Evidence-Based Public Health: Identifying and Using Information Resources

E. Hatheway Simpson
University of Massachusetts Medical School

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Evidence-Based Public Health: Identifying and Using Information Resources

Hathy Simpson, MPH
Public Health Information Specialist
Hathy.Simpson@umassmed.edu
New England Region, National Network of Libraries of Medicine
University of Massachusetts Medical School

April 3, 2012
CT-RI Public Health Training Center Webinar
Mission of NN/LM
To advance the progress of medicine and improve the public health by providing all U.S. professionals with equal access to biomedical information and improving the public's access to information to enable them to make informed decisions about their health.
Objectives

- Explain the characteristics of evidence-based public health (EBPH)
- Describe at least three different types of evidence that can be used to support public health practice questions
- Identify at least three online public health resources available for free
“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:
Evidence-Based Public Health

Decisions for Public Health Practice
• Interventions
• Programs
• Policies

Why Evidence-Based Practice?

- Make informed decisions to plan, modify and evaluate public health programs
- Implement effective interventions to improve community health
- Discontinue or modify ineffective interventions
- Optimize the use of limited resources
- Justify proposed public health programs to funders and stakeholders
EBPH & Public Health Accreditation

Domain 10: Contribute to and Apply the Evidence Base of Public Health

- **Standard 10.1**: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- **Standard 10.2**: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices with Appropriate Audiences

Evidence-Based Public Health Process

1. Define the problem
2. Identify the evidence
3. Assess the evidence
4. Prioritize and select interventions
5. Implement interventions
6. Evaluate the results

➢ Disseminate your findings
Define the Problem

• The health issue of concern

• Population characteristics:
  • Age, gender, race/ethnicity, income, education, occupation, health behaviors, geographical region, environmental factors

• Size and scope of the problem
  • Morbidity, mortality, disability, quality of life measures

• Outcomes - measurable objectives

• Potential interventions
## Example – Defining the Problem

<table>
<thead>
<tr>
<th>Problem</th>
<th>Population</th>
<th>Size &amp; Scope</th>
<th>Outcomes</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended pregnancy</td>
<td>Adolescent females, 15 to 17 years</td>
<td>40.2 pregnancies per 1,000 females (U.S.)</td>
<td>Avoidance of unintended pregnancy</td>
<td>School-based sex education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Consistent contraceptive use</td>
<td>Education in family planning clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Delayed initiation of sexual intercourse</td>
<td>Education in school-based health clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All of the above outcomes</td>
<td>Community-based programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Abstinence education</td>
</tr>
</tbody>
</table>

1 Health Indicators Warehouse, U.S. Department of Health and Humans Services
Table adapted from Indira Gujral and Ashley Juhl, Epidemiology, Planning & Evaluation Branch, Prevention Services Division, Colorado Department of Public Health and Environment
Identify the Evidence

➢ So much information, too little time!

➢ Evidence-Based Resources for Public Health Practice:
  • Evidence-Based Practice for Public Health
    http://library.umassmed.edu/ebpph
  • PHPartners.org
    http://PHPartners.org
Evidence-Based Practice for Public Health

http://library.umassmed.edu/ebppph

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**
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Guide to Community Preventive Services
http://www.thecommunityguide.org

Interested in Adolescent Health?
See newly published Task Force findings on:
- Helping caregivers reduce their teen’s health risk behaviors
- Abstinence education & comprehensive risk reduction for teens

Task Force Meetings
2012
February 22–23
June 20–21
October 10–11

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

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

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.
Obesity Prevention and Control

- 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 26.7 percent of adults in the United States reported being obese in 2009, up 1.1 percentage points since 2007 (Behavioral Risk Factor Surveillance System).
- Approximately 300,000 deaths per year may be attributable to obesity (Office of the Surgeon General).
- In 2008, the annual healthcare cost of obesity in the US was estimated to be as high as 147 billion dollars a year (Finkelstein 2009).

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)

Referenced Documents

Obesity Prevention and Control: Interventions in Community Settings

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

Summary of 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>
<th>Interventions to reduce screen time (e.g., time in front of a TV, computer monitor)</th>
<th></th>
</tr>
</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>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Interventions in specific settings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Worksite programs</td>
<td>Recommended</td>
</tr>
<tr>
<td>School-based programs</td>
<td>Insufficient Evidence</td>
</tr>
</tbody>
</table>

For More On This Topic

- CDC, Overweight and Obesity
- Healthy People 2020
- Healthy Weight
- Recommended Community Strategies and Measurements to Prevent Obesity in the United States

Related Topics

- Adolescent Health
- Cancer Prevention and Control
- Promoting Good Nutrition
- Promoting Physical Activity
- Worksite Health Promotion
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.

In 2008, the annual healthcare cost of obesity in the US was estimated to be as high as 147 billion dollars a year. The annual medical burden of obesity increased to 9.1 percent in 2006 compared to 6.5 percent in 1998. Medical expenses for obese employees are estimated to be 42 percent higher than for a person with a healthy weight. 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>CG Topic</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| Physical Activity | City of Mount Prospect, IL  
Improved urban design –  
- Sidewalks  
- Save street crossings | Number of students walking to school doubled |
| Vaccines   | Duval County Health Department, FL  
- Client reminders to increase immunization rates  
- Training of additional staff to administer vaccines  
- Education of parents and caregivers | Vaccination coverage increased by 15% |
| Cancer     | Family Health Center, McClellanville, NC  
- Client reminders for breast and cervical cancer screening  
- Group education  
- Reduce structural barriers  
- Reduce out-of-pocket costs | Increased screening for breast and cervical cancer by 10% |
| Tobacco    | New York City, NY  
- Increase cigarette taxes  
- Smoking bans in workplaces, bars and restaurants  
- Mass media campaign | Smoking prevalence among adults decreased by 27% |
NGC is a public resource for evidence-based clinical practice guidelines.

Find
Browse guideline summaries by Topic or Organization, or view the complete Index of all current guideline summaries.

Learn
Broaden your knowledge with Guideline Resources. Go to Expert Commentaries for editorial insights on current issues in the field of guidelines. Find out more about NGC and guideline summaries under About.

Compare
Guideline Syntheses provide a comparative analysis of guidelines on similar topics. Or choose two or more guideline summaries to Compare side-by-side.

Ask
Contact Us with questions or comments about specific guidelines or about the NGC Web site. You can find useful tips on the FAQ and Help pages.
Screening for Breast Cancer in Women at Average Risk

Guidelines Being Compared:


A direct comparison of the recommendations presented in the above guidelines for screening for breast cancer in asymptomatic women at average risk is provided in the tables below. Recommendations for women at increased risk of breast cancer are beyond the scope of this synthesis.

Areas of Agreement

Digital Mammography and Magnetic Resonance Imaging (MRI)

USPSTF concluded that the current evidence is insufficient to assess the additional benefits and harms of using either digital mammography or MRI instead of film mammography as a screening modality for breast cancer. According to ACOG, breast MRI is not recommended for screening women at average risk of developing breast cancer. ACOG does not provide recommendations on digital mammography, but states that a recent meta-analysis of data from eight large randomized studies found that, overall, digital mammography demonstrated a slightly higher detection rate than film mammography, particularly for women aged 60 years or younger. ACP does not address digital mammography or MRI.

Areas of Difference

Mammographic Screening

The USPSTF recommends biennial screening mammography for women aged 50 to 74 years, noting that the decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient’s values regarding specific benefits and harms.
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Systematic Reviews

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

New in Evidence-Informed Decision Making...

This week’s featured review
March 05, 2012
Vitamin D supplementation for prevention of mortality in adults

NCCPH Knowledge Translation Graduate Student Awards
February 27, 2012
The National Collaborating Centres for Public Health (NCCPH) is awarding up to three graduate students to recognize their work regarding knowledge translation in public health in Canada. Awards will be given at the CPHA 2012 Annual Conference and will cover travel, accommodation and registration fees up to a maximum of $1,500. Application deadline: March 30, 2012.
# Heath-Evidence.ca Search Options

## Focus of Review
- [ ] Addiction/Substance Use
- [ ] Adolescent Health
- [ ] Adult Health
- [ ] Child Health
- [ ] Chronic Diseases
- [ ] Communicable Disease/Infection
- [ ] Dental Health
- [ ] Environmental Health
- [ ] Food Safety & Inspection
- [ ] Healthy Communities
- [ ] Infant Health
- [ ] Injury Prevention/Safety
- [ ] Mental Health
- [ ] Nutrition
- [ ] Parenting, Infants and Children
- [ ] Physical Activity
- [ ] Reproductive Health
- [ ] Senior Health
- [ ] Sexual Health
- [ ] Sexually Transmitted Infections (STIs)
- [ ] Social Determinants of Health

## Review Type
- [ ] meta-analysis
- [ ] narrative
- [ ] systematic

## Population Characteristics
- [ ] Age Groups
- [ ] Cultural Group
- [ ] Family
- [ ] First Nations and Inuit
- [ ] Gender
- [ ] General Public/All age groups
- [ ] High Risk Group
- [ ] Low socioeconomic status

## Intervention Location
- [ ] Camp
- [ ] City/regional/provincial/state/national
- [ ] Clinic
- [ ] Commercial site
- [ ] Community
- [ ] Community health centre
- [ ] Community/recreation centre
- [ ] Correctional institution
- [ ] Day care centre
- [ ] Dentist
- [ ] Family centre
- [ ] Farm
- [ ] Health bus
- [ ] Health departments
- [ ] Hospital
- [ ] Industrial
- [ ] Medical clinic
- [ ] Outpatient care
- [ ] School
- [ ] Social service agencies
- [ ] Neighborhood
- [ ] Workplace

## Intervention Strategies
- [ ] Advocacy
- [ ] Behaviour modification
- [ ] Creating supportive environments
- [ ] Education/awareness & Skill development/training
- [ ] Emergency preparedness
- [ ] Immunization
- [ ] Public health inspection & Environmental health
- [ ] Screening
- [ ] Surveillance
# Health-Evidence.ca Search Results

School-based interventions to reduce and prevent obesity in children

<table>
<thead>
<tr>
<th>Article</th>
<th>Authors</th>
<th>Date</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions for treating obesity in children</td>
<td>Oude Luttikhuis, H. et al.</td>
<td>2009</td>
<td>10 (strong)</td>
</tr>
<tr>
<td>Interventions to prevent obesity in 0-5 year olds: An updated systematic review of the literature</td>
<td>Hesketh, K.D. et al.</td>
<td>2010</td>
<td>10 (strong)</td>
</tr>
<tr>
<td>School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18</td>
<td>Dobbins, M. et al.</td>
<td>2009</td>
<td>10 (strong)</td>
</tr>
<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>
</tr>
<tr>
<td>School-based interventions on childhood obesity: A meta-analysis</td>
<td>Gonzalez-Suarez, C. et al.</td>
<td>2009</td>
<td>10 (strong)</td>
</tr>
<tr>
<td>A meta-analytic review of obesity prevention programs for children and adolescents: The skinny on interventions that work</td>
<td>Stice, E. et al.</td>
<td>2006</td>
<td>9 (strong)</td>
</tr>
<tr>
<td>Effect of school-based physical activity interventions on body mass index in children: A meta-analysis</td>
<td>Harris, K.C. et al.</td>
<td>2009</td>
<td>9 (strong)</td>
</tr>
</tbody>
</table>
Behavior and Psychology


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

Jonathan A. Kropski¹, Paul H. Keckley¹ and Gordon L. Jensen²

¹Vanderbilt Center for Evidence-based Medicine, Nashville, Tennessee, USA
²Department of Nutritional Sciences, Pennsylvania State University, University Park, Pennsylvania, USA

Correspondence: Gordon L. Jensen (GJ1@psu.edu)
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.
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Healthy People 2020 Structured Evidence Queries

http://phpartners.org/hp2020/index.html

Healthy People 2020 Structured Evidence Queries

Search by Topic Area

Access to Health Services
Arthritis, Osteoporosis, and Chronic Back Conditions
Chronic Kidney Disease
Dementias, Including Alzheimer's Disease
Diabetes
Early and Middle Childhood
Family Planning
Food Safety
Genomics
Health Communication and Health IT
Healthcare-Associated Infections
Medical Product Safety
Mental Health and Mental Disorders
Oral Health
Physical Activity
Preparedness
Substance Abuse
Tobacco Use
Vision
Healthy People 2020 Structured Evidence Queries: Physical Activity

http://phpartners.org/hp2020/physical_activity.html

Physical Activity

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

Download all Physical Activity Objectives

PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity (Objective PA-1)

PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (Objective PA-2)

PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (Objective PA-3)

PA-4 Increase the proportion of the Nation's public and private schools that require daily physical education for all students (Objective PA-4)

PA-5 Increase the proportion of adolescents who participate in daily school physical education (Objective PA-5)

PA-6 Increase regularly scheduled elementary school recess in the United States (Objective PA-6)

PA-7 Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time (Objective PA-7)

PA-8 Increase the proportion of children and adolescents who do not exceed recommended limits for screen time (Objective PA-8)

PA-9 Increase the number of States with licensing regulations for physical activity provided in child care (Objective PA-9)

PA-10 Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations) (Objective PA-10)
### PA-5
Increase the proportion of adolescents who participate in daily school physical education

<table>
<thead>
<tr>
<th>Baseline:</th>
<th>33.3 percent of adolescents participated in daily school physical education in 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>36.6 percent</td>
</tr>
<tr>
<td>Target-Setting Method:</td>
<td>10 percent improvement</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP</td>
</tr>
</tbody>
</table>

More Information:
- [Data from the HHS Health Indicators Warehouse](http://www.healthypeople.gov/2020/default.aspx)
- The HP2010 objective with the same definition was 22-09. [View on DATA2010](http://www.healthypeople.gov/2020/default.aspx)
- [Search PubMed for Literature Relating to this Objective](http://www.healthypeople.gov/2020/default.aspx)
<table>
<thead>
<tr>
<th>Objective PA-1</th>
<th>Reduce the proportion of adults who engage in no leisure-time physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective PA-2</td>
<td>Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</td>
</tr>
<tr>
<td>Objective PA-3</td>
<td>Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</td>
</tr>
<tr>
<td>Objective PA-4</td>
<td>Increase the proportion of the Nation’s public and private schools that require daily physical education for all students</td>
</tr>
<tr>
<td>Objective PA-5</td>
<td>Increase the proportion of adolescents who participate in daily school physical education</td>
</tr>
<tr>
<td>Objective PA-6</td>
<td>Increase regularly scheduled elementary school recess in the United States</td>
</tr>
<tr>
<td>Objective PA-7</td>
<td>Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time</td>
</tr>
<tr>
<td>Objective PA-8</td>
<td>Increase the proportion of children and adolescents who do not exceed recommended limits for screen time</td>
</tr>
<tr>
<td>Objective PA-9</td>
<td>Increase the number of States with licensing regulations for physical activity provided in child care</td>
</tr>
<tr>
<td>Objective PA-10</td>
<td>Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations)</td>
</tr>
</tbody>
</table>
Limit search results:
- Year published
- Language
- Age group
- Type of article

See search details:
- Query translation
- Search terms used
- Edit search: add or delete terms
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### NACCHO Model Practice Database

http://naccho.org/topics/modelpractices/databse/

#### 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>2011</td>
<td>Breast Health Outreach and Counseling Project</td>
<td>Philadelphia Department of Public Health</td>
<td>PA</td>
<td>Model</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>2011</td>
<td>Git-R-Done: To Be Safe - An Introduction to Quality Improvement Based on the PHAB SAT</td>
<td>Franklin County Health Department</td>
<td>KY</td>
<td>Model</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>2011</td>
<td>Colorado Circle of Protection Tdap Program</td>
<td>Tri-County Health Department</td>
<td>CO</td>
<td>Model</td>
<td>Immunization</td>
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<td>2011</td>
<td>I ♥ All My Animals--Promoting Rabies Vaccination For Domestic Animals Through A Collaborative Multi-media Campaign</td>
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<td>Promising</td>
<td>Immunization</td>
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<td>2011</td>
<td>2009 H1N1 Influenza Surveillance Systems</td>
<td>Miami-Dade County Health Department</td>
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<td>2011</td>
<td>Prison to Community Transition Project</td>
<td>Jackson County Health Department</td>
<td>IL</td>
<td>Model</td>
<td>Infectious Disease</td>
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<td>2011</td>
<td>Primary Access To Health</td>
<td>Brevard County Health Department</td>
<td>FL</td>
<td>Promising</td>
<td>Chronic Disease</td>
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<td>2011</td>
<td>Color-Coded Consent Forms for Performance Excellence during Mass Prophylaxis Event</td>
<td>St. Johns County Public Health Department</td>
<td>FL</td>
<td>Promising</td>
<td>Emergency Preparedness</td>
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<td>2011</td>
<td>Climate Change Adaptation Planning at the Local Level</td>
<td>Milford Health Department</td>
<td>CT</td>
<td>Promising</td>
<td>Environmental Health</td>
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<td>Engaging Staff &amp; Stakeholders in the Community Health Assessment Process</td>
<td>Milford Health Department</td>
<td>CT</td>
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<td>Quality Improvement Workforce</td>
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<td>2008</td>
<td>Residential Rodent Control Intervention Project</td>
<td>West Hartford-Bloomfield Health District</td>
<td>CT</td>
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<td>Community Involvement Environmental Health</td>
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<td>2006</td>
<td>REACH - Real Estate Awareness of the Connecticut Health Code</td>
<td>Ledge Light Health District</td>
<td>CT</td>
<td>Promising</td>
<td>Environmental Health</td>
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<td>2006</td>
<td>Protecting Fairgoers through Education, Awareness and Standardized Food Inspection</td>
<td>Northeast District Department of Health</td>
<td>CT</td>
<td>Promising</td>
<td>Community Involvement Environmental Health</td>
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<td>Food Safety Organizational Practices</td>
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<td>Nail Salon Sanitation for Operators and Consumers</td>
<td>Stratford Health Department</td>
<td>CT</td>
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<td>Cultural Competence</td>
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<td>2003</td>
<td>Breath of Fresh Air</td>
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<td>Maternal and Child Health</td>
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</tbody>
</table>
Best Practices (Experience-Based)

Public health programs, interventions, and policies that have been evaluated, shown to be successful, and have the potential to be adapted and transformed by others working in the same field.

United States

- **Center of Excellence for Training and Research Translation** (University of North Carolina at Chapel Hill) – Interventions and strategies on preventing and controlling obesity, heart disease and stroke, and other chronic diseases through nutrition and physical activity.
- **Model Practice Database** (National Association of County and City Health Officials) – Collection of projects from around the United States highlighting successful public health projects.
- **National Registry of Evidence-Based Programs and Practices (NREPP)** (Substance Abuse and Mental Health Services Administration) – Searchable online registry of interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.
- **Promising Practices Network** (RAND Corporation) – Collection of summaries of successful projects, programs and practices addressing the needs of children and youth.
- **Research-tested Intervention Programs (RTIPs)** (National Cancer Institute) – Searchable database of cancer control interventions and program materials that have been shown to be effective, published in a peer-reviewed journal, and reviewed by a panel of experts in the field.

International

- **Canadian Best Practices Portal** (Public Health Agency of Canada) – Compendium of community interventions related to chronic disease prevention and health promotion that have been evaluated, shown to be successful, and have the potential to be adapted and replicated by other health practitioners working in similar fields.
Evidence-Based Practice for Public Health Website
http://library.umassmed.edu/ebpph

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**
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
- Nutrition
- Obesity
- Public Health Genomics
- Veterinary Public Health
- Workforce Development

Main Topic Pages
- Health Promotion and Health Education
- Literature and Guidelines
- Health Data Tools and Statistics
- Grants and Funding
- Education and Training
- Legislation and Policy
- Conferences and Meetings
- Finding People
- Discussion and E-mail Lists
- Jobs and Careers

Current Public Health News
- National Public Health Week Focuses on Disease Prevention and Wellness - 02-APR-2012
- MMWR Report on the Epidemiology Workforce in State and Local Health Departments - 02-APR-2012
- HHS and Education Launch New Stop Bullying Website - 02-APR-2012
- CDC Report Finds U.S. Population Has Good Levels of Some Essential Vitamins and Nutrients - 02-APR-2012
- HHS Announces Winners of the HHSinnovates Program - 02-APR-2012

Featured Resources
- Practice Informed by Research
- Structured Evidence Queries
- Public Health Information and Data: Tutorial
- Resource Guide for Disaster Medicine and Public Health
- Against Odds - Making a Difference in Global Health

In the Spotlight
Gateway to Health Communication & Social Marketing Practice

What's New on PHPPartners.org
*Subscribe to the weekly announcement-only list of new resources [RSS]*
What is RSS?
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 Association of Local Boards of Public Health (NALBOH)
- 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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Keeping up with what’s new

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Gateway to Health Communication & Social Marketing Practice

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What is RSS?
Information Resources on PHPPartners.org for Evidence-Based Practice

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- Literature and Guidelines
- Health Data Tools and Statistics
- Legislation and Policy
- Conferences and Meetings
- Grants and Funding
- Education and Training
- Legislation and Policy
- Conferences and Meetings
- Finding People
- Discussion and E-mail Lists
- Jobs and Careers

Literature and Guidelines:

Health Data Tools and Statistics:

Legislation and Policy:

Conferences and Meetings:

➢ Conference proceedings and abstracts
Literature and Guidelines

Resources to help you access the public health literature as well as links to titles from members of the Partners project.

See How to Access Journal Articles for strategies to access and obtain full text journal articles.

PHPartners: Literature and Guidelines
http://phpartners.org/guide.html

Journal Article Databases

- Canadian Institutes of Health Research
  - health-evidence.ca - Searchable online repository of evidence-based guidelines and promotion interventions.
- Centers for Disease Control and Prevention (CDC)
  - HuGE Literature Finder - Search engine for articles on epidemiology. The list of selected articles can be redirected to PubMed.
- Evidence for Policy and Practice Information System (EPPI-System)
  - Database of Promoting Health Effectiveness Reviews (DoPHER) - Focused coverage of systematic and non-systematic reviews of effectiveness in health promotion and public health worldwide. This register currently contains details of over 2,500 reviews of health promotion and public health effectiveness.
- Institute of Education Sciences, U.S. Department of Education (IES)
  - ERIC (Education Resources Information Center) - Online digital library of education research and information.
- Johns Hopkins School of Public Health (JHSPH)
  - Agriculture & Public Health Gateway - Gateway that allows users to search several key health and agriculture databases at one time.
- National Collaborating Centre for Methods and Tools (NCCMT)
  - Public Health + - Searchable database of articles from over 140 medical and allied health academic journals that have been critically appraised to identify those that are methodologically sound. Articles that pass this process are rated by clinicians for relevance and newsworthiness.
- National Library of Medicine (NLM) U.S.
  - MEDLINE/PubMed Search and Health Disparities & Minority Health Information Resources - A collection of links to tools and resources on health disparities including a pre-formulated PubMed search on health disparities.
  - PubMed - PubMed comprises more than 20 million citations for biomedical literature from MEDLINE, life science journals, and online books.
Examples - Reports and Publications

http://phpartners.org/guide.html#Reports%20and%20Other%20Publications
PHPartners: Health Data Tools and Statistics
http://phpartners.org/health_stats.html

Behavioral Risk Factor Surveillance System
http://www.cdc.gov/brfss/index.htm

County Health Rankings
http://www.countyhealthrankings.org/
Reversing the Trend in Childhood Obesity: Policies to Promote Healthy Kids and Communities

Introduction

The National Conference of State Legislatures (NCSL) has witnessed increasing interest among state legislatures in policies designed to reduce and prevent childhood obesity as demonstrated through enactment of legislation. In an earlier report, Promoting Healthy Communities and Preventing Childhood Obesity: Trends in Recent Legislation, NCSL found similar trends when studying enacted legislation in 16 topic areas during the 2009 legislative sessions. This report focuses on enacted legislation in 2010.

Report Organization

The report summarizes enacted state legislation in two broad policy categories—healthy eating and physical activity, and healthy community design and access to healthy food. These are further divided into 17 topic areas.

1. School Nutrition
2. Nutrition Education
3. Body Mass Index Measurement for Students
4. Diabetes Screening at School
5. Insurance Coverage for Obesity Prevention
6. School Wellness
7. Physical Activity or Physical Education in School
8. School Meals
9. Physical Education
10. School Cafeteria
11. School Kitchen
12. School Snacks
13. School Lunch
14. School Breakfast
15. School Cafeteria
16. School Kitchen
17. School Snacks

NCSL Resources

- Order publication
- Public Health and Healthy Community Resources
- NCSL Bookstore

Member Reminder:
first to get your free copy
APHA Past Years Abstracts
http://www.apha.org/meetings/past_future/pastannualmeetings.htm

PHPPartners: Conferences and Meetings
http://phpartners.org/conf_mtgs.html
Summary of EBPH Information Resources

1. Evidence-based guidelines
2. Systematic reviews
3. Formulated searches of the literature
4. Peer-reviewed research
5. Best and promising practices

- Government and research reports
- Data and statistics
- Policy statements and issue briefs
- Conference proceedings and abstracts

http://library.umassmed.edu/ebpph

http://PHPartners.org
Conclusion - Evidence-Based Public Health

Find and use the best available evidence to:

- Make informed public health practice decisions
- Ensure the effectiveness of programs and interventions
- Assure that resources are used in the most effective manner
- Strengthen funding proposals and gain support from stakeholders
Thank you!

Hathy Simpson, MPH
Public Health Information Specialist
Hathy.Simpson@umassmed.edu
National Network of Libraries of Medicine
New England Region (NN/LM NER)
University of Massachusetts Medical School
http://nnlm.gov/ner/