How the intervention works in different populations	How the intervention works in different settings	How variations in the intervention affect how well it works	How much the intervention costs and economic analyses	How to implement the intervention	How the intervention impacts different outcomes
<b>Provider Assessment and Feedback:</b>					
	<ul style="list-style-type: none"> <li>▶ Group practice vs. individual physician feedback</li> <li>▶ Physicians in training vs. trained physicians vs. providers other than physicians</li> </ul>				
<b>Client Reminders:</b>					
		<ul style="list-style-type: none"> <li>▶ Source of client reminders (e.g., clinic or practice versus screening registry or program)</li> </ul>		<ul style="list-style-type: none"> <li>▶ Reminders for screenings for multiple cancer sites compared to single cancer site</li> </ul>	
<b>One-on-One Education:</b>					
				<ul style="list-style-type: none"> <li>▶ Effectiveness of education delivered by medical professional compared to other professionals</li> </ul>	

## Appendix H-1. Evidence Gaps and Needs Identified in Task Force Recommended Cancer Interventions (continued)

### Preventing Skin Cancers (Education and Policy Approaches, Interventions Targeting Children’s Parents and Caregivers, Community-Wide Interventions)

To fill evidence gaps related to this intervention, we need information in these areas:

Generalizability, Applicability			Economics	Implementation	Other Outcomes
How the intervention works in different populations	How the intervention works in different settings	How variations in the intervention affect how well it works	How much the intervention costs and economic analyses	How to implement the intervention	How the intervention impacts different outcomes
<b>Overall Evidence Gaps Across the Set of Reviews:</b>					
<ul style="list-style-type: none"> <li>▶ Race/ethnicity</li> <li>▶ Population level risks                             <ul style="list-style-type: none"> <li>• Skin type (e.g., light, medium, dark)</li> <li>• Family or personal history of skin cancer</li> <li>• History of sunburns, especially early in life</li> <li>• Indoor tanning</li> <li>• Certain types and number of moles</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▶ Seasonal variation in UV exposure</li> <li>▶ Annual UV exposure (as determined by geographical, cultural, recreational and occupational factors)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Large, multi-arm studies comparing:                             <ul style="list-style-type: none"> <li>• Environmental components (e.g., providing shade or sunscreen)</li> <li>• Policy components (e.g., requiring sun protective clothing, scheduling outdoor activities to avoid hours of peak sunlight)</li> <li>• Educational components (e.g., demonstrating behaviors, providing informational messages about sun protection through instruction, posters, brochures, etc.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▶ Intervention costs</li> <li>▶ Cost-effectiveness analyses</li> </ul>	<ul style="list-style-type: none"> <li>▶ Sustainability of intervention effects</li> </ul>	<ul style="list-style-type: none"> <li>▶ Skin cancer incidence</li> <li>▶ Habitual behavior change</li> <li>▶ Direct measures (e.g., change in population proportion, days) as opposed to abstract measures (e.g., mean scores, z-scores)</li> </ul>
<b>Child Care Center-Based Interventions:</b>					
		<ul style="list-style-type: none"> <li>▶ Organizational affiliation and type (e.g., private, government)</li> <li>▶ Size of center</li> <li>▶ Type of incentives (e.g., certification, accreditation)</li> </ul>			

## Appendix H-1. Evidence Gaps and Needs Identified in Task Force Recommended Cancer Interventions (continued)

Preventing Skin Cancers (Education and Policy Approaches, Interventions Targeting Children’s Parents and Caregivers, Community-Wide Interventions)

**To fill evidence gaps related to this intervention, we need information in these areas:**

Generalizability, Applicability			Economics	Implementation	Other Outcomes
How the intervention works in different populations	How the intervention works in different settings	How variations in the intervention affect how well it works	How much the intervention costs and economic analyses	How to implement the intervention	How the intervention impacts different outcomes
Outdoor Occupational Settings:					
	<ul style="list-style-type: none"> <li>▶ Non-recreational occupational settings</li> </ul>				
Multicomponent Community-Wide Interventions:					
	<ul style="list-style-type: none"> <li>▶ Scope (e.g., national vs. local)</li> </ul>				
Primary and Middle School-Based Interventions					
				<ul style="list-style-type: none"> <li>▶ Infrastructure required to scale up interventions (e.g., technical assistance, support to school districts)</li> <li>▶ Level of school administration most helpful to engage with in order to foster implementation (e.g., school-level vs. district-level)</li> </ul>	

# Appendix H-2. Evidence Gaps Identified in Cancer Topic Reviews for Which There was Insufficient Evidence to Determine Effectiveness

## Increasing Breast, Cervical, and Colorectal Cancer Screening (Client-Oriented and Provider-Oriented Interventions)

Intervention	Evidence Gaps (In addition to the primary question of “Is it effective?”)
Reducing Client-Out-of-Pocket Costs (Cervical and Colorectal Cancer)	<ul style="list-style-type: none"> <li>▶ More evidence is needed to assess the effects of reducing client-out-of-pocket costs on increasing the uptake of particular colorectal cancer screening tests (e.g. flexible sigmoidoscopy, colonoscopy).</li> </ul>
Group Education (Cervical and Colorectal)	<ul style="list-style-type: none"> <li>▶ It is unknown whether group education interventions that target content to specific groups (e.g., racial/ethnic, socioeconomic status (SES), insurance status) are more effective in increasing cancer screening within those groups, compared to untargeted interventions.</li> <li>▶ Studies evaluating the relative contribution of the intensity and specific components of group education would be useful.</li> </ul>
Provider Incentives	<ul style="list-style-type: none"> <li>▶ More evidence is needed to assess the cost-effectiveness of the approaches used to reward cancer screening performance and/or referral by practitioners.</li> <li>▶ It is unclear whether there is a potential synergism between provider incentives and provider assessment and feedback interventions.</li> <li>▶ Future studies should measure changes in health behavior or use of healthcare services.</li> </ul>
Mass Media	<ul style="list-style-type: none"> <li>▶ The efficacy of internet-delivered mass media campaigns is unknown.</li> </ul>
Client Incentives	<ul style="list-style-type: none"> <li>▶ Studies are needed to examine the:               <ul style="list-style-type: none"> <li>▪ The utility of targeting of incentives for specific populations (e.g., racial/ethnic, SES, insurance status)</li> <li>▪ Variation in effectiveness by the type of incentive (e.g., cash or coupons)</li> <li>▪ Variation in effectiveness by magnitude of incentives</li> <li>▪ Longevity of cancer screening uptake with removal of incentives</li> </ul> </li> </ul>

## Preventing Skin Cancers (Education and Policy Approaches, Interventions Targeting Parents and Caregivers, Community-Wide Interventions)

Intervention	Evidence Gaps (In addition to the primary question of “Is it effective?”)
Healthcare Settings and Providers	<ul style="list-style-type: none"> <li>▶ Future research should address behavioral or health outcomes and healthcare system settings oriented directly to patients (as opposed to providers).</li> <li>▶ Studies examining the role of the non-physician provider would help identify whether counseling skills to change behavior might be better suited for providers with the time and skills, such as a nurse or a health educator.</li> </ul>
High School- and College-Based Interventions	<ul style="list-style-type: none"> <li>▶ Studies are needed to examine the effects of:               <ul style="list-style-type: none"> <li>▪ High school-based interventions</li> <li>▪ Interventions delivering health-based educational messages</li> </ul> </li> </ul>
Interventions Targeting Children’s Parents and Caregivers	<ul style="list-style-type: none"> <li>▶ Studies are needed to examine the effect of interventions for non-parental caregivers, as it is becoming increasingly common for children to be cared for by non-parental caregivers while both parents are at work and outside the home.</li> </ul>
Mass Media	<ul style="list-style-type: none"> <li>▶ Exposed vs. unexposed comparison communities or interrupted time series are needed to examine effects of:               <ul style="list-style-type: none"> <li>▪ Type of message (e.g., information only vs persuasive messages)</li> <li>▪ Types of channel (e.g., internet, social media, newspaper)</li> </ul> </li> </ul>

## Appendix I. What Works: Evidence-Based Interventions for Your Community

The following table lists The Community Guide’s What Works fact sheets. These fact sheets are colorful, easy-to-read summaries of Community Preventive Services Task Force findings and the systematic reviews on which they are based. To view the full fact sheets, click on the links provided in the table. You can also access them from the home page of the Community Guide website at [www.thecommunityguide.org](http://www.thecommunityguide.org).

Topic	Link to Fact Sheet
Cancer Prevention and Control– Cancer Screening	<a href="http://www.thecommunityguide.org/about/What-Works-Cancer-Screening-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Cancer-Screening-factsheet-and-insert.pdf</a>
Cancer Prevention and Control– Skin Cancer	<a href="http://www.thecommunityguide.org/about/What-Works-Skin-Cancer-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Skin-Cancer-factsheet-and-insert.pdf</a>
Health Communication and Social Marketing	<a href="http://www.thecommunityguide.org/about/What-Works-Health-Communication-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Health-Communication-factsheet-and-insert.pdf</a>
Motor Vehicle-Related Injury Prevention	<a href="http://www.thecommunityguide.org/about/What-Works-Motor-Vehicle-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Motor-Vehicle-factsheet-and-insert.pdf</a>
Obesity Prevention and Control	<a href="http://www.thecommunityguide.org/about/What-Works-Obesity-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Obesity-factsheet-and-insert.pdf</a>
Increasing Physical Activity	<a href="http://www.thecommunityguide.org/about/What-Works-PA-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-PA-factsheet-and-insert.pdf</a>
Reducing Tobacco Use and Secondhand Smoke Exposure	<a href="http://www.thecommunityguide.org/about/What-Works-Tobacco-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Tobacco-factsheet-and-insert.pdf</a>
Increasing Appropriate Vaccination	<a href="http://www.thecommunityguide.org/about/What-Works-Vaccines-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Vaccines-factsheet-and-insert.pdf</a>
Violence Prevention	<a href="http://www.thecommunityguide.org/about/What-Works-Violence-factsheet-and-insert.pdf">www.thecommunityguide.org/about/What-Works-Violence-factsheet-and-insert.pdf</a>







The Centers for Disease Control and Prevention provides administrative, research,  
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[www.thecommunityguide.org](http://www.thecommunityguide.org)

