The recommendations detailed within the National Prevention Strategy are consistent with available scientific standards and evidence and with ongoing goal setting activities of the respective Council departments. Five major scientific resources were used to validate the evidence base for each recommendation. Each of these resources applies systematic review to all recommended interventions and indicators to ensure the appropriate level of scientific rigor. New or additional evidence-based interventions not included in the table below may be found at the websites for each of these resources. If these five resources did not validate the scope of the full recommendation, additional sources were used to ensure that all content is evidence-based. These sources can be found in the full reference section included in Appendix 7. Below are descriptions of the five resources and their alignment to each Strategy recommendation.

The Guide to Community Preventive Services (CG), or Community Guide, is a resource to help states, communities, and other organizations choose population-based programs and policies to improve health and prevent disease. It is based on systematic scientific reviews of evidence and recommendations by the Task Force on Community Preventive Services, an independent, non-Federal, volunteer body of public health and prevention experts, whose members are appointed by the Director of CDC. The purpose of the Community Guide is to provide information and recommendations about interventions including their effectiveness; population specific guidance; economic considerations and return on investment; additional benefits or harms associated with the intervention; and, areas for further research. By providing these tools, the Community Guide aims to reduce bias in how conclusions are reached, improve the power and precision of results, summarize evidence about the effectiveness of particular approaches for addressing a public health problem, analyze application of findings, and identify knowledge gaps and needs for additional research.

The U.S. Preventive Services Task Force (USPSTF) is a leading independent panel of non-Federal experts in prevention and evidence-based medicine. The USPSTF makes recommendations about the use of clinical preventive services including screening, counseling, and preventive medications. Their recommendations focus on services delivered in primary care to people without signs or symptoms of particular conditions. USPSTF recommendations are used by primary care teams and the patients they serve to determine together which services are right for each individual. The USPSTF utilizes a transparent process and bases its recommendations on independent systematic reviews of the published medical evidence conducted by AHRQ Evidence-based Practice Centers. The USPSTF recommends clinical preventive services when the benefits for the population outweigh the harms (grade A and B). It recommends against services when the harms for the population outweigh the benefits (grade D). For some clinical preventive services, the balance of benefits and harms may be small or too close to call, in which case the USPSTF recommends shared decision making between patients and clinicians (grade C). For some services, the USPSTF concludes that the evidence is insufficient to assess the benefits and harms (I statement). All USPSTF recommendations included as part of this Strategy received either an A or B grade.

Healthy People 2020 (HP) provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention activity. The development process strives to maximize transparency, public input, and stakeholder dialogue to ensure that Healthy People 2020 is relevant to diverse public health needs and seize opportunities to achieve its goals. Since its inception, Healthy People has become a broad-based, public engagement initiative with thousands of citizens helping to shape it at every step along the way. Drawing on the expertise of a Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, public input and a Federal Interagency Workgroup, Healthy People provides a framework to address risk factors and determinants of health and the diseases and disorders that affect our communities.

The Institute of Medicine (IOM) applies the National Academies’ rigorous research process, aimed at providing objective and straightforward answers to difficult questions of national importance. Consensus studies are conducted by committees carefully composed to ensure the requisite expertise and to avoid conflicts of interest. The committee’s task is developed in collaboration with the study’s sponsor, which may be a government agency, a foundation, or an independent organization. Once the statement of task and budget are finalized, the committee works independently to come to consensus on the questions raised. Committees may gather information from many sources in public meetings; they carry out their deliberations in private in order to avoid any external influence. All IOM reports undergo an independent external review by a second, independent group of experts whose comments are provided anonymously to the committee members.
## Justification for Evidence-Based Recommendations

**Cochrane Reviews (Cochrane)** are systematic reviews of primary research in human health care and health policy. They are sponsored by the Cochrane Collaboration, an international network of people helping health care providers, policy makers, patients and their advocates make well-informed decisions about human health care. They investigate the effects of interventions for prevention, treatment, and rehabilitation. Each systematic review addresses a clearly formulated question. All the existing primary research on a topic that meets certain criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence about a specific treatment. The reviews are updated regularly, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence. They also assess the accuracy of a diagnostic test for a given condition in a specific patient group and setting.

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<tr>
<th>Recommendation</th>
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<tr>
<td><strong>HEALTHY AND SAFE COMMUNITY ENVIRONMENTS</strong></td>
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| Strengthen state, tribal, local, and territorial public health departments to provide essential services. | - HP: Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services. [http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=35](http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=35)  
- IOM: The committee finds that the core functions of public health agencies at all levels of government are assessment, policy development, and assurance. [http://books.nap.edu/openbook.php?record_id=10548&page=411](http://books.nap.edu/openbook.php?record_id=10548&page=411) |
### Recommendation | Supporting Evidence-Based Interventions
--- | ---
Enhance cross-sector collaboration in community planning and design to promote health and safety. | • IOM: Private and public purchasers, health care organizations, clinicians, and patients should work together to redesign health care. [http://www.nap.edu/openbook.php?record_id=10027&page=8](http://www.nap.edu/openbook.php?record_id=10027&page=8)


Identify and implement strategies that are proven to work and conduct research where evidence is lacking. | • IOM: Making evidence the foundation of decision making and the measure of success. [http://books.nap.edu/openbook.php?record_id=10548&page=4](http://books.nap.edu/openbook.php?record_id=10548&page=4)

Maintain a skilled, cross-trained, and diverse prevention workforce. | • IOM: Greater emphasis in public health curricula should be placed on managerial and leadership skills, such as the ability to communicate important agency values to employees and enlist their commitment; to sense and deal with important changes in the environment; to plan, mobilize, and use resources effectively; and to relate the operation of the agency to its larger community role. [http://books.nap.edu/openbook.php?record_id=10548&page=418](http://books.nap.edu/openbook.php?record_id=10548&page=418)
• IOM: Schools of public health should strengthen their response to the needs for qualified personnel for important, but often neglected aspects of public health such as the health of minority groups and international health. [http://books.nap.edu/openbook.php?record_id=10548&page=418](http://books.nap.edu/openbook.php?record_id=10548&page=418)
• IOM: Schools of public health should encourage and assist other institutions to prepare appropriate, qualified public health personnel for positions in the field. When educational institutions other than schools of public health undertake to train personnel for work in the field, careful attention to the scope and capacity of the educational program is essential. [http://books.nap.edu/openbook.php?record_id=10548&page=418](http://books.nap.edu/openbook.php?record_id=10548&page=418)

### CLINICAL AND COMMUNITY PREVENTIVE SERVICES
• CG: Increasing Tobacco Use Cessation: Provider Reminders With Provider Education. [http://www.thecommunityguide.org/tobacco/cessation/providernotifications.html](http://www.thecommunityguide.org/tobacco/cessation/providernotifications.html)
• CG: Increasing Tobacco Use Cessation: Multicomponent Interventions that Include Telephone Support. [http://www.thecommunityguide.org/tobacco/cessation/multicomponentinterventions.html](http://www.thecommunityguide.org/tobacco/cessation/multicomponentinterventions.html)
• USPSTF: Recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. [http://www.uspreventive servicestaskforce.org/uspstf/uspstbac2.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm)
• USPSTF: Recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. [http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm)
### Justification for Evidence-Based Recommendations

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| Support the National Quality Strategy’s focus on improving cardiovascular health. (cont.) | • USPSTF: Recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. [http://www.uspreventiveservicestaskforce.org/uspsf/uspsasmi.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspsasmi.htm)  
• USPSTF: Recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. [http://www.uspreventiveservicestaskforce.org/uspsf/uspsasmi.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspsasmi.htm)  
• USPSTF: Recommends screening for high blood pressure in adults aged 18 years or older. [http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm)  
• USPSTF: Strongly recommends screening men aged 35 years or older for lipid disorders. [http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm)  
• USPSTF: Recommends screening men aged 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease. [http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm)  
• USPSTF: Recommends screening women aged 45 years or older for lipid disorders if they are at increased risk for coronary heart disease. [http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm)  
• USPSTF: Recommends screening women aged 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease. [http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspschol.htm)  
• USPSTF: Recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. [http://www.uspreventiveservicestaskforce.org/uspsf/uspsbac2.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspsbac2.htm)  
• USPSTF: Recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. [http://www.uspreventiveservicestaskforce.org/uspsf/uspsbac2.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspsbac2.htm)  
• HP: Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. [http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=21](http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=21)  
• IOM: That purchasers, regulators, health professions, educational institutions, and the Department of Health and Human Services create an environment that fosters and rewards improvement by (1) creating an infrastructure to support evidence-based practice, (2) facilitating the use of information technology, (3) aligning payment incentives, and (4) preparing the workforce to better serve patients in a world of expanding knowledge and rapid change. [http://www.nap.edu/openbook.php?record_id=10027&page=5](http://www.nap.edu/openbook.php?record_id=10027&page=5) |

Use payment and reimbursement mechanisms to encourage delivery of clinical preventive services.
**Recommendation**

**Expand use of interoperable health information technology.**


**Support implementation of community-based preventive services and enhance linkages with clinical care.**


**Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.**

- HP: Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=1

**Enhance coordination and integration of clinical, behavioral and complementary health strategies.**

- IOM: All health care organizations, professional groups, and private and public purchasers should pursue six major aims; specifically, health care should be safe, effective, patient-centered, timely, efficient, and equitable. http://books.nap.edu/openbook.php?record_id=10027&page=6

**EMPOWERED PEOPLE**

**Provide people with tools and information to make healthy choices.**

- HP: Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene; oral health; growth and development; sun safety and skin cancer prevention; benefits of rest and sleep; ways to prevent vision and hearing loss; and the importance of health screenings and checkups. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11
- HP: Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11
## Justification for Evidence-Based Recommendations

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<th>Recommendation</th>
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| **Provide people with tools and information to make healthy choices.** | • IOM: Industry should make obesity prevention in children and youth a priority by developing and promoting products, opportunities, and information that will encourage healthful eating behaviors and regular physical activity. http://www.nap.edu/openbook.php?record_id=11015&page=8  
• IOM: Nutrition labeling should be clear and useful so that parents and youth can make informed product comparisons and decisions to achieve and maintain energy balance at a healthy weight. http://www.nap.edu/openbook.php?record_id=11015&page=8 |
| **Promote positive social interactions and support healthy decision making.** | • HP: Increase the proportion of the Nation’s elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12  
• IOM: Schools should provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity. http://www.nap.edu/openbook.php?record_id=11015&page=13  
• IOM: Local governments, private developers, and community groups should expand opportunities for physical activity including recreational facilities, parks, playgrounds, sidewalks, bike paths, routes for walking or bicycling to school, and safe streets and neighborhoods, especially for populations at high risk of childhood obesity. http://www.nap.edu/openbook.php?record_id=11015&page=11 |
| **Engage and empower people and communities to plan and implement prevention policies and programs.** | • HP: Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11  
• IOM: Local governments, public health agencies, schools, and community organizations should collaboratively develop and promote programs that encourage healthful eating behaviors and regular physical activity, particularly for populations at high risk of childhood obesity. Community coalitions should be formed to facilitate and promote cross-cutting programs and community-wide efforts. http://www.nap.edu/openbook.php?record_id=11015&page=10  
• IOM: Industry should develop and strictly adhere to marketing and advertising guidelines that minimize the risk of obesity in children and youth. http://www.nap.edu/openbook.php?record_id=11015&page=9 |
• IOM: Health professions educational institutions (HPEI) governing bodies should develop institutional objectives consistent with community benefit principles that support the goal of increasing health-care workforce diversity including, but not limited to efforts to ease financial and nonfinancial obstacles to URM participation, increase involvement of diverse local stakeholders in key decision-making processes, and undertake initiatives that are responsive to local, regional, and societal imperatives. http://www.nap.edu/openbook.php?record_id=10885&page=17 |
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<tr>
<td><strong>ELIMINATION OF HEALTH DISPARITIES</strong></td>
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| Ensure a strategic focus on communities at greatest risk. | • HP: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas: injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, and physical activity. [Link](http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11)  
• IOM: Private and public (e.g., Federal, state, and local governments) entities should convene major community benefit stakeholders (e.g., community advocates, academic institutions, health-care providers), to inform them about community benefit standards and to build awareness that placing a priority on diversity and cultural competency programs is a societal expectation of all institutions that receive any form of public funding. [Link](http://www.nap.edu/openbook.php?record_id=10885&page=17) |
| Reduce disparities in access to quality health care. | • USPSTF: To continue the improvement in the health of the people in the United States, we need to use the complete array of effective prevention tools at our disposal, increase their effectiveness and utilization by connecting them where possible, and systematically apply them at all levels of influence on behavior. [Link](http://www.uspreventiveservicestaskforce.org/uspstf07/methods/tfmethods.htm)  
• HP: Increase individuals’ access to the Internet. [Link](http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18)  
• IOM: All health care organizations, professional groups, and private and public purchasers should pursue six major aims; specifically, health care should be safe, effective, patient-centered, timely, efficient, and equitable. [Link](http://books.nap.edu/openbook.php?record_id=10027&page=6)  
• IOM: HPEIs should be encouraged to affiliate with community-based health-care facilities in order to attract and train a more diverse and culturally competent workforce and to increase access to health care. [Link](http://www.nap.edu/openbook.php?record_id=10885&page=15) |
| Increase the capacity of the prevention workforce to identify and address disparities. | • IOM: Health professions education accreditation bodies should develop explicit policies articulating the value and importance of providing culturally competent health care and the role it sees for racial and ethnic diversity among health professionals in achieving this goal. [Link](http://www.nap.edu/openbook.php?record_id=10885&page=12)  
• IOM: Health professions education accreditation bodies should develop standards and criteria that more effectively encourage health professions schools to recruit URM students and faculty, to develop cultural competence curricula, and to develop an institutional climate that encourages and sustains the development of a critical mass of diversity. [Link](http://www.nap.edu/openbook.php?record_id=10885&page=12)  
• IOM: Private entities should be encouraged to collaborate through business partnerships and other entrepreneurial relationships with HPEIs to support the common goal of developing a more diverse health-care workforce. [Link](http://www.nap.edu/openbook.php?record_id=10885&page=12)  
• IOM: Additional data collection and research are needed to more thoroughly characterize URM participation in the health professions and in health professions education and to further assess the benefits of diversity among health professionals, particularly with regard to the potential economic benefits of diversity. [Link](http://www.nap.edu/openbook.php?record_id=10885&page=12) |
| Support research to identify effective strategies to eliminate health disparities. | • IOM: Collect data on granular ethnicity using categories that are applicable to the populations it serves or studies. Categories should be selected from a national standard on the basis of health and health care quality issues, evidence or likelihood of disparities, or size of subgroups within the population. The selection of categories should also be informed by analysis of relevant data (e.g., Census data) on the service or study population. In addition, an open-ended option of “Other, please specify:—” should be provided for persons whose granular ethnicity is not listed as a response option. [Link](http://www.ahrq.gov/research/iomrace/report/reldatasum.htm)  
• IOM: Pursue studies on different ways of framing the questions and related response categories for collecting race and ethnicity data at the level of the OMB categories, focusing on completeness and accuracy of response among all groups. [Link](http://www.ahrq.gov/research/iomrace/report/reldatasum.htm) |
| Standardize and collect data to better identify and address disparities. | • IOM: Pursue studies on different ways of framing the questions and related response categories for collecting race and ethnicity data at the level of the OMB categories, focusing on completeness and accuracy of response among all groups. [Link](http://www.ahrq.gov/research/iomrace/report/reldatasum.htm) |
# Justification for Evidence-Based Recommendations

## TOBACCO FREE LIVING

Support comprehensive tobacco free policies and other evidence-based tobacco control policies.

- **CG:** Reducing Exposure to Environmental Tobacco Smoke: Smoking Bans and Restrictions. [http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html](http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html)
- **CG:** Decreasing Tobacco Use Among Workers: Smoke-Free Policies to Reduce Tobacco Use. [http://www.thecommunityguide.org/tobacco/worksite/smokefreepolicies.html](http://www.thecommunityguide.org/tobacco/worksite/smokefreepolicies.html)

Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act).

- **CG:** Restricting Minors’ Access to Tobacco Products: Community Mobilization with Additional Interventions. [http://www.thecommunityguide.org/tobacco/restrictingaccess/communityinterventions.html](http://www.thecommunityguide.org/tobacco/restrictingaccess/communityinterventions.html)

Expand use of tobacco cessation services.

- **CG:** Decreasing Tobacco use Among Workers: Incentives & competitions when combined with additional interventions. [http://www.thecommunityguide.org/tobacco/worksite/incentives.html](http://www.thecommunityguide.org/tobacco/worksite/incentives.html)
- **CG:** Increasing Tobacco Use Cessation: Provider Reminders When Used Alone. [http://www.thecommunityguide.org/tobacco/cessation/providerreminders.html](http://www.thecommunityguide.org/tobacco/cessation/providerreminders.html)
- **CG:** Increasing Tobacco Use Cessation: Reducing Client Out-of-Pocket Costs for Cessation Therapies. [http://www.thecommunityguide.org/tobacco/cessation/outofpocketcosts.html](http://www.thecommunityguide.org/tobacco/cessation/outofpocketcosts.html)
- **CG:** Increasing Tobacco Use Cessation: Multicomponent Interventions that Include Telephone Support. [http://www.thecommunityguide.org/tobacco/cessation/multicomponentinterventions.html](http://www.thecommunityguide.org/tobacco/cessation/multicomponentinterventions.html)
- **USPSTF:** Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. [http://www.uspreventiveservicestaskforce.org/usps/hpbtabc2. htm](http://www.uspreventiveservicestaskforce.org/usps/hpbtabc2.htm)
- **USPSTF:** Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. [http://www.uspreventiveservicestaskforce.org/usps/hpbtabc2.htm](http://www.uspreventiveservicestaskforce.org/usps/hpbtabc2.htm)
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<td>Use media to educate and encourage people to live tobacco free.</td>
<td>• CG: Reducing Tobacco Use Initiation: Mass Media Campaigns When Combined with Other Interventions. <a href="http://www.thecommunityguide.org/tobacco/initiation/massmediaeducation.html">http://www.thecommunityguide.org/tobacco/initiation/massmediaeducation.html</a>&lt;br&gt;• HP: Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion. <a href="http://www.healthypeople.gov/2020/topicobjectives2020/objectiveslist.aspx?topicid=41">http://www.healthypeople.gov/2020/topicobjectives2020/objectiveslist.aspx?topicid=41</a>&lt;br&gt;• IOM: A national, youth-oriented media campaign should be funded as a permanent component of the nation’s strategy to reduce tobacco use. State and community tobacco control programs should supplement the national media campaign with coordinated youth prevention activities. The campaign should be implemented by an established public health organization with funds provided by the Federal government, public-private partnerships, or the tobacco industry (voluntarily or under litigation settlement agreements or court orders) for media development, testing, and purchases of advertising time and space. Institute of Medicine. Ending the Tobacco Problem: A Blueprint for the Nation. <a href="http://books.nap.edu/catalog/11795.html">http://books.nap.edu/catalog/11795.html</a></td>
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| Create environments that empower young people not to drink or use other drugs. | - CG: Adolescent Health: Person-to-Person Interventions to Improve Caregivers’ Parenting Skills. http://www.thecommunityguide.org/adolescenthealth/PersonToPerson.html
- HP: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40
- HP: Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=2
- IOM: Alcohol companies, advertising companies, and commercial media should refrain from marketing practices (including product design, advertising, and promotional techniques) that have substantial underage appeal and should take reasonable precautions in the time, place, and manner of placement and promotion to reduce youthful exposure to other alcohol advertising and marketing activity. http://books.nap.edu/openbook.php?record_id=10729&page=4
- IOM: The alcohol industry trade associations, as well as individual companies, should strengthen their advertising codes to preclude placement of commercial messages in venues where a significant proportion of the expected audience is underage, to prohibit the use of commercial messages that have substantial underage appeal, and to establish independent external review boards to investigate complaints and enforce the codes. http://books.nap.edu/openbook.php?record_id=10729&page=4
- IOM: The entertainment industries should use rating systems and marketing codes to reduce the likelihood that underage audiences will be exposed to movies, recordings, or television programs with unsuitable alcohol content, even if adults are expected to predominate in the viewing or listening audiences. http://books.nap.edu/openbook.php?record_id=10729&page=5
- IOM: The music recording industry should not market recordings that promote or glamorize alcohol use to young people; should include alcohol content in a comprehensive rating system, similar to those used by the television, film, and video game industries; and should establish an independent body to assign ratings and oversee the industry code. http://books.nap.edu/openbook.php?record_id=10729&page=5
- IOM: Television broadcasters and producers should take appropriate precautions to ensure that programs do not portray underage drinking in a favorable light, and that unsuitable alcohol content is included in the category of mature content for purposes of parental warnings. http://books.nap.edu/openbook.php?record_id=10729&page=5
- Cochrane: Social norms interventions to reduce alcohol misuse in university and college students. http://www2.cochrane.org/reviews/en/ab006748.html |
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• HP: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year. http://www.healthypeople.gov/2020/topicobjectives2020/objectiveslist.aspx?topicid=40  
• IOM: Residential colleges and universities should adopt comprehensive prevention approaches, including evidence-based screening, brief intervention strategies, consistent policy enforcement, and environmental changes that limit underage access to alcohol. They should use universal education interventions, as well as selective and indicated approaches with relevant populations. http://books.nap.edu/openbook.php?record_id=10729&page=9 |
| HEALTHY EATING                                                               |                                         |
| Increase access to healthy and affordable foods in communities.              | • HP: (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans. http://www.healthypeople.gov/2020/topicobjectives2020/objectiveslist.aspx?topicid=29  
| Improve nutritional quality of the food supply.                              | • HP: Increase the contribution of fruits to the diets of the population aged 2 years and older. http://www.healthypeople.gov/2020/topicobjectives2020/objectiveslist.aspx?topicid=29  
| Help people recognize and make healthy food and beverage choices.            | • IOM: Food and beverage companies should use their creativity, resources, and full range of marketing practices to promote and support more healthful diets for children and youth. http://books.nap.edu/openbook.php?record_id=11514&page=382  
• IOM: Full serve restaurant chains, family restaurants, and quick serve restaurants should use their creativity, resources, and full range of marketing practices to promote healthful meals for children and youth. http://books.nap.edu/openbook.php?record_id=11514&page=382 |
### Justification for Evidence-Based Recommendations

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### ACTIVE LIVING

• CG: (Expanding Evidence) The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This lack of evidence does NOT mean that the intervention does not work, but that additional research is needed to determine whether the intervention is effective. [http://www.thecommunityguide.org/about/methods.html](http://www.thecommunityguide.org/about/methods.html)  
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| Promote and strengthen school and early learning policies and programs that increase physical activity. | • CG: Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education. [http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html](http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html)  
• HP: 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). [http://www.healthypeople.gov/2020/topicobjectives2020/objectiveslist.aspx?topicid=33](http://www.healthypeople.gov/2020/topicobjectives2020/objectiveslist.aspx?topicid=33)  
• IOM: Those responsible for modifications or additions to the built environment should facilitate access to, enhance the attractiveness of, and ensure the safety and security of places where people can be physically active. [http://books.nap.edu/openbook.php?record_id=11203&page=14](http://books.nap.edu/openbook.php?record_id=11203&page=14) |
| Support workplace policies and programs that increase physical activity. | • CG: Environmental and Policy Approaches to Increase Physical Activity: Point-of-Decision Prompts to Encourage Use of Stairs. [http://www.thecommunityguide.org/pa/environmental-policy/podp.html](http://www.thecommunityguide.org/pa/environmental-policy/podp.html)  
| Assess physical activity levels and provide education, counseling, and referrals. | • CG: Behavioral and Social Approaches to Increase Physical Activity: Individually-Adapted Health Behavior Change Programs. [http://www.thecommunityguide.org/pa/behavioral-social/individuallyadapted.html](http://www.thecommunityguide.org/pa/behavioral-social/individuallyadapted.html)  
• Cochrane: Interventions for promoting physical activity. [http://www2.cochrane.org/reviews/en/ab003180.html](http://www2.cochrane.org/reviews/en/ab003180.html) |

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**INJURY AND VIOLENCE FREE LIVING**

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| Implement and strengthen policies and programs to enhance transportation safety. | • CG: Use of Child Safety Seats: Community-Wide Information and Enhanced Enforcement Campaigns. [http://www.thecommunityguide.org/mvoi/childsaftysteats/community.html](http://www.thecommunityguide.org/mvoi/childsaftysteats/community.html)  
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| Promote and enhance policies and programs to increase safety and prevent injury in the workplace. | • IOM: Develop and Implement Risk-Based Conformity Assessment Processes for Non-Respirator PPT. http://www.iom.edu/Reports/2010/Certifying-Personal-Protective-Technologies-Improving-Worker-Safety.aspx  
• CG: Therapeutic Foster Care to Reduce Violence for chronically delinquent juveniles. http://www.thecommunityguide.org/violence/therapeuticfostercare/index.html |
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| Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries. | • HP: Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=2  
| REPRODUCTIVE AND SEXUAL HEALTH                                               | • USPSTF: Recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. http://www.uspreventiveservicestaskforce.org/uspsf09/folicacid/folicacidrs.htm  
• USPSTF: Recommends that clinicians screen all pregnant women for syphilis infection. http://www.uspreventiveservicestaskforce.org/uspsf09/syphpg.htm  
• HP: Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid from fortified foods or dietary supplements. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26  
• Cochrane: Smoking cessation interventions in pregnancy reduce the proportion of women who continue to smoke in late pregnancy, and reduce low birthweight and preterm birth. Smoking cessation interventions in pregnancy need to be implemented in all maternity care settings. Given the difficulty many pregnant women addicted to tobacco have quitting during pregnancy, population-based measures to reduce smoking and social inequalities should be supported. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD001055/frame.html |
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| Support reproductive and sexual health services and support services for pregnant and parenting women. | • CG: Prevention of HIV/AIDS, other STIs and Pregnancy: Interventions to Reduce Sexual Risk Behaviors or Increase Protective Behaviors to Prevent Acquisition of HIV in Men Who Have Sex with Men (MSM). [http://www.thecommunityguide.org/hiv/msm.html](http://www.thecommunityguide.org/hiv/msm.html)  
• USPSTF: Recommends high-intensity behavioral counseling to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs. [http://www.uspreventiveservicestaskforce.org/uspstf/uspsstds.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsstds.htm)  
• CG: Youth Development Behavioral Interventions Coordinated with Community Service to Reduce Sexual Risk Behaviors in Adolescents. [http://www.thecommunityguide.org/hiv/youthdev-community.html](http://www.thecommunityguide.org/hiv/youthdev-community.html)  
• HP: Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old. [http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13](http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13)  
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| Enhance early detection of HIV, viral hepatitis and other STIs and improve linkage to care. | • CG: Interventions to Identify HIV-Positive People through Partner Counseling and Referral Services. http://www.thecommunityguide.org/hiv/partnercounseling.html  
• USPSTF: Recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. http://www.uspreventiveservicestaskforce.org/uspstf/usphepbpg.htm  
• USPSTF: Strongly recommends that clinicians screen persons at increased risk for syphilis infection. http://www.uspreventiveservicestaskforce.org/uspstf/uspsyyph.htm  
• HP: Increase the proportion of sexually active females aged 24 years and under enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=37  
• HP: Increase the proportion of sexually active females aged 24 years and under enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=37  
• HP: Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=22  
• HP: Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=22  
| Promote positive early childhood development, including positive parenting and violence-free homes. | • CG: Early Childhood Development Programs: Comprehensive, Center-Based Programs for Children of Low-Income Families. http://www.thecommunityguide.org/social/centerbasedprograms.html  
• HP: Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=10  
| Facilitate social connectedness and community engagement across the lifespan. | • CG: School-Based Programs to Reduce Violence. http://www.thecommunityguide.org/violence/schoolbasedprograms.html  
• HP: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas: injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, physical activity. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11 |
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| Provide individuals and families with the support necessary to maintain positive mental well-being. | - CG: Adolescent Health: Person-to-Person Interventions to Improve Caregivers’ Parenting Skills. [http://www.thecommunityguide.org/adolescenthealth/PersonToPerson.html](http://www.thecommunityguide.org/adolescenthealth/PersonToPerson.html)  
- IOM: States and communities should develop networked systems to apply resources to the promotion of mental health and prevention of mental, emotional, and behavioral disorders among their young people. These systems should involve individuals, families, schools, justice systems, health care systems, and relevant community-based programs. Such approaches should build on available evidence-based programs and involve local evaluators to assess the implementation process of individual programs or policies and to measure community-wide outcomes. [http://books.nap.edu/openbook.php?record_id=12480&page=6](http://books.nap.edu/openbook.php?record_id=12480&page=6) |
| Promote early identification of mental health needs and access to quality services. | - CG: Collaborative Care for the Management of Depressive Disorders. [http://www.thecommunityguide.org/mentalhealth/collab-care.html](http://www.thecommunityguide.org/mentalhealth/collab-care.html)  
- CG: Interventions to Reduce Depression Among Older Adults: Clinic-Based Depression Care Management. [http://www.thecommunityguide.org/mentalhealth/depression-clinic.html](http://www.thecommunityguide.org/mentalhealth/depression-clinic.html)  
- CG: Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management. [http://www.thecommunityguide.org/mentalhealth/depression-home.html](http://www.thecommunityguide.org/mentalhealth/depression-home.html)  
- USPSTF: Recommends screening of adolescents (12 – 18 years of age) for MDD when systems are in place to ensure accurate diagnosis, psychotherapy (e.g., cognitive-behavioral, interpersonal), and follow-up. In 2002, the USPSTF concluded that there was insufficient evidence to recommend for or against routine screening of children or adolescents for MDD (I recommendation). [http://www.uspreventiveservicestaskforce.org/uspstf09/depression/chdeprrs.htm](http://www.uspreventiveservicestaskforce.org/uspstf09/depression/chdeprrs.htm)  