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OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

THE *COMMUNITY GUIDE*: PUBLIC HEALTH INTERVENTIONS THAT WORK

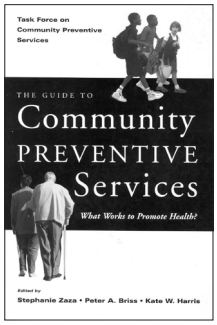
By 1999, alcohol-related motor vehicle crashes had become a major public health problem in the United States, resulting in nearly 16,000 deaths – despite a steady decline in alcohol-related fatalities over the previous 18 years – and more than 300,000 injuries that year.

Studies had shown strong evidence for the effectiveness of .08 blood alcohol concentration (BAC) laws, particularly for young and inexperienced drivers, as well as minimum legal drinking age laws and sobriety checkpoints.

So scientists with the Task Force on Community Preventive Services, an independent, 15-member volunteer panel of public health and prevention experts established by the U.S. Department of Health and Human Services, decided to check it out. The result: In 2000, a Task Force review found that state laws that lowered the legal BAC limit for automobile drivers from 0.10 percent to 0.08 percent reduced alcohol-related fatalities by a median of 7 percent.

In October 2000, President Bill Clinton signed the Fiscal Year 2001 transportation appropriations bill, requiring states to pass the 0.08 percent BAC law by October 2003 or risk losing federal highway construction funds. Since the bill passed, all 50 states have enacted legislation dropping the legal BAC limit to 0.08 percent, and experts estimate the result has been 400 to 600 fewer alcohol-related deaths occurring on the nation's roadways each year.

The Task Force published those initial findings in the *Guide to Community Preventive Services*, also known as the *Community Guide* (www.thecommunityguide.org). Many health care providers are familiar with the U.S. Preventive Services Task Force's *Guide to Clinical Preventive Services* – also known as the *Clinical Guide* – that suggests effective interactions with patients, from low back pain interventions in adults to speech delay



screenings for in preschoolers. The *Community Guide* – the public health companion to the *Clinical Guide* – provides recommendations on health screenings, counseling and other preventive methods, but it is intended to benefit large populations, going beyond primary care and into local communities, large health care systems, and statewide public health programs.

NEED FOR CREDIBLE RESOURCE

Demand in public health for rigorously reviewed, evidence-based guidance about quality, effectiveness, cultural sensitivities, efficiency and cost-effectiveness of community-level interventions had been growing by the late 1990s.

In 1996, HHS formed the Task Force on Community Preventive Services to develop guidance on community-based health promotion and disease prevention measures that do and don't work, based on available evidence. The Centers for Disease Control and Prevention is the federal agency that provides technical and administrative support to the Task Force.

The Guide to Community Preventive Services, now Web-based, was first published as a book in 2005. An overview of the *Community Guide* in the *American Journal of Preventive Medicine* ahead of its release predicted the *Community Guide* would be useful to public health practitioners and clinicians, and decision makers because:

- Most value scientific knowledge as a foundation for health-related decision making.
- The scientific literature regarding a particular health problem often is large, inconsistent, uneven in quality, and sometimes inaccessible to many busy practitioners who could put research findings into practice.
- A panel of experts with the time, experience, objectivity, and opportunity to help interpret the content and quality of the literature often isn't available to practitioners for consultation on demand.
- An evidence-based guide could help overcome such obstacles to making the best use of what is known regarding a public health problem and its potential solutions.[1]

In addition to public health and clinical practitioners, the *Community Guide* is designed for policymakers, state and local health departments, boards of health, health care systems, schools, worksites, researchers, funding organizations and communities. Just as primary care interventions in the *Clinical Guide* support community interventions, the community- and health system-based interventions reviewed by the *Community Guide* support health care providers' recommendations to their patients. They also highlight effective community and health care system programs that providers can refer their patients to for additional education and support, such as the Oregon Tobacco Quit Line. And they describe effective health system programs that support providers, such as reminder systems built into electronic medical records.

The *Community Guide* has issued evidence-based findings for more than 210 population-based interventions that have undergone systematic review. Based on these findings, the Task Force will either "recommend" a particular intervention – the systematic review of available studies provides strong or sufficient evidence that the intervention is effective – or it will find there is "insufficient evidence" to determine the intervention's effectiveness, although that doesn't mean the intervention doesn't work. When evidence is found to be insufficient to determine whether an intervention is effective, the Task Force identifies research gaps that can be helpful for those funding or conducting research.

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COMMUNITY GUIDE IN PRACTICE

The following are some examples of how the *Community Guide's* recommendations support preventive services delivered in clinical practice to individual patients.

Tobacco Prevention and Control. To complement the *Clinical Guide's* recommendation of "tobacco cessation counseling on a regular basis for all persons who use tobacco products," the *Community Guide* recommends reducing tobacco use initiation by increasing the price of tobacco products at the municipal, state or federal levels, noting that a 10 percent increase in excise taxes results in a 4 percent decrease in tobacco use. It also recommends employing mass media education campaigns that emphasize brief, recurring messages over time, combined with other interventions, such as additional community-wide education efforts; and mobilizing communities through stronger local laws directed at retailers, such as actively enforcing retail sales laws. *Community Guide* findings also have guided states on effective tobacco control policies and programs to help them use tobacco industry Master Settlement Agreement funds. In contrast, there's insufficient evidence to determine the effectiveness of stronger laws directed at minors in possession of tobacco, for example.

Increasing Physical Activity. We all know how hard it is for people to get off the couch and start exercising. The *Clinical Guide* recommends "counseling patients to incorporate regular physical activity into their daily routines …" The *Community Guide* supports this by recommending the creation of, or enhancing access to, places for physical activity combined with informational outreach activities. There is also strong evidence for the effectiveness of encouraging businesses, coalitions, agencies and communities to create or provide access to places where people can be physically active, such as walking trails and community centers with fitness equipment, and providing seminars, counseling, risk screening, health forums and workshops. Another method that *Community Guide* researchers recommend for increasing regular physical activity is creating point-of-decision prompts, such as signs placed by elevators and escalators to motivate people to use the nearby stairs instead.

Diabetes. High blood pressure is an important risk factor for the development of diabetes. The *Clinical Guide* recommends screening for type 2 diabetes in adults without symptoms of diabetes or evidence of possible diabetes complications who have a sustained blood pressure – treated or untreated – greater than 135/80 mm Hg. But how can large groups of adults diagnosed this way learn how to manage their blood glucose levels? The *Community Guide* answers this question by recommending diabetes self-management education in community gathering places, such as community centers, libraries, private facilities – cardiovascular risk reduction centers, for example – and faith institutions. In this way, *Community Guide* researchers point out, people who would not normally receive this education would be reached. Community interventions also often offer the benefit of cultural relevance, since diverse learning styles of different cultures are better addressed in the community setting. That may increase acceptance of diabetes education.

ONE-STOP SHOPPING

While the *Clinical Guide* remains an important reference for health care practitioners by virtue of its recommendations on clinical – or individual – prevention interventions, it's important to remember the individual patient's membership in the larger community, and how the results of those daily, one-on-one clinical engagements can be shared to benefit entire populations. The *Community Guide* takes evidence-based recommendations out of the clinic and into health care systems, schools, worksites and community organizations to improve public health and promote safety.

FOR MORE INFORMATION

- Guide to Community Preventive Services (Community Guide): (*www.thecommunityguide.org*)
- Guide to Clinical Preventive Services (Clinical Guide): (*www.ahrq.gov/clinic/pocketgd1011/)*
- E-mail: *communityguide@cdc.gov*

REFERENCES

1. Truman B. et al. Developing the *Guide to Community Preventive Services*-Overview and Rationale. Am J Prev Med 2000; 18 (1S).See *www.thecommunityguide.org/library/ajpm357_d.pdf* (Accessed: 26 Aug 2010)