

# The Guide to Community Preventive Services

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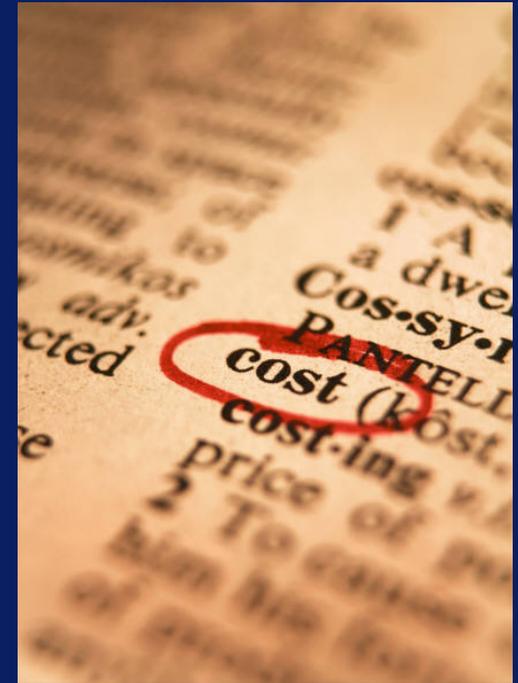
# Structure for Presentation

1. A Little History
2. What is the Task Force on Community Preventive Services (TFCPS)?
3. What makes it credible, valuable?
4. How does it complement the Clinical Guide?
5. What are the products?
6. What are the challenges?
7. How can you use it?



# Why is it important to identify effective policies & programs for preventing disease, injury, & disability?

- Of the \$2.3 trillion that the United States spends on health per year, only about 5% goes to prevent disease, injury, and disability
- How can clinicians, public health professionals, policymakers, employers, and others achieve the greatest health impact and health value with the available resources?



# Origins of Evidence-based Public Health Approaches

- US Preventive Services Task Force created in 1984
  - Built on Canadian Task Force on the Periodic Health Examination
- Initial concepts and early pilot tests of how to apply methods of evidence-based medicine to population health began in the early 1990's
  - Canadian government
  - Council on Linkages between Academia and Public Health
  - CDC
- Major concern was that it couldn't be done!

# Context

- Population health interventions take many forms:
  - Policies
  - Programs
  - Intersectoral activities
- Wide variety of approaches to assessing them
  - Individual studies and evaluations
  - Best Practices
  - Systematic reviews
  - Health impact assessments

# The Community Preventive Services Task Force

- Methods pioneered by the US Preventive Services Task Force for recommendations on clinical preventive services
- The general approach was modified and applied by the Community Preventive Services Task Force

# Health Reform and the Task Force

- Legislatively establishes the Task Force on Community Preventive Services
- Requires an annual report to Congress on research needs

# Aims of the Task Force on Community Preventive Services (TFCPS)

- To evaluate the effectiveness and economic efficiency of community-based preventive services
  - Including group-based, policy, environmental, health care system interventions
- To make recommendations for use of these interventions in policy and practice
- To identify research gaps
- Recommendations, findings are found in the **Guide to Community Preventive Services (Community Guide)**

# Purpose of the Task Force

- To obtain and distill the best available evidence to support decision making through a process that is:
  - Independent
  - Transparent
  - Systematic
  - Credible
  - Well-vetted
  - Useful

# Audiences for the Recommendations

- Healthcare/public health systems
- Health care/public health providers
- Public health departments
- Employers
- Purchasers
  - Health insurance plans
- Policymakers
- Government agencies
- Community organizations
- Academia

# Uses a Rigorous, Transparent Process:

- Use state-of-the-art *systematic reviews*
  - To evaluate the best available scientific evidence about the effectiveness of interventions and policies
- Make *evidence-based recommendations*:
  - For practice (programs and services)
  - For policy
- *Highlight research gaps*
  - Areas needing further study

# The Process

- Convened in 1996
- Developed infrastructure and expertise
- Refined processes for:
  - Locating and assessing all available evidence
  - Making recommendations when the evidence is sufficient or strong
  - Providing guidance and identifying research needs when the evidence is insufficient for making recommendations
- Impact real-world decision making

# The Task Force

- Independent, non-federal, rotating panel of experts that:
  - Oversees priority setting and selection of topics and interventions for review
  - Oversees conduct of individual systematic reviews
  - Makes evidence-based recommendations
- CDC provides administrative, research, and technical support

# TFCPS Members

- Chair – Director of Public Health, Health Officer, County of Los Angeles
- Vice Chair – Dean, School of Public Health, UNC, Chapel Hill
- Current members include:

State Medical Officer

Associate, full professors

Deans, Schools of Public Health, Medicine

Health policy experts

Worksite health experts

Health maintenance organization scientists

Foundation scientists

# Participants in the Community Guide

## 1. Official Liaisons

- >28 federal agency and organizational
- Participate on systematic review teams
- Provide input to Task Force on topic prioritization, formation of recommendations
- Participate in dissemination, translation of findings and recommendations

## 2. Stakeholders, partners

- For specific topics, reviews

# Participants in Community Guide Reviews

## 1. Coordination Team (n= $\sim$ 10-15)

- Community Guide scientists
- Subject matter experts and users
  - From CDC, other federal agencies, academia, practice, policy settings
- Task Force member(s)
- [Liaison(s)]

## 2. Consultation Team (n= $\sim$ 20-60)

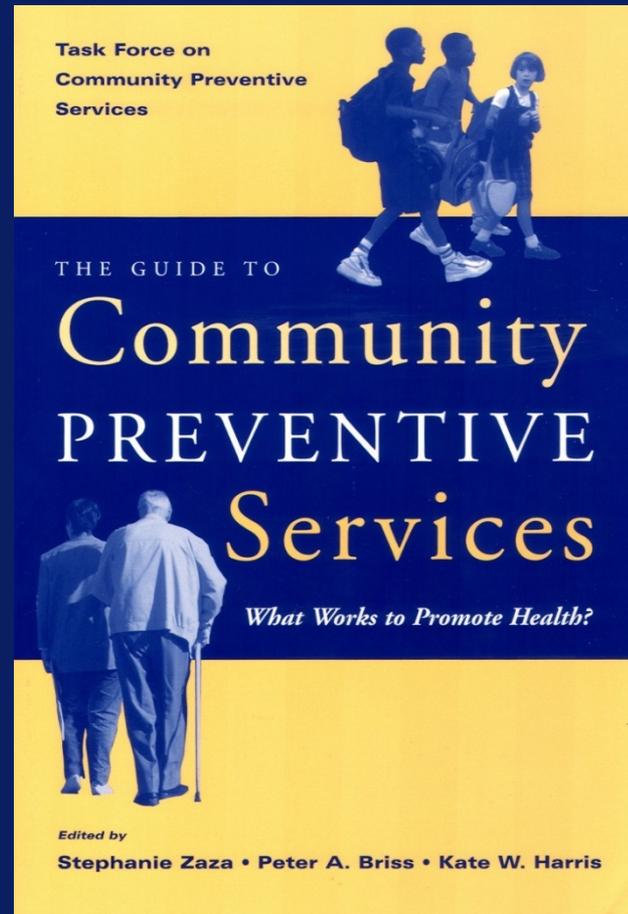
- subject matter experts



# Recommendations From the Task Force are Well-Vetted

- Include input at multiple stages from a wide range of **official liaisons**:
  - Federal agency scientists, program managers
  - Health professional organizations
  - Health and service organizations
  - Public health practitioners and policymakers
- Systematic review findings undergo peer review

# Our Book!



# Clinical and Community Guides Are Complementary

Individual level  
Clinical settings  
Delivered by healthcare providers  
Screening, Counseling, etc.

Clinical Guide  
(USPSTF  
Recommendations)

Group level  
Health system changes  
Insurance/benefits coverage  
Access to/provision of services  
Community, population-based  
Informational  
(Group Education, Media)  
Behavioral, Social  
Environmental & Policy Change

Community Guide  
(TFCPS  
Recommendations)

# US Preventive Services Task Force

## Activities

- Provide evidence-based scientific reviews of preventive health services for use in primary healthcare delivery settings
- Age- and risk-factor specific recommendations for routine practice
- Recommendations include:
  - Screening tests
  - Counseling
  - Preventive medications

# Health Reform and the US Preventive Services Task Force

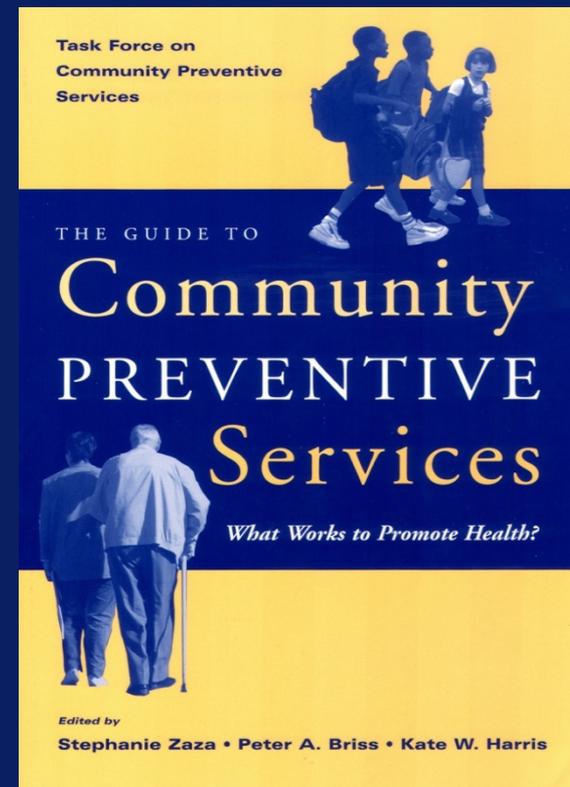
Requires **first-dollar coverage** for all services recommended by the US Preventive Services Task Force (“A” and “B” recommendations) and the Advisory Committee on Immunization Practices

–Beginning this year for all new plans

–Beginning in 2014 for all existing plans

# The Task Force on Community Preventive Services Develops the Community Guide

- Systematic reviews of the available evidence
  - On effectiveness of population-based and health system-based interventions in public health
- Recommendations for policy and practice
- Identification of research gaps



# TFCPS: What is the Effectiveness of..

- School-based violence prevention programs in reducing psychological harm in children? [Recommended-Strong evidence]
- Client reminder systems in increasing vaccination coverage? [Recommended – Strong evidence]
- Incentives to reduce tobacco use among workers? [Recommended – Sufficient evidence]

# TFCPS: What is the Effectiveness of..

-0.08% blood alcohol concentration (BAC) laws in reducing alcohol-related motor vehicle crash fatalities? [Recommended – Strong evidence]

-Street scale urban design (lighting, improved safety, ease of walking) in increasing physical activity? [Recommended – Strong evidence]-

# >210 TFCPS Findings for:

## The Environment

### Social Environment

## Settings

States

Worksites

Healthcare system

Communities

Schools

Organizations

## Risk Behaviors

## Specific Conditions

Tobacco Use

Alcohol Abuse/Misuse

Other Substance Abuse

Poor Nutrition

Inadequate Physical Activity

Unhealthy Sexual Behaviors

Vaccine-Preventable Disease

Pregnancy Outcomes

Violence

Motor Vehicle Injuries

Depression

Cancer

Diabetes

Oral Health

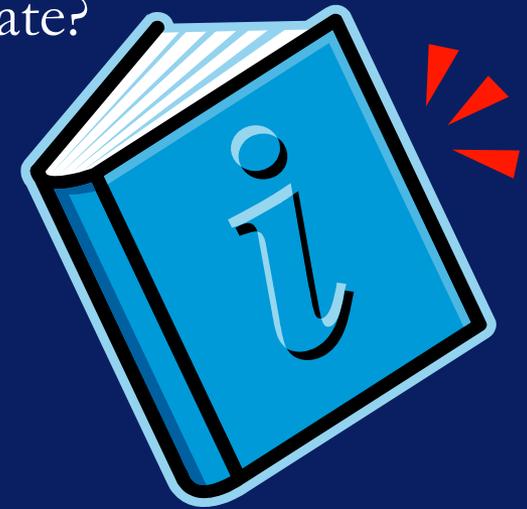
Obesity

Asthma

Current reviews

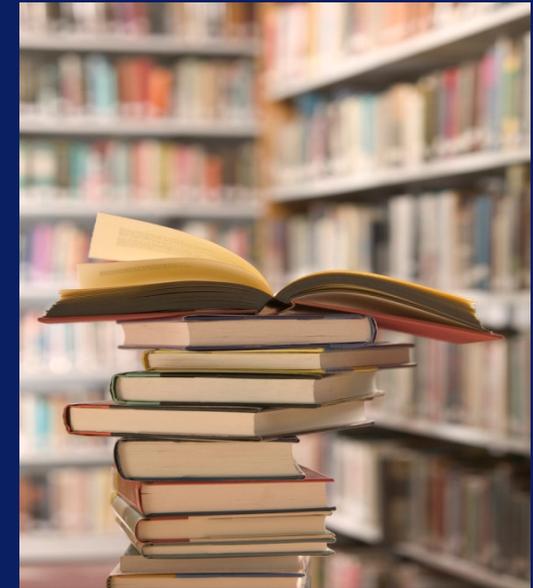
# The CG Seeks to Answer Key Questions about Interventions

- Do they work?
- How well?
- For whom?
- Under what circumstances are they appropriate?
- What do they cost?
- Do they provide value?
- Are there barriers to their use?
- Are there any harms?
- Are there any unanticipated outcomes?



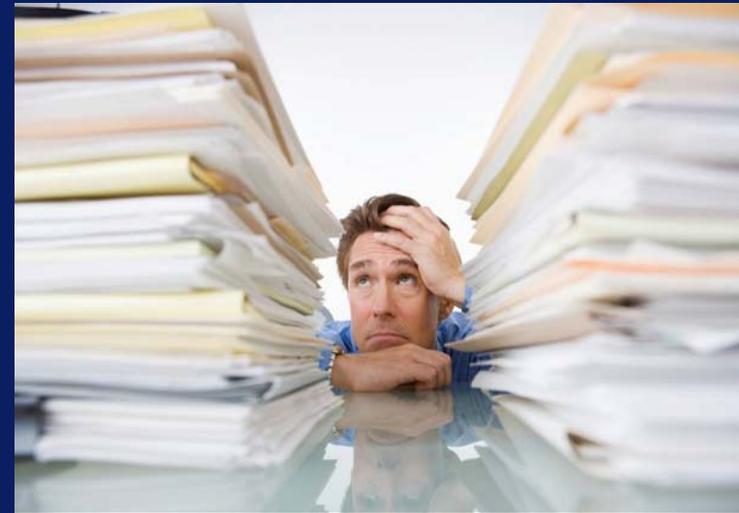
# Community Guide Review Process

- Convene review teams on topics prioritized by TFCPS
- Develop a conceptual framework
- Develop prioritized list of interventions to evaluate
- Develop, refine clear research questions
- Search for evidence



# Community Guide Review Process

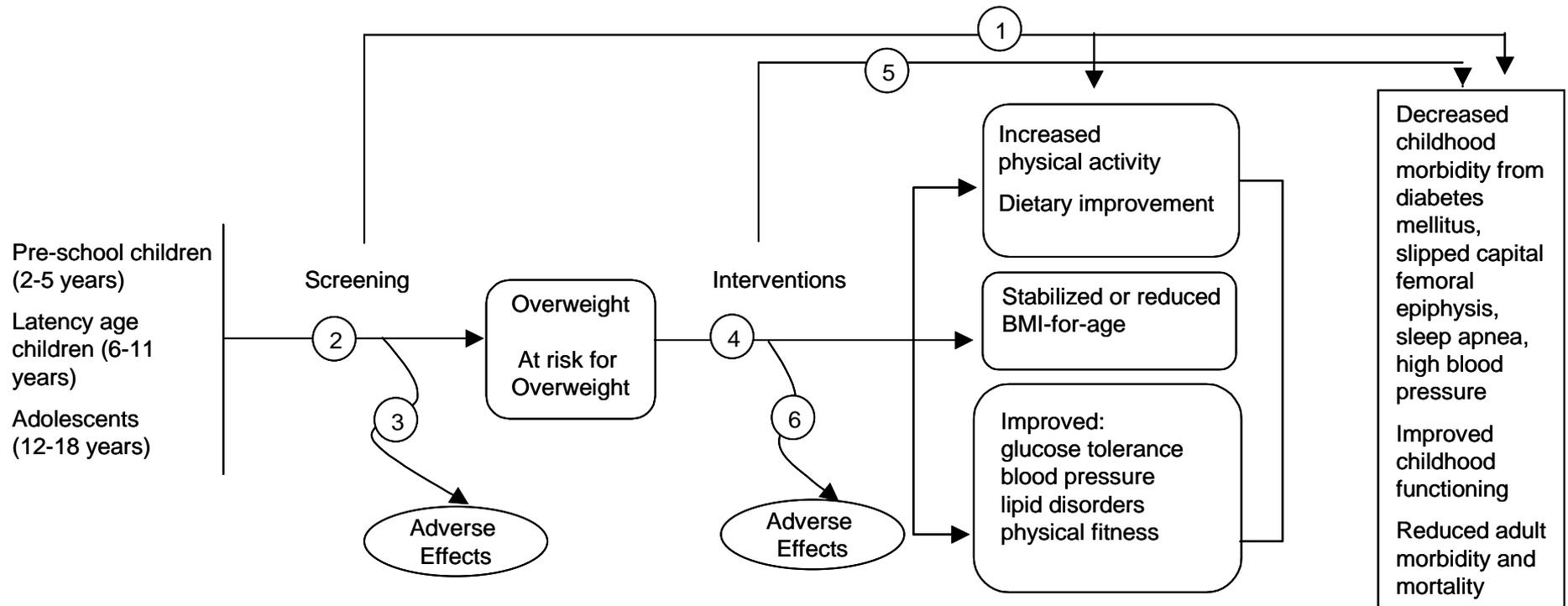
- Critically evaluate the evidence
  - Quantitatively
  - Qualitatively
- Present findings to Task Force
- Task Force discusses, makes recommendations
- Disseminate the results
- Support translation of findings and recommendations into action



# Use of Analytic Frameworks and Translation into Recommendations

- USPSTF
- Community Guide

**Figure 1. Screening and Interventions for Overweight and Obesity in Children and Adolescents**  
**Analytic Framework and Key Questions**



### Key Questions

- Arrow 1: Is there direct evidence that screening for overweight in children/adolescents improves age-appropriate behavioral or physiologic measures, or health outcomes?
- Arrow 2: a. What are appropriate standards for overweight in children/adolescents and what is the prevalence of overweight based on these?  
 b. What are reliable and valid screening tests for overweight in children/adolescents?  
 c. Is there a reliable and valid screening test for childhood/adolescent overweight that predicts future adult obesity?
- Arrow 3: What are the adverse effects of screening, including labeling? Is screening acceptable to patients?
- Arrow 4: Do interventions lead to improved intermediate outcomes, including behavioral, physiologic or weight-related measures?
- Arrow 5: Do interventions (behavioral counseling, pharmacotherapy, surgery) lead to improved health outcomes, including decreased morbidity, and/or improved functioning (school attendance, self-esteem and other psychosocial indicators)?  
 a. What are common behavioral and health system elements of efficacious interventions?  
 b. Are there differences in efficacy between patient subgroups?
- Arrow 6: What are the adverse effects of interventions? Are interventions acceptable to patients?

# USPSTF Levels of Certainty Regarding Net Benefit

Level of Certainty	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	<p>The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by factors such as:</p> <ul style="list-style-type: none"> <li>• The number, size, or quality of individual studies.</li> <li>• Inconsistency of findings across individual studies.</li> <li>• Limited generalizability of findings to routine primary care practice.</li> <li>• Lack of coherence in the chain of evidence.</li> </ul> <p>As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.</p>
Low	<p>The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of:</p> <ul style="list-style-type: none"> <li>• The limited number or size of studies.</li> <li>• Important flaws in study design or methods.</li> <li>• Inconsistency of findings across individual studies</li> <li>• Gaps in the chain of evidence;</li> <li>• Findings not generalizable to routine primary care practice</li> <li>• A lack of information on important health outcomes.</li> </ul> <p>More information may allow an estimation of effects on health outcomes.</p>

# USPSTF Recommendation Grid: Certainty and Magnitude of Net Benefit

Certainty of Net Benefit	Magnitude of Net Benefit			
	Substantial	Moderate	Small	Zero/negative
High	A	B	C	D
Moderate	B	B	C	D
Low	Insufficient			

Grade A indicates that the certainty of evidence is high that the magnitude of net benefits is substantial.

Grade B indicates that the certainty of evidence is moderate that the magnitude of net benefits is either moderate or substantial, or that the certainty of evidence is high that the magnitude of net benefits is moderate.

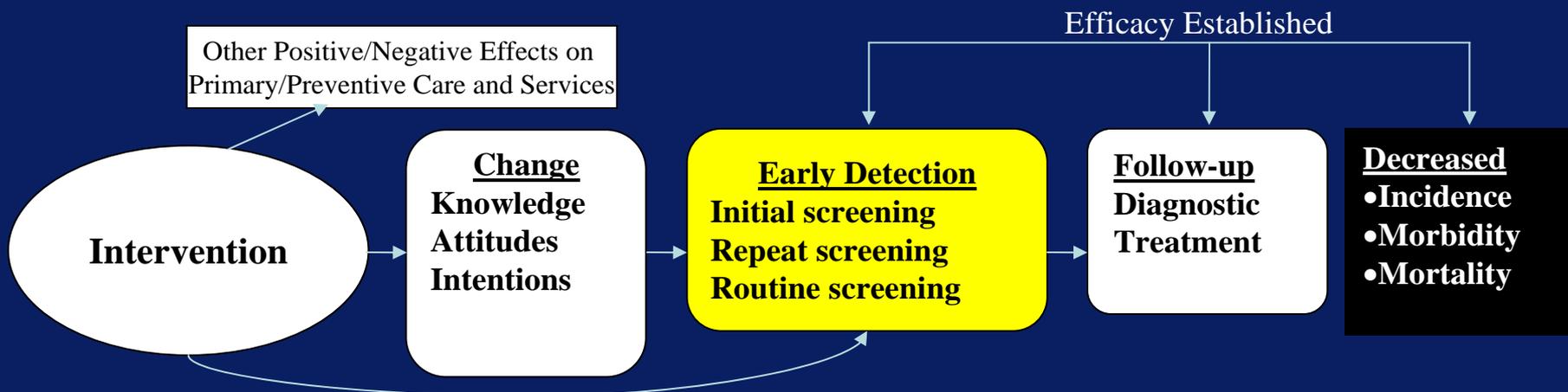
Grade C indicates that the certainty of the evidence is either high or moderate that the magnitude of net benefits is small.

Grade D indicates that the certainty of the evidence is high or moderate that the magnitude of net benefits is either zero or negative.

Grade I indicates that the evidence is insufficient to determine the relationship between benefits and harms (i.e., net benefit).

# ANALYTIC FRAMEWORK

## COMMUNITY AND HEALTH CARE SYSTEM STRATEGIES TO PROMOTE INCREASED SCREENING FOR BREAST, CERVICAL AND COLORECTAL CANCER



Note: The circular shape connotes intervention strategies; the rounded-box shape connotes mediators and intermediate outcomes; and the squared box connotes ultimate health outcome

### Possible Stratification Variables

**Intervention Characteristics**  
Type  
Dose (amount, duration, frequency)

**Study Characteristics**  
Design  
Quality of Execution  
Duration of follow-up

**Client or Population Characteristics**  
Age  
Gender  
Education  
Race/ethnicity  
SES

**Setting or Community Characteristics**  
Urban vs. other  
Type of medical system/practice

**Other Context**  
Type of cancer  
Type of Screening  
Baseline status

# Purpose of the Analytic Framework

- Diagrams the relationships among determinants, intermediate, and health outcomes.
- Identifies links between social, environmental, and biological determinants and outcomes; strategic points for action; and interventions
- Provides a structure for identifying interventions to reach public health goals and to determine which will be reviewed.

# Value of the Analytic Framework for the Community Guide

- Forces discussion of
  - Outcomes that will be sufficient to make a recommendation
    - Example: How much weight loss is “enough” to justify a recommendation (over 4 lb); how long does it need to be sustained (6 mos.)
  - Stakeholders’ perspectives of important components
  - Range of potential interventions
  - Key questions to be addressed

# Criteria for Choosing Specific Interventions

- There are often many individual and multi-component interventions to evaluate
- Selections are based on the potential to
  - Reduce the burden of disease and injury
  - Increase healthy behaviors and reduce unhealthy behaviors
  - Increase the implementation of effective interventions that are not widely used
  - Phase out widely used less-effective interventions in favor of more-effective or more cost-effective options
  - Current level of interest

# Assessing the Body of Evidence

**Table 2.** Assessing the strength of a body of evidence on effectiveness of population-based interventions in the *Guide to Community Preventive Services*

Evidence of effectiveness <sup>a</sup>	Execution—good or fair <sup>b</sup>	Design Suitability—Greatest, moderate, or least	Number of studies	Consistent <sup>c</sup>	Effect size <sup>d</sup>	Expert opinion <sup>e</sup>
Strong	Good	Greatest	At Least 2	Yes	Sufficient	Not Used
	Good	Greatest or Moderate	At Least 5	Yes	Sufficient	Not Used
	Good or Fair	Greatest	At Least 5	Yes	Sufficient	Not Used
	Meet Design, Execution, Number and Consistency Criteria for Sufficient But Not Strong Evidence				Large	Not Used
Sufficient	Good	Greatest	1	Not Applicable	Sufficient	Not Used
	Good or Fair	Greatest or Moderate	At Least 3	Yes	Sufficient	Not Used
	Good or Fair	Greatest, Moderate, or Least	At Least 5	Yes	Sufficient	Not Used
Expert Opinion	Varies	Varies	Varies	Varies	Sufficient	Supports a Recommendation
Insufficient <sup>f</sup>	A. Insufficient Designs or Execution		B. Too Few Studies	C. Inconsistent	D. Small	E. Not Used

# Key Task is to Assess the Risks and Benefits

Benefits – Harms = Net Benefit

- Since these services are delivered to the entire population there is particular concern about potential harms
- For the Clinical Guide these include
  - Risk of adverse events of a screening test or treatment
  - Psychological and physical consequences of false-positives
  - False negatives
  - “Labeling”
  - Over treatment
  - Opportunity costs
- For the Community Guide, the major harm is likely to be opportunity cost, hence the interest in economic evaluation

# Translating Evidence into Recommendations

**Table 3.** Relationship of strength of evidence of effectiveness and strength of recommendations

Strength of Evidence of Effectiveness	Recommendation
Strong	Strongly recommended
Sufficient	Recommended
Insufficient empirical information supplemented by expert opinion	Recommended based on expert opinion
Insufficient	Available studies do not provide sufficient evidence to assess
Sufficient or strong evidence of ineffectiveness or harm	Discouraged

# Research Gaps

- Evidence reviews summarize state of the science and answer the key questions
- Gaps are identified where there is
  - Inadequate number of quality studies
  - Inadequate information on specific issues
    - Disparities
    - Applicability to different communities
    - Scalability

# Research Agenda

- Often there is insufficient information to make a recommendation so studies are needed about basic effectiveness or about specific links in the chain of evidence.
- There are almost always additional questions that need to be answered to better understand even effective information.
- These gaps constitute a core research agenda

# Example: Research Agenda for School-based Physical Education

Effectiveness is established. Additional research questions include:

- Is school-based PE as effective for preschool, elementary, and high school students as for middle school students?
- Is effectiveness of school-based PE different in coed classes versus single-sex classes in junior high and high school?
- Are classroom teachers as effective as PE specialists?
- What is the relationship between PE class and overall daily physical activity? Is activity outside the school setting reduced when activity in PE is increased?

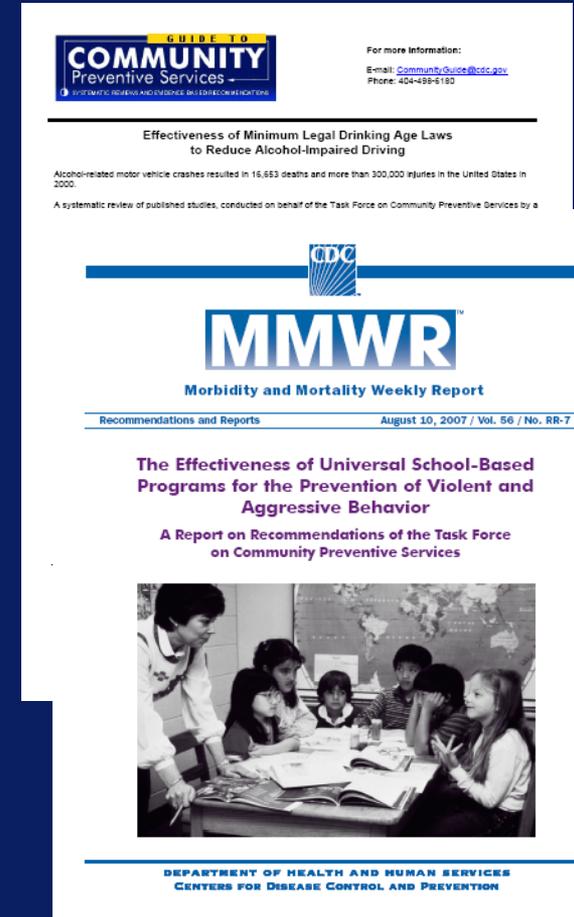
# Example: Research Agenda for School-based Physical Education

## More research questions

- Are before-school and after-school PE programs effective in increasing student's total daily activity levels or improving fitness?
- Does physical activity incorporated into regular classes result in effects similar to physical activity incorporated in a dedicated PE class?
- Is the effectiveness or efficacy of school-based PE affected by school setting (e.g., type of school, urban, suburban, etc.) or by population served (e.g., lower socioeconomic status, racial or cultural differences)

# TFCPS: Dissemination, Translation

- Strategies for each review **tailored** through consultation with review team, CDC partners, Liaisons
- **Dissemination**
  - Book published in 2005
  - Journal publications
  - News, media briefs
  - Plain language documents
- **Translating recommendations into action**
  - Hands-on workshops, webinars
  - Inform priority setting for CDC programs
  - Requirements for CDC program grantees



# www.thecommunityguide.org

The Community Guide - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited

http://wwwdev.cdc.gov/communityguide/

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The Community Guide



## What is the Community Guide?

Recommendations from the Task Force on Community Preventive Services:

- for evidence-based public health interventions that actually improve health
- based on systematic review
- complement the [Guide to Clinical Preventive Services](#) (U.S. Preventive Services Task Force)



A tool for planning and implementing population-based strategies:

- more than 190 interventions reviewed in 16 topic areas
- designed for programs or services, policies, education, funding, or research
- Web-based, regularly updated, cost-free resource for communities

## Topics

• Alcohol	• Obesity	• Tobacco
• Cancer	• Oral Health	• Vaccines
• Diabetes	• Physical Activity	• Violence
• Mental Health	• Pregnancy	• Worksite
• Motor Vehicle	• Sexual Behavior	
• Nutrition	• Social Environment	

Page last modified: February 26, 2008

### About the Guide

- Letter from the Director
- Library
- About the Guide
- How to Use the Guide
- Community Guide Methods

### Task Force Meetings

February 27-28, 2008  
June 25-26, 2008  
October 22-23, 2008

### Publications

- link
- link
- link
- link
- link

### Tools

- link
- link
- link
- link
- link

### NEWS & FEATURES

#### Youth in the Adult Justice System



Juveniles transferred to the adult justice system are, on average, more likely to commit violent crime following their release...(more)

#### Worksite Programs Help Employees Lose Weight



The Task Force recommends worksite programs that combine informational and behavioral strategies to lower or maintain employees' weight...(more)

#### Contact Us

The Guide to Community Preventive Services  
Division of Health Communication and Marketing Strategy  
National Center for Health Marketing (NCHM)  
Coordinating Center for Health Information and Services  
Centers for Disease Control and Prevention  
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Mailstop MS E-695  
Atlanta, GA 30333  
E-mail: [communityguide@cdc.gov](mailto:communityguide@cdc.gov)

**How do recommendations from  
the two Task Forces work  
together to improve health?**

**The example of cancer  
prevention and control**

# New USPSTF Recommendation on Screening for Colorectal Cancer

The USPSTF recommends:

- Screening adults age 50-75 using annual high-sensitivity fecal occult blood testing, sigmoidoscopy every 5 years or colonoscopy every 10 years (**Grade A**)
- Against *routine* screening of adults age 76-85 (**Grade C**)
- Against screening of adults age 86 and older (**Grade D**)
- USPSTF found insufficient evidence to assess the benefits and harms of computed tomographic (CT) colonography and fecal DNA testing (**I Statement**)

# USPSTF Activities to Promote Colorectal Cancer Screening

- Over 300 media hits on the colorectal Ca recommendation including major networks, most major daily newspapers
- Special supplement of *Medical Care* September 2008 on increasing colorectal cancer screening
- Presentations at a CMS (Medicare) Evidence Forum & MedCAC meeting on Medicare coverage of CT Colonography
- Presentation at 2008 Institute of Medicine conference on “Implementing Colorectal Cancer Screening”
- Presentation in 2008 by USPSTF at the National Colorectal Cancer Roundtable

# TFCPS Recommended Strategies for Increasing Cancer Screening<sup>†</sup>

Client-based Interventions			
Community Demand	Breast	Cervical	Colorectal
Client reminder	Strong	Strong	Sufficient
Client incentive	<i>Insufficient*</i>	<i>Insufficient*</i>	<i>Insufficient*</i>
Mass media	<i>Insufficient*</i>	<i>Insufficient**</i>	<i>Insufficient*</i>
Small media	Strong	Strong	Strong
Group education	<i>Insufficient<sup>†</sup></i>	<i>Insufficient**</i>	<i>Insufficient<sup>†</sup></i>
One-on-one education	Strong	Strong	<i>Insufficient**</i>
Community Access			
Reduce structural barrier	Strong	<i>Insufficient**</i>	Strong
Reduce out-of-pocket expense	Sufficient	<i>Insufficient**</i>	<i>Insufficient*</i>
Provider-oriented Interventions			
Provider reminder	Strong		
Provider assessment & feedback	Sufficient		
Provider incentive	<i>Insufficient**</i>		
Multi-component Interventions			
Strong			

Reasons evidence insufficient:  
<sup>4\*</sup> Too few studies

\* No studies  
<sup>†</sup> Inconsistent findings

<sup>†</sup>American Journal of Preventive Medicine  
 June 2008; forthcoming

# TFCPS Activities to Promote Colorectal Cancer Screening

- *American Journal of Preventive Medicine* Supplement, 2008
- Presented findings at 2008 IOM conference: “Implementing Colorectal Cancer Screening”
- Developed guidance to increase colorectal cancer screening, with the National Colorectal Cancer Roundtable
- Collaborated with CDC’s Division of Cancer Prevention and Control to provide workshops on how to use evidence-based resources in decision making for:
  - State, territorial and tribal program directors of the National Comprehensive Cancer Control Program
  - State-based program staff of the Cancer Information Service

# Successes

- It can be done!
  - There are often enough good studies to make recommendations
- Have evaluated over 200 interventions in many areas, e.g., immunizations, physical activity, cancer

# Challenges -- Methods

- Often difficult to assess magnitude of impact, particularly for different settings.
- While we rarely find interventions harmful, we often cannot determine whether interventions have enough impact to be worth doing
- We have a translation table that tells us how the quantity and the quality of evidence required to make a recommendation, but it is complex

# Challenges -- Methods

- Usually more complex than the Clinical Guide
  - Interventions are intrinsically more complex and variable
  - Often examining similar, but not identical services
  - More diverse expertise required
    - Epidemiology
    - Behavioral Science
    - Intersectoral expertise
    - Broader range of study designs (e.g., to assess criminal justice or housing interventions)
  - Diverse stakeholders

# Challenges -- Methods

- Insufficient Evidence
  - Very frustrating to users
  - Mean different things:
    - Inadequate number of studies
    - Inadequate quality of studies
    - Conflicting evidence

# Challenges -- Methods

- What to do until evidence becomes available
  - When there are other effective interventions: Use them
  - When there no other effective interventions, consider “best practice” interventions or tackling other problems
  - When implementing interventions with insufficient information: Evaluate them!

# Challenges -- Methods

- Particular dearth of information on
  - Interventions to reduce disparities
  - Reducing disparities often requires intervention at underlying determinants – requires us to look in bodies of literature, e.g., education, housing, with which we are unfamiliar and which use different methods

# Challenges -- Methods

**Individual interventions:** Methods work well

**Multi-component interventions:** Can be difficult to tease out the importance of each component

Example: Immunizations has recommendations for

- **Increasing demand** (client ed., reminders, incentives)
  - **Provider / system-based interventions** (standing orders, reminders, provider feedback / education)
  - **Enhancing access** (reduce cost, increase access to health care settings)
- Interventions targeting each of these 3 major areas are more effective than multi-component interventions targeting just one

# Challenges -- Methods

- Generalizability
  - Limited number of studies makes generalizability challenging
  - Studies often use careful research designs (efficacy) rather than practice-based research (effectiveness) and may over-estimate effect sizes
  - Limited experience with modeling to extrapolate to other settings
  - Replicability is challenging: what are the key components (number of media events, training of educators, fidelity of implementation required for success)

# Challenges -- Methods

- Impact changes over time
  - With success comes diminished opportunity!
  - Immunization levels start low when new vaccines are introduced, but later exceed 90% at time of admission to school, so impact of additional interventions (e.g., reminders, incentives) becomes smaller

# Challenges – Economic Evaluations

- Good economic evaluations have been sparse
- Real-world program costs are often poorly captured
  - Most are from research-based studies
  - Community costs may differ substantially and vary based on need for start-up costs, scalability
- Analytic horizon (time frame of follow up) is often too short and does not capture downstream benefits
  - In-trial benefits are usually short: a few years at most
  - For Congress and OMB, only a 5 year time horizon is used and focuses only on costs of the federal government
  - Models are needed to determine long-term cost effectiveness

# Challenges – Economic Evaluations

- Perspective varies and hence different costs are captured
  - Society (preferred): captures all costs including productivity (though often in the QALY)
  - Health care system: captures health care costs
  - Government: captures government costs
- Policies
  - Perspective is important
  - Often substantial non-health related impacts
    - Example: hours of liquor stores impacts business, tax revenues

# Challenges – Economic Evaluations

- Lack of comparability
  - Different methods mean it is difficult to compare interventions even within a topic area, let alone across them
- Few evaluations follow the guidance of the Panel on Cost Effectiveness in Health and Medicine (the closest thing to a US standard) that use Cost per QALY as a uniform metric

# Complexity of Addressing Underlying Determinants

- Socioeconomic and physical environment are the strongest predictors of health
- Interventions are
  - Complex
  - Intersectoral
  - Have multiple health and non-health effects

# Challenges -- Methods

- Alternative methods are needed to assess certain interventions.
  - Community Guide methods can be applied to interventions amenable to experimental or observational study
  - For many policies, other methodologic approaches are needed

We need to have an array of tools to assess the impact of interventions

# Health Impact Assessments: One Approach to Assessing Policies

- For many policies, there are no empirical studies and unlikely to be any, e.g, interventions to reduce global warming
- Information can be gleaned from Health Impact Assessments, for example
  - Impact of reducing salt in restaurants and processed foods on blood pressure, stroke, and coronary heart disease
  - Impact of living wages compared to providing health insurance on health outcomes

# Challenges-- Management

- Because of resource constraints, we have needed to be opportunistic, hence some topics are covered in great depth, while other topics have not been adequately addressed. “Looking under the lamp post”
- Very time consuming and labor intensive, we need to find ways to streamline and industrialize the process
- Keeping recommendations current
  - Want to update them every 3-5 years (or more often if critical information becomes available)

# Challenges -- Dissemination

- While we have the web site and our publications, the recommendations are not used as widely as they should
- Need more active dissemination
- Need training on how to use the recommendations and tailor them to local settings

# Challenges -- Implementation

- National Commission on Prevention Priorities developing tools to help communities in making choices:
  - Understanding the value of interventions
  - Scalability
  - Contextual issues (feasibility, acceptability, budget constraints, political will)

# Challenge -- Communications

- USPSTF Mammography Screening Guidelines controversy shows we need
  - Need better understanding of the value of evidence-based recommendations
  - Recommendations and rationale need greater transparency
  - The USPSTF now vets its proposed recommendations more widely
  - Need more effective communication strategies with key constituencies

# Challenge -- Communications

- Effective public communication requires
  - Clear, consistent messages
  - Market Segmentation
  - Sensitivity to different patient groups
  - Tailoring messaging to different groups
  - Communicating in their language (12 in LA)

# How to Use the Community Guide

## Policy:

Legislation, organizational policies...

Example: Blood Alcohol  $<.08$

## Programs and Services:

Planning, preventive services, employee health and wellness...

Example: Components of an effective employee health program along with an HRA

## Funding:

Grant development, funding proposals...

Example: Demonstrating use of effective interventions, e.g., tobacco policies

# How to Use the Community Guide

## Research:

Identifying gaps, setting priorities, study quality...

Example: Study of informed decision making to improve cancer screening rates

## Education:

Course development, training...

Example: Teaching principles and methods of evidence-based public health or effective interventions

## General Uses:

Identify what works, use resources wisely, build community support...

Example: To influence community advocacy activities

# Opportunity!

- Healthy People 2020 will set the health objectives for the next decade
- Set health objectives for the nation based on what is achievable:
  - What works: the Guide is a primary source
- Need accountability
  - Establish who has responsibility for achieving the objectives
  - Set targets based on the magnitude of effect of interventions
    - Set appropriate process, intermediate, and outcome targets
    - Establish measurement systems to provide the data

# Any Questions?

