



# Interventions for Public Health: Reviews, Recommendations, and Resources of the Guide to Community Preventive Services

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Community Guide Branch  
Centers for Disease Control and Prevention

HOAC Meeting Presentation  
October 7, 2016



# Disclaimer

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

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

[PHS Act §399U[c]]

# Agenda

- The Community Guide and Task Force
- Reviews, recommendations and products
- Clinical and Community Guides
- Behavioral intervention options
  - USPSTF recommendations
  - Collaborative care
  - Violence prevention
  - Alcohol prevention and control
- Other CDC initiatives
- Options for future work



### [Task Force Recommends School-Based Health Centers to Promote Health Equity](#)

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

[1](#) [2](#) [3](#) [4](#)

## Task Force

### [2016 Meetings](#)

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

### [Annual Reports to Congress](#)

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## Topics

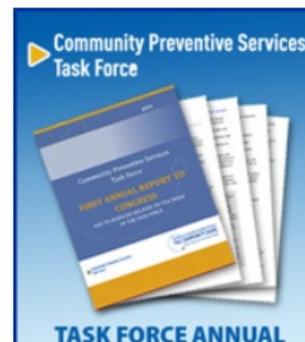
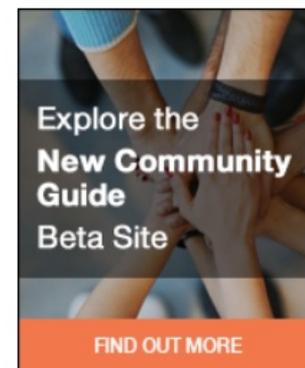
- |   |   |                                      |                                    |
|---|---|--------------------------------------|------------------------------------|
| <a href="#">Adolescent Health</a>               | <a href="#">Diabetes</a>                  | <a href="#">Motor Vehicle Injury</a> | <a href="#">Social Environment</a> |
| <a href="#">Alcohol - Excessive Consumption</a> | <a href="#">Emergency Preparedness</a>    | <a href="#">Nutrition</a>            | <a href="#">Tobacco</a>            |
| <a href="#">Asthma</a>                          | <a href="#">Health Communication</a>      | <a href="#">Obesity</a>              | <a href="#">Vaccination</a>        |
| <a href="#">Birth Defects</a>                   | <a href="#">Health Equity</a>             | <a href="#">Oral Health</a>          | <a href="#">Violence</a>           |
| <a href="#">Cancer</a>                          | <a href="#">HIV/AIDS, STIs, Pregnancy</a> | <a href="#">Physical Activity</a>    | <a href="#">Worksite</a>           |
| <a href="#">Cardiovascular Disease</a>          | <a href="#">Mental Health</a>             |                                      |                                    |

## What is The Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

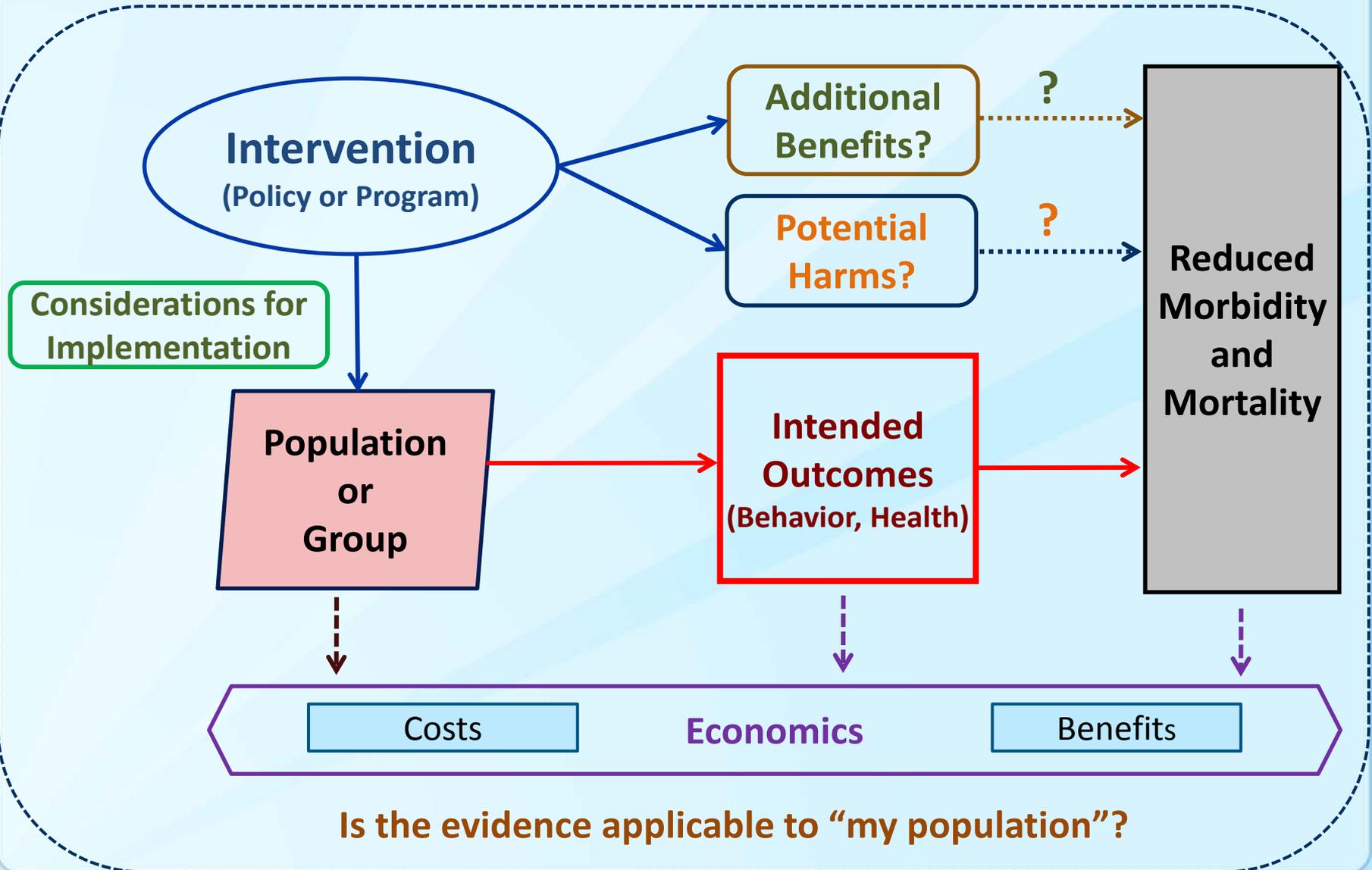
Learn more [about The Community Guide](#), [collaborators](#) involved in its development and dissemination, and [methods](#) used to conduct the systematic reviews.



## 2016 Community Preventive Services Task Force

- Jonathan C. Fielding, MD, MPH, MBA  
UCLA School of Public Health
- Robert L. Johnson, MD  
UMD-New Jersey Medical School
- Bruce N. Calonge, MD, MPH  
Colorado Trust
- Douglas Campos-Outcalt, MD, MPA  
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- Jamie F. Chriqui, PhD  
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US Healthiest Alliance
- Karen Glanz, PhD, MPH  
University of Pennsylvania
- Ron Goetzel, PhD  
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Robert Wood Johnson
- Nico P. Pronk, PhD  
HealthPartners
- Patrick Remington, MD, MPH  
University of Wisconsin
- Susan M. Swider, PhD, APHN-BC  
Rush University

# Issues Considered in Community Guide Reviews



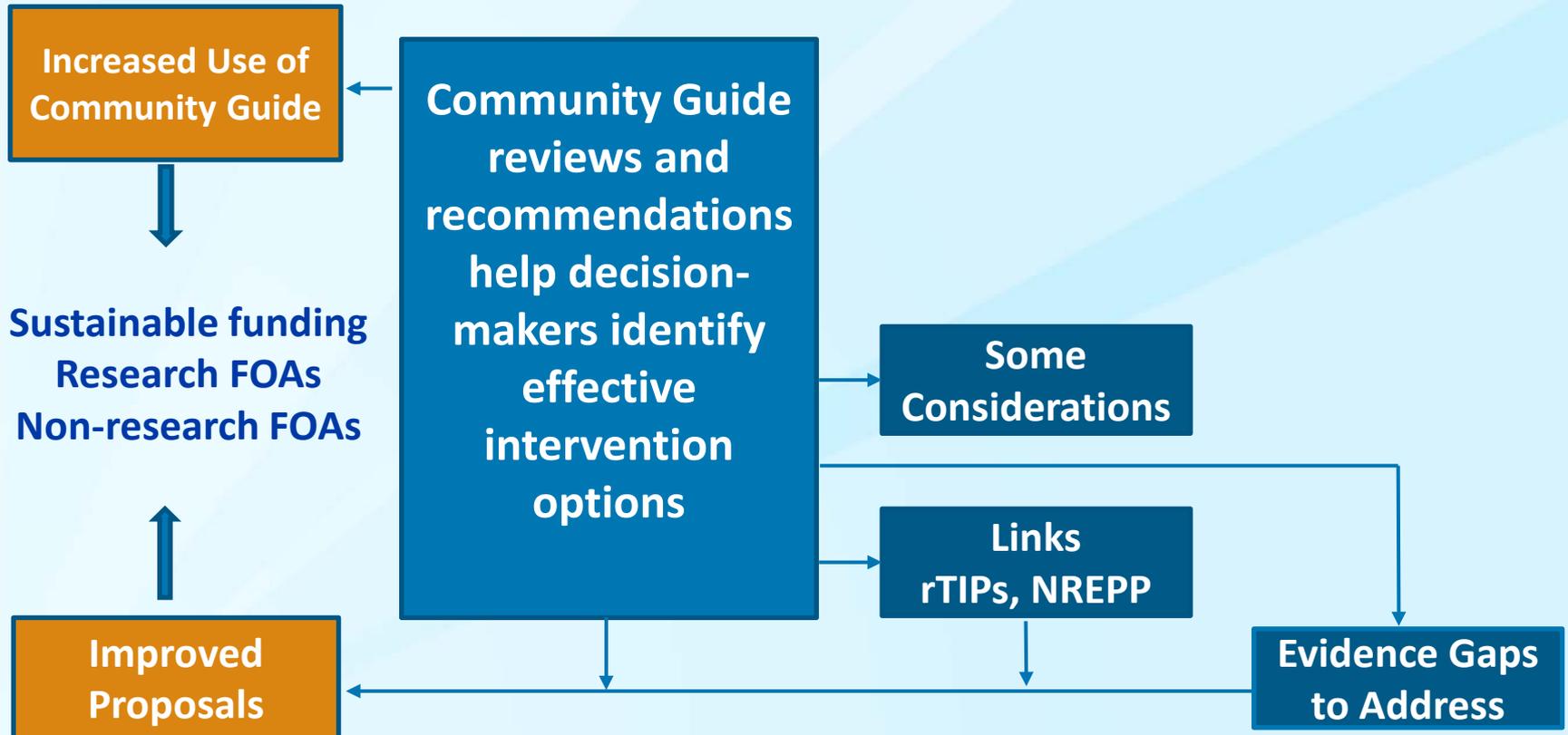
# An Evidence-Base for Public Health Action

## Resources (funding)

## What to do

## How to do it

## How to evaluate it



# Stakeholders Use Community Guide Information in a Variety of Ways

*Develop  
Policies*



*Inform  
Research  
Priorities*



*Mobilize  
Community*



*Plan  
Individual  
Programs*



*Fund  
Opportunity  
Priorities*



*Develop  
Program  
Strategy*



*Foster  
Dialogue*



*Evaluate*



*Justify  
Existing  
Programs*



*Enhance  
Public  
Health  
Programs*



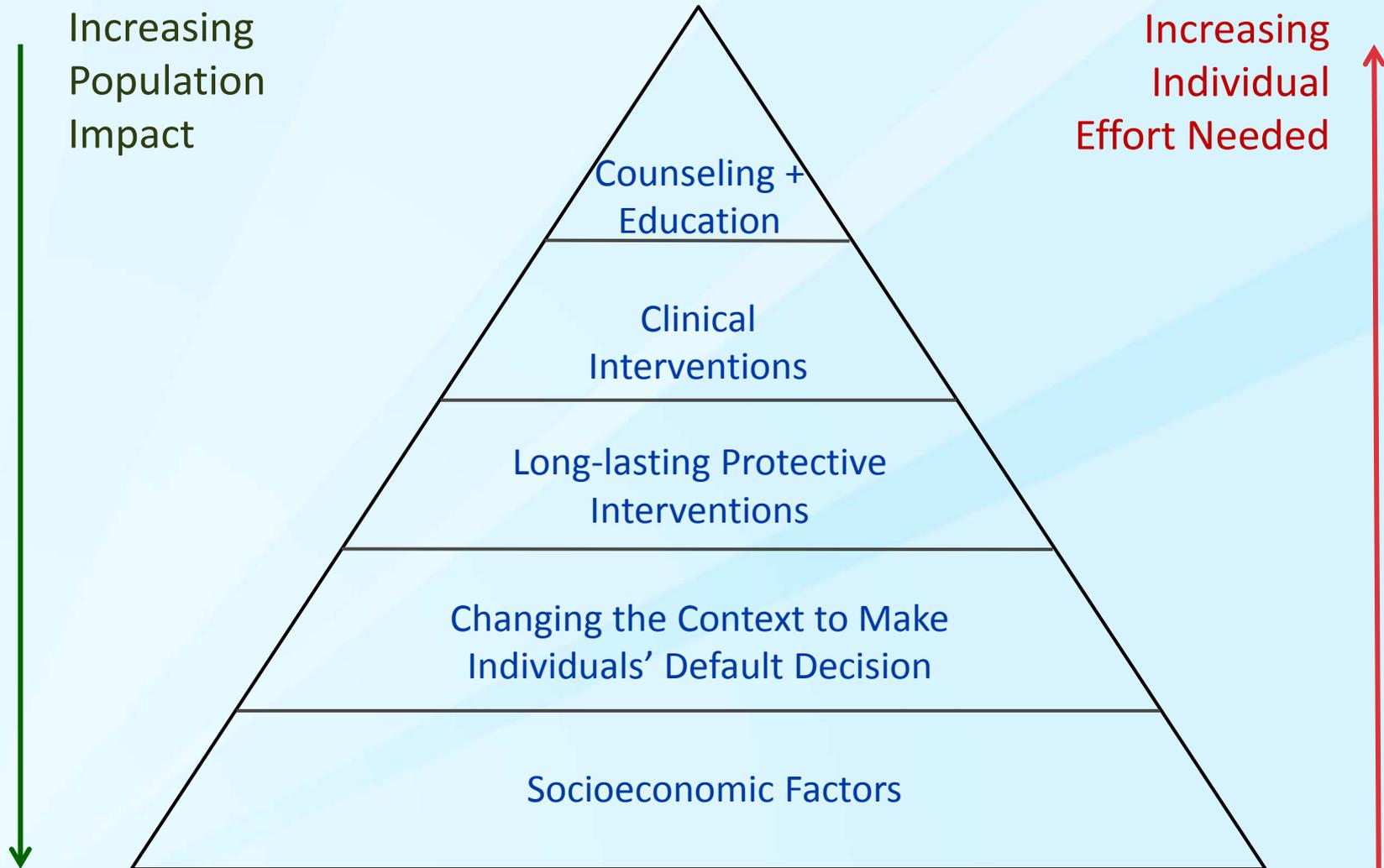
*Educate*



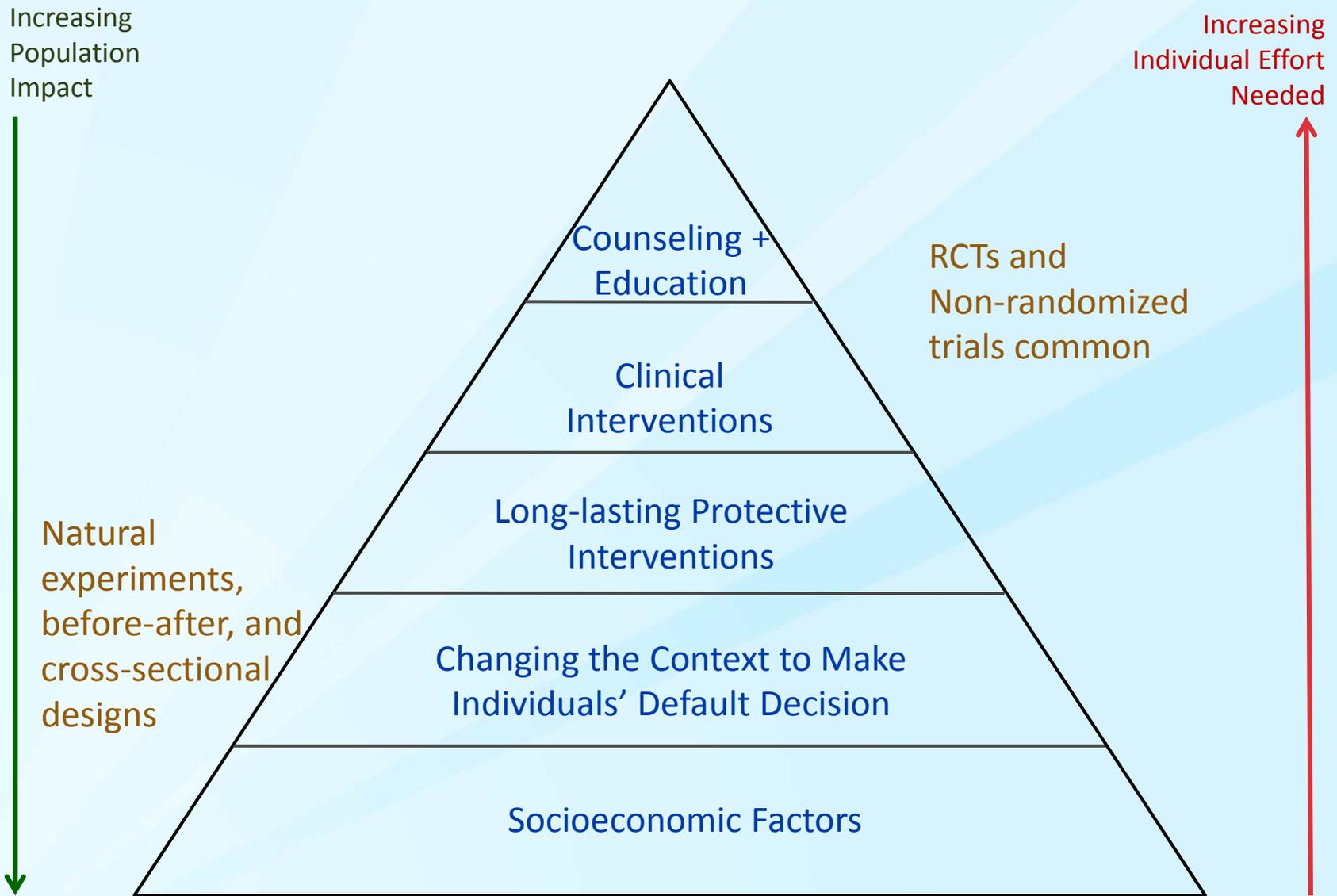
*Other  
Uses*



# Health Impact Pyramid (Frieden 2010)



# Evidence Available to Inform Reviews

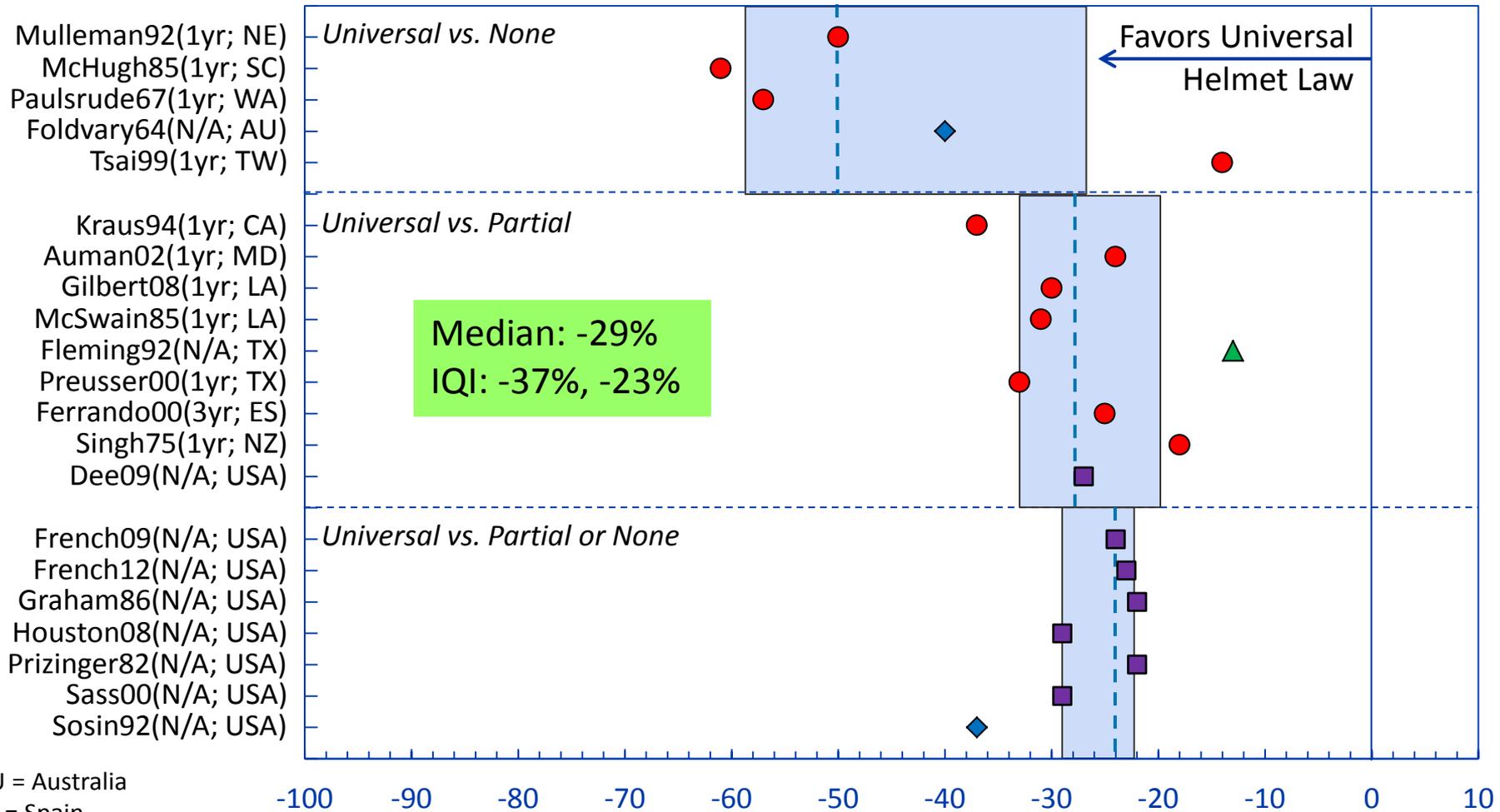


# **Evidence on Effectiveness: Policy Review Example**

# Total Motorcycle-Related Fatalities, Law Strengthening

Author Year (F/U; Location)    ▲ ITS    ◆ Other with Comparison    ■ Panel    ● Before-after

21 study arms with 21 effect estimates

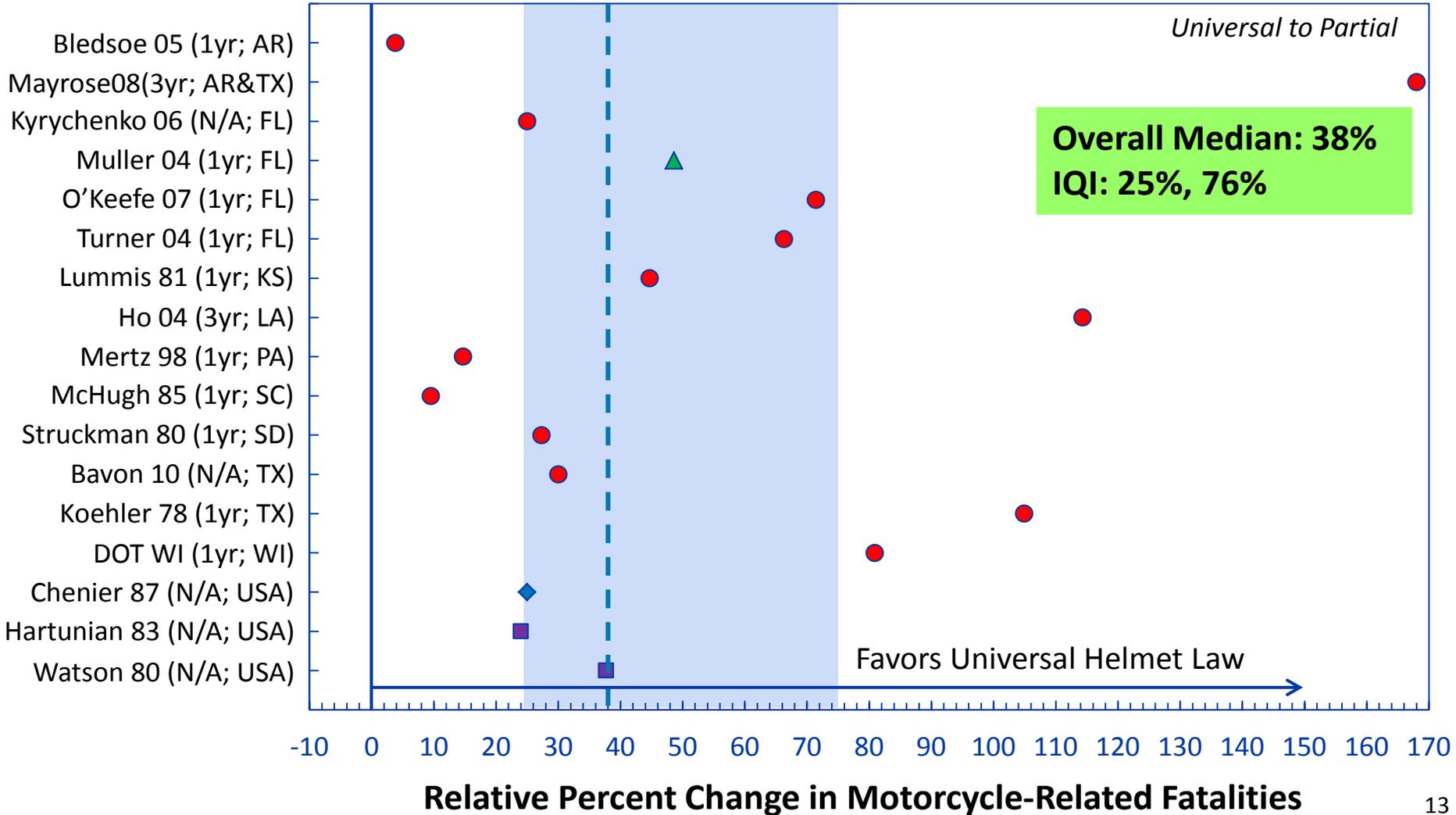


AU = Australia  
ES = Spain  
NZ = New Zealand  
TW = Taiwan

Relative Percent Change in Motorcycle-Related Fatalities

# Total Motorcycle-Related Fatalities, Law Weakening

**Author Year (F/U; Location)**    ▲ ITS    ■ Panel    ◆ Other with Comparison    ● Before-after    17 study arms with 17 effect estimates



## Products: Related Intervention Reviews and Recommendations

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

# Products: Web-available Reviews, Recommendations, and Resources

[Home](#)   [Task Force Findings](#) ▾   [Topics](#) ▾   [Use The Community Guide](#) ▾   [Methods](#) ▾   [Resources](#) ▾   [News](#) ▾   [About Us](#) ▾

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[Home](#) » [Topics](#) » [Mental Health](#)

**Mental Health**

[Collaborative Care for the Management of Depressive Disorders](#)

[Mental Health Benefits Legislation](#)

[Home-Based Depression Care Management](#)

[Clinic-Based Depression Care Management](#)

[Community-Based Exercise Interventions](#)

[Supporting Materials](#)

[Publications](#)

## Improving Mental Health and Addressing Mental Illness



Mental disorders are common in the United States.

- In the U.S., about one in four adults and one in five children have diagnosable mental disorders ([National Institute of Mental Health](#)) <sup>Ⓔ</sup>.
- Mental disorders are the leading cause of disability among ages 15-44 in the United States and Canada combined ([National Institute of Mental Health](#)) <sup>Ⓔ</sup>.
- The cost of lost earnings alone due to major mental disorders in the United States is around \$193 billion each year (Kessler et al., 2008).

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in BETA now!

Take a look!

How can  
we help  
you?

### Task Force Recommendations and Findings

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

Intervention	Task Force Finding
<a href="#">Collaborative Care for the Management of Depressive Disorders</a>	Recommended June 2010
<a href="#">Mental Health Benefits Legislation</a>	Recommended August 2012
<b>Interventions to Reduce Depression Among Older Adults</b>	
<a href="#">Home-Based Depression Care Management</a>	Recommended February 2008
<a href="#">Clinic-Based Depression Care Management</a>	Recommended February 2008
<a href="#">Community-Based Exercise Interventions</a>	Insufficient Evidence February 2008

**Presentations and Promotional Materials**

**Promotional Materials**

[Summary of Community Guide Recommended Strategies: Evidence-Based Strategies to Manage Depressive Disorders](#) <sup>Ⓔ</sup> [PDF - 345 kB]  
*Developed by The Community Guide*

[Community Guide News: Collaborative Care Proven Effective for Managing Depressive Disorders](#)  
*Developed by The Community Guide*

[Community Guide News: Task Force Says Laws Help Increase Access to Mental Health Care](#)  
*Developed by The Community Guide*

**For More on this Topic**

[American Psychiatric Association](#) <sup>Ⓔ</sup>

[American Psychological Association](#) <sup>Ⓔ</sup>

**Related Topics**

[Preventing Excessive Alcohol Consumption](#)

**The Guide to Clinical Preventive Services**

Together, the Community Guide and the Clinical Guide provide evidence-based recommendations across the prevention spectrum. [More](#) »

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## What is The Community Guide

Welcome to the beta version of The Community Guide's new website. Review tips and suggestions to help you [navigate the site](#) and consider [setting up a personal profile](#). Comments and suggestions on the site's look and feel are welcome: [communityguide@cdc.gov](mailto:communityguide@cdc.gov).

### MOST VIEWED

Systematic Review

Cancer Screening: Small Media Targeting Clients – Cervical Cancer



Systematic Review

Dental Caries (Cavities): School-Based Dental Sealant Delivery Programs



Systematic Review

Dental Caries (Cavities): Community-Based Initiatives to Promote the Use of Dental Sealants



Welcome to the beta release of the new Community Guide website. We encourage you to check back often as we are still adding new features to the site and transferring content.

**SORT BY**

Relevance  
 Date Updated

FILTER BY TOPIC 

FILTER BY AUDIENCE 

FILTER BY SETTING 

FILTER BY TASK FORCE FINDING 

FILTER BY STRATEGY 

**Search Results for Diabetes Diet Physical Activity**

**SYSTEMATIC REVIEWS**  
 (161)

IN ACTION (16)

TOOLS (5)

RESOURCES (12)

**Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk**



in reducing new-onset **diabetes**. Combined **diet** and physical **activity** promotion programs also increase ... indicates that combined **diet** and physical **activity** promotion programs to prevent type 2 **diabetes** among ... 2 **diabetes**, combined **diet** and physical **activity** promotion programs led to improvements in health outcomes and ...

**Diabetes: Self-Management Education In the Home – Children and Adolescents with Type 1 Diabetes**

general **diabetes** education and self-care,53,59 di- et,57,58,60,61 physical **activity**,55 and **diet** combined ... **diabetes**. Providing **diabetes** self-management education in the home also may lead to positive changes in **diet** ... interventions as measured by intermediate outcomes (including changes in **diet** and physical **activity**, social ...

**Diabetes: Self-Management Education In Community Gathering Places – Adults with Type 2 Diabetes**

general **diabetes** education and self-care,53,59 di- et,57,58,60,61 physical **activity**,55 and **diet** combined ... **Diet** and exercise in the treatment of NIDDM: the need for early emphasis. **Diabetes** Care ... **diabetic** patients to an intensive program of **diet** and exercise. **Diabetes** Care 1982;5:370–4. Brown SA, Hanis ...

**Diabetes: Self-Management Education In the Home – People with Type 2 Diabetes**



# Complementary Roles Supporting Interventions to Improve Health

**US Preventive Services Task Force (USPSTF)**

**Clinical Perspective**

**Tobacco Smoking Cessation  
for Adults**

**“A” Recommendation  
(Screening through treatment)**

**Community Preventive Services Task Force (CPSTF)**

**Public Health Perspective**

**Provider Reminder Systems**

**Quitlines**

**Smoke-free Policies**

**Mass Media Campaigns**

# **Behavioral Health Interventions: Findings from the Clinical and Community Guides**

## Mental Health

Mental Health Home

About Us

Mental Health Basics +

Data and Statistics +

Featured Publications

Previous Publications

**CDC Mental Health Work** -

Biennial CDC Mental Health Surveillance Meeting

General Resources

Featured Campaigns

[Mental Health Home](#)

### CDC Mental Health Work



### Mental Health Information Across CDC

- [Adverse Childhood Experiences Study](#)
- [Aging and Mental Health](#)
- [Arthritis](#)
- [Attention-Deficit / Hyperactivity Disorder \(ADHD\)](#)
- [Autism Spectrum Disorder \(ASD\)](#)
- [Children's Mental Health](#)
- [Developmental Disabilities](#)
- [Diabetes](#) ↗
- [Disasters and Mental Health](#)
- [Emergency Response and Mental Health](#)
- [Environmental Mental Health](#)
- [Epilepsy](#)
- [Genomics](#)
- [Health-Related Quality of Life \(HROQL\)](#)
- [Healthy Brain Initiative](#)
- [Mental Health among Women of Reproductive Age](#)
- [Mental Health Projects in the Prevention Research Centers](#)

- [School Health Policies and Practices Study](#)
- [Sleep](#)
- [Stigma and Mental Illness](#)
- [Stress at Work](#)
- [Heart-Healthy and Stroke-Free: A Social Environment Handbook](#)
- [Suicide Prevention](#)
- [Tourette Syndrome](#)
- [Injury, Violence & Safety](#)
- [Worksite Mental Health](#)

### Substance Use and Abuse

- [Alcohol and Public Health](#)
- [Alcohol and other drug use among youth](#)
- [Fetal Alcohol Spectrum Disorders \(FASDs\)](#)
- [Prescription Drug Overdose](#)
- [Smoking & Tobacco Use](#)
- [Tobacco use and prevention among youth](#)
- [Tobacco use during pregnancy](#)

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Grantee Stories

Finding Evidence-Based Programs

T/TA Tools

Videos

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Practicing Effective Prevention

About CAPT

News & Announcements

## Finding Evidence-based Programs and Practices

Find information on evidence-based prevention programs and practices for prevention practitioners and individuals working in related behavioral health fields:

### Behavioral Health Resources

#### Behavioral Health

- [Blueprints for Healthy Youth Development](#)<sup>Ⓔ</sup> identifies youth violence, delinquency, and drug prevention and intervention programs that meet a strict scientific standard of program effectiveness.
- [Evidence-Based Behavioral Practice \(EBBP\)](#)<sup>Ⓔ</sup> is a project that creates training resources to help bridge the gap between behavioral health research and practice.
- [The Guide to Community Preventive Services](#)<sup>Ⓔ</sup> provides recommendations regarding generic programs and policies on a variety of public health areas, including substance misuse, mental health, and HIV/AIDS. The Guide is sponsored by CDC.
- The [Matrix of Children's Evidence-based Interventions at Co-Occurring Disorders Information Center – 2006](#) (PDF | 169 KB)<sup>Ⓔ</sup>, developed by NRI, Inc., provides a brief but comprehensive snapshot of prevention, intervention, and/or treatment programs related to child and adolescent mental health services.
- [SAMHSA's Evidence-Based Practice Implementation Resource KITS](#) are 11 downloadable resource kits that encourage the use of evidence-based practices in mental health.
- [SAMHSA's Suicide Prevention Research Center \(SPRC\): Best Practices Registry](#)<sup>Ⓔ</sup> identifies, reviews, and disseminates information about best practices that address specific objectives of the [National Strategy for Suicide Prevention – 2012](#).
- [Technical Assistance Center on Social Emotional Intervention for Young Children](#)<sup>Ⓔ</sup> offers products and resources on best practices for children who have, or who are at risk for, delays or disabilities.

#### New from CAPT

- » [Preventing Prescription Drug Misuse: Revised Decision-Support Tools](#)
- » [Building on Strengths — Improving Positive Outcomes for Boys and Young Men of Color](#)
- » Collaboration Story: [Oklahoma Tribes Collaborate to Understand Local Prevention Needs](#)<sup>Ⓔ</sup>
- » [Actions to Strengthen Your Evidence-based Program Workgroup](#)
- » [Prevention SustainAbilities: Understanding the Basics](#)<sup>Ⓔ</sup> (Online Course)

#### Prevention Training Now!

Click here to enroll in CAPT online courses



#### News & Announcements

[CBHSQ Report Focuses on Marijuana Use and Perceived Risk of Harm](#). The July issue of *The CBHSQ Report* presents estimates of past-month marijuana use and perceptions of risk among people aged 12 or older.

[Creating Effective Hospital-Community Partnerships to Build a Culture of Health](#)<sup>Ⓔ</sup>. New guide from the Health Research & Educational Trust focuses on how hospitals and communities can develop and sustain partnerships.

[American Public Health Association 2016 Annual Meeting and EXPO](#), September

# Current U.S. Preventive Services Task Force Recommendations on Behavioral Health

- Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care\*: **B recommendation** (adults)  
**I finding** (adolescents)
- Child Maltreatment: Primary Care Interventions\*: **I finding**
- Cognitive Impairment in Older Adults: Screening: **I finding**
- Depression in Adults: Screening: **B recommendation**
- Depression in Children and Adolescents: Screening:  
**B recommendation** (adolescents)  
**I finding** (children)

\*Update in progress

# Current U.S. Preventive Services Task Force Recommendations on Behavioral Health (continued)

- Drug Use, Illicit: Primary Care Interventions for Children and Adolescents\*:  
**I finding**
- Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults:  
Screening\*: **B** (women of childbearing age)  
**I** (elderly or vulnerable adults)
- Suicide Risk in Adolescents, Adults and Older Adults: Screening:  
**I finding**

\*Update in progress

## Mental Health

[Collaborative Care for the Management of Depressive Disorders](#)

[Mental Health Benefits Legislation](#)

[Home-Based Depression Care Management](#)

[Clinic-Based Depression Care Management](#)

[Community-Based Exercise Interventions](#)

[Supporting Materials](#)

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# Improving Mental Health and Addressing Mental Illness



Mental disorders are common in the United States.

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- Mental disorders are the leading cause of disability among ages 15-44 in the United States and Canada combined ([National Institute of Mental Health](#)) [↗](#).
- The cost of lost earnings alone due to major mental disorders in the United States is around \$193 billion each year (Kessler et al., 2008).

## Task Force Recommendations and Findings

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

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## Presentations and Promotional Materials

### Promotional Materials

[Summary of Community Guide Recommended Strategies: Evidence-Based Strategies to Manage Depressive Disorders](#) [↗](#) [PDF - 345 kB]

*Developed by The Community Guide*

[Community Guide News: Collaborative Care Proven Effective for Managing Depressive Disorders](#)

*Developed by The Community Guide*

[Community Guide News: Task Force Says Laws Help Increase Access to Mental Health Care](#)

*Developed by The Community Guide*

# Collaborative Care for Management of Depressive Disorders

Multicomponent, healthcare system-level intervention

- Uses case managers to link primary care providers, patients and mental health specialists
- Designed to:
  - Improve the routine screening and diagnosis of depressive disorders
  - Increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders
  - Improve clinical and community support for active patient engagement in treatment goal setting and self-management

## Collaborative Care for Management of Depressive Disorders (continued)

- Programs typically have case managers, who support primary care providers with functions such as:
  - Patient education
  - Patient follow-up to track depression outcomes and adherence to treatment
  - Adjustment of treatment plans for patients who do not improve



## Evidence Considered in this Review

- Review restricted to trials (studies with concurrent comparisons)
- Review team updated a high-quality existing systematic review\* (37 randomized trials)
  - Our updated search identified an additional 32 trials
- Most studies were set in outpatient clinics
- Most interventions included multiple components
- Most study populations were ‘majority white’.
  - A few studies were targeted to minority communities
  - A few studies evaluated effectiveness in low SES communities

\*Simon Gilbody, Peter Bower, Janine Fletcher, David Richards, Alex J. Sutton. Collaborative Care for Depression: A *Cumulative Meta analysis and Review of Longer-term Outcomes*. ARCH INTERN MED/VOL 166, NOV 27, 2006.

## Summary of findings for all outcomes

Outcome	Number of Study Arms	Effect Estimate	Team Assessment of effect
Depression Symptoms	28	SMD = 0.34	Meaningful
Adherence	10	OR = 2.22	Meaningful
Response	14	OR = 1.78	Meaningful
Remission (< 6 months)	5	OR = 2.37	Meaningful
Remission (6 months)	9	OR = 1.74	Meaningful
Recovery (12 months)	5	OR = 1.75	Meaningful
Quality of Life (includes Functional Status)	15	SMD = 0.12	Small
Satisfaction with Care	11	SMD = 0.39	Meaningful

SMD: Standardized mean difference

OR: Odds ratio

## Comparison of Findings

Outcome Category	Bower, Gilbody 1966 - 2004		Community Guide 2004*- 2009	
	Number of Study Arms	Effect Estimate	Number of Study Arms	Effect Estimate
Depression Symptoms	34	SMD 0.24	28	SMD 0.34
Adherence	28	OR 1.92	10	OR 2.22

SMD: Standardized mean difference

OR: Odds ratio

\* Studies from 2004 not in Bower and Gilbody

# Economic Evaluation

- Studies identified:
  - 20 evaluations of 14 intervention studies
  - 2 Modeling studies
- Outcomes:
  - Reported program costs/person/year: \$104 - \$2160 Median: \$436
  - Benefits-Only: 4 studies - positive benefits, 3 studies - zero to minimal
  - Cost-Benefit: All 5 studies – cost-beneficial
  - Cost-Utility and modeling: All 8 studies – cost-effective
- Economic findings:
  - “The weight of the economic evidence indicates that collaborative care provides good economic value.”

## Task Force Recommendation

- The Task Force on Community Preventive Services recommends collaborative care for the management of depressive disorders based on strong evidence of effectiveness in improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression.
- The Task Force also finds that collaborative care models provide good economic value based on the weight of evidence from studies that assessed both costs and benefits.

## Violence

+ [Early Childhood Home Visitation](#)

+ [Firearms](#)

+ [Reducing Psychological Harm from Traumatic Events](#)

- [School-Based Programs](#)

### Summary of Findings

[School-Based Programs to Reduce Violence](#)

[Supporting Materials](#)

+ [Therapeutic Foster Care](#)

+ [Youth Transfer to Adult Criminal System](#)

### Publications

# Violence Prevention: School-Based Programs



Universal school-based programs to reduce or prevent violent behavior are delivered to all children in a given school or grade. They aim to teach students about the problem of violence and its prevention, and are used with children at all grade levels from pre-kindergarten through high school.

## Task Force Recommendations and Findings

This table lists an intervention reviewed by the Community Guide, with a summary of the Task Force finding ([definitions of findings](#)). Click on an underlined intervention title for a summary of the review.

Intervention	Task Force Finding
<a href="#">School-Based Programs to Reduce Violence</a>	Recommended June 2005

## Presentations and Promotional Materials

### Slides

[Using Evidence for Public Health Decision Making: Violence Prevention Focused on Children and Youth](#) [PDF - 466 kB] *Developed by The Community Guide*

## For More on this Topic

[CDC, Division of Adolescent and School Health](#)

[CDC, Division of Violence Prevention](#)

[Healthy People 2020](#)

[National Centers of Excellence in Youth Violence Prevention](#)

[Striving To Reduce Youth Violence Everywhere \(STRIVE\)](#)

[World Health Organization](#)

## Related Topics

[Preventing Excessive Alcohol Consumption](#)

# School-based Programs to Reduce Violence

## Characteristics of interventions included in the review:

- Programs are offered in pre-kindergarten, kindergarten, elementary, middle school and high school classrooms.
- All children in a given grade or school, regardless of prior violence or risk for violent behavior, receive the programs.
- Some programs target schools in high-risk areas, including those with low socioeconomic status, high crime rates or both.

## School-based Programs to Reduce Violence (continued)

### Characteristics of interventions included in the review:

- Elementary school and middle school programs:
  - Seek to reduce disruptive and antisocial behavior
  - Use approaches that focus on modifying behavior by changing the associated cognitive and affective mechanisms.
- Middle and high school programs:
  - Focus shifts to general violence and to specific forms of violence, including bullying and dating violence.
  - Interventions make greater use of social skills training
  - Emphasize the development of behavioral skills rather than changes in cognition, consequential thinking, or affective processes.

## Overall Findings from the Community Guide Systematic Review

- Fifty-three studies met the systematic review inclusion criteria.
- Overall, the median effect was a 15% reduction in violent behavior among students who received the program
  - Interquartile interval: - 44.2% to - 2.3%; 65 study arms

## Additional Review Findings (continued)

- Median effects by school level:
  - High school students: median relative reduction of 29.2% (4 study arms)
  - Middle school students: median relative reduction of 7.3% (15 studies)
  - Elementary school students: median relative reduction of 18.0% (26 studies)
  - Pre-kindergarten/kindergarten: median reduction of 32.4% (6 studies)
- Programs appeared to be in all school environments, regardless of socioeconomic status or crime rate.
- Programs were also effective among all school populations, regardless of the predominant ethnicity of students.

## Preventing Excessive Alcohol Consumption

### [Excessive Alcohol Consumption](#)

#### [Dram Shop Liability](#)

#### [Electronic Screening and Brief Intervention \(e-SBI\)](#)

#### [Increasing Alcohol Taxes](#)

#### [Maintaining Limits on Days of Sale](#)

#### [Maintaining Limits on Hours of Sale](#)

#### [Overservice Law Enforcement Initiatives](#)

#### [Privatization of Retail Alcohol Sales](#)

#### [Regulation of Alcohol Outlet Density](#)

#### [Responsible Beverage Service Training](#)

#### [Enhanced Enforcement of Laws Prohibiting Sales to Minors](#)

#### [Supporting Materials](#)

#### [Publications](#)



Excessive alcohol consumption is the third leading cause of preventable death in the United States and is a risk factor for many health and societal problems. In 2010, the estimated economic cost of excessive drinking in the U. S. was \$249 billion (Sacks et al., 2015).

Excessive drinking includes binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21 ([CDC 2015](#) )

- Binge drinking, the most common form of drinking, is defined as consuming five or more drinks during a single occasion for men or four or more drinks during a single occasion for women.
- Heavy drinking is defined as consuming fifteen or more drinks per week for men or eight or more drinks per week for women.

Most people who drink excessively are not alcoholics or alcohol dependent (Esser et al., 2014).

Underage drinking is considered a form of excessive drinking because it is both illegal and often involves consumption in quantities and settings that can lead to serious immediate and long-term consequences.

### Task Force Recommendations and Findings

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

Intervention	Task Force Finding
<b>Interventions Directed to the General Population</b>	
<a href="#">Dram Shop Liability</a>	Recommended March 2010
<a href="#">Electronic Screening and Brief Intervention (e-SBI)</a>	Recommended August 2012
<a href="#">Increasing Alcohol Taxes</a>	Recommended June 2007
<a href="#">Maintaining Limits on Days of Sale</a>	Recommended June 2008
<a href="#">Maintaining Limits on Hours of Sale</a>	Recommended February 2009
<a href="#">Overservice Law Enforcement Initiatives</a>	Insufficient Evidence March 2010
<a href="#">Privatization of Retail Alcohol Sales</a>	Recommended Against April 2011
<a href="#">Regulation of Alcohol Outlet Density</a>	Recommended February 2007
<a href="#">Responsible Beverage Service Training</a>	Insufficient Evidence October 2010
<b>Interventions Directed to Underage Drinkers</b>	
<a href="#">Enhanced Enforcement of Laws Prohibiting Sales to Minors</a>	Recommended February 2006

[Presentations and Promotional Materials](#)

## Interventions to Reduce Excessive Alcohol Consumption

Intervention	# Studies	Task Force Finding
Dram shop liability	11	Recommended-strong
Electronic screening/brief intervention	31	Recommended-strong
Increasing alcohol taxes	73	Recommended-strong
Maintaining limits on days of sale	13	Recommended-strong
Maintaining limits on hours of sale	10	Recommended-sufficient
Overservice law enforcement initiatives	2	Insufficient evidence
Privatization of retail alcohol sales	18	Recommends against further privatization
Regulation of alcohol outlet density	30	Recommended-sufficient
Responsible beverage service training	11	Insufficient evidence
Enhanced enforcement of laws prohibiting sales to minors	8	Recommended-sufficient

# Web-accessible Resources

## Presentations and Promotional Materials

### Slides and Presentations

[Public Health Grand Rounds — Preventing Excessive Alcohol Use: What Public Health Can Do](#)

[Hosted by CDC](#)

### Action Guides

[Strategizer 55 - Regulating Alcohol Outlet Density: An Action Guide](#)

*Developed by the Community Anti-Drug Coalitions of America in partnership with the Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health*

[Strategizer 57: Reducing Alcohol-Related Harms Through Commercial Host Liability](#)

*Developed by the Community Anti-Drug Coalitions of America in partnership with the Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health*

### Promotional Materials

[Summary of Task Force Recommended Strategies: Evidence-Based Strategies to Prevent Excessive Alcohol Consumption and Related Harms](#) [PDF - 71 kB]

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

Community Guide News: [Community Preventive Services Task Force Recommends Electronic Screening and Brief Interventions for Excessive Alcohol Use](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

Community Guide News: [Maintaining Limits on Days and Hours of Sale: Reducing the Harms from Drinking Too Much by Limiting Access to Alcohol](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

Community Guide News: [Regulating Alcohol Outlet Density Prevents Excessive Alcohol Use](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

Community Guide News: [Task Force Finds Commercial Liability an Effective Strategy to Reduce Alcohol-Related Harms](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

Community Guide News: [Task Force Recommends Against Privatizing Retail Alcohol Sales](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

Community Guide News: [Task Force Recommends Increasing Alcohol Taxes to Prevent Excessive Alcohol Use and Other Harms](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

### Media Outreach

CDC Media Release: [Task Force Finds Commercial Liability an Effective Strategy to Reduce Alcohol-related Problems](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

CDC Media Advisory About Maintaining Limits on Days and Hours of Sale: [CDC Releases Two Reports on Excessive Alcohol Use and Related Harms](#)

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

CDC Newsroom Formatted Article About Maintaining Limits on Days and Hours of Sale:

[Reducing the Harms from Drinking Too Much by Limiting Access to Alcohol](#) [PDF - 208 kB]

*Developed by The Community Guide in collaboration with CDC's Alcohol Program*

### Webinars

September 19, 2013 – [Indian Health Service Clinical Grand Rounds: Preventing Excessive Alcohol Consumption and Related Harms](#)

*Developed by The Community Guide and hosted by the Indian Health Service*

### What Works - Fact Sheets

[What Works: Preventing Excessive Alcohol Consumption – brochure and insert](#) [PDF - 992 kB]

<https://www.thecommunityguide.org/alcohol/index.html>

# What Works Fact Sheets

www.thecommunityguide.org



## WHAT WORKS

### Preventing Excessive Alcohol Consumption

*Evidence-Based Interventions for Your Community*



**E**xcessive alcohol consumption is a risk factor for many health and social problems, contributing to 88,000 deaths each year in the United States.<sup>1</sup> In 2006, the estimated economic cost of excessive drinking in the U.S. was \$223.5 billion.<sup>2</sup> Drinking too much can cause immediate harm such as injuries from motor vehicle crashes, violence, and alcohol poisoning, and drinking too much over time can cause chronic diseases, such as cancer and heart disease.<sup>1</sup>

This brochure is designed to help public health program planners, community advocates, educators, and policymakers find proven intervention strategies—including programs, services, and policies—for preventing excessive alcohol consumption and related harms. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities. This brochure summarizes information in The Guide to Community Preventive Services (The Community Guide), an essential resource for people who want to know what works in public health. Use the information in this brochure to help select intervention strategies you can adapt for your community to:

- Reduce excessive alcohol use, including binge drinking and underage drinking.
- Reduce the risk of chronic conditions such as liver disease, high blood pressure, heart disease, and cancer.
- Reduce violent crime, motor vehicle injuries, and alcohol-exposed pregnancies.
- Reduce youth access to alcohol.

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (Task Force) about community preventive services, programs, and policies to improve health. Learn more about The Community Guide and what works to reduce excessive alcohol consumption and related harms by visiting [www.thecommunityguide.org/alcohol/index.html](http://www.thecommunityguide.org/alcohol/index.html).

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

## WHAT WORKS Preventing Excessive Alcohol Consumption

### THE PUBLIC HEALTH CHALLENGE

Excessive drinking has a substantial public health impact

Cause	Number of Annual Fatalities
Chronic causes (e.g., liver disease)	38,253
Acute causes (e.g., homicide)	49,544
Total for all causes	87,798

Source: Alcohol-Related Disease Impact (ARDI), 2014.

- Drinking too much alcohol is responsible for **88,000 deaths** annually, including 1 in 10 deaths among working-age adults in the U.S.<sup>1</sup>
- Excessive alcohol use costs the U.S. **\$223.5 billion—or \$1.90 per drink**—in 2006 due to lost workplace productivity, healthcare expenses, and crime. Federal, state, and local governments paid 42% of these costs—or **80 cents per drink**.<sup>2</sup>
- About 9 in 10 excessive drinkers are **not** alcohol dependent, or addicted to alcohol.<sup>3</sup>

For national and state estimates of alcohol-related deaths and years of potential life lost, see CDC's Alcohol-Related Disease Impact (ARDI) application at [www.cdc.gov/ardi](http://www.cdc.gov/ardi).

For more information on excessive alcohol consumption in the U.S., including state-by-state data, see [www.cdc.gov/alcohol](http://www.cdc.gov/alcohol).

Binge drinking is the main problem



- Binge drinking is defined as having 4 or more drinks on an occasion (2-3 hours) for women, or 5 or more drinks on an occasion for men.<sup>4</sup>
- Binge drinking is the most common and most dangerous pattern of excessive drinking. It is responsible for **more than half** of the deaths and **three-quarters** of the economic costs associated with excessive alcohol use.<sup>1,2</sup>
- **1 in 6** adults binge drinks about four times a month, consuming about eight drinks per binge.<sup>5</sup>
- About **1 in 4** high school students report binge drinking.<sup>6</sup>

### EVALUATING THE EVIDENCE

- The Task Force findings and recommendations for interventions strategies to prevent excessive alcohol consumption are based on systematic reviews of the available evidence.
- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.
- Each systematic review looks at the intervention strategy's effectiveness and how it works in different populations and settings. If found effective, cost and return on investment are also reviewed when available.
- For each intervention strategy, a summary of the systematic review, evidence gaps, and journal publications can be found on the Preventing Excessive Alcohol Consumption section of the website at [www.thecommunityguide.org/alcohol/index.html](http://www.thecommunityguide.org/alcohol/index.html).

### Community Preventive Services Task Force

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based findings about public health interventions and policies to improve health and promote safety. The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid body of public health and prevention experts—bases its findings on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

More information about how the Task Force conducts its reviews is available at [www.thecommunityguide.org/about/methods.html](http://www.thecommunityguide.org/about/methods.html).



www.thecommunityguide.org

# WHAT WORKS

## Preventing Excessive Alcohol Consumption Evidence-Based Interventions for Your Community

### TASK FORCE FINDINGS ON EXCESSIVE ALCOHOL CONSUMPTION

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to prevent excessive alcohol consumption and related harms. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for Task Force Findings: Recommended Insufficient Evidence Recommended Against (See reverse for detailed descriptions.)

Intervention	Task Force Finding
<b>Interventions Directed to the General Population</b>	
Increasing alcohol taxes	
Regulation of alcohol outlet density	
Dram shop liability	
Maintaining limits on days of sale	
Maintaining limits on hours of sale	
Electronic screening and brief interventions (e-SBI)	
Overservice law enforcement initiatives	
Responsible beverage service training	
Privatization of retail alcohol sales	
<b>Interventions Directed to Underage Drinkers</b>	
Enhanced enforcement of laws prohibiting sales to minors	

Visit the "Preventing Excessive Alcohol Consumption" page of The Community Guide website at [www.thecommunityguide.org/alcohol](http://www.thecommunityguide.org/alcohol) to find summaries of Task Force findings and recommendations on preventing excessive alcohol consumption. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

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

## WHAT WORKS Preventing Excessive Alcohol Consumption

### UNDERSTANDING THE FINDINGS

The Task Force bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners. Based on the strength of the evidence, the Task Force assigns each intervention to one of the categories below.

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 intervention's effectiveness. 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> .	

Visit the "Systematic Review Methods" page on The Community Guide website at [www.thecommunityguide.org/about/methods.html](http://www.thecommunityguide.org/about/methods.html) for more information about the methods used to conduct the systematic reviews and the criteria the Task Force uses to make findings and recommendations.

### RESOURCES

You can use the following resources to guide the implementation of evidence-based strategies and put the Task Force findings to work.

- **Prevention Status Reports on Excessive Alcohol Use**  
CDC Office for State, Tribal, Local, and Territorial Support  
[www.cdc.gov/psr/alcohol](http://www.cdc.gov/psr/alcohol)
- **National Prevention Strategy**  
Preventing Drug Abuse and Excessive Alcohol Use  
[www.surgeongeneral.gov/initiatives/prevention/strategy/preventing-drug-abuse-excessive-alcohol-use](http://www.surgeongeneral.gov/initiatives/prevention/strategy/preventing-drug-abuse-excessive-alcohol-use)
- **CDC Vital Signs**  
Binge Drinking  
[www.cdc.gov/vitalsigns/bingedrinking](http://www.cdc.gov/vitalsigns/bingedrinking)
- **Preventing Excessive Alcohol Use Fact Sheet**  
CDC Alcohol Program  
[www.cdc.gov/alcohol/fact-sheets/prevention.htm](http://www.cdc.gov/alcohol/fact-sheets/prevention.htm)

Last updated: May 2015

# The “Buckets” of Prevention Framework

**Traditional Clinical Prevention**



**Innovative Clinical Prevention**



**Total Population or Community-Wide Prevention**



**Health Care**

**Public Health**



# Buckets 1 and 2

Traditional Clinical | Innovative Clinical

## THE 6|18 INITIATIVE

Accelerating  
Evidence  
into Action

SIX WAYS TO SPEND SMARTER  
FOR HEALTHIER PEOPLE



REDUCE  
TOBACCO USE



CONTROL  
BLOOD PRESSURE



PREVENT HEALTHCARE-  
ASSOCIATED INFECTIONS (HAI)



CONTROL ASTHMA



PREVENT UNINTENDED  
PREGNANCY



CONTROL AND  
PREVENT DIABETES

<http://www.cdc.gov/sixteen/>



# An Important Guidance Gap

**Question #3. Have you considered adding mental/behavioral health to your six high burden health conditions? This is an area that we have difficulty finding adequate coverage and reimbursements.**

*A. “This is an important area for future consideration and as promising interventions arise in mental/behavioral health with strong health and cost impact data, CDC programs will develop a plan to promote these interventions to purchasers, payers, and providers.”*



# HEALTH **IMPACT** IN 5 YEARS

[www.cdc.gov/hi5](http://www.cdc.gov/hi5)





- School-Based Programs to Increase Physical Activity
- \* → School-Based Violence Prevention
- Safe Routes to School
- Motorcycle Injury Prevention
- Tobacco Control Interventions
- \* → Access to Clean Syringes
- Pricing Strategies for Alcohol Products
- Multi-Component Worksite Obesity Prevention

Counseling and Education

Clinical Interventions

Long Lasting Protective Interventions



### Changing the Context

Making the healthy choice the easy choice

- \* → Early Childhood Education
- Clean Diesel Bus Fleets
- Public Transportation System
- Home Improvement Loans and Grants
- Earned Income Tax Credits
- Water Fluoridation



### Social Determinants of Health

# HI-5



## HEALTH **IMPACT** IN 5 YEARS

# HI-5 Health Outcomes Addressed

- Anxiety and Depression
- Asthma
- Blood Pressure
- Bronchitis
- Cancer
- Cardiovascular Disease
- Child Abuse and Neglect
- Cognitive Development
- Infant Mortality
- Liver Cirrhosis
- Motor Vehicle Injuries
- Obesity
- Dental Caries
- Pneumonia
- Sexually Transmittable Infections
- Sexual Violence
- Teenage Pregnancy
- Traumatic Brain Injury
- Type II Diabetes
- Youth Violence

# **Options for Future Community Guide Work**

## **Task Force Prioritization (2015): Topics Considered**

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

# Topics Prioritized for New and Expanded Work

- **Cardiovascular disease prevention and control**
- **Environmental health (health equity)**
- **Injury prevention**
- **Independent living for older adults**
- **Mental health: Improving**
- **Obesity prevention and control**
- **Physical activity: Increasing**
- **Sleep health**
- **Social determinants of health**
- **Substance abuse (e.g., prescription drug overdose)**
- **Violence prevention**

## Expanding Implementation Guidance

- Task Force statements: Considerations for implementation
- Linkages to implementation guidance from federal partners
  - **Research-Tested Intervention Programs: RTIPs** (<http://rtips.cancer.gov/>)
  - **National Registry of Evidence-based Programs and Practices: NREPP** (<http://www.samhsa.gov/nrepp>)
- Community Guide in action examples
- Technical assistance (web request)
- Implementation briefs (under development)

Use the link below to select a number of criteria, and see a list that contains evidence-based programs from several topics.

### Select from 170 Evidence-Based Intervention Programs

RTIPs is a searchable database of evidence-based cancer control interventions and program materials and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.

### Register your program now and be part of the RTIPs Community.

For more information on how to participate in a RTIPs review, read the [RTIPs Submission and Review Process: A Guide for Program Developers](#)



**Search Research to Reality (R2R)** [↗](#), NCI's online community of practice that links cancer control practitioners and researchers, for discussions, cyber-seminars, and much more.

### RTIPs and Research Reviews

The [Guide to Community Preventive Services](#) [↗](#) evaluates the effectiveness of types of interventions (as opposed to individual programs) by conducting [systematic reviews](#) [↗](#) of all available research in collaboration with partners.

The [Task Force](#) [↗](#) on Community Preventive Services then uses the systematic review findings as the basis for their recommendations for practice, policy and future research. The symbol to the right links to Community Guide findings. Many Research-tested Intervention Programs (RTIPs) are directly linked to associated Community Guide findings.



### New programs on RTIPs:

- Physical Activity
    - ★ [Increasing Park-Based Physical Activity Through Community Engagement](#) (Post date: August, 2016)
  - Survivorship/Supportive Care
    - [Meaning-Centered Group Psychotherapy for Patients with Advanced Cancer](#) (Post date: July, 2016)
  - Tobacco Control
    - [Clinical Effort Against Secondhand Smoke Exposure \(CEASE\)](#) (Post date: June, 2016)
- ★ New evidence-based programs are released periodically. Please check for updates.

### News and Announcements About RTIPs

- [RTIPs highlighted in the University of Kentucky News](#) [↗](#)

### Tools Available:

- [Putting Public Health Evidence in Action](#) [↗](#): The Cancer Prevention and Control Research Network (CPCRN) has created an interactive training curriculum to support community program planners and health educators in developing skills in using evidence-based approaches.



We welcome your feedback on the Research-tested Intervention Programs website. To submit feedback, please [contact us](#). Thank you for helping to improve this site for the cancer control community.

If you use tobacco and are trying to quit, please visit [Smokefree.gov](#) [↗](#).

Looking for general information about cancer? Please visit [Cancer.gov](#) [↗](#) or call the Cancer Information Service at 1-800-4-CANCER.



## National Registry of Evidence-based Programs and Practices (NREPP)

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) promotes the adoption of scientifically established behavioral health interventions.

### About NREPP

NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.

[Learn more about NREPP.](#)

### Find an Intervention

Search the database to find interventions reviewed by NREPP.

- » [Search by keyword](#)
- » [View all](#) interventions

### Learning Center

[NREPP's Learning Center](#) offers resources to support the selection and adoption, implementation, and evaluation of evidence-based programs and practices.

### Reviews and Submissions

A review generally takes several months to complete, from the initial scheduling of the kick-off call to the completion of an NREPP intervention summary.

[Learn more about the NREPP review and submission process.](#)

### NREPP

[Visit the National Registry of Evidence-based Programs and Practices online today.](#)

### NREPP News

Keep up with the latest NREPP-related news, including announcements regarding recently added intervention summaries.

[Results for public comments received — January 4-31, 2016 \(PDF | 131 KB\)](#)

[Visit the NREPP Newsroom.](#)

[Sign up to receive email updates from NREPP.](#)

### Contact NREPP

866-436-7377  
[nrepp@samhsa.hhs.gov](mailto:nrepp@samhsa.hhs.gov)  
[Online contact form](#)



# Follow us on Twitter!

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

@CPSTF invites you to participate in a

**Twitter Chat**

Discuss what works to promote health!  
**#works4health**

**#works4health**  
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June 22, 2016  
1:00-2:00 PM EDT

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Official Twitter source of the Community Preventive Services Task Force (CPSTF), providing evidence-based recommendations for public health.

[beta.thecommunityguide.org](http://beta.thecommunityguide.org)



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Promote what  
**#works4health**  
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Trends

#Psylocke



# Thank You!

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