Using Evidence to Inform Preconception Health Initiatives

Broadcast audio will begin when presentation starts
Recording

• Today’s webinar will be recorded.

• The recording will be available on the AMCHP website:

  www.amchp.org
Brief Notes about Technology

Questions

• To submit questions throughout the call, type your question in the chat box at the lower left-hand side of your screen.
  – Send questions to the Chairperson (AMCHP)
  – Be sure to include to which presenter/s you are addressing your question.
Featuring:

• Sarah Verbiest, DrPH, MSW, MPH  
  Executive Director  
  Center for Maternal and Infant Health, University of North Carolina  
  Chapel Hill

• Alvina Long, RN MPH  
  Women’ Health Network Supervisor  
  Women’s Health Branch, Division of Public Health, North Carolina  
  Department of Health and Human Services

• Shawna L. Mercer, MSc, PhD  
  Branch Chief and Director  
  The Community Guide Branch, US Centers for Disease Control and Prevention
Using Data for Strategic Planning, Program Activities, and Monitoring in North Carolina

AMCHP Webinar
April 26, 2012

Presented by
Alvina Long Valentin, RN, MPH
Sarah Verbiest, DrPH, MSW, MPH
Acknowledgements

Other Members of the Leadership Team...

Corrine Giannini, RD, Nutrition Consultant, Women’s Health Branch, NC Division of Public Health

Amy Mullenix, MSW, MSPH, State Coordinator, NC Folic Acid Campaign

Cindy Haynes Morgan, MSA-PA, BS HEd, RHEd, Interim Branch Head, Asthma, NC Division of Public Health

Judy Ruffin, MPA, Program Manager, Women’s Health Branch, NC Division of Public Health
Objectives

- Describe use of data in developing a state preconception health strategic plan
- Describe several preconception health programs in North Carolina
- Discuss next steps for the state
Looking Back, Moving Forward
A Call to Action and Inventory
Planning Steps

March 2007 Think Tank Meeting #1
- Initiated a focused, collaborative, comprehensive process to create a state Preconception Action Plan

May 2007 Think Tank Meeting #2
- Collected diverse ideas and understand how preconception fits into existing work, examined quantitative and qualitative data

August 2007 Think Tank Meeting #3
- Developed the components of the plan, present data, narrow down focus areas
Building the Plan on Data

Quantitative Data Review
NC Women ages 18 – 44 years old:

- Obesity, overweight, hypertension, diabetes, poor mental health
- Physical activity, tobacco use and binge drinking
- Uninsured, dental visit in past year
- Folic Acid Consumption
Quantitative Data Review 2007 – 2010

Overweight/Obesity: 54% (2007) and 55% (2010)

Women who participate in recommended amount of physical activity: 42% (2005) and 45% (2009)

Women who eat at least 5 servings of fruits and vegetables daily: 24% (2005) and 22% (2009)

Source: NC BRFSS
PRAMS Data Indicators

NC Women of Childbearing Age:

Unintended Pregnancy

Postpartum Depression
Quantitative Data Review 2007 - 2010

Short Birth Interval: 41% (2006) and 38% (2010) (does not include first pregnancies)

Postpartum Depression*: 8% (2006) and 13% (2009) (feeling depressed often/almost always after birth of baby)
Other Data Sources

Illicit Drug Use
NC Adults aged 12 and older, SAMHSA, National Survey on Drug Abuse and Health

Rubella Immunity
NC State Lab, prenatal clients, 2006

Sickle Cell Trait Data
NC State Lab, newborn data, 2006

STI and HIV/AIDS Case Rates
NC DPH Communicable Disease Branch
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<th>Indicator</th>
<th>All N.C. Women Age 18 - 44</th>
<th>Caucasian</th>
<th>African-American</th>
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<td>11%</td>
<td>13%</td>
<td>9%</td>
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<tr>
<td>Tobacco Use</td>
<td>24%</td>
<td>28%</td>
<td>21%</td>
<td>7%</td>
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<tr>
<td>Illicit Drug Use(^{20})</td>
<td>8%</td>
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<tr>
<td>Meets Physical Activity Recommendations</td>
<td>53%</td>
<td>56%</td>
<td>47%</td>
<td>46%</td>
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<tr>
<td>Obesity</td>
<td>28%</td>
<td>25%</td>
<td>42%</td>
<td>25%</td>
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<td>Overweight</td>
<td>26%</td>
<td>24%</td>
<td>33%</td>
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<td>Hypertension</td>
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<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
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<tr>
<td>Poor Mental Health(^{21})</td>
<td>26%</td>
<td>29%</td>
<td>25%</td>
<td>14%</td>
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<tr>
<td>Postpartum Depression(^{22})</td>
<td>20%</td>
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<tr>
<td>Uninsured</td>
<td>25%</td>
<td>17%</td>
<td>24%</td>
<td>73%</td>
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<tr>
<td>Has Not Visited a Dental Clinic in Past Year(^{23})</td>
<td>31%</td>
<td>27%</td>
<td>31%</td>
<td>52%</td>
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Source: NC BRFSS 2007
Pregnancy Planning

<table>
<thead>
<tr>
<th>Indicator</th>
<th>N.C. Women Age 18-44</th>
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</thead>
<tbody>
<tr>
<td>Pregnancy Unintendedness(^\text{24})</td>
<td>48%</td>
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<tr>
<td>Does Not Take Folic Acid at Least 5 Days a Week(^\text{25})</td>
<td>71%</td>
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<tr>
<td>May Not Be Rubella Immune(^\text{26})</td>
<td>14%</td>
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Sexually Transmitted Infections

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<tr>
<th>Sexually Transmitted Infections</th>
<th>Case Rate for All N.C. Women Age 18-44</th>
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<tbody>
<tr>
<td>Chlamydia</td>
<td>1234/100,000</td>
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<tr>
<td>Gonorrhea</td>
<td>451/100,000</td>
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<tr>
<td>Living with HIV/AIDS</td>
<td>240/100,000</td>
</tr>
<tr>
<td>Syphilis (PSEL)</td>
<td>7/100,000</td>
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</table>

Source: N.C. Division of Public Health, Communicable Disease Branch, 2007
Planning

Qualitative Data Review
Data Sources


Latina Infant Mortality Awareness Project, NC Healthy Start Foundation, April 2007

Women’s Health: Attitudes and Practices in North Carolina – Focus Group Research, NC SIM Collaborative/NC Healthy Start Foundation, June 2005

Uncovering Community Voices: A Catalog of Qualitative Data Regarding Women’s Health in North Carolina 1995 – 2005, UNC MCH 315 Spring 2005 Class with Supervision from UNC Sheps Center and UNC Center for Maternal and Infant Health
What Women Said...

- **Mental health** issues, especially depression, are significant. Lack of resources in communities.

- **Barriers to Health Care:** Cost. Racism.

- **Lack** of insurance, access, trust/respect, childcare, and transportation.
What Women Said...

- **Behavior Change:** Awareness not enough to change behaviors. Knowledge of family history, family support and healthcare options can lead to change.

- **Stress:** Emotional, physical and financial stress negatively influence health. Need more social support and networking.
What Women Said...

- **Approach to Healthcare:** Prefer holistic approach.

- **Substance Use:** Many women reported they knew someone struggling with drug addiction. Reported as coping mechanism for extreme stress.

- **Most pregnancies are unplanned.** Women are concerned about becoming pregnant but don’t use contraception. Inconvenient clinic hours and quality of care problems with family planning services.
Priority Areas that Emerged

1) Pregnancy Intendedness
2) Substance Use
3) Obesity and Related Conditions
4) Mental Health
5) Collaborative Research on Preconception focused Topics
6) Policy Development and Access to Care
Planning Steps

December 2007 Think Tank Meeting #4

- Developed four work groups
- Selected 2 focus areas
  - Pregnancy Intendedness
  - Women and Overweight/Obesity and Related Conditions

January 2008 – June 2008

- Workgroups met separately - working on goals, strategies and potential partners
Preconception Health Coalition Workgroups

1. Increase Consumer and Community Awareness about Preconception Health

2. Ensure Quality Preconception Care and Practice among Health Care Providers and Community Outreach Workers

3. Expand Access and Affordability of Preconception Care

4. Advocate for Environmental and Policy Changes that Support Preconception Health
Preconception Health Programs in North Carolina
A Few Examples
Preconception Health in NC

- Preconception Health Leadership Team

- Preconception Health Council
  - Include representatives from public and private agencies, community based organizations, non-profit agencies and consumers
  - Five Year Strategic Plan
  - Minutes and other info posted on everywomannc.org

- NC Preconception Health Campaign

- State and Local Initiatives
Welcome to Every Woman NC!
This website features information for women and men across their childbearing years. Here you'll find information about life planning, healthy weight, multivitamins, and general tips on how to be healthy for life! You can also learn more about preconception health activities and projects in North Carolina.

healthy habits for life

take a multivitamin every day!
Along with eating smart and moving more, taking a multivitamin with folic acid is another step you can take to reduce your risk of having a baby with a neural tube defect.
Incorporation of Preconception Health into Title V Programs

- BMI calculation and healthy weight counseling during prenatal and postpartum visits
- 5A’s tobacco cessation counseling for pregnant and postpartum women
- Referral of all women receiving Medicaid prenatal case management to postpartum clinic visit
- Follow-up with pregnant women interested in contraception/sterilizations per ACOG recommendations
- 3 recommended ACOG screening questions for domestic violence for pregnant and postpartum women
Incorporation of Preconception Health into Title X Programs

- BMI calculation and counseling about healthy weight for both men and women
- Educational materials provided to health departments and other cbos include healthy weight brochures and reproductive life planning brochures individualized for men and women
- Counseling to delay pregnancy 18 months after previous delivery
- Provision or referral of emergency contraception
- Assessment for immunization status and provision/referral for vaccine where indicated
Title V and Title X

- Staff from both programs are members of Workgroups

- Title X and Title V Trainings cover preconception health and include diabetes, healthy weight genetics, and contraception methods update

- Staff from family planning and maternity units present at other trainings on healthy weight, integrating wellness into Title X services, FP Waiver, reproductive life planning
Material & Training Kit Development

Reproductive Life Planning

Postpartum Visit Project
Expanding the Folic Acid Council

• Campaign Topics Built from the Plan and the Data
  – Folic acid
  – Reproductive life planning
  – Healthy weight
  – Tobacco cessation
North Carolina Programs

- Pitt County PIMPAC & Forsyth County Infant Mortality Reduction Coalition prioritize this issue
- Hertford County Preconception Health Coalition
- First Time Motherhood New Parent Initiative
- Young Moms Connect
- Healthy Beginnings & Federal Healthy Start
- Promoting healthy weight, RLP and PCH through trainings and/or web materials for public and private providers
NC SCHS Webpage and Fact Sheet

Tracking Preconception Health in North Carolina
http://www.schs.state.nc.us/SCHS/data/preconception.html

The State of Preconception Health in North Carolina
http://www.schs.state.nc.us/SCHS/pdf/Preconception_WEB_110310.pdf
Next Steps

• Back to the data to begin to develop the 2014-2019 Strategic Plan

• Regional Roundtables and Listening Tour

• Every Woman Southeast Participation
Thank you for your attention!

Alvina Long Valentin, RN, MPH
Women’s Health Branch, NC DHHS, Division of Public Health
alvina.long@dhhs.nc.gov
919-707-5708

Sarah Verbiest, DrPH, MSW, MPH
UNC Center for Maternal and Infant Health
sarahv@med.unc.edu
919-843-7865
Questions?

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Evidence Based MCH Programs

http://www.amchp.org/PROGRAMSANDTOPICS/BESTPRACTICES/INNOVATIONSTATION/
Evidence-Based Resources for Public Health Practice

http://www.amchp.org/programsandtopics/BestPractices/Pages/Resources.aspx
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http://www.amchp.org/programsandtopics/BestPractices/Pages/Resources.aspx

- Other public health organizations with Best Practice Databases or Programs
- Best Practices around the world!
- Evidence-Based Public Health Resources
- Links to MCH Information and Data
- Evaluation Resources
The Community Guide and Preconception Health

Issue Brief
Using The Community Guide to Improve Preconception Health Efforts

The Guide to Community Preventive Services
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 prevent disease. It contains the findings of the Community Preventive Services Task Force (Task Force). The Task Force, an independent, nonfederal, unpaid body of public health and academic experts, based its findings on systematic reviews of the scientific literature. With oversight from the Task Force, scientific experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, and practice-based partners.

The Community Guide can be used in a number of ways, including:
- Develop a program: Identify evidence-based programs to help draft legislation, justify funding proposals, support policies, and strategies to promote health.
- Plan programs and services: Select evidence-based interventions to address health needs and objectives.
- Allocate resources: Determine which interventions optimize use of limited resources.
- Inform surveillance: Develop surveillance and research agendas and funding announcements.
- Educate health professionals: Educate about evidence-based public health interventions.

Preconception Health
Preconception health is the health of women and couples before conception of a first or subsequent pregnancy. Preconception health interventions include a set of interventions that identify and modify biomedical, behavioral, and social risks to a woman’s health and future pregnancies. Interventions and programs that focus on preconception health are a critical emerging issue for state and local health departments and federal agencies. To be effective and optimize resources, preconception health interventions are best when they are based on best practices and evidence-based strategies. The Community Guide offers evidence for preconception health interventions in the areas of folic acid use, obesity prevention and control, and promotion of physical activity, tobacco cessation, and depression screening.

Topics in The Community Guide Relevant to Preconception Health

Folic Acid Use
Access to folic acid supplements during the preconception period reduces neural tube defects, which is of concern to women of childbearing age or women intending to become pregnant. The Task Force recommends the following strategies:
- Develop a program: To promote the use of folic acid supplements. These campaigns, in the areas of coordination and educational materials, can be delivered through mass media, educational displays, and other means.

Obesity Prevention and Control
The increasing prevalence of overweight and obesity among women of childbearing age is a growing public health concern. Obesity increases the risk of complications during pregnancy and can lead to poor birth outcomes for the child and the mother. The Task Force recommends the following types of strategies for obesity prevention and control in communities:
- Technology-supported menu options: Develop computer systems that include healthy menu options.
- Worksite Programs: These interventions should promote healthy weight by targeting individuals’ behaviors; the programs may occur regularly or as part of a comprehensive workplace wellness program.

Increase Physical Activity
Physical activity can lead to a leaner body, reduced disease, obesity, depression, anxiety, and stress, all of which can contribute to poor birth outcomes. The Task Force recommends the following strategies:
- Develop a program: To increase physical activity.
- Community-wide campaigns: To increase physical activity. These campaigns can be designed to promote physical activity by using television, radio, newspapers, and other means.

Sources and Selected Resources for Additional Information:
- The Guide to Community Preventive Services: www.thecommunityguide.org
- CDC Recommendations to Improve Preconception Health and Care: www.cdc.gov/preconception/
Evidence-Based Approaches: 
*The Community Guide* as a Tool to Inform Preconception Health Initiatives

Shawna L. Mercer, MSc, PhD, Director

The Guide to Community Preventive Services (Community Guide), Centers for Disease Control and Prevention (CDC)

April, 2012
Outline

- Setting the Stage
- Why Use an Evidence-Based Approach in Public Health?
- Overview of the Community Guide
- Using the Community Guide to Improve Health
- Navigating the Community Guide Website
Setting the Stage
Health Improvement Planning Steps

Planning & Assessment
What’s the problem?

Setting Objectives
What do we want to achieve?

Selecting Interventions
What works?

Implementing
How do we do it?

Evaluating
Did it work? How well?
Public Health Improvement Planning Steps

Planning & Assessment
What’s the problem?

Setting Objectives
What do we want to achieve?

Selecting Interventions
What works?

Implementing
How do we do it?

Evaluating
Did it work? How well?
What is the value of using an evidence-based approach to select interventions?
“Evidence” in Public Health

- A wild guess ("something must be done!")
- An educated guess
- Word of mouth (what others are doing)
- Case report (before-after experience)
- An evaluation of one study or program
  - One group gets the intervention
  - A second group acts as a comparison
- A narrative review of multiple studies or programs
- A systematic review of multiple studies/programs
- “Truth”
Why Evidence-Based?

- Evidence-based programs or policies are approaches that have been found to be effective.
- Using an evidence-based approach allows for scarce resources to be used wisely.
- Funders are requiring more accountability.
- Shorten the time that it takes to develop a program or policy.
The Community Guide: An Important Evidence Base for Public Health
State-of-the-science systematic reviews that:

- Analyze all available evidence on the effectiveness of community-based interventions in public health
- Assess the economic benefit of all effective interventions
- Highlight critical evidence gaps
The Community Guide

- These systematic review findings form the basis for evidence-based recommendations
  - About effective programs and policies for
    - Communities,
    - Worksites,
    - Schools,
    - Healthcare systems
    - Etc.

- Developed by the Community Preventive Services Task Force
Community Preventive Services Task Force (Task Force)

- A non-federal, independent, rotating body
- Internationally renowned experts in public health research, practice, policy
  - Always have members with state and local health department experience
- Nomination process includes broad input from throughout public health, healthcare
- Members are appointed by CDC Director
- Serve without payment

  - CDC provides scientific, technical and administrative support for the Task Force
Complementarity of the US Preventive Services Task Force (USPSTF) and Community Preventive Services Task Force (CPSTF)
Community Preventive Services?

Evaluating the effectiveness of interventions that are typically delivered:

- At the group level

- Community or population-based
  - Demographic
    - State/province, city, neighborhood
    - Age, gender, race/ethnicity, economic status
  - Organization
    - Health care system
    - Schools
    - Worksites

- By a wide range of “providers”
Community Preventive Services can be

- **Informational**
  - Education programs when used alone for increasing use of child safety seats
  - Community-wide campaigns to promote the use of folic acid supplements

- **Behavioral, Social**
  - Cognitive-behavioral therapy for children and adolescents in reducing psychological harm from traumatic events
  - Early childhood home visitation
Community Preventive Services can be

- **Environmental, Policy**
  - Street scale urban design (lighting, improved safety, ease of walking) in increasing physical activity
  - Smoking bans and restrictions in reducing exposure to environmental tobacco smoke

- **Health System**
  - Vaccination programs in WIC settings
  - Collaborative care for the management of depressive disorders

🚀 All: Guide to Community Preventive Services
Over 210 Task Force Findings & Recommendations

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<th>Health Equity</th>
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<td>Social Environment</td>
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<td>Tobacco Use</td>
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<td>Inadequate Physical Activity</td>
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<td>Unhealthy Sexual Behaviors</td>
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<th>Specific Conditions</th>
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<td>Vaccine-Preventable Disease</td>
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<td>Pregnancy Outcomes</td>
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<td>Asthma</td>
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<td>Cardiovascular disease</td>
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Current reviews
Community Guide: How is it Used?

- To inform decision making around:
  - Practice (initiatives, programs)
  - Policy
  - Research
  - Funding for research and programs
Challenge #1: A Typical Approach to Developing and Disseminating Evidence Based Recommendations: A Push Model

- Systematic Review of the Scientific Evidence by researchers
- Dissemination
- Practice, Policy
Addressing Challenge #1

- By actively engaging in conducting and disseminating the systematic review those who are expected to be the users and beneficiaries of the research, it is more likely the findings and recommendations will be relevant to their needs.
Community Guide Places Equal Weight on

- The quality of the systematic review methods and analysis
- The group processes
  - Participation and collaboration
Intended Users Participation: Are we…

- Prioritizing the right topics and interventions for review?
- Asking the right questions?
- Staying true to the important questions over the course of the review?
- Appropriately considering context, other issues of applicability to different settings, populations?
- Thinking proactively about interpretability, relevance, usefulness, use?
- Planning for and undertaking dissemination and translation into action from the outset?
So Whose Participation Do We Seek in our Systematic Reviews?

- Who is to be affected by the recommendations and findings? Who are the intended users?
  - Maternal and child health practitioners
  - Policy makers
  - Health departments
  - Professional and Non-Governmental Organizations
  - Community-based organizations
  - Employers, employees
  - Minority or special populations
  - Researchers
  - Research funders
  - Educators
User Involvement in the Community Guide

- **Official Liaisons**
  - 30 federal agency and organizational
    - NIH, AHRQ, VA, all US Armed Forces, etc.
    - ASTHO, NACCHO, NALBOH, DHPE
    - Physician, nurse, public health, other organizations
      - AAP, AANP, Quad Council, APHA, SOPHE
  - **Roles**
    - Provide input into prioritization of topics, reviews, Task Force findings and recommendations
    - Serve on, recommend participants for review teams
    - Participate in dissemination and translation of Task Force findings, especially to their constituents
Participants in Individual Reviews

- Coordination Team (n=~10-15)
  - Coordinating scientist (typically Community Guide)
  - Fellows, abstractors (Community Guide)
  - Subject matter experts
    - From CDC, other federal agencies, academia, practice, policy settings
  - Task Force member(s)
  - Liaison(s) to Task Force

- Consultants, Consultation Team (n=~20-60)
  - Subject matter experts
Challenge #2

- Most decision makers considering community preventive services, programs, and policies want to know:
  - Are the findings generalizable across all the settings, situations and populations for which I am responsible?
  - Are the findings applicable to my specific setting, situation, or population?
Community Guide Places Equal Weight on

- The quality of the systematic review methods and analysis
- The group processes
  - Participation and collaboration
The CG Seeks to Answer Key Questions about Interventions

- Do they work?
- How well?
- For whom?
- Under what circumstance are they appropriate (applicability)?
- What do they cost?
- Do they provide value?
- Are there barriers to their use?
- Are there any harms?
- Are there any unanticipated outcomes?
Formal Review of Applicability

- Information is explicitly provided to Task Force on applicability
  - Considered when they make recommendations

- Information is provided to users in a refined Rationale Statement accompanying the Task Force Recommendation Statement

Remaining challenge: information is often limited
- Critical role for program evaluation of real world programs, services, and policies!!!
- Information can be incorporated into updates of Task Force recommendations!
Task Force Recommendation Options

- Recommend
  - Strong Evidence
  - Sufficient Evidence

- Recommend against
  - Strong Evidence
  - Sufficient Evidence

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

- This does NOT mean that the evidence does not work.

- Insufficient evidence means that additional research is needed to determine whether or not the intervention is effective:
  - In some cases there are not enough studies to draw firm conclusions.
  - In other cases, the available studies have inconsistent findings.
If “Insufficient Evidence,” then what?

- If the intervention is currently being used
  - May want to continue using it if there are no associated harms
  - May choose to stop due to issues such as cost

- If the intervention is not being used
  - May not want to begin using it
  - May choose to cite the IE finding in your funding proposal

- Consider:
  - Are there better documented alternatives for reaching the same goals?
  - If you undertake a practice-based innovation: Collect sufficient data so your experience can contribute to the evidence base!
What to Do with a Recommendation

“Even if it is evidence-based, it is not certainty.”

McGinnis and Foege

- Not a cookbook or a one-size-fits-all solution

- Users must combine scientific information (e.g., effectiveness, cost) with other information (e.g., needs, values, capacities, resources, preferences)
How Can You Use the Community Guide to Improve Maternal and Child Health?

- In support of policy:
  - Identify policies, laws for which there is evidence of their effectiveness in achieving important public health outcomes
  - Learn what magnitude of effect might be possible from implementation of specific policies
  - Inform interface with governmental agencies, organizations, and other stakeholders in support of:
    - Health policies
    - Policies in other sectors with maternal and child health implications
How Can You Use the Community Guide to Improve Maternal and Child Health (cont’d)?

- In support of agency programmatic initiatives:
  - Plan and evaluate programs
  - Strengthen applications for programmatic funding
  - Justify program support/funding
  - Plan/modify systems
  - Learn what magnitude of effect might be possible from implementation of specific programs
  - Inform interface with the health care system to support delivery of effective clinical services
Navigating The Community Guide Website
Interested in Adolescent Health?
See newly published Task Force findings on:
- Helping caregivers reduce their teens’ health risk behaviors
- Abstinence education & comprehensive risk reduction for teens

**Task Force Meetings**

**2012**
June 20–21
October 10–11

**2013**
February 20–21
June 19–20
October 23–24

Get Email Updates
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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.
Planning a Strategy: Blueprint for Success in Reducing Tobacco Use

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. In Nebraska, tobacco use claims thousands of lives and costs hundreds of millions of dollars every year. The City of Lincoln and Lancaster County used a number of recommendations from the Community Preventive Services Task Force (Task Force) to build a plan that helped reduce tobacco use in the county and, eventually, across the state. The Lincoln-Lancaster County Health Department engaged community partners and stakeholders in a step-by-step approach that started with local education efforts and led to monumental statewide policy changes.

Tobacco use costs lives

In Nebraska, tobacco use claims 2,200 lives and costs the state $537 million for health care every year. It is projected that more than 36,000 Nebraska youth under the age of 18 will ultimately die prematurely from smoking. These alarming trends motivated Charlotte Burke, manager of the Lincoln-Lancaster County Health Department’s Division of Health Promotion and Outreach, and her community partners to look for evidence-based strategies to reduce tobacco use and prevent exposure to secondhand smoke in the city of Lincoln and the surrounding county. The state of Nebraska leveraged Lincoln-Lancaster’s successes to make statewide changes to reduce tobacco use.

Partners leverage resources

The Lincoln-Lancaster County Health Department staff members knew they could not succeed alone in their efforts. They partnered with the Tobacco Free Lincoln Coalition, the local Board of Health, and health organizations and experts to identify resources that would help them implement practices and policies shown to decrease tobacco use. The partners used these resources to develop a stepped approach that started with public education and eventually led to policy change.

“We used almost everything that the Task Force recommended for reducing tobacco use,” says Ms. Burke. The Lincoln team used the following Task Force recommendations, which can be found in the Guide to Community Preventive Services (Community Guide):

- Community mobilization with additional interventions
- Mass media education campaigns combined with other interventions
- Smoke-free policies to reduce tobacco use among workers
- Increasing the unit price for tobacco products (statewide), and
- Smoking bans and restrictions.

Building the foundation

The team’s first step was to mobilize and educate their community. They began building relationships with key individuals and community groups, and using the Community Guide to educate them on interventions and policy changes shown to work. “I often use the Community Guide to show evidence-based interventions to community groups,” explains Ms. Burke. “It helps build their trust and gain traction and support for our efforts.”

Based on the Task Force recommendations, the Lincoln team knew it would be vital to earn the media’s support. As Ms. Burke tells it, “Editors were much more inclined to publish our information after we worked with them in person.” This strategy resulted in well-written, fact-based articles illustrating the harmful effects of tobacco and the interventions that work to curb its use.

Education leads to policy change

“When we felt we had done enough education in the community we began encouraging policy changes,” explains Ms. Burke. “Our Board of Health requested an ordinance from the city council to prohibit smoking in indoor public and work areas.” The team’s efforts to engage local leadership and the public helped secure passage of the Lincoln Smoking Regulation Act with 62 percent of the vote. This was the first successful indoor smoking ban statewide. Within a few years of the ban, county smoking rates decreased from 19.3 percent to 15.5 percent among adults, and from 23.5 percent to 16.4 percent among youth. In addition, more than 100 hotel complexes and 40 percent of hotels had gone smoke-free.

With local successes under their belt, the Lincoln team joined statewide efforts to decrease tobacco use by educating the public and policymakers about the role of raising the tobacco tax. The state team’s first win came when Nebraska legislators increased the tax on tobacco products. The next win came when the state, spurred by Lincoln-Lancaster’s success, revised its Clean Indoor Air Act to model the Lincoln city smoking ban. On June 1, 2009, Nebraska became a 100 percent smoke-free state. All indoor work spaces and public places across the state are now required by law (supported by 80 percent of Nebraskans, smokers, and non-smokers alike) to be smoke-free. On the area of the ban, Nebraska’s Chief Medical Officer shared, “This law is great for the public health of all Nebraskans. We will enter an era of better health and wellness.”

Lessons Learned

- Demonstrate why change is important. The Lincoln team gained support for their efforts by using the Task Force’s evidence-based findings to show their partners interventions and policy changes found to be effective and explaining how they could improve health outcomes in their community.
- Educate stakeholders. Keeping the media, policymakers, and other community influencers informed about the health problem and what works to address it will help get the message heard and ensure that the message is transmitted as accurately as possible.
- Take it one step at a time. The Lincoln team found that grassroots success can lead to bigger rewards. Building support from the ground up can help secure policy changes that reinforce healthy behaviors in the community.
Complete List of Task Force Findings

The Community Guide in Action Success Stories
Read examples of how The Community Guide has been used to improve health in communities across the country.

Task Force Meetings

2012
June 20–21
October 10–11

2013
February 20–21
June 19–20
October 23–24

Topics

Adolescent Health  Diabetes  Motor Vehicle Injury  Social Environment
Alcohol  Health Communication  Nutrition  Tobacco Use
Asthma  Health Equity  Obesity  Vaccines
Birth Defects  HIV/AIDS, STIs, Pregnancy  Oral Health  Violence
Cancer  Mental Health  Physical Activity  Worksite

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www.thecommunityguide.org
Prevention of Birth Defects

- Birth defects affect about one in every 33 babies born in the United States and account for more than 20% of all infant deaths (CDC).  
- Babies born with birth defects have a greater chance of illness and long term disability than babies without birth defects (CDC).  
- If a woman has enough folic acid in her body before she is pregnant, it can help prevent major birth defects of her baby's brain and spine (CDC).  

Task Force Recommendations & Findings

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

<table>
<thead>
<tr>
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<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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For More On This Topic

- CDC, National Center on Birth Defects and Developmental Disabilities
- National Birth Defects Prevention Network

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC.
Prevention of Birth Defects

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- CDC, National Center on Birth Defects and Developmental Disabilities [4]
Prevention of Birth Defects: Community-Wide Campaigns to Promote the Use of Folic Acid Supplements

If a woman has enough folic acid in her body before she is pregnant, it can reduce the risk of a pregnancy affected by neural tube birth defects (NTD). Community-wide campaigns to promote the use of folic acid supplements are designed to disseminate information to women of childbearing age or intending to become pregnant, regarding the use of supplements containing folic acid. These campaigns involve the dissemination of coordinated educational and motivational messages and materials within the community. Educational content can be delivered through:

- Mass media messages and articles
- Community activities and promotions
- Distribution of small media (posters, flyers, brochures, etc.)

The U.S. Public Health Service recommends that all women of childbearing age consume 400 micrograms (0.4 milligrams) of folic acid each day in order to reduce the risk of a pregnancy affected by a neural tube birth defect (CDC) [9]. The U.S. Preventive Services Task Force recommends that women of childbearing age take a daily supplement containing 400-800 micrograms (0.4-0.8 milligrams) of folic acid (USPSTF) [9].

Summary of Task Force Findings & Recommendations

The Community Preventive Services Task Force recommends community-wide education campaigns to promote the use of folic acid supplements among women of childbearing age on the basis of sufficient evidence that these approaches are effective in increasing the number of these women who consume folic acid supplements.

Task Force Finding & Rationale Statement

Results of the Systematic Review

The twenty-four studies that qualified for the review assessed several outcomes.

- Folic acid consumption among women of childbearing age:
  - Median increase of 5.9% (interquartile interval [IQR] 2.5% to 20.5%; 16 studies)
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Task Force Finding
The Task Force on Community Preventive Services recommends community-wide education campaigns to promote the use of folic acid supplements among women of childbearing age on the basis of sufficient evidence that these approaches are effective in increasing the number of these women who consume folic acid supplements.

Rationale
The U.S. Public Health Service recommends that all women of childbearing age consume 400 micrograms (0.4 milligrams) of folic acid each day in order to reduce the risk of a pregnancy affected by a neural tube birth defect (CDC) (6). The U.S. Preventive Services Task Force recommends that women of childbearing age take a daily supplement containing 400-800 micrograms (0.4-0.8 milligrams) of folic acid (USPSTF) (6).

The evidence considered in this systematic review indicates that community-wide education campaigns are effective in increasing the number of women who regularly take a recommended supplement. Evidence was considered sufficient based on the findings from sixteen studies from eleven countries. Although individual community-wide educational campaigns differed in composition, overall the considered studies observed a median
Reducing Psychological Harm from Traumatic Events: Cognitive-Behavioral Therapy for Children and Adolescents (Individual & Group)

Cognitive-behavioral therapy (CBT) is used to reduce psychological harm among children and adolescents who have psychological symptoms resulting from exposure to traumatic events. Therapists administer CBT individually or in a group, and treatment may be accompanied by therapy sessions for or with parents.

A traumatic event is one in which a person experiences or witnesses actual or threatened death or serious injury, or a threat to the physical integrity of self or others. Trauma may take the form of single or repeated events that are natural or human-made (e.g., tsunami or bombing) and intentional or unintentional (e.g., rape versus car crashes or severe illness). Traumatic exposures may have only temporary effects or result in no apparent harm. However, traumatic exposures may result in psychological harm and lead to long term health consequences.

Summary of Task Force Recommendations & Findings

The Task Force on Community Preventive Services recommends individual cognitive-behavioral therapy (CBT) and group CBT for symptomatic youth who have been exposed to traumatic events based on strong evidence of effectiveness in reducing psychological harm.

- Task Force Finding for Individual CBT
- Task Force Finding for Group CBT

About the Intervention

- CBT is often administered by doctoral-level professionals or other clinicians with graduate degrees, such as social workers.
- CBT for traumatized children combines the following:
  - Exposure techniques such as review of the past traumatic event
  - Learning of stress management/relaxation techniques
  - Correction of inaccurately remembered events
  - Reframing counterproductive perceptions of the trauma

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Results from the Systematic Reviews

Individual CBT
Eleven studies qualified for the systematic review.
- The summary effect measures indicated that the CBT intervention group had a higher reduction in the rate of psychological harm than the comparison group.
- Although summary effects were of similar magnitude for all of the outcomes assessed, those for PTSD and anxiety were statistically significant, whereas those for internalizing behavior, externalizing behavior, and depression were not (primarily due to differences in the number of studies reporting each outcome).
- The reviewed studies assessed the effects of individual CBT on traumatized children and adolescents of varying ages, geographic locations, and for varied traumas, such as physical abuse and sexual abuse. Studies excluded children who were too disruptive or seriously suicidal.

Group CBT
Ten studies qualified for the systematic review.
- Summary effect measures for the ten studies were in the desired direction for all outcomes assessed—anxiety, depression, and PTSD.
- Most children in these studies were exposed to multiple traumas, and group CBT effectively reduced psychological harm among these children.
- Because of the small number of studies, it was difficult to determine whether the effectiveness of group CBT varied by principal trauma.
- The reviewed studies assessed the effects of group CBT on traumatized children and adolescents of varying ages, geographic locations, and traumatic exposures, including sexual abuse, witnessing community violence, natural disasters, and bereavement for loss of a close family member. Some studies excluded children who were too disruptive or had severe mental health problems.

These findings were based on a systematic review of all available studies, conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice and policy related to the treatment of children and adolescents following a traumatic event.

Supporting Materials
- Analytic framework [PDF - 267KB]
- Research gaps
- Summary evidence table [PDF - 132KB]
- included studies
- Search strategy

Publications

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Supporting Materials

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- Research gaps
- Summary evidence table [PDF - 132KB]
- Included studies
- Search strategy

Publications


www.thecommunityguide.org
Figure 1. Analytic framework: Reducing psychological harm among children and adolescents following trauma.


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For more information

Shawna Mercer  smercer@cdc.gov

www.thecommunityguide.org

The findings and conclusions in this presentation are those of the presenters and do not necessarily represent the views of CDC
Questions?

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  – Send questions to the Chairperson (AMCHP)
  – Be sure to include to which presenter/s you are addressing your question.
Thank you for participating!

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