

2013

NACCHO Model Practices- Community Guide Crosswalk

*A Resource for Implementing Effective Public Health
Strategies*

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



Introduction

As local health departments (LHDs) address public health concerns in their jurisdictions, using what is known about strategies that work can help guide decisions that lead to the implementation of interventions likely to have impact. Toward this end, two resources are helpful. The National Association of County and City Health Officials' (NACCHO's) Model Practices Program recognizes, through a peer-review process, practice-based initiatives that demonstrate how LHDs and their community partners effectively address local public health concerns. The Model Practices Database is an online, searchable collection of innovative practices across various public health areas. These practices can help LHDs learn how to implement cost-effective strategies that maximize the effectiveness of their prevention efforts. The Guide to Community Preventive Services (The Community Guide) is a free resource that summarizes results from systematic reviews conducted by The Community Guide scientists. Based on these reviews, The Community Preventive Services Task Force (Task Force) recommends scientifically proven population health interventions using the following three-tier ranking system that can help public health practitioners achieve prevention outcomes:

- **Recommended**

The systematic review of available studies provides strong or sufficient evidence that the intervention is effective.

- **Recommended Against**

The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

- **Insufficient Evidence**

The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does *not* mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Purpose of This Crosswalk

Illuminating where current NACCHO Model Practices are evidence-based can offer much needed information about how to implement evidence-based strategies, such as those referenced in The Community Guide, while making available pertinent information about challenges that may be encountered, resources required, and impacts that can be achieved within specific populations and regions. Conversely, consulting The Community Guide when developing and implementing practice-based initiatives can enhance decisions about what strategies will work and inform how LHDs evaluate their impact, ensuring that they capture meaningful data about

effective practices. Together, NACCHO’s Model Practices Database and The Community Guide can better inform the decision-making of LHDs as they consider ways to address public health concerns in their jurisdictions with effective strategies.

The following crosswalk identifies NACCHO Model Practices implemented by LHDs alongside related recommendations from The Community Guide to help LHDs enhance practice-based initiatives with evidence, while simultaneously providing examples of ways LHDs can translate evidence into practice in their jurisdictions and target populations. To develop this crosswalk, NACCHO identified chronic disease prevention strategies ranked as “Recommended” from The Community Guide in nine chronic disease prevention topic areas and reviewed interventions in the Model Practices Database to identify related interventions. For NACCHO to rank The Community Guide recommendation and model practice as “related,” each comparative intervention had to meet the following criteria:

- Address the same public health topic;
- Follow a similar theory of change;
- Contain similar intervention components; and
- Produce similar outcomes in the same or different populations.

Using This Crosswalk

This crosswalk can help LHDs enhance the way they evaluate practice-based initiatives, while providing ideas for translating evidence-based strategies from The Community Guide into practice. The model practices referred to in this document are not a proven way to implement a given recommendation from The Community Guide but are examples of how the recommendation might potentially be implemented. Additionally, implementation of a model practice cross-referenced with the Task Force recommendation may not necessarily lead to the same results obtained in The Community Guide systematic reviews. As with the implementation of any public health intervention, LHDs should develop a sound evaluation plan to assess the impact of any Task Force recommendations or model practices they implement.

Model Practices-Community Guide Crosswalk

Tobacco Control	
NACCHO MODEL PRACTICE	RELATED COMMUNITY GUIDE STRATEGY
<p>Attract Social Marketing Campaign: Washoe County (NV)</p> <p>http://bit.ly/1aMARfT</p>	<p>Reducing Tobacco Use Initiation: Mass-Reach Health Communication Interventions Mass-reach health communication interventions target large audiences through television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use.</p> <p>Intervention messages are typically developed through formative testing and aim to reduce initiation of tobacco use among young people, increase quit efforts by tobacco users of all ages, and inform individual and public attitudes on tobacco use and secondhand smoke.</p> <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends mass-reach health communication interventions based on strong evidence of effectiveness in:</p> <ol style="list-style-type: none"> 1. Decreasing the prevalence of tobacco use 2. Increasing cessation and use of available services such as quitlines 3. Decreasing initiation of tobacco use among young people <p>Evidence was considered strong based on findings from studies in which television was the primary media channel. Economic evidence shows mass-reach health communication interventions are cost-effective, and savings from averted healthcare costs exceed intervention costs.</p> <p>More Information http://www.thecommunityguide.org/tobacco/massreach.html</p>
<p>Smoking Cessation in the Public Health Setting: Columbia-Boone County (MO) Health Department</p>	<p>Increasing Tobacco Use Cessation: Provider Reminders with Provider Education Provider reminder systems with provider education are multi-component strategies that are designed to increase tobacco use cessation. Strategies include efforts to educate and to prompt providers to identify and intervene with tobacco-using clients, as well as to provide additional educational materials.</p>

<p>http://bit.ly/19WXWgL</p>	<p>Components of this intervention are a provider reminder system and a provider education program with or without client education materials such as self-help cessation manuals.</p> <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends provider reminder systems with a provider education program with or without educational materials for tobacco-using clients based on strong evidence of effectiveness. Review of the literature has proven that this combination increases provider delivery of advice to quit to tobacco using clients, and increases client tobacco use cessation.</p> <p>More Information www.thecommunityguide.org/tobacco/cessation/providerremindededu.html</p>
<p>Smokefree Food Establishments in Jefferson County, AL: Jefferson County (AL) Department of Public Health</p> <p>http://bit.ly/16rY6fF</p>	<p>Reducing Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies Smoke-free policies are public-sector regulations and private-sector rules that prohibit smoking in indoor spaces and designated public areas. State and local ordinances establish smoke-free standards for all, or for designated, indoor workplaces, indoor spaces, and outdoor public places. Private-sector smoke-free policies may ban all tobacco use on private property or restrict smoking to designated outdoor locations.</p> <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends smoke-free policies to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered strong based on results from studies that showed effectiveness of smoke-free policies in:</p> <ul style="list-style-type: none"> • Reducing exposure to secondhand smoke • Reducing the prevalence of tobacco use • Increasing the number of tobacco users who quit • Reducing the initiation of tobacco use among young people • Reducing tobacco-related morbidity and mortality, including acute cardiovascular events • Economic evidence indicates that smoke-free policies can reduce healthcare costs substantially. In addition, the evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants. <p>More Information http://www.thecommunityguide.org/tobacco/smokefreepolicies.html</p>
<p>Our Business, Our Health: Washoe County (NV) District Health Department</p>	<p>Reducing Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies Smoke-free policies are public-sector regulations and private-sector rules that prohibit smoking in indoor spaces and designated public areas. State and local ordinances establish smoke-free standards for all, or for designated, indoor workplaces, indoor spaces, and outdoor public places. Private-sector smoke-free</p>

<http://bit.ly/1ggSIBI>

policies may ban all tobacco use on private property or restrict smoking to designated outdoor locations.

Task Force Recommendations & Findings

The Community Preventive Services Task Force recommends smoke-free policies to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered strong based on results from studies that showed effectiveness of smoke-free policies in:

- Reducing exposure to secondhand smoke
- Reducing the prevalence of tobacco use
- Increasing the number of tobacco users who quit
- Reducing the initiation of tobacco use among young people
- Reducing tobacco-related morbidity and mortality, including acute cardiovascular events
- Economic evidence indicates that smoke-free policies can reduce healthcare costs substantially. In addition, the evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants.

More Information

<http://www.thecommunityguide.org/tobacco/smokefreepolicies.html>

Diabetes

NACCHO MODEL PRACTICE	RELATED COMMUNITY GUIDE FINDING(S)
<p>Primary Care Medical Home Model: Pinellas County (FL) Health Department</p> <p>http://bit.ly/1aZ81Yc</p>	<p>Diabetes Prevention and Control: Case Management Interventions to Improve Glycemic Control Case management is “a set of activities whereby the needs of populations of patients at risk for excessive resource utilization, poor outcomes, or poor coordination of services are identified and addressed through improved planning, coordination, and provision of care.” The features of case management are (1) the assessment of individual patients’ needs, (2) development of an individual care plan, (3) implementation of that care plan, and (4) monitoring of outcomes.</p> <p>Task Force Recommendations & Findings Case management is strongly recommended by the Community Preventive Services Task Force based on strong evidence of its effectiveness in improving glycemic control. Evidence of its effectiveness in improving provider monitoring of glycated hemoglobin (GHb), when case management is combined with disease management is also available.</p> <p>More Information www.thecommunityguide.org/diabetes/casemgmt.html</p>
<p>Power to Prevent Diabetes Prevention Program: Frederick County (MD) Health Department</p> <p>http://bit.ly/HvZkxU</p>	<p>Diabetes Prevention and Control: Disease Management Programs Disease management of diabetes in the clinical setting is an organized, proactive, multi-component approach to healthcare delivery for all members of a population with diabetes or for a subpopulation with specific health risk factors. Care is focused on, and integrated across, the entire spectrum of the disease and its complications as well as the prevention of comorbid conditions. The goal is to improve short- and long-term health or economic outcomes, or both, in the entire population with diabetes. The essential components of disease management are (1) identification of individuals or populations with diabetes; (2) use of guidelines or performance standards to manage those identified; (3) information systems to track and monitor interventions and patient-, practice-, or population-based outcomes; and, (4) measurement and management of patient and population outcomes.</p> <p>Task Force Recommendations & Findings Disease management is strongly recommended by the Community Preventive Services Task Force based on strong evidence of its effectiveness in improving glycemic control, provider monitoring</p>

	<p>of glycated hemoglobin (GHb), and screening for diabetic retinopathy. Sufficient evidence is also available of its effectiveness in improving provider screening of the lower extremities for neuropathy and vascular changes, urine screening for protein, and monitoring of lipid concentrations.</p> <p>More Information www.thecommunityguide.org/diabetes/diseasemgmt.html</p> <p>Diabetes Prevention and Control: Self-Management Education in Community Gathering Places for Adults with Type 2 Diabetes Diabetes self-management education (DSME) is the process of teaching people to manage their diabetes. The goals of DSME are to control the rate of metabolism (which affects diabetes-related health), to prevent short- and long-term health conditions that result from diabetes, and to achieve the best possible quality of life, while keeping costs at an acceptable level. DSME is provided to people aged 18 years or older in settings other than the home, clinic, school, or worksite (e.g., community centers, faith-based institutions, libraries, or private facilities such as residential cardiovascular risk-reduction centers).</p> <p>Task Force Recommendations & Findings On the basis of Community Guide rules of evidence, the Community Preventive Services Task Force concluded that there is sufficient evidence of effectiveness in improving glycemic control to recommend DSME interventions in community gathering places for adults with Type 2 diabetes. It should be noted, however, that these interventions were rarely coordinated with the patient’s clinical care provider. DSME for adults with Type 2 diabetes delivered in the setting of community gathering places should be coordinated with the person’s primary care provider, and these interventions are not meant to replace education delivered in the clinical setting.</p> <p>More Information www.thecommunityguide.org/diabetes/selfmgmteducation.html</p>
<p>Closing the Gap—Hispanic Migrant Farmworker Diabetes Education Program: DeSoto County (FL) Health Department</p> <p>http://bit.ly/1aZ8r11</p>	<p>Diabetes Prevention and Control: Self-Management Education in Community Gathering Places for Adults with Type 2 Diabetes Diabetes self-management education (DSME) is the process of teaching people to manage their diabetes. The goals of DSME are to control the rate of metabolism (which affects diabetes-related health), to prevent short- and long-term health conditions that result from diabetes, and to achieve the best possible quality of life, while keeping costs at an acceptable level. DSME is provided to people aged 18 years or older in settings other than the home, clinic, school, or worksite (e.g., community centers, faith-based institutions, libraries, or private facilities such as residential cardiovascular risk-reduction centers).</p>

	<p>Task Force Recommendations & Findings On the basis of Community Guide rules of evidence, the Community Preventive Services Task Force concluded that there is sufficient evidence of effectiveness in improving glycemic control to recommend DSME interventions in community gathering places for adults with Type 2 diabetes. It should be noted, however, that these interventions were rarely coordinated with the patient’s clinical care provider. DSME for adults with Type 2 diabetes delivered in the setting of community gathering places should be coordinated with the person’s primary care provider, and these interventions are not meant to replace education delivered in the clinical setting.</p> <p>More Information www.thecommunityguide.org/diabetes/selfmgmteducation.html</p>
<p>Closing the GAP Diabetes Program: Manatee County (FL) Health Department</p> <p>http://bit.ly/HyAFaO</p>	<p>Diabetes Prevention and Control: Self-Management Education in Community Gathering Places for Adults with Type 2 Diabetes Diabetes self-management education (DSME) is the process of teaching people to manage their diabetes. The goals of DSME are to control the rate of metabolism (which affects diabetes-related health), to prevent short- and long-term health conditions that result from diabetes, and to achieve the best possible quality of life, while keeping costs at an acceptable level. DSME is provided to people aged 18 years or older in settings other than the home, clinic, school, or worksite (e.g., community centers, faith-based institutions, libraries, or private facilities such as residential cardiovascular risk-reduction centers).</p> <p>Task Force Recommendations & Findings On the basis of Community Guide rules of evidence, the Community Preventive Services Task Force concluded that there is sufficient evidence of effectiveness in improving glycemic control to recommend DSME interventions in community gathering places for adults with Type 2 diabetes. It should be noted, however, that these interventions were rarely coordinated with the patient’s clinical care provider. DSME for adults with Type 2 diabetes delivered in the setting of community gathering places should be coordinated with the person’s primary care provider, and these interventions are not meant to replace education delivered in the clinical setting.</p> <p>More Information www.thecommunityguide.org/diabetes/selfmgmteducation.html</p> <p>Diabetes Prevention and Control: Self-Management Education in the Home for Children and Adolescents with Type 1 Diabetes Diabetes self-management education (DSME) is the process of teaching people to manage their diabetes. The goals of DSME are to control the rate of metabolism (which affects diabetes-related health), to prevent short- and long-term health conditions that result from diabetes, and to achieve for</p>

	<p>clients the best possible quality of life, while keeping costs at an acceptable level.</p> <p>The home can be a good setting for DSME interventions because the educator can address issues that can be more difficult to deal with in the clinical setting, such as cultural, family, and environmental factors affecting lifestyle, self-monitoring of blood glucose, and barriers to optimal self-care.</p> <p>Task Force Recommendations & Findings On the basis of Community Guide rules of evidence, there is sufficient evidence that DSME in the home is effective for improving glycemic control among adolescents with Type 1 diabetes, whether using home visits or computer-assisted instruction.</p> <p>More Information www.thecommunityguide.org/diabetes/selfmgmteducation.html</p>
--	---

Obesity

NACCHO MODEL PRACTICE	RELATED COMMUNITY GUIDE FINDING(S)
<p>The Kidz Bite Back Initiative: Pinellas County (FL) Health Department</p> <p>http://bit.ly/1cubwfY</p>	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions to reduce screen time (time spent watching TV, videos, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multi-component and often focus on changing screen time through classes aimed at improving children’s or parents’ knowledge, attitudes, or skills.</p> <p>Interventions may include:</p> <ul style="list-style-type: none"> • Skills building, tips, goal setting, and reinforcement techniques • Parent or family support through provision of information on strategies to reduce access to television, video games, and computers • A “TV turnoff challenge” in which participants are encouraged not to watch TV for a specified number of days <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends behavioral interventions aimed at reducing screen time based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes among children and adolescents.</p> <p>More Information www.thecommunityguide.org/obesity/behavioral.html</p>

Physical Activity

NACCHO MODEL PRACTICE	RELATED COMMUNITY GUIDE FINDING(S)
<p>The Walk Around Nevada Program: Southern Nevada Health District</p> <p>http://bit.ly/17xecaY</p>	<p>Campaigns and Informational Approaches to Increase Physical Activity: Community-Wide Campaigns</p> <p>Community-wide campaigns to increase physical activity are interventions that:</p> <ul style="list-style-type: none"> • Involve many community sectors • Include highly visible, broad-based, multi-component strategies (e.g., social support, risk factor screening, or health education) • May also address other cardiovascular disease risk factors, particularly diet and smoking <p>Task Force Recommendations and Findings</p> <p>The Community Preventive Services Task Force recommends community-wide campaigns on the basis of strong evidence of effectiveness in increasing physical activity and improving physical fitness among adults and children.</p> <p>More Information</p> <p>www.thecommunityguide.org/pa/campaigns/community.html</p> <p>Behavioral and Social Approaches to Increase Physical Activity: Individually-Adapted Health Behavior Change Programs</p> <p>Individually-adapted health behavior change programs to increase physical activity teach behavioral skills to help participants incorporate physical activity into their daily routines. The programs are tailored to each individual's specific interests, preferences, and readiness for change.</p> <p>These programs teach behavioral skills such as:</p> <ul style="list-style-type: none"> • Goal-setting and self-monitoring of progress toward those goals • Building social support for new behaviors • Behavioral reinforcement through self-reward and positive self-talk • Structured problem solving to maintain the behavior change • Prevention of relapse into sedentary behavior

	<p>Task Force Recommendations and Findings The Community Preventive Services Task Force recommends implementing individually-adapted health behavior change programs based on strong evidence of their effectiveness in increasing physical activity and improving physical fitness among adults and children.</p> <p>More Information www.thecommunityguide.org/pa/behavioral-social/individuallyadapted.html</p>
<p>Cambridge Fitness Buddies: Cambridge (MA) Public Health Department</p> <p>http://bit.ly/180Wt67</p>	<p>Behavioral and Social Approaches to Increase Physical Activity: Social Support Interventions in Community Settings Social support interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support).</p> <p>Task Force Recommendations and Findings The Community Preventive Services Task Force recommends implementing efforts made in community settings to provide social support for increasing physical activity based on strong evidence of their effectiveness in increasing physical activity and improving physical fitness among adults.</p> <p>More Information www.thecommunityguide.org/pa/behavioral-social/community.html</p>

<p>Healthy Places Community Design Review: Columbus (OH) Public Health</p> <p>http://bit.ly/1asvp5A</p>	<p>Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies</p> <p>Community-scale urban design land use policies and practices involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of urban areas of several square miles or more in ways that support physical activity. They include the following:</p> <ul style="list-style-type: none"> • Design elements that address: <ul style="list-style-type: none"> ○ Proximity of residential areas to stores, jobs, schools, and recreation areas ○ Continuity and connectivity of sidewalks and streets ○ Aesthetic and safety aspects of the physical environment • Policy instruments such as zoning regulations, building codes, other governmental policies, and builders' practices <p>Task Force Recommendations and Findings</p> <p>The Community Preventive Services Task Force recommends design and land use policies and practices that support physical activity in urban areas of several square miles or more based on sufficient evidence of effectiveness in facilitating an increase in physical activity.</p> <p>More Information</p> <p>www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html</p>
<p>Land Use and Health Team: Ingham County (MI) Health Department</p> <p>http://bit.ly/1aOqSZy</p>	<p>Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies</p> <p>Community-scale urban design land use policies and practices involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of urban areas of several square miles or more in ways that support physical activity. They include the following.</p> <ul style="list-style-type: none"> • Design elements that address: <ul style="list-style-type: none"> ○ Proximity of residential areas to stores, jobs, schools, and recreation areas ○ Continuity and connectivity of sidewalks and streets ○ Aesthetic and safety aspects of the physical environment • Policy instruments such as zoning regulations, building codes, other governmental policies, and builders' practices <p>Task Force Recommendations and Findings</p> <p>The Community Preventive Services Task Force recommends design and land use policies and</p>

	<p>practices that support physical activity in urban areas of several square miles or more based on sufficient evidence of effectiveness in facilitating an increase in physical activity.</p>
--	--

More Information

www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html

Cancer

NACCHO MODEL PRACTICE	RELATED COMMUNITY GUIDE FINDING(S)
<p>Breast Health Outreach and Counseling Project: Philadelphia (PA) Department of Public Health</p> <p>http://bit.ly/HvYv8i</p>	<p>Cancer Prevention & Control, Client-Oriented Screening Interventions: Client Reminders Client reminders are written (letter, postcard, e-mail) or telephone messages (including automated messages) advising people that they are due for screening. Client reminders may be enhanced by:</p> <ul style="list-style-type: none"> • Follow-up printed or telephone reminders • Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening • Assistance in scheduling appointments <p>These interventions can be general to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.</p> <p>Task Force Recommendations & Findings The Task Force recommends the use of client reminders to increase screening for breast and cervical cancers. The Task Force also recommends the use of client reminders to increase colorectal cancer screening with fecal occult blood testing.</p> <p>The Task Force finds insufficient evidence to determine effectiveness of client reminders in increasing colorectal cancer screening with other tests (colonoscopy, flexible sigmoidoscopy).</p> <p>More Information www.thecommunityguide.org/cancer/screening/client-oriented/reminders.html</p>

<p>Taking Care of Ourselves and Each Other: African American Breast Cancer Screening Project: Public Health - Seattle & King County (WA)</p> <p>http://bit.ly/1ggRUfW</p>	<p>Cancer Prevention & Control, Client-Oriented Screening Interventions: Small Media Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.</p> <p>Task Force Recommendations & Findings The Task Force on Community Preventive Services recommends interventions that use small media based on strong evidence of their effectiveness in increasing:</p> <ul style="list-style-type: none"> • Breast cancer screening by mammography • Cervical cancer screening by Pap test • Colorectal cancer screening by fecal occult blood test (FOBT) <p>The Task Force finds insufficient evidence to determine the effectiveness of using small media to increase colorectal cancer screening by flexible sigmoidoscopy, colonoscopy, or double contrast barium enema because no studies evaluating these screening procedures were identified.</p> <p>More Information www.thecommunityguide.org/cancer/screening/client-oriented/smallmedia.html</p>
<p>Screen Today: Livingston County (NY) Department of Health</p> <p>http://bit.ly/1ggRTsC</p>	<p>Cancer Prevention & Control, Client-Oriented Screening Interventions: Small Media Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.</p> <p>Task Force Recommendations & Findings The Task Force on Community Preventive Services recommends interventions that use small media based on strong evidence of their effectiveness in increasing:</p> <ul style="list-style-type: none"> • Breast cancer screening by mammography • Cervical cancer screening by Pap test • Colorectal cancer screening by fecal occult blood test (FOBT) <p>The Task Force finds insufficient evidence to determine the effectiveness of using small media to increase colorectal cancer screening by flexible sigmoidoscopy, colonoscopy, or double contrast barium enema because no studies evaluating these screening procedures were identified.</p> <p>More Information www.thecommunityguide.org/cancer/screening/client-oriented/smallmedia.html</p> <p>Cancer Prevention & Control, Client-Oriented Screening Interventions: Reducing Structural</p>

	<p>Barriers Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Examples of structural barriers include:</p> <ul style="list-style-type: none"> • Distance between service delivery settings and target populations • Inconvenient service hours to meet client needs • Availability of services exclusively in clinical settings (e.g., health clinics, hospitals, public health departments) • Cumbersome administrative procedures and other obstacles (e.g., scheduling appointments, red tape, lack of transportation, lack of dependent care, lack of translation services, limiting the number of clinic visits) <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends interventions to reduce structural barriers to increase screening for breast (by mammography) and colorectal (by FOBT) cancers on the basis of strong evidence of effectiveness.</p> <p>The Task Force finds insufficient evidence, in determining whether reducing structural barriers is effective in increasing colorectal cancer screening by flexible sigmoidoscopy or colonoscopy.</p> <p>Evidence is insufficient to determine the effectiveness of the intervention in increasing screening for cervical cancer.</p> <p>More Information www.thecommunityguide.org/cancer/screening/client-oriented/reducingstructuralbarriers.html</p>
<p>Standing Rock Indian Reservation Women’s and Men’s Cancer Screening Program: Custer Health (ND)</p> <p>http://bit.ly/16RIX9O</p>	<p>Cancer Prevention & Control, Client-Oriented Screening Interventions: Group Education Group education conveys information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening. Group education is usually conducted by health professionals or by trained individuals via presentations or other teaching aids in a lecture or interactive format.</p> <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends group education for the purpose of increasing breast cancer screening on the basis of sufficient evidence that these interventions are effective in increasing screening for breast cancer.</p> <p>There was insufficient evidence to determine the effectiveness of group education in increasing screening for cervical cancer and colorectal cancer.</p>

More Information

www.thecommunityguide.org/cancer/screening/client-oriented/groupeducation.html

Cancer Prevention & Control, Client-Oriented Screening Interventions: One-on-One Education

One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers, other health professionals, or by trained individuals.

Messages can be untailed to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person. One-on-one education is often accompanied by supporting materials delivered via small media (e.g., brochures), and can also involve client reminders.

Task Force Recommendations & Findings

The Community Preventive Services Task Force recommends the use of one-on-one education to increase screening for breast and cervical cancer, and to increase colorectal cancer screening with fecal occult blood testing (FOBT) on the basis of strong evidence of effectiveness.

The Task Force finds insufficient evidence to determine the effectiveness of one-on-one education in increasing colorectal cancer screening with other tests.

More Information

www.thecommunityguide.org/cancer/screening/client-oriented/oneononeeducation.html

Cancer Prevention & Control, Client-Oriented Screening Interventions: Reducing Structural Barriers

Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Examples of structural barriers include:

- Distance between service delivery settings and target populations
- Inconvenient service hours to meet client needs
- Availability of services exclusively in clinical settings (e.g., health clinics, hospitals, public health departments)
- Cumbersome administrative procedures and other obstacles (e.g., scheduling appointments, red tape, lack of transportation, lack of dependent care, lack of translation services, limiting the number of clinic visits)

Task Force Recommendations & Findings

The Community Preventive Services Task Force recommends interventions to reduce structural barriers

	<p>to increase screening for breast (by mammography) and colorectal (by FOBT) cancers on the basis of strong evidence of effectiveness.</p> <p>The Task Force finds insufficient evidence, in determining whether reducing structural barriers is effective in increasing colorectal cancer screening by flexible sigmoidoscopy or colonoscopy.</p> <p>Evidence is insufficient to determine the effectiveness of the intervention in increasing screening for cervical cancer.</p> <p>More Information www.thecommunityguide.org/cancer/screening/client-oriented/reducingstructuralbarriers.html</p>
<p>Breast Health Outreach and Counseling Project: Philadelphia (PA) Department of Public Health</p> <p>http://bit.ly/HvYv8i</p>	<p>Cancer Prevention & Control, Client-oriented Screening Interventions: One-on-One Education One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers, other health professionals, or by trained individuals.</p> <p>Messages can be untailed to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person. One-on-one education is often accompanied by supporting materials delivered via small media (e.g., brochures), and can also involve client reminders.</p> <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends the use of one-on-one education to increase screening for breast and cervical cancer, and to increase colorectal cancer screening with fecal occult blood testing (FOBT) on the basis of strong evidence of effectiveness.</p> <p>The Task Force finds insufficient evidence to determine the effectiveness of one-on-one education in increasing colorectal cancer screening with other tests.</p> <p>More Information www.thecommunityguide.org/cancer/screening/client-oriented/oneononeeducation.html</p> <p>Cancer Prevention & Control, Client-Oriented Screening Interventions: Reducing Structural Barriers Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Examples of structural barriers include:</p> <ul style="list-style-type: none"> • Distance between service delivery settings and target populations

	<ul style="list-style-type: none"> • Inconvenient service hours to meet client needs • Availability of services exclusively in clinical settings (e.g., health clinics, hospitals, public health departments) • Cumbersome administrative procedures and other obstacles (e.g., scheduling appointments, red tape, lack of transportation, lack of dependent care, lack of translation services, limiting the number of clinic visits) <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends interventions to reduce structural barriers to increase screening for breast (by mammography) and colorectal (by FOBT) cancers on the basis of strong evidence of effectiveness.</p> <p>The Task Force finds insufficient evidence in determining whether reducing structural barriers is effective in increasing colorectal cancer screening by flexible sigmoidoscopy or colonoscopy.</p> <p>Evidence is insufficient to determine the effectiveness of the intervention in increasing screening for cervical cancer.</p> <p>More Information www.thecommunityguide.org/cancer/screening/client-oriented/reducingstructuralbarriers.html</p>
<p>Increased Medicaid Reimbursements to Enhance Breast/Cervical Cancer Screening Project: Leon County (FL) Health Department</p> <p>http://bit.ly/Hj6jtk</p>	<p>Cancer Prevention & Control, Client-Oriented Screening Interventions: Reducing Out-of-Pocket Costs</p> <p>Interventions to reduce client out-of-pocket costs attempt to minimize or remove economic barriers that make it difficult for clients to access cancer screening services. Costs can be reduced through a variety of approaches, such as vouchers, reimbursements, reduction in co-pays, or adjustments in federal or state insurance coverage.</p> <p>Task Force Recommendations & Findings The Community Preventive Services Task Force recommends reducing client out-of-pocket costs for breast cancer screening on the basis of sufficient evidence of effectiveness in increasing screening for breast cancer.</p> <p>The Task Force found insufficient evidence to determine the effectiveness of reducing out-of-pocket costs in increasing screening for cervical or colorectal cancer because too few (cervical cancer) or no (colorectal cancer) studies were identified. However, the favorable results for interventions that reduce costs for breast cancer screening suggest that such interventions are likely to be effective for increasing cervical and colorectal cancer screening as well.</p>

	More Information
--	-------------------------

	www.thecommunityguide.org/cancer/screening/client-oriented/reducingoutofpocketcosts.html
--	--

Acknowledgments

This document was made possible through support from the Centers for Disease Control and Prevention, Cooperative Agreement #5U3HM000449. NACCHO is grateful for this support. The views expressed within do not necessarily represent those of the sponsor.

For more information, please contact:

Brandie S. Adams, MPH

Senior Program Analyst

badams@naccho.org

202-507-4210