Evidence-Based Public Health: Finding and Appraising Relevant Resources

Nancy Allee, Kristine Alpi, Hathy Simpson
Medical Library Association
Continuing Education Course
May 22, 2010
Today’s Agenda

• Part I
  – Introductions (1:00 – 1:10 pm NA)
  – Overview of Evidence Based Public Health (1:10 – 1:20 pm NA)
  – Resources – Part I (1:20 – 2:00 pm NA)
  – Critical Appraisal – Part I (2:00 – 2:20 pm KA)
  – Case Studies/Sample Searches – Part I (2:20 – 2:50 pm ALL)

• BREAK (2:50 – 3:00 pm)
Today’s Agenda, cont’d

• Part II
  – Resources – Part II (3:00 – 3:40 pm HS)
  – Case Studies/Sample Searches – Part II (3:40 – 4:10 pm ALL)
  – Critical Appraisal – Part II (4:10 – 4:50 pm KA)
  – Wrap-up & Evaluation (4:50 – 5:00 pm HS)
Introductions
Objectives

• Understand the characteristics of evidence-based public health
• Be informed about the variety of resources available
• Know how to assess public health questions and respond to them effectively with freely available resources.
• Identify types of evidence and methods for appraising the public health literature
Course Overview

• What is Evidence-Based Public Health (EBPH)?
• Why is EBPH important?
• What is the difference between public health practice & medical practice?
• What can be used as evidence for making informed public health decisions?
Overview of Evidence Based Public Health
The Evidence-Based Movement

EBM → EBPH

How does public health relate to medicine?
Medicine

• Focus on individuals
• Diagnosis & treatment
• Clinical interventions
• Well-established profession, standardized education & certification
• Clinical sciences integral; social sciences less emphasized
• Experimental studies with control groups: RCTs.

Public Health

• Focus on populations
• Prevention & health promotion
• Environment & human behavior interventions
• Diverse workforce, variable education & certifications
• Social sciences integral; clinical sciences peripheral to education
• Observational studies: case control & cohort studies
10 Essential Services of Public Health
What are the Knowledge Domains of Public Health?

• The field of public health is very broad and diverse
• There are multiple disciplines (knowledge domains) within the field of public health
The Knowledge Domains of Public Health

• Biostatistics
• Chronic Diseases
• Communicable Diseases
• Community Health
• Disaster Control & Emergency Services
• Environmental Health
• Epidemiology
• General Public Health
• Global Health
• Health Promotion & Education

• Health Services Administration
• HIV/AIDS
• Maternal & Child Health
• Nutrition
• Occupational Health
• Public Health Informatics
• Public Health Laboratory Sciences
• Public Health Nursing
• Social & Behavioral Sciences
• Vital Statistics & Surveillance
Public Health is Multidisciplinary

• Epidemiologists
• Statisticians
• Environmental Engineers
• Animal Control Officers
• Sanitarians
• Food Scientists
• Industrial Hygienists
• Health Care Administrators
• Health Economists
• Politicians
• Social Workers
• Veterinarians

• Mental Health Workers
• Substance Abuse Counselors
  • Doctors
  • Nurses
  • Teachers
• Disaster Relief Workers
• Nutritionists
• Lab Technicians
• Librarians
• Communication
• Security & Enforcement / Health Police
Definition of Evidence-Based Public Health

“the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement.”

Source:
Components of EBPH

• making decisions on the basis of the best available scientific evidence
• using data and information systems systematically
• applying program-planning frameworks
• engaging the community in decision making
• conducting sound evaluation
• disseminating what is learned

Audience of EBPH

• public health practitioners
• policy makers at local, regional, state, national, and international levels
• stakeholders affected by intervention
• researchers on population health issues

Evidence-Based Practice

• Requires integrating practitioner expertise with the best evidence from systematic research.

• Involves finding and selecting resources that are credible, relevant, and applicable to practice.
Process of Evidence-Based Practice

1. Define the problem: convert information needs into focused questions.
2. Find the best evidence from the literature.
3. Critically appraise the evidence for validity and relevance.
4. Apply the evidence to practice.
5. Evaluate the results.

Why Evidence-Based Practice?

• So much information, too little time
• Need high quality, filtered information to make informed decisions
• Value of scientific knowledge for decision making
• Decisions should not be based only on intuition, opinion or anecdotal information
Evidence for Public Health Practice and Policy Decisions

• “I make a lot of decisions about how money is going to be spent, and I would like to always be able to back it up and say that this is proven, or evidence-based.”

❖ Politicians need evidence to make decisions about public health programs.
Evidence-Based Public Health

Best Evidence from Research

- Social values, Politics, Economics
- Expertise, Experience, Knowledge

Decisions for Public Health Practice
- Interventions
- Programs
- Policies

Evidence Pyramid

Applicable to toxicology, environmental health, food safety, vaccine development, etc…

Sources of Public Health Evidence

• Journal literature
• Books
• Conference proceedings & abstracts
• Dissertations & theses
• Unpublished scientific papers
• Government reports
• Policy statements, laws & regulations
• Surveillance data
• Newsletters
• Teleconferences & webcasts
• Alert systems
• Email discussion lists
• Internet sources
• Consensus conferences
• Expert knowledge & opinion
Benefits of EBPH

- access to more and higher-quality information on what works
- higher likelihood of successful programs and policies being implemented
- greater workforce productivity
- more efficient use of public and private resources

Resources – Part I
# PubMed Limits

## Dates

- **Published in the Last**: Any date

## Type of Article

- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review
- More Publication Types

## Species

- Humans
- Animals

## Subsets

### Journal Groups

- Core clinical journals
- Dental journals
- Nursing journals

### Topics

## Languages

- English
- French
- German
- Italian
- Japanese
- More Languages

## Gender

- Male
- Female

## Ages

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months

## Text Options

- Links to full text
- Links to free full text
- Abstracts

## Search Field Tags

- Field: All Fields
PubMed Health Services Research (HSR) Queries

This page provides specialized PubMed searches on healthcare quality and costs.

After running one of these searches, you may further refine your results using PubMed’s Limits feature.

Results of searches on this page are limited to specific health services research areas (see definitions). For comprehensive searches, use PubMed directly.

Additional PubMed search filters are available, including a filter for Systematic Reviews.

Search by HSR Study Category

This search finds citations that correspond to a specific health services research study category. The search may be either broad and sensitive or narrow and specific. The search filters are based on the work of Haynes RB et al. See the filter table for details.

Search

<table>
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<tr>
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<td>Narrow, specific search</td>
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<td>Qualitative research</td>
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Contact Us
PubMed Sample Search

1. Translating epidemiology into policy to prevent childhood obesity: the case for promoting physical activity in school settings.
   Brownson RC, Chiiqui JF, Burgeson CR, Fisher MC, Ness RB.
   PMID: 20470670 [PubMed - in process]
   Related citations

   McCurdy LE, Winterbottom KE, Mehta SS, Roberts JR.
   PMID: 20381783 [PubMed - in process]
   Related citations

3. Lifetime cardiovascular risk of childhood obesity.
   Raghav G.
   PMID: 20335556 [PubMed - in process]
   Related citations

   D'Onise K, Lynch JW, Sawyer MG, McDermott RA.
   PMID: 20198634 [PubMed - in process]
   Related citations

5. Prevention of obesity in preschool children.
   Lanigan J, Barber S, Singhal A.
   PMID: 20168638 [PubMed - in process]
   Related citations
A systematic review of school-based smoking prevention trials with long-term follow-up


Conclusions. Few studies have evaluated the long-term impact of school-based smoking prevention programs rigorously. Among the 8 programs that have follow-up data to age 18 or 12th grade, we found little to no evidence of long-term effectiveness. ...

Evidence-based guidelines for cardiovascular disease prevention in women 1

E Penal… - Journal of the American College of Cardiology, 2004 - Elsevier

… Evidence-based guidelines for cardiovascular disease prevention in women 1. … The objective of this collaborative effort was to develop the first set of evidence-based guidelines for the prevention of CVD in adult women with a broad range of cardiovascular risk. ...

Hutchinson Smoking Prevention Project: long-term randomized trial in school-based tobacco use prevention—results on smoking


… Unfortunately, and consistent with previous randomized trials in school-based smoking prevention that have used the social-influences approach and that have followed children to grade 12, there is no evidence from the HSPP trial that a school-based social-influences …

School-based programmes for preventing smoking

R Thomas, R Pears - Cochrane Database Syst Rev, 2008 - nw.interscience.wiley.com

… of smoking We identified 23 high quality randomized controlled trials of school-based programmes to ... There is little evidence that information alone is effective. ... children's smoking behaviour, the highest quality and longest trial (the Hutchinson Smoking Prevention Project) found ...

Effective ingredients of school-based drug prevention programs: A systematic review

P Cullpers - Addictive Behaviors, 2002 - Elsevier

… describe general quality criteria that are not based on scientific evidence but on … policymakers, and prevention scientists in the improvement of school-based drug prevention ... Smoking prevention among urban minority youth: assessing effects on outcome and mediating variables ...


L Mosca, OL Banka, EJ Benjamin, K … - Journal of the ..., 2007 - Am Coll Cardiol Found

… Hydroxymethylglutaryl-CoA reductase inhibitors in older persons with acute myocardial infarction: evidence for an age-specific interaction. J Am Geriatr Soc, ... Smoking Meta-Analyses. ... Clopidogrel and aspirin versus aspirin alone for the prevention of atherothrombotic events. ...

Smoking cessation: evidence based recommendations for the healthcare system

## Google Limits

### Google Scholar Advanced Scholar Search

<table>
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<th>with all of the words</th>
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### Collections

- Search articles in all subject areas (☐ include patents).

- Search only articles in the following subject areas:
  - Biology, Life Sciences, and Environmental Science
  - Medicine, Pharmacology, and Veterinary Science
  - Business, Administration, Finance, and Economics
  - Physics, Astronomy, and Planetary Science
  - Chemistry and Materials Science
  - Social Sciences, Arts, and Humanities
  - Engineering, Computer Science, and Mathematics
National Center for Health Statistics (NCHS)

http://www.cdc.gov/nchs/
NCHS FastStats A to Z

The FastStats site provides quick access to statistics on topics of public health importance and is organized alphabetically. Links are provided to publications that include the statistics presented, to sources of more data, and to related web pages.

State and Territorial Data

A
Access to Health Care
Accidents/Unintentional Injuries
ADHD
Adoption
Adolescent Health
AIDS/HIV
Alcohol Use
Allergies
Alzheimer's Disease
Ambulatory Care (Doctor Visits)
American Indian or Alaska Native Health
Anemia
Arthritis
Asian or Pacific Islander Health
Assault/Homicide
Asthma
Attention Deficit Hyperactivity Disorder

I
Immunization
Infant Health
Infant Mortality
Infectious Disease
Infertility
Influenza
Injury
Inpatient Surgery

K
Kidney Disease

L
Leading Causes of Death
Life Expectancy
Liver Disease/Cirrhosis
Lung Diseases Chronic Obstructive

M
Mammography/Breast Cancer
Marriage
Measles
Men's Health
Mental Health
Mexican American Health
Mortality/Deaths
Health services research projects in progress:
Health services/sciences research resources:
Health services/technology assessment text:
Health disparities & minority health information resources: 

MEDLINE/PubMed Search and Health Disparities & Minority Health Information Resources

The MEDLINE/PubMed health disparities search retrieves citations to journal literature, combining subject terms and title & abstract words.

See the details of the search strategy.

- National Library of Medicine® (NLM®) Resources
- National Institutes of Health (NIH) Resources
- US Department of Health & Human Services (HHS) Resources
- Associations and Foundations
- Research Centers and Grants

US Government Resources

National Library of Medicine (NLM) Resources


- MedlinePlus® : Health Disparities

- MedlinePlus: African-American Health
ERIC (Educational Resources Information Center)

• Access (free)
  – Also available through multiple vendors

• Coverage:
  – The database contains more than 1.3 million abstracts of education-related documents and journal articles from 1966 onwards.
  – Linked full-text to grey literature (reports, documents, etc...)
ERIC Sample Search

Search for:
- Keywords (all fields): aids
- Keywords (all fields): health education
- Keywords (all fields): evidence-based

Search Tips:
- To search for a journal name, select the Source field.
- Use quotation marks around a phrase to find an exact match.
- For an exact match of an author name, use the format "Last name, First name"
Expanding Implementation and Fidelity of Evidence-Based Behavioral Interventions for HIV Prevention: Lessons Learned from the Focus on Kids Diffusion Case Study (EJ841441)

Author(s): Galbraith, Jennifer S.; Stanton, Bonita; Boekeloo, Bradley; King, Winifred; Desmond, Sharon; Howard, Donna; Black, Maureen M.; Carey, James W.

Source: Health Education & Behavior, v36 n3 p532-549 2009

Pub Date: 2009-00-00

Pub Type(s): Journal Articles; Reports - Research

Peer-Reviewed: Yes

Descriptors: Acquired Immunodeficiency Syndrome (AIDS); Intervention; Prevention; Sexually Transmitted Diseases; Public Health; Telephone Surveys; Technical Assistance; Case Studies; Health Education

Abstract: Evidence-based interventions (EBIs) are used in public health to prevent HIV infection among youth and other groups. EBIs include core elements, features that are thought to be responsible for the efficacy of interventions. The authors evaluate experiences of organizations that adopted an HIV-prevention EBI, Focus on Kids (FOK), and their fidelity to the intervention's eight core elements. A cross-sectional telephone survey was administered to 34 staff members from organizations that had previously implemented FOK. Questions assessed how the organization adhered to, adapted, dropped, or altered the intervention. None of the organizations implemented all eight core elements. This study underscores the importance for HIV intervention researchers to clearly identify and describe core elements. More effort is needed to reflect the constraints practitioners face in nonresearch settings. To ensure intervention effectiveness, additional research and technical assistance are needed to help organizations implement HIV prevention EBIs with fidelity. (Contains 3 tables.)

Related Items: Show Related Items

Full-Text Availability Options:
Help Finding Full Text | Find in a Library | Publisher's Web Site
National Criminal Justice Reference Service Abstracts & Full-Text

• Access (free)
  http://www.ncjrs.gov/App/AbstractDB/AbstractDBSearch.aspx
  – Also available through multiple vendors

• Coverage
  – National Criminal Justice Reference Service Abstracts Database contains summaries of more than 205,000 criminal justice publications from 1970 to the present. The Full-Text Virtual Library contains 7,000+ full-text publications. Approximately 450 documents are added each month.
NCJRS Sample Search

Search the NCJRS Abstracts Database

The NCJRS Abstracts Database contains summaries of the more than 200,000 criminal justice, juvenile justice, and substance abuse resources housed in the NCJRS Library collection.

Choose a search type:  • All  • Any  • Phrase  and enter your search below

- Title
- Author
- Journal Name
- NCJ Number
- Numbers Only
- General Search: elder abuse effective prevention
- Language: ALL
- Date Range: (Enter date as mm/yyyy for example: 10/2002.)

Start Date  End Date

Search  Clear

Advanced Thesaurus Search  Abstracts Database Tutorial/Help  View Latest Additions
NCJRS Search Results

Search Results

Your Search found 164 records.

Results sorted by relevancy

To download selected abstracts, check the box next to the item(s) and click the "Download" button located in the upper right corner of the page.

1. Local Responses to Elder Abuse: Building Effective Prevention Strategies (From Ageing, Crime and Society, P 139-153 (From Ageing, Crime and Society, P 139-153, 2006, Azrinah Wahidin and Maureen Cain, eds. -- See NCJ-216066)
   - NCJ Number: 216064
   - Author: Jill Manthorpe
   - Publication Date: 2006
   - Abstract

2. Determining Effective Interventions in a Community-Based Elder Abuse System, Final Report
   - NCJ Number: 154461
   - Publication Date: 1993
   - Abstract

3. Understanding Family Violence: Treating and Preventing Partner, Child, Sibling, and Elder Abuse
   - NCJ Number: 182170
   - Author: Vernon R. Wiehe
   - Publication Date: 1998
   - Abstract

4. TESTIMONY ON BEHALF OF THE NATIONAL COMMITTEE FOR THE PREVENTION OF ELDER ABUSE BEFORE THE U.S. HOUSE SELECT COMMITTEE ON AGING, SUBCOMMITTEE ON HUMAN SERVICES
   - NCJ Number: 145400
   - Author: R S Worf
   - Journal: Journal of Elder Abuse and Neglect
   - Volume: 3
   - Issue: 4
   - Dated: (1991)
   - Pages: 87-99
   - Abstract
POPLINE

- Access (free)
- [http://www.popline.org/](http://www.popline.org/)  
  - Also available through multiple vendors
- Coverage
  - 370,000+ citations to scientific articles, reports, books, and unpublished reports in population, family planning, & related issues.
  - References as old as 1827, but mostly 1950 to present
Popline Sample Search

Enter words or phrases in the boxes below. Then click the Search button. If searching for more than one concept, separate with 'OR' for OR. Example: adolescent* & contraception

SUBJECT:

drug-resistant tuberculosis & guidelines

AUTHOR:

Search Tips
Use & (and) between terms: finds records with all the terms
Use / (or) between terms: finds records with any one of the terms
Use I (text before a word): finds all records with words that start the same way
Type * (truncation) after part of a word: finds all records with words that start the same way

Keyword Guide
Using Boolean Operators
Advanced Search
Document Delivery Policy
Contribute to POPLINE
Links to full-text
Peer Reviewed Journals
POPLINE Disclaimers

2009 Photoshare Photo Contest Winners

Photo by Indian Photographer Honored in 6th Annual Photoshare Photo Contest Sponsored By Hopkins’ Knowledge for Health (K4Health) Project

A strong portrait of a bed net covered child affected by malaria won 1st Place/Best of Show at the 6th Annual Photoshare Photo Contest. Somanath Mukhopadhyay submitted the winning photo in the competition hosted by the Foundation for Health Impact (FHI) in association with K4Health.
Popline Search Results

1. 311779 [Click link to view full record]  
Blondal K; Cammerner JA; Cegielski P; Espinal MA; Jaramillo E.  

2. 312464 [Click link to view full record]  
Rich M; Cegielski P; Jaramillo E; Lambregts K.  

3. 275117 [Click link to view full record]  
Kabra SK; Locha R; Seth V.  

Add to Cart
AGRICOLA

• Access (free) http://agricola.nal.usda.gov/
  – Also available through multiple vendors

• Coverage
  – AGRICOLA (AGRICultural OnLine Access) is a bibliographic database of citations to the agricultural literature created by the National Agricultural Library (NAL) and its cooperators. Database covers materials in all formats, including printed works from the 15th century. The records describe publications and resources encompassing all aspects of agriculture and allied disciplines, including food and human nutrition.
  – You may search the National Agricultural Library Catalog and Journals Database at the same time.
Agricola
TOXNET

• Access (free) http://toxnet.nlm.nih.gov/
  – Some of the databases are available from vendors

• Coverage
  – Search all at once or multi-database search includes
    • Hazardous Substances Data Bank (HSDB), Integrated Risk Information System (IRIS), Chemical Carcinogenesis Research Information (CCRIS), and Genetic Toxicology (GENE-TOX).
TOXNET Sample Search

TOXNET - Databases on toxicology, hazardous chemicals, environmental health, and toxic releases.

Select Database
- ChemIDplus
- HSDB
- TOXLINE
- CCRIS
- DART
- GENETOX
- IRIS
- ITER
- LactMed
- Multi-Database
- TRI
- Haz-Map
- Household Products
- TOXMAP

Search All Databases

References from Biomedical Literature
- TOXLINE: Toxicology Literature Online
- DART: Developmental Toxicology Literature

Chemical, Toxicological, and Environmental Health Data
- ChemIDplus: Chemical Identification/Dictionary
- HSDB: Hazardous Substances Data Bank
- CCRIS: Chemical Carcinogenesis Information
- CPDB: Carcinogenic Potency Database
- GENETOX: Genetic Toxicology Data
- IRIS: Integrated Risk Information
- ITER: International Toxicity Estimates for Risk
- LactMed: Drugs and Lactation Database
- TRI: Toxics Release Inventory
- TOXMAP: Environmental Health e-Maps
- Haz-Map: Occupational Exposure/Toxicology
- Household Products: Health & Safety Information on Household Products
Toxmap

Use Quick Search or click on a map

to explore on-site toxic releases and hazardous waste sites from the EPA's Toxics Release Inventory (TRI) and the Superfund National Priorities List (NPL).

TRI facilities (blue) and Superfund NPL sites (red).
Enviro–Health Links

Selected links to Internet resources on toxicology and environmental health issues of recent special interest

**SELECTION CRITERIA**

- **American Indian Health**
  An information portal to issues affecting the health and well-being of American Indians in the United States

- **Arctic Health**
  An information portal to issues affecting the health and well-being of our planet's northern-most inhabitants

- **Arsenic and Human Health**
  A chemical toxic to humans and found in some everyday places and things

- **Asian American Health Web Site**
  An information portal to issues affecting the health and well-being of Asian Americans in the United States

- **Biological Warfare**
  Biological pathogens can be intentionally deployed to cause disease or death
Practicing EBPH

Define the public health problem

Convert the information needs into focused questions
Search and find the best evidence

Critically appraise the evidence for relevance and validity
Objectives – Critical Appraisal I

By the end of this section, you should be able to...

• Pick out key information from unstructured and structured abstracts using the PICO model.
• Compare the population and intervention you wish to study with that addressed by the article using the PICO model to ascertain relevance.
• Identify the type of study described in two abstracts and suggest validity indicators.
Scenario – Knowledge Need

• You work at a district public health office and you are considering reaching out to the public in your area with an intervention to promote fruit and vegetable consumption for prevention of chronic diseases.

• Is there any evidence whether this approach could work?
Introduction to PICO

The PICO framework can be used to structure your search question and appraise the relevance of results to your knowledge need.

**P** = Population, Problem, Patient

**I** = Intervention or Item of Interest
(program or treatment or screening test or exposure or prognostic factor)

**C** = Comparison or Control (if any)

**O** = Outcomes
PICO for Scenario

- **P** = The public in an urban area at risk of chronic disease
- **I** = Promotion of fruit and vegetable consumption
- **C** = Standard practice/Existing promotions
- **O** = Participation in program (process evaluation);
  - Increased fruit and vegetable consumption (outcome evaluation);
  - Prevention of chronic disease (long-term outcome evaluation)
Critical Appraisal

• Does the item address the question? [Are the population and intervention similar enough to be useful?]
• Is this item quality evidence?
• Always better to appraise full-text
• Realistically, most make the first cut by appraising the abstract (or executive summary)
Structured Abstract Components

• Background or Objectives (also Context, Aim)
• Methods
  – More specifically: Design, Setting, Participants, Population, Intervention or Exposure, Main Outcome Measures
• Results (also Findings)
• Conclusions (also Interpretation)
  – Sometimes followed by Discussion or Limitations
Paper with Unstructured Abstract

Baker AH, Wardle J.
Increasing fruit and vegetable intake among adults attending colorectal cancer screening; the efficacy of a brief tailored intervention.

Cancer Epidemiology Biomarkers and Prevention 2002 Feb; 11(2): 203-206

Health Behavior Unit, Department of Epidemiology and Public Health, University College London, London, WC1E 6BT, United Kingdom.
Fruits and vegetables appear to confer protection against several cancers, but most adults in the United Kingdom eat substantially less than the recommended amounts. Cancer screening services could provide a valuable context in which to provide advice on increasing fruit and vegetable intake. This study examined the efficacy of a brief, tailored, psycho-educational intervention for increasing fruit and vegetable intake, carried out in a cancer screening clinic. The study was a randomized, controlled trial. 742 participants, 55-64 years of age, recruited from three cancer screening clinics, completed a baseline questionnaire. They were assigned either to the tailored intervention group or to an untreated control group. The primary outcome measure was self-reported consumption of fruit and vegetables. At 6 week follow-up there were significant increases in daily servings of fruit and vegetables in the tailored intervention group (CI, 0.87-1.25) compared with the untreated group (CI, 0.08-0.43). These results support the efficacy of a simple, written message, which is tailored to the intake and knowledge levels of the individual, for modifying cancer-protective dietary behaviors, at least in the short term. They also suggest that cancer screening clinics may be a good context for providing this service.
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PICO for this abstract

• P =

• I =

• C =

• O =
Discussion Questions

• Does the paper PICO match your scenario PICO in terms of population and intervention and outcomes?
• What type of study is it?
• Is this intervention effective?
• What else have you learned from reading this abstract?
• Would you read this entire paper? Why or why not?

A randomized trial of the Little by Little CD-ROM: demonstrated effectiveness in increasing fruit and vegetable intake in a low-income population.


Public Health Nutrition Program, School of Public Health, University of California, Berkeley 94720, USA. gblock@berkeley.edu
Analyzing a Structured Abstract

• Look in key components for information
• Some information will not be presented in the abstract – decide whether to read on in the paper
• Background –
  – What is the setting for this study?
  – What is the rationale for the study?
INTRODUCTION: Research indicates that low fruit and vegetable intake is a risk factor for many chronic diseases. Despite large-scale education campaigns, the great majority of Americans do not consume recommended levels. We tested the ability of a single brief interactive experience of the Little by Little CD-ROM to increase fruit and vegetable intake in low-income women.
Analyzing a Structured Abstract

• Methods –
  – What type of study is it?
  – Who participated in the study?
  – What was the intervention?
  – What outcomes were measured and how?

• Use the information from this section to create a PICO for this article

• Does the PICO sufficiently match your scenario? If not, stop here. It’s not relevant to your question.
Methods

• METHODS: A randomized placebo-controlled, parallel-group trial included 481 low-income, female participants: mean age 50.1 years, 48.4% African American, 51.6% non-Hispanic white, and 92.5% below 185% of the federally designated poverty level. Participants received one of three conditions: 1) a one-time experience with the Little by Little CD-ROM, 2) the Little by Little CD-ROM plus two reminder telephone calls, or 3) a stress management CD-ROM (control condition). We assessed baseline and follow-up dietary intake with a modified 24-hour recall.
Analyzing a Structured Abstract

• Look in **Results** for information

• What percentage participated?
• Was the intervention effective?
• What types of analyses were done?
• Was follow-up sufficient?
Results

• RESULTS: Two months after the one-time experience with the CD-ROMs, both intervention groups reported significantly higher intakes of fruits and vegetables than the control group. The Little by Little group with reminder calls increased daily intake by 1.32 fruits/vegetables, an 86% greater increase than the control group (P = .016). The Little by Little group without reminder calls increased daily intake by 1.20 fruits/vegetables, a 69% greater increase than the control group (P = .052). Significantly greater movement in Stage of Readiness for Change also occurred in the Little by Little groups compared with the control group.
Analyzing a Structured Abstract

• Look in **Conclusions** for information

• Were all important outcomes considered?
• Are the likely intervention benefits worth the potential harms and costs?
Conclusions

• CONCLUSION: The Little by Little CD-ROM may be useful in public health and clinical situations to increase fruit and vegetable intake.
Discussion Questions

• Did the paper PICO match your scenario PICO in terms of population and intervention and outcome?

• What could you tell about validity from the results?

• What have you learned from reading this abstract?

• Would you read this entire paper? Why or why not?
Objectives

Are you able to...

• Pick out key information from the main areas of an unstructured and a structured abstract using the PICO model.

• Identify the type of study described in abstracts

• Use the PICO model to compare the population and intervention and outcomes you are interested in with those reported in an article.
Questions or Comments?
Later in this workshop we will analyze an entire paper.
Sample Case Exercise

• The Health Promotion-Disease Prevention division is working with community-based organizations to reduce smoking in the 50+ population. All sorts of interventions have been proposed, some general and some targeted. A smoke free public places law is starting on the books this fall since those have been generally successful nationwide. Is there evidence that law would be sufficient to reduce older adult smoking?
Background Questions

• General (things you need to know):
  – How much smoking by older adults is done in public places as opposed to homes, etc.?

• Location/agency-specific
  – What is your current prevalence of smokers aged 50+?
PICO the Case

• **P (Population or Patient or Problem):** smokers over age 50
• **I (Intervention or Test or Prognostic Factor or Risk Factor):** smoke free law
• **C (Comparison, if one):** no smoke free law
• **O (Outcome(s)):** reduction in smoking overall by this population
Searchable Foreground?

• Using the PICO to create a searchable question along the lines of the following:

• In the Patient Population with this Problem, does the Intervention more than the Comparison (if any) result in the Outcomes.

• In older adult (50+) smokers, will smoke-free laws reduce smoking?
Identify Database(s) and Terms

• Browse list of databases and suggest at least three possibilities.

• What terms will you use? Why?

• Let’s search one of the free databases together.
CASE STUDIES/SAMPLE SEARCHES

• Form groups of 2 or 3 members.
• Select one case study question (have alternates in case your choice is taken by another group).
• Task: prepare and present an analysis of the information needed using the worksheet.
• Your group will have ____ minutes to collaborate on completing the worksheet.
Together you will:

• Formulate background questions
• Break the case into the PICO model
• Generate a searchable foreground question
• For that foreground question, you will:
  – Identify a few relevant resources/databases
  – Suggest search terms
  – Choose one of the databases available at the session in which to execute a strategy
  – Execute the strategy and locate relevant content
FEEDBACK

• Each group will share its investigation with the class
• Sharing will include demonstrating one resource searched even if not successful
• Class will provide other suggestions to group
• At the end of the class, participants will receive a handout with sample strategies and teaching points for all the case studies.
BREAK
Resources – Part II

• Evidence-Based Practice for Public Health Website
  – Guide to Community Preventive Services
  – National Guideline Clearinghouse
  – Health-Evidence.ca
  – Model Practice Database
  – Public health databases and journals

• PHPartners.org – Public Health Web Portal
  – Reports and other publications
  – Health data and statistics
  – Health legislation and policy
  – Conference proceedings and abstracts
Evidence-Based Practice for Public Health Website

http://library.umassmed.edu/ebpph
Pathway to Evidence-Based Resources

Evidence-Based Guidelines
Evidence-based guidelines based on a systematic review of the research literature. The guidelines provide summaries of evidence and recommendations for practice from government agencies, professional organizations, and convening expert panels.

Systematic Reviews
Systematic reviews and meta-analyses of the literature that use specific methods and criteria to locate, appraise, and synthesize the evidence from research studies. The reviews uncover the strengths and weaknesses of the evidence and identify gaps in current research.

Pre-Formulated and Filtered Searches of Published Studies
Specialized searches of PubMed/MEDLINE on specific public health topics or limited to studies that correspond to a specific research category.

Best Practices
Public health programs, interventions, and policies that through experience have been evaluated, shown to be successful, and have the potential to be adapted and transformed by others working in the same field.
Guide to Community Preventive Services

• Resource type: Evidence-Based Guidelines
• Access (free): http://www.thecommunityguide.org
• Coverage:
  – Evidence-based recommendations for specific population-based health interventions
  – Based on a systematic reviews of more than 200 interventions
  – Includes recommendations and summaries, full-text systematic reviews, and supporting materials
• Produced by:
  – Task Force of Community Preventive Services & CDC
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?

More than 200 interventions have been reviewed and the Task Force on Community Preventive Services has issued recommendations for their use. Learn more about the guide, our systematic review methods, and the Community Guide team.

All Community Guide Topics

- Adolescent Health
- Alcohol
- Asthma
- Birth Defects
- Cancer
- Diabetes
- HIV/AIDS, STIs & Pregnancy
- Mental Health
- Motor Vehicle
- Nutrition
- Oral Health
- Physical Activity
- Social Environment
- Tobacco
- Vaccines
- Violence
- Worksite

Guide to Community Preventive Services
http://www.thecommunityguide.org
## Obesity Prevention

- Overweight and obesity have been shown to increase the likelihood of certain diseases and other health problems, and are important concerns for adults, children, and adolescents in the United States.
- An estimated 25.6 percent of adults in the United States reported being obese in 2007, an increase of nearly 2 percent since 2005 ([Behavioral Risk Factor Surveillance System](https://www.cdc.gov/brfss/)).
- Approximately 300,000 deaths per year may be attributable to obesity ([Office of the Surgeon General](https://www.surgeongeneral.gov/)).
- The economic cost of obesity in the United States was about $117 billion in 2000 ([Office of the Surgeon General](https://www.surgeongeneral.gov/)).

## Community Guide Systematic Reviews

The Community Guide conducted systematic reviews of interventions in the following areas:

- Provider-oriented interventions (e.g., education, reminders)
- Interventions in community settings (e.g., reducing screen time, technology-based interventions, specific settings)
Obesity Prevention: Interventions in Community Settings

Reviewed interventions include programs designed to reduce screen time, technology-based strategies, and interventions specific to worksite and school settings.

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, and where available, Research-tested Intervention Programs (RTIPs).

<table>
<thead>
<tr>
<th>Interventions to reduce screen time (e.g., time in front of a TV, computer monitor)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Behavioral interventions to reduce screen time</td>
<td>Recommended</td>
</tr>
<tr>
<td>Mass media interventions to reduce screen time</td>
<td>Insufficient Evidence</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Technology-supported interventions (e.g., computer or web applications)</th>
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</thead>
<tbody>
<tr>
<td>Multicomponent counseling or coaching to effect weight loss</td>
<td>Recommended</td>
</tr>
<tr>
<td>Multicomponent counseling or coaching to maintain weight loss</td>
<td>Recommended</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Interventions in specific settings</th>
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</thead>
<tbody>
<tr>
<td>Worksite programs to control overweight and obesity</td>
<td>Recommended</td>
</tr>
<tr>
<td>School-based programs to prevent overweight and obesity</td>
<td>Insufficient Evidence</td>
</tr>
</tbody>
</table>
Worksite Programs to Control Overweight and Obesity

Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.

Task Force Recommendations & Findings

The Task Force on Community Preventive Services recommends worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees.

About The Intervention

- Informational and educational strategies aim to increase knowledge about a healthy diet and physical activity. Examples include:
  - Lectures
  - Written materials (provided in print or online)
  - Educational software
- Behavioral and social strategies target the thoughts (e.g. awareness, self-efficacy) and social factors that effect behavior changes. Examples include:
  - Individual or group behavioral counseling
  - Skill-building activities such as cue control
  - Rewards or reinforcement
  - Inclusion of co-workers or family members to build support systems
- Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures. Examples of this include:
  - Improving access to healthy foods (e.g. changing cafeteria options, vending machine content)
  - Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise)
- Policy strategies may also change rules and procedures for employees such as health insurance benefits or costs or money for health club membership.
The Effectiveness of Worksite Nutrition and Physical Activity Interventions for Controlling Employee Overweight and Obesity

A Systematic Review

Laurie M. Anderson, PhD, MPH, Toby A. Quinn, MPA, Karen Glanz, PhD, MPH, Gilbert Ramirez, DrPH, Leila C. Kahwati, MD, MPH, Donna B. Johnson, PhD, Leigh Ramsey Buchanan, PhD, W. Roodly Archer, PhD, Sajal Chattopadhyay, PhD, Geetika P. Kalra, MPA, David L. Katz, MD, Task Force on Community Preventive Services

Abstract:

This report presents the results of a systematic review of the effectiveness of worksite nutrition and physical activity programs to promote healthy weight among employees. These results form the basis for the recommendation by the Task Force on Community Preventive Services on the use of these interventions. Weight-related outcomes, including weight in pounds or kilograms, BMI, and percentage body fat were used to assess effectiveness of these programs.

This review found that worksite nutrition and physical activity programs achieve modest improvements in employee weight status at the 6–12-month follow-up. A pooled effect estimate of −2.8 pounds (95% CI=−4.6, −1.0) was found based on nine RCTs, and a decrease in BMI of −0.5 (95% CI=−0.8, −0.2) was found based on six RCTs. The findings appear to be applicable to both male and female employees, across a range of worksite settings.

Most of the studies combined informational and behavioral strategies to influence diet and physical activity; fewer studies modified the work environment (e.g., cafeteria, exercise facilities) to promote healthy choices. Information about other effects, barriers to implementation, cost and cost effectiveness of interventions, and research gaps are also presented in this article. The findings of this systematic review can help inform decisions of employers, planners, researchers, and other public health decision makers. (Am J Prev Med 2009;37(4):340–357) Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine
In 2008, the annual healthcare cost of obesity in the US was estimated to be as high as 147 billion dollars a year.¹ The annual medical burden of obesity increased to 9.1 percent in 2006 compared to 6.5 percent in 1998.² Medical expenses for obese employees are estimated to be 42 percent higher than for a person with a healthy weight.³ Workplace obesity prevention programs can be an effective way for employers to reduce obesity and lower their health care costs, lower absenteeism and increase employee productivity.

What is the cost of obesity to your organization?

"CDC’s LEAN Works! Leading Employees to Activity and Nutrition" is a FREE web-based resource that offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs, including an obesity cost calculator to estimate how much obesity is costing your company and how much savings your company could reap with different workplace interventions.

Be the first to benefit! Get started with CDC’s LEAN Works! today by choosing one of the stages below.

<table>
<thead>
<tr>
<th>Why</th>
<th>Plan</th>
<th>Build</th>
<th>Promote</th>
<th>Assess</th>
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<tr>
<td>Why should I create a program?</td>
<td>Where should I begin?</td>
<td>What program components and activities should I include?</td>
<td>How do I maintain interest and motivation?</td>
<td>Is my program working?</td>
</tr>
</tbody>
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NICE Public Health Guidance

• Resource type: Evidence-Based Guidelines

• Access (free):
  http://www.nice.org.uk/Guidance/PHG/Published

• Coverage:
  – Evidence-based recommendations to improve people’s health and prevent illness and disease
  – Evidence of effectiveness and examples of best practice in relation to health and social care
  – Includes guidance documents, quick reference guides, and supporting materials

• Produced by:
  National Institute for Health and Clinical Excellence, UK
Published public health guidance

This table lists published NICE public health guidance. The list can be sorted by reference number, title (alphabetically), wave number, publication date and review date.

More information on the published public health guidance list.

Other published NICE guidance with public health recommendations.

## Published public health guidance

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<th>Ref</th>
<th>Title</th>
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<td>PH1</td>
<td>Brief interventions and referral for smoking cessation</td>
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<td>PH9</td>
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<td>PH19</td>
<td>Management of long-term sickness and incapacity for work</td>
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<td>Preventing the uptake of smoking by children and young people</td>
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<td>Preventing unintentional injuries among under-15s in the home</td>
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<td>PHR1</td>
<td>Preventing unintentional road injuries among under-15s: road design</td>
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National Guideline Clearinghouse

- **Resource type:** Database of Evidence-Based Guidelines
- **Coverage:**
  - Database of evidence-based practice guidelines from U.S. and international government agencies, professional societies, and private organizations
  - Structured, standardized abstracts
  - Guideline syntheses & expert commentaries
  - Links to full-text guidelines if available
- **Produced by the Agency for Healthcare Research and Quality (AHRQ)**
Welcome!

You are connected to the National Guideline Clearinghouse™ (NGC), a public resource for evidence-based clinical practice guidelines. NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]). Click on About NGC to learn more about us.

NGC offers Syntheses of selected guidelines that cover similar topic areas, and Expert Commentary on issues of interest and importance to the clinical guideline community.

Start your search by typing keywords into the search box on this page, or use the NGC Browse or Detailed Search features.

NGC News

What's New this Week

- **New Recommended Readings**: This feature provides users with brief annotations of relevant journal articles of interest to the measure and guideline communities.

- **New Expert Commentary**: The Many Facets of Evidence: Commentary on the American Academy of Neurology's Evidence Classification Scheme.
Results – Breast cancer screening mammography
Health-Evidence.ca

• Resource type: Database of Systematic Reviews
• Access (free): http://health-evidence.ca
• Coverage:
  – Systematic reviews on the effectiveness of public health and health promotion interventions
  – Abstracts, summary statements, full-text if available
  – Tools for evidence-based practice
• Produced by:
  – Canadian Institutes of Health Research & McMaster University
Systematic Reviews

Health-Evidence.ca
http://health-evidence.ca

New in Evidence-Informed Decision Making...

Most accessed review this week
March 15, 2010
Effectiveness of public health interventions in food safety: A systematic review

First Health Evidence Webcast!
March 03, 2010
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<td>Adult Health</td>
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<td>Infant Health</td>
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<td>Injury Prevention/Safety</td>
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<td>Senior Health</td>
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<td>Sexual Health</td>
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<td>Sexually Transmitted Infections</td>
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<td>Social Determinants of Health</td>
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<td>Camp</td>
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<td>Community/recreation centre</td>
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<td>Health bus</td>
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<td>Health departments</td>
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Health-evidence.ca
Search

P: children
I: school-based interventions
C: none
O: reduce or prevent obesity
## Current Results

To sort click a column heading

<table>
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<th>Article</th>
<th>Authors</th>
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<th>Rating</th>
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<tbody>
<tr>
<td>A systematic review of the routine monitoring of growth in children of primary school age to identify growth-related conditions</td>
<td>Fayter, D. et al.</td>
<td>2007</td>
<td>10 (strong)</td>
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<tr>
<td>Interventions for treating obesity in children</td>
<td>Oude Luttikhuis, H. et al.</td>
<td>2009</td>
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<td>School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6–18</td>
<td>Dobkins, M. et al.</td>
<td>2009</td>
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<tr>
<td>School-based obesity prevention programs: An evidence-based review</td>
<td>Kropski, J.A. et al.</td>
<td>2008</td>
<td>10 (strong)</td>
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<tr>
<td>Effectiveness of physical activity enhancement and obesity prevention programs in children and youth (Report)</td>
<td>Thomas, H. et al.</td>
<td>2004</td>
<td>10 (strong)</td>
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<tr>
<td>The effectiveness of school-based strategies for the primary prevention of obesity and for promoting physical activity and/or nutrition, the major modifiable risk factors for type 2 diabetes: A review of reviews (Report)</td>
<td>Micucci, S. et al.</td>
<td>2002</td>
<td>9 (strong)</td>
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School-based obesity prevention programs: An evidence-based review

Review Quality Rating: 10 (strong) - View Quality Assessment

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Publication Date</th>
<th>Journal</th>
<th>Volume</th>
<th>Issue</th>
<th>Start Page</th>
<th>End Page</th>
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<tbody>
<tr>
<td>Kropski, J.A., Keckley, P.H., Jensen, G.L.</td>
<td>2008</td>
<td>Obesity</td>
<td>16</td>
<td>5</td>
<td>1009</td>
<td>1018</td>
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</tbody>
</table>

Abstract:

Objective: This review seeks to examine the effectiveness of school-based programs for reducing childhood overweight or obesity.

Methods and Procedures: A systematic review of the research literature published since 1990 was conducted to identify experimental or quasi-experimental school-based curricular or environmental preventive interventions, with evaluation >/=<6 months after baseline, which reported outcomes in terms of a measure of overweight.

Results: Fourteen studies were identified, including one involving a nutrition-only program, two physical activity promotion interventions and eleven studies combining nutrition and physical activity components. Most studies (n = 10) offered weak (grade 2) quality evidence. One study offered strong (grade 4) evidence reducing the odds ratio for overweight in girls only, while four grade 2 studies reported significant improvements in BMI or at-risk-for overweight or overweight prevalence in boys, girls, or both. Twelve studies reported significant improvement in at least one measure of dietary intake, physical activity, and/or sedentary behavior.

Discussion: Our ability to draw strong conclusions as to the efficacy of school-based obesity prevention programs is limited by the small number of published studies and by methodological concerns. Qualitative analysis suggests programs grounded in social learning may be more appropriate for girls, while structural and environmental interventions enabling physical activity may be more effective for boys. High-quality evaluation protocols should be considered essential components of future programs.

Address: Vanderbilt Center for Evidence-based Medicine, Nashville, Tennessee, USA.

Related Links

- [http://www.nature.com/obyjournal/v16/n5/full/oby200829a.html](http://www.nature.com/obyjournal/v16/n5/full/oby200829a.html)

Find out if you have free access to this full article. Click here.
Behavior and Psychology

School-based Obesity Prevention Programs: An Evidence-based Review

Jonathan A. Kropski, Paul H. Keckley and Gordon L. Jensen

1Vanderbilt Center for Evidence-based Medicine, Nashville, Tennessee, USA
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Received 15 January 2007; Accepted 7 August 2007; Published online 28 February 2008.

Abstract

Objective: This review seeks to examine the effectiveness of school-based programs for reducing childhood overweight or obesity.

Methods and Procedures: A systematic review of the research literature published since 1990 was conducted to identify experimental or quasi-experimental school-based curricular or environmental preventive interventions, with evaluation ≥ 6 months after baseline, which reported outcomes in terms of a measure of overweight.

Results: Fourteen studies were identified, including one involving a nutrition-only program, two physical activity promotion interventions and eleven studies combining nutrition and physical activity components. Most studies (n = 10) offered weak (grade 2) quality evidence. One study offered strong (grade 4) evidence reducing the odds ratio for overweight in girls only, while four grade 2 studies reported significant improvements in BMI or at-risk-for overweight or overweight prevalence in boys, girls, or both.
Healthy People 2010 Information Access Project

• Resource type: Pre-formulated PubMed searches

• Access (free): http://phpartners.org/hp

• Coverage:
  – Pre-formulated searches of PubMed on selected objectives of the 28 focus areas of Healthy People 2010
  – Links to relevant resources in MedlinePlus, the Guide to Community Preventive Services, and the Guide to Clinical Preventive Services.

• Produced by:
  – Partners in Information Access for the Public Health Workforce and the National Library of Medicine (NLM)
Healthy People 2010 Information Access Project

Search by Focus Area | About this Project | Tips on Searching | FAQ’s | Give Us Feedback | Contributors

This site lets you search for published literature related to the Healthy People 2010 focus areas.

- Access to Quality Health Services
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Chronic Kidney Disease
- Diabetes
- Disability and Secondary Conditions
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Health Communication
- Hearing Objectives
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant and Child Health
- Medical Product Safety
- Mental Health and Mental Disorders
- Nutrition and Overweight
- Occupational Health
- Oral Health
Healthy People 2010 Information Access Project: Nutrition and Overweight
http://phpartners.org/hp

Nutrition and Overweight

Click the PubMed search button to run the search in PubMed.

Link to the complete Healthy People 2010 Chapter.

- Reduce the proportion of adults who are obese. (Objective 19-02)
- Reduce the proportion of children and adolescents who are overweight or obese. (Objective 19-03)
- Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit and 3 servings of vegetables. (Objective 19-05) (Objective 19-06)
- Increase the proportion of persons aged 2 years and older who consume less than 10 percent of calories from saturated fat. (Objective 19-08)
- Increase good dietary quality of meals and snacks at school. (Objective 19-15)
- Increase proportion of worksites offering nutrition/weight management classes or counseling. (Objective 19-16)
- Increase food security among U.S. Households. (Objective 19-18)

Related Resources
- Counseling to Promote a Healthy Diet, Guide to Clinical Preventive Services, 3rd ed.
- Healthy People 2010 Midcourse Review: Nutrition and Overweight
- MedlinePlus - Child Nutrition (National Library of Medicine)
19-3. Reduce the proportion of children and adolescents who are overweight or obese.

**Target and baseline:**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Reduction in Overweight or Obese Children and Adolescents*</th>
<th>1988–94 Baseline</th>
<th>2010 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-3a.</td>
<td>Children aged 6 to 11 years</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>19-3b.</td>
<td>Adolescents aged 12 to 19 years</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>19-3c.</td>
<td>Children and adolescents aged 6 to 19 years</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>

*Defined as at or above the gender- and age-specific 95th percentile of BMI based on the revised CDC Growth Charts for the United States.

**Target setting method:** Better than the best.

**Data source:** National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

---

<table>
<thead>
<tr>
<th>Children and Adolescents Aged 6 to 19 Years, 1988–94 (unless noted)</th>
<th>Overweight or Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19-3a. Children Aged 6 to 11 Years</td>
</tr>
<tr>
<td><strong>Percent</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>
Nutrition and Overweight

Click the search button to run the search in PubMed.

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Reduce the proportion of children and adolescents who are overweight or obese. (Objective 19-03)

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- Counseling to Promote a Healthy Diet, Guide to Clinical Preventive Services, 3rd ed.
- Healthy People 2010 Midcourse Review: Nutrition and Overweight
- MedlinePlus – Child Nutrition (National Library of Medicine)
- MedlinePlus – Dietary Fats (National Library of Medicine)
NACCHO Model Practice Database

• Resource type: Database of “best practices”
• Access (free):
• Coverage:
  – Database of model and promising practices for local public health practice
  – Areas covered include community health, chronic disease, emergency preparedness, environmental health, and infectious disease
• Produced by: National Association of County and City Health Officials (NACCHO)
## Model Practice Database

To find a model or promising practice by category, click here.

<table>
<thead>
<tr>
<th>Year</th>
<th>Program Name</th>
<th>Organization</th>
<th>State</th>
<th>Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>WIC-Dental Partnership for Prevention</td>
<td>DOH - PBCHD Dental Division</td>
<td>FL</td>
<td>Model</td>
<td>Access to Care</td>
</tr>
<tr>
<td>2008</td>
<td>What about Mom?</td>
<td>Pinellas County Health Department</td>
<td>FL</td>
<td>Model</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>2008</td>
<td>WebEOC Utilization for Seasonal Influenza Reporting</td>
<td>Dallas County Health and Human Services</td>
<td>TX</td>
<td>Promising</td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td>2008</td>
<td>Using Games and Simulations for Preparedness and Response Training</td>
<td>Chicago Department of Public Health</td>
<td>IL</td>
<td>Model</td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td>2008</td>
<td>Training Plans for the Field of Environmental Health</td>
<td>Benton County Environmental Health Care</td>
<td>OR</td>
<td>Promising</td>
<td>Environmental Health Workforce</td>
</tr>
<tr>
<td>2008</td>
<td>Tobacco Retailer Licensing Ordinance</td>
<td>Tobacco Retailer Licensing</td>
<td>CA</td>
<td>Promising</td>
<td>Tobacco</td>
</tr>
<tr>
<td>2008</td>
<td>The Walk Around Nevada Program</td>
<td>Southern Nevada Health District</td>
<td>NV</td>
<td>Model</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>2008</td>
<td>The Kidz Bite Back Initiative</td>
<td>Pinellas County Health Department</td>
<td>FL</td>
<td>Model</td>
<td>Chronic Disease</td>
</tr>
</tbody>
</table>
Search Model Practices by Category

- Access to Care
- Advocacy and Policymaking
- Animal Control
- Chronic Disease
- Coalitions and Partnerships
- Communication/Public Relations
- Community Assessment
- Community Involvement
- Cultural Competence
- Environmental Health
- Food Safety
- Health Equity
- Immunization
- Infectious Disease
- Informatics
- Injury Prevention
- Marketing and Promotion
- Maternal and Child Health
- Organizational Practices
- Other Infrastructure and Systems
- Primary Care
- Quality Improvement
- Research and Evaluation
- Tobacco
- Vector Control
- Water Quality
- Workforce
Other Resources for EBPH Practice

The Pathway to Evidence-Based Resources

**Evidence-Based Guidelines**
Evidence-based public health guidelines based on systematic reviews of the research literature.

**Systematic Reviews**
Systematic reviews and meta-analyses of the public health literature.

**Pre-Formulated and Filtered Searches of Published Studies**
Specialized searches of PubMed/MEDLINE on specific health topics or type of research study.

**Best Practices**
Public health programs, interventions, and policies used by others that have been evaluated and shown to be successful.

Other Resources

- Public Health Journals
- Public Health Databases
- Knowledge Domains of Public Health
Access to Public Health Journals and Databases Including Free Resources

Public Health Journals

Free Public Health Online Journals
Browse by title: All Titles A B C D E F G H I J K L M N O P Q R S T U V W X
Browse by knowledge domain: Select a Knowledge Domain, Then Click on Go
Public Health Knowledge Domains and Associated Journals
Top 25 Public Health Journals by Impact Factor

Public Health Databases

Free Public Health Databases
Free Public Health Journal in the Global Health Knowledge Domain

Bulletin of the World Health Organization (BLT)
Submit a manuscript | About the Bulletin

WHO > Programmes and projects > Bulletin of the World Health Organization

Bulletin of the World Health Organization
The International Journal of Public Health

Editorials: Science, media and public perception: implications for climate and health policies
Full Text [HTML]
Full Text [pdf 441kb]

News: Urbanization and health
Full Text [HTML]
Full Text [pdf 1.07Mb]

Research: Global disparities in the epilepsy treatment gap: a systematic review
Abstract [HTML]
Full Text [HTML]
Full Text [pdf 569kb]

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Theme issue: communicable diseases
More Resources for EBPH

- Government reports
- Research and technical reports
- Health data and statistics
- Policy statements, laws and regulations
- Conference proceedings and abstracts
- News reports, alerts and news feeds
Our Mission
Helping the public health workforce find and use information effectively to improve and protect the public’s health

Public Health Topic Pages
- Bioterrorism
- Dental Public Health
- Environmental Health
- HIV/AIDS
- How to Access Journal Articles
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In the Spotlight
National Environmental Public Health Tracking Network

What’s New on PHPartners.org
- Subscribe to the weekly announcement-only list of new resources RSS
- What is RSS?

Featured Resources
- Research
- Public Health Information and Data: Tutorial
- Resource Guide for Public Health Preparedness
- Making a Difference in Global Health
Partners in Information Access for the Public Health Workforce

• Agency for Healthcare Research and Quality (AHRQ)
• American Public Health Association (APHA)
• Association of Schools of Public Health (ASPH)
• Association of State and Territorial Health Officials (ASTHO)
• Centers for Disease Control and Prevention (CDC)
• Health Resources and Services Administration (HRSA)
• Medical Library Association (MLA)
• National Agricultural Library (NAL)
• National Association of County and City Health Officials (NACCHO)
• National Library of Medicine (NLM)
• National Network of Libraries of Medicine (NN/LM)
• Public Health Foundation (PHF)
• Society for Public Health Education (SOPHE)
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PHPartners: Literature and Guidelines
http://phpartners.org/guide.html

- Grey Literature
- Government reports & documents
- Research & technical reports
- Professional association publications
- Fact sheets & research briefs
Health Statistics

- **America's Health Rankings** - (United Health Foundation) - America's Health Rankings is a yearly assessment of the relative healthiness of the nation, based upon analysis of comprehensive determining factors such as personal behaviors, the environment in which people live and work, the decisions made by public and elected officials and the quality of medical care delivered by health professionals.

- **Big Cities Health Inventory 2007: The Health of Urban USA** - (National Association of County and City Health Officials (NACCHO)) - Provides city-to-city comparisons of leading measures of health, presenting a broad overview of the health of the 54 largest metropolitan areas in the U.S.

- **Cancer Trends Progress Report** - (National Cancer Institute, NIH (NCI)) - Summarizes progress in the U.S. against cancer in relation to Healthy People 2010 targets set forth by the Department of Health and Human Services. The report includes key measures of progress along the cancer control continuum and uses national trend data to illustrate where advancements have been made.

- **CDC Data and Statistics** - (Centers for Disease Control and Prevention (CDC))

- **Data & Surveys** - (Agency for Healthcare Research and Quality (AHRQ))

- **Demographic, Social and Housing Statistics** - (United Nations)

- **European Health For All Database (HFA-DB)** - (World Health Organization (WHO)) - Contains data on about 600 health indicators for Member States of the WHO European Region, including basic demographic and socioeconomic indicators; lifestyle- and environment-related indicators; mortality, morbidity and disability; hospital discharges; and health care resources, utilization and expenditure. The database is a helpful tool for international comparison and for assessing the health situation and trends in any European country in an international context.

- **FASTATS A-Z** - (Centers for Disease Control and Prevention (CDC)) - Listing and quick links for basic public health statistical data.

- **Finding and Using Health Statistics: A Self-Study Course** - (National Library of Medicine, National Information Center on Health Services Research and Health Care Technology) - Slide Presentation, October 2000

- **GlobalHealthFacts.org** - (Henry J. Kaiser Family Foundation (KFF)) - Global data on HIV/AIDS, malaria, TB and other key health and socio-economic indicators. The data are displayed in tables, charts, and color-coded maps and can be downloaded for custom analyses.
Health Data Tools and Statistics

FastStats

FastStats Homepage
State and Territorial Data

Related Links
Accessibility

State and Territorial Data A to Z

The FastStats site provides quick access to statistics on top health topics organized alphabetically. Links are provided to publications, sources of more data, and to related web pages.

BRFSS

Turning Information Into Health

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

Survey Data and Downloads
BRFSS GIS Maps Data

Community Health Status Indicators

CHSI

Our Mission: Provide Information for Improving Community Health

About the Data | About the Project | How to Use Report | Partners | Resources

Select State
Select a State

Select County
Select a County

Community Health Status Indicators Report

The goal of Community Health Status Indicators (CHSI) is to provide an overview of key health indicators for local communities and to encourage dialogue about actions that can be taken to improve a community's health. The CHSI report was designed not only for public health professionals but also for members of the community who are interested in the health of their community. The CHSI report contains over 200 measures for each of the 3,141 United States counties. Although CHSI presents indicators like deaths due to heart disease and cancer, it is imperative to understand that behavioral factors such as tobacco use, diet, physical activity, alcohol and drug use, sexual behavior and others substantially contribute to these deaths (see chart).

In addition to the web page, community profiles can be displayed on maps or downloaded in a brochure format. The CHSI mapping capability allows users to visually compare similar counties (termed peer counties) as well as adjacent counties with their county. The downloaded CHSI report allows broad dissemination of information to audiences that may not have access to the Internet.


Risky

The Only 20-Year Scorecard of Our Nation's Health Challenges

The 20th edition of America's Health Rankings is the longest running state-by-state health report in the United States. This year's rankings include updated state-specific data for 2009 health challenges of the past 20 years.

New!
State Obesity Calculator

As a nation, our excess pounds are creating excess costs. Find out what obesity is costing your state today, and friends, what it may cost in the future.

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Get Informed

Take Action

Create your own America's Health Rankings experience with new interactive data applications.

As a nation, our excess pounds are creating excess costs. Find out what obesity is costing your state today, and friends, what it may cost in the future.
Legislation and Policy

Resources to support legislation and policy at the state and federal levels.

National Legislation and Policy | State Legislation and Policy

National Legislation and Policy

- **ACPM Policy Compendium** - (American College of Preventive Medicine (ACPM)) - Practice policy statements, public policy statements, position statements, and patient education statements consistent with scientific principles of the discipline of preventive medicine.

- **AMCHP's Current Legislative Agenda** - (Association of Maternal and Child Health Programs (AMCHP)) - AMCHP works to strengthen national policy and increase resources for maternal and child health programs.

- **APHA Legislative Issues and Advocacy** - (American Public Health Association (APHA)) - APHA works to shape public policy to address ongoing public health concerns such as ensuring access to care, protecting funding for core public health programs and services, and eliminating health disparities.

- **ASPH Public Health Advocacy** - (Association of Schools of Public Health (ASPH)) - Information on ASPH advocacy efforts and links to sources of public health legislative information and resources.

- **Campaign for Children's Health Care** - The campaign is dedicated to making high-quality, comprehensive, affordable health insurance coverage for all of America's children a top national priority.

- **CDC/Washington** - (Centers for Disease Control and Prevention (CDC))

- **E-Health and the National Health Information Infrastructure Policy** - (IEEE (Institute of Electrical and Electronics Engineers)-USA) - IEEE-USA position statements, policy communications, and legislation related to improving the interoperability of health information systems and the capability for exchanging patient information.

- **The Federal Register** - (National Archives and Records Administration (NARA) U.S.) - The Office of the Federal Register (OFR) provides access to the official text of federal laws, presidential documents, and to administrative regulations and notices.

- **Health Education Advocate** - (Coalition of National Health Education Organizations (CNHEO)) - Advocating for health education and health promotion legislation.

- **Kaiser Daily Health Policy Report** - (Henry J. Kaiser Family Foundation (KFF)) - Daily online reports that provide summaries of news stories with links to original articles on health policy issues.
Health Reform is Public Law - April 15
Cindy Mann, Director for the Center for Medicaid and State Operations addresses Health Committee at Spring Forum. New CRS reports posted April 15, 2010. More

Disparities in Health 2010 Introduced Legislation
Life expectancy have improved in recent years for most Americans, thanks in part to a better focus on preventive medicine and advances in medical technology. More

High Risk Pools for State Health Coverage
35 states have implemented high-risk health insurance pools. Federal health reform of March 2010 adopts this structure for all states. More
Conferences and Meetings

Upcoming Meetings | Webcasts | Calendar of Events | Past Meeting Archives and Reports

Upcoming Meetings

- **Population Association of America Annual Meeting** - (Population Association of America) - April 15-17, 2010, Dallas, TX
- **Unite For Sight Global Health & Innovation 2010 Conference** - (Unite for Sight) - April 17-18, 2010, New Haven, CT
- **2010 National Immunization Conference (NIC)** - (Centers for Disease Control and Prevention (CDC)) - April 19-22, 2010, Atlanta, GA. The conference will explore innovative strategies for developing programs, policy, and research to promote immunization coverage for all age groups.
- **Keeneland Public Health Systems & Services Research (PHSSR) 2010 Conference** - (University of Kentucky College of Public Health) - April 20-22, 2010, Lexington, KY.
- **Health Effects Institute (HEI) 2010 Annual Conference** - (Health Effects Institute (HEI)) - April 25-27, 2010, Alexandria, VA. The Health Effects Institute will bring together scientists from a wide range of disciplines to share results of research on topics including: New Technologies and Fuels; Short-Lived Air Pollutants, Climate Change, and Human Health; Multipollutant Science and Policy; and health impacts of actions to improve air quality.
- **Webinar Series: The Convergence Partnership’s Healthy People Healthy Places** - (Convergence Partnership) - April - September, 2010. Monthly webinar series that addresses how to make environmental policy changes to improve health.
- **6th Annual GIS & Public Health Conference** - (University at Albany School of Public Health) - May 4, 2010, East Greenbush, NY. The theme of this year's program is Using GIS to Improve Public Health.
Archived Conference Abstracts

APHA Past Years Abstracts
http://www.apha.org/meetings/pastfuture/pastannualmeetings.htm
Keeping up with what’s new

**Current Public Health News**

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**In the Spotlight**

- **National Environmental Public Health Tracking Network**

**What’s New on PHPartners.org**

- **Subscribe to the weekly announcement-only list of new resources** [RSS]
- **What is RSS?**
CASE STUDIES – PART II

• Consider your search cases again in light of these new resources
• Try out a few possibilities to add to your case solution
• We’ll come together in a few minutes to hear reports back from all the groups
• Each group will have 3-5 minutes to share and get feedback from other participants.
Prochaska JD, Burdine JN, Bigsby K, Ory MG, Sharkey JR, McLeroy KR, et al.
The impact of a communitywide smoke-free ordinance on smoking among older adults.

Prev Chronic Dis 2009;6(1):.

http://www.cdc.gov/pcd/issues/2009/jan/07_0264.htm
CRITICAL APPRAISAL - Validity

I. Are the results of the study valid?
   • Were there clearly identified comparison groups that were similar with respect to important determinants of outcome, other than the one of interest (exposure to smoke free legislation)?
   • Were the outcomes and exposures measured in the same way in the groups being compared?
   • Was follow-up sufficiently long and complete?
CRITICAL APPRAISAL

II. What are the results?

• How strong is the association between exposure and outcome (harm studies) OR between intervention and outcome?

ODDS RATIO (Observational Studies)

• How precise is the estimate of the risk?

CONFIDENCE INTERVALS
CRITICAL APPRAISAL - ACTION

III. Will the results help to improve the health of my community?

• Can the results be applied to caring for people in the community? Are the findings generalizable?

• What is the magnitude of the risk or benefit?
Wrap-up & Evaluation
Contact Information

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University of Michigan

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New England Region
University of Massachusetts Medical School
http://nnlm.gov/ner/publichealth/