

Navigating sources of evidence


A guide to effective prevention strategies

The **HPIO Health Value Dashboard** found that Ohioans are living shorter, less healthy lives despite spending more on health care than people in most other states. Specific health challenges facing Ohio include high rates of tobacco use, cardiovascular disease, infant mortality and drug overdose deaths.

The good news is that there are many evidence-based strategies Ohio can use to prevent these health problems, decrease health disparities and control healthcare costs. More widespread and strategic implementation of these strategies would help Ohio to better allocate resources toward “what really works” and to enact policy changes based on the best-available research findings.

The purpose of this guide is to help policymakers, community health improvement planners and philanthropy find prevention strategies that have been evaluated carefully. This publication:

- Defines “evidence-based prevention” and related terms
- Describes the limitations and advantages of research-based evidence
- Describes the landscape of online evidence sources and how to distinguish between different types of sources
- Recommends credible and user-friendly sources of evidence for specific policies and programs that address Ohio’s greatest health challenges

GUIDE TO IMPROVING HEALTH VALUE 

In addition to this publication, HPIO has developed topic-specific tools that are posted on the **HPIO website**:

- **State policy options fact sheets:** Each fact sheet briefly summarizes the outcomes and healthcare costs related to a specific health challenge. The fact sheets also identify prevention strategies that are most likely to improve health and decrease disparities based on the strongest-available evidence, describe the extent to which each strategy is currently being implemented in Ohio and offer policy options for implementing or expanding the strategies.
- **Evidence inventories:** Evidence inventories compile reviews of prevention policies and programs for specific topics. The inventories provide a list of specific evidence-based strategies and indicate the strength of the research evidence and likely impact on health disparities for each strategy.

This publication and the tools listed above focus on primary and secondary prevention strategies, including:

- Policies and programs that address the social, economic and physical environment
- Community-based prevention programs (including programs for school, home and workplace settings)
- Clinical preventive services

For additional information about prevention, see HPIO’s **Ohio Prevention Basics**.

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What is “evidence-based prevention”?

The term “evidence based” is used as a “seal of approval” to indicate that a specific program or strategy has been evaluated and proven to be effective. This seal of approval can be given by academic researchers, expert panels or government agencies that have reviewed evidence about the program, or independent organizations that rate the effectiveness of programs.

For the purposes of this publication, an evidence-based prevention strategy is defined as a policy, program or service that has been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence.

Criteria for classifying a program, policy or other strategy as “evidence-based” vary across disciplines and agencies, which can make it challenging for policymakers and prevention planners to determine which strategies they should implement. Regardless of these challenges, evidence about the effectiveness of prevention strategies should be an important factor in policymaking decisions.

When done well, evidence-based decision making increases the effectiveness, efficiency and accountability of population health interventions by steering resources toward “what really works” based on expert evidence, while also providing space for innovative development and evaluation of new strategies informed by the experiences of community members and front-line practitioners.

A framework for thinking about evidence

Three concepts are useful for understanding what is meant by the term “evidence based”:

- 1.Types of evidence that inform decision making:** Research evidence, experiential evidence and contextual evidence
- 2.Level of effectiveness in reaching desired outcomes:** Continuum from highly effective to ineffective or harmful

- 3.Strength of scientific evidence:** How rigorously a program has been evaluated

Types of evidence that inform decision making

Good decision making balances three types of evidence (see Figure 1):

- **Research evidence:** Results of scientific studies designed to determine whether or not a policy or program is effective in achieving its intended outcomes
- **Experiential evidence:** The collective experience and expertise of those who have practiced or lived in a particular setting or community
- **Contextual evidence:** Information about whether or not a strategy fits with the context in which it is to be implemented, including the usefulness, feasibility and cultural appropriateness for a particular community¹

A well-designed policymaking or community health planning process will acknowledge and incorporate these three types of evidence. The HPIO [Guide to Improving Health Value](#) primarily focuses on research evidence. The HPIO [Evidence-Based Strategy Selection Worksheet](#) provides an example of how to combine the three types of evidence to inform a community health improvement process.

Level of effectiveness and strength of scientific evidence

The *Continuum of Evidence of Effectiveness*² provides a useful framework for understanding two key aspects of research evidence-- level of effectiveness and strength of evidence (see Figure 2). Level of effectiveness refers to whether a strategy has been shown to be highly effective, moderately effective or ineffective in achieving its desired outcomes. Strength of research evidence refers to how rigorously a program has been evaluated and how strong the evidence is that the program, rather than other factors, produced the desired outcomes.

Systematic reviews and evidence registries typically combine the two concepts of effectiveness and strength of evidence in order to categorize prevention strategies and make recommendations. Programs that have strong evidence demonstrating that

they are effective in achieving outcomes are generally classified as “evidence based,” but may also be referred to as a “best practice,” “well supported,” or a “model program.” Programs that have been shown to be effective through less rigorous evaluation methods are often referred to as “promising,” “emerging,” “innovative” or “untested” (see Figure 3).

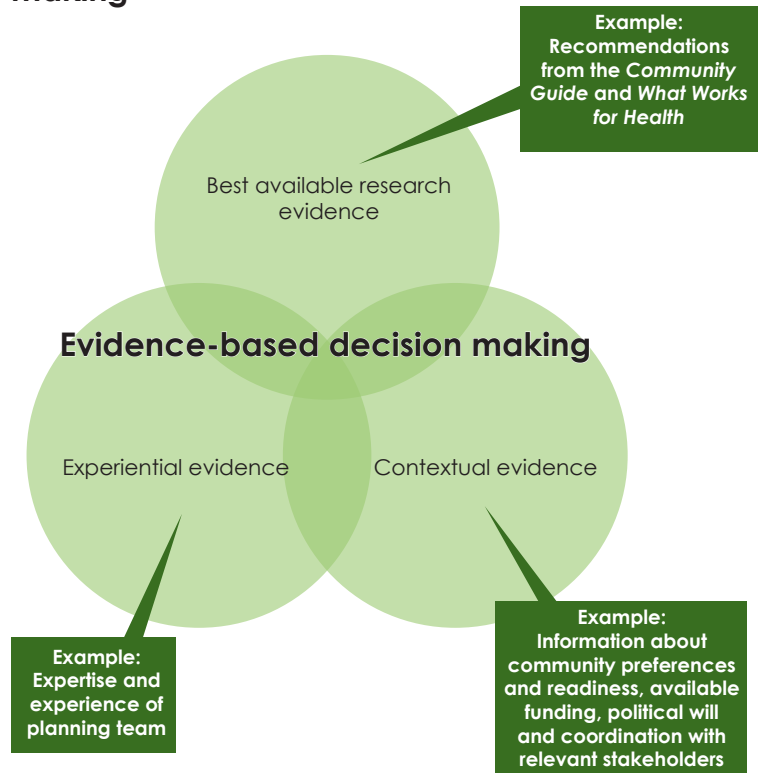
Limitations of research evidence

Despite its value for improving the efficiency and effectiveness of population health initiatives, there are several shortcomings to the way scientific research evidence is sometimes used in planning and policymaking. First, rigid requirements to only fund evidence-based interventions may stifle innovation and authentic community engagement.

Second, a narrow focus on highly rigorous research methods (such as randomized control trials and other experimental designs) tends to side-line or undervalue approaches that are implemented at the population level (such as policy change) and primary prevention efforts that require a long time period to achieve outcomes. Unlike evidence-based medicine which is based upon studies in highly-controlled clinical settings, evidence-based public health draws upon research conducted in complex, real-world conditions that often do not allow for control groups or other aspects of experimental designs that help to pin-point the impact of a specific intervention.

Similarly, evidence ratings and registries such as the National Registry of Evidence-Based Programs and Practices (NREPP) have largely focused on “programs in a box” that are delivered to individuals or groups (often in school and social service settings) and are easily evaluated using traditional pre/post-intervention research methods. Policy, system and environmental change approaches, however, are more difficult to evaluate and are therefore less prominent in many systematic reviews and evidence registries.

Figure 1. **Types of evidence that inform decision making**



Source: Puddy and Wilkens (2011), modified

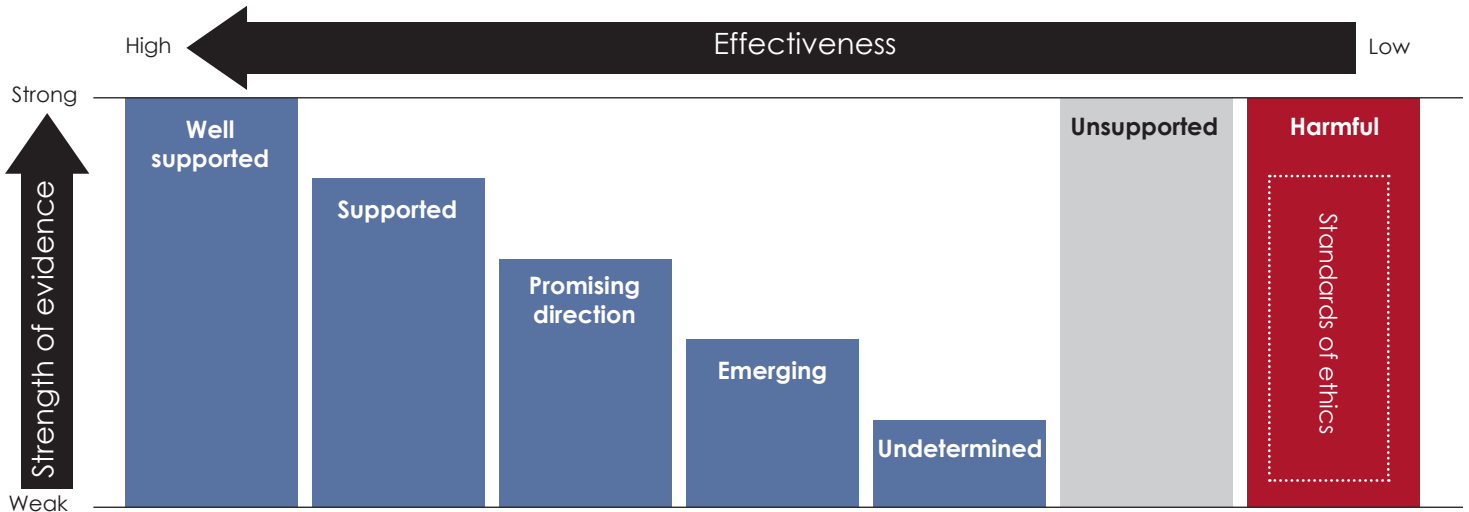
Implementation challenges

When implementing programs or strategies classified as “evidence-based,” population health professionals must balance two priorities: fidelity and community fit.

Fidelity refers to the extent to which a program is implemented as intended. High fidelity occurs when a program is replicated using the same methods, protocols, population groups and settings that were in place when the program was evaluated and found to be effective. Clear implementation guidance — such as a training manual, policy template or other documentation — is critical for effective replication.

Community fit and socio-cultural relevance refer to the extent to which a program is compatible with cultural beliefs, local community norms and participant needs and interests. A program developed for inner-city African-American students in a classroom setting, for example, may need to be modified in order to be effective for rural white youth in a 4-H Club setting. The ability to adapt an evidence-based approach to fit unique

Figure 2. Continuum of evidence of effectiveness



Source: Puddy and Wilkins (2011)

community settings and needs — while maintaining the core elements of the strategy that make it effective — is an important aspect of evidence-based public health practice.

How to navigate sources of evidence

Sources of evidence-based strategies

There are many systematic reviews and online registries of evidence-based prevention strategies. Each has its benefits and drawbacks, and no one source is complete. It can therefore be challenging to sort out which of these sources has the most credible information and is the best fit for a decision-making process. Figure 4 on page 6 displays the types of sources where available evidence on prevention strategies can typically be found.

Where to find community-based prevention programs and policy strategies

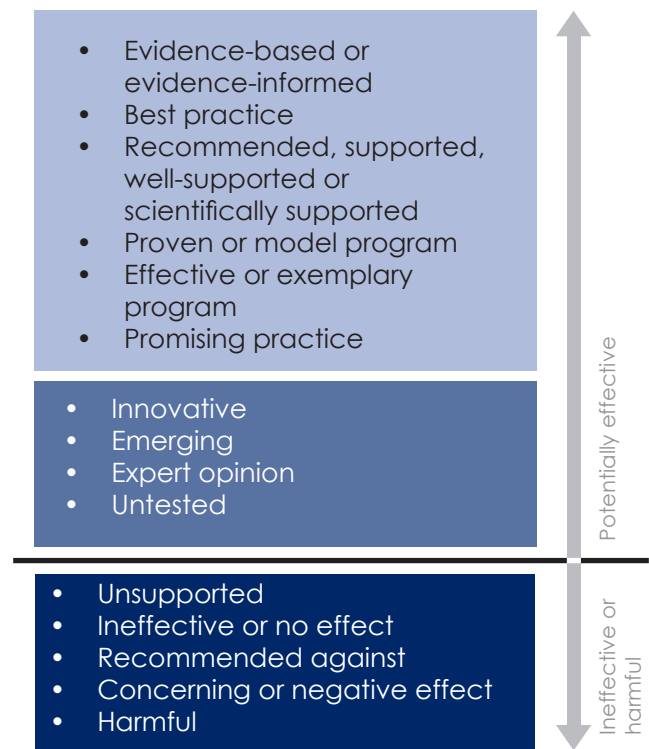
Figure 5 outlines an approach to finding community-based prevention programs and strategies that address the social, economic and physical environment by consulting the following sources:

- The Community Guide (U.S. Centers for Disease Control and Prevention [CDC])
- What Works for Health (County Health Rankings and Roadmaps)
- Topic-specific systematic reviews, evidence registries and recommendation reports

As a rigorous systematic review, the CDC's Community Guide is considered to be the "gold standard" source for evidence-based public health interventions in community settings. Not all topics, however, are

covered by the Community Guide, so it is useful to refer to multiple sources. The What Works for Health online evidence registry addresses a broader range of topics and, along with other online evidence registries and recommendations from expert panels, makes an excellent supplement to the Community Guide. The Community Guide and What Works for Health stand

Figure 3. Terms commonly used to classify prevention strategies by level of effectiveness and strength of scientific evidence



Source: Brownson, Fielding and Maylahn (2009), modified

out among sources of evidence for being comprehensive (addressing a wide range of health-related topics), including policy and environmental change approaches, addressing health disparities and health equity and being easy to use.

Where to find clinical preventive services

The U.S. Preventive Services Task Force (USPSTF) Recommendations are considered to be a “gold standard” source of evidence and are therefore a good place to begin a search for prevention activities implemented in a healthcare setting. The USPSTF recommendations are particularly important because the Affordable Care Act (ACA) requires most health insurance plans to cover services rated “A” or “B” by the USPSTF’s independent panel of experts. For topics not yet reviewed by USPSTF, additional sources, such as the Cochrane Database of Systematic Reviews and other reviews and registries listed in Figure 6, can be helpful.

Clarifying goals and narrowing scope

Defining the goals for a prevention strategy and the scope of the search will help to narrow down the types of sources to consult. Key considerations include:

- 1. Time and expertise.** It can be time-consuming to comb through peer-reviewed literature or through systematic review databases such as Cochrane and Campbell. Websites such as The Community Guide and What Works for Health, however, are designed to be user-friendly and do not require a great deal of time or expertise to use.
- 2. Desired outcomes and goals.** Is the aim to reduce risk factors, increase protective factors or to decrease the prevalence of a disease or condition? Being clear about specific desired outcomes will help

to guide the search for evidence. For example, the Community Guide includes sections on health conditions, such as obesity and cardiovascular disease, but also has recommendations for physical activity and nutrition which address the risk and protective factors, behaviors and community conditions that affect obesity and cardiovascular disease.

- 3. Type of health issue to be addressed.** Many grey literature reports and searchable databases focus on specific diseases or health conditions, such as cancer, asthma, violence or drug and alcohol use. Some sources address the social determinants of health. For example, the Campbell Collaboration specializes in crime, justice, education and social welfare. The Community Guide includes recommendations for health equity and What Works for Health reviews a comprehensive set of programs and policies designed to address social and economic factors.
- 4. Type of approach and setting.** Some sources, such as the USPSTF recommendations, only include preventive services for clinical settings, such as screening, counseling and preventive medications. The Community Guide and What Works for Health include a wide range of approaches, including behavioral and educational programs delivered in community and healthcare settings and policy, system and environmental change strategies.

For more information about the steps involved in selecting prevention strategies, including an Ohio case study, view the following publication prepared by the Health Policy Institute of Ohio and the Ohio Department of Health: [*Evidence in Action: A Guide to Selecting Effective Prevention Strategies*](#).³

Figure 4. Sources of evidence-based strategies

Type of source	Examples	Rigor, credibility and strength of evidence	Ease of use
<p>Systematic reviews A literature review that attempts to identify, appraise and synthesize all the empirical evidence that meets pre-specified eligibility criteria. Systematic reviews of randomized controlled trials are considered the “gold standard” of evidence.</p>	<ul style="list-style-type: none"> • The Campbell Collaboration Library of Systematic Reviews • Cochrane Library Database of Systemic Reviews • The Guide to Community Preventive Services (The Community Guide) • U.S. Preventive Services Task Force recommendations (USPSTF) 	High	Moderate
<p>Peer-reviewed literature Articles and reports that have gone through a formal process to assess quality, accuracy and validity.</p>	<p>Articles published in academic and scientific journals, such as the <i>American Journal of Public Health</i>, <i>American Journal of Preventive Medicine</i> or the <i>New England Journal of Medicine</i>. Many can be accessed online through PubMed, Medline, Google Scholar, etc.</p>	Moderate to high	Low
<p>Searchable databases and evidence registries Online clearinghouses designed to disseminate information about evidence-informed strategies in a user-friendly format. These databases use specific criteria to screen programs and policies. Most also rate strategies on the strength of their available evidence of effectiveness (such as, scientifically supported, some evidence, insufficient evidence, evidence of ineffectiveness).</p>	<ul style="list-style-type: none"> • AHRQ Health Care Innovations • Blueprints for Healthy Youth Development • Community Health Improvement Navigator • National Registry of Evidence-Based Programs and Practices (NREPP) • Public Health Law Research — Evidence briefs • Research-tested Intervention Programs (RTIPs) • Top Tier Evidence • Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide • What Works Clearinghouse • What Works for Health 	Moderate to high	High
<p>Grey literature Electronic or print format documents produced by government agencies, academic institutions and other organizations not controlled by commercial publishing.⁴</p>	<ul style="list-style-type: none"> • Recommendations from expert panels, such as the Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine, formerly known as the Institute of Medicine (IOM) • Reports from federal agencies such as the U.S. Centers for Disease Control and Prevention (CDC) or the U.S. Department of Health and Human Services (HHS) • Reports from nonpartisan organizations, such as the Association of State and Territorial Health Officials (ASTHO), the RAND Corporation, Prevention Institute, PolicyLink and Trust for America’s Health 	Varies widely	Moderate

Source: County Health Rankings and Roadmaps⁵

Figure 5. **Where to start searching for effective community-based prevention programs and strategies that address the social, economic and physical environment**

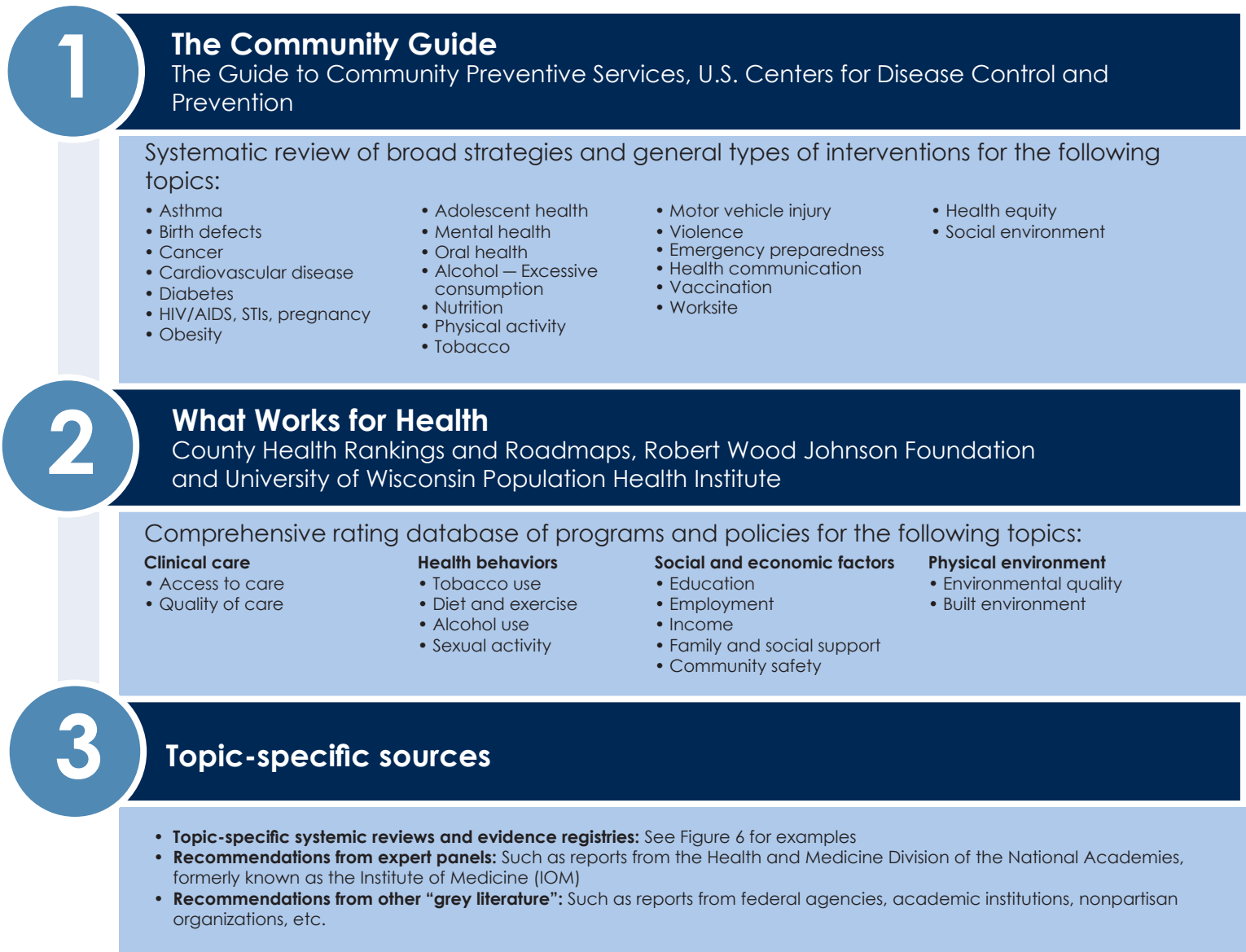


Figure 6. Recommended sources for evidence-based primary and secondary prevention

Systematic review or evidence registry	Sponsoring organization	Topics	Strategies to address the social, economic and physical environment	Community-based prevention programs	Clinical preventive services
The Community Guide*	U.S. Centers for Disease Control and Prevention (CDC)	Comprehensive range of health issues			
What Works for Health	University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation	Comprehensive range of health issues			
Hi-5 (Health Impact in 5 Years)	U.S. Centers for Disease Control and Prevention (CDC)	Comprehensive range of health issues			
Community Health Improvement Navigator — Database of Interventions	U.S. Centers for Disease Control and Prevention (CDC)	Tobacco use and exposure, physical inactivity, unhealthy diet, high cholesterol, high blood pressure, diabetes and obesity			
6/18 (Accelerating Evidence into Action)	U.S. Centers for Disease Control and Prevention (CDC)	Comprehensive range of health issues			
U.S. Preventive Services Task Force (USPSTF) Recommendations*	Agency for Healthcare Research and Quality (AHRQ)	Comprehensive range of medical conditions and clinical risk factors			
AHRQ Health Care Innovations	Agency for Healthcare Research and Quality (AHRQ)	Comprehensive range of medical conditions and clinical risk factors			
Cochrane Database of Systematic Reviews*	Cochrane Collaboration	Comprehensive range of medical conditions and clinical risk factors			
National Registry of Evidence-Based Programs and Practices (NREPP)	Substance Abuse and Mental Health Services Administration (SAMHSA)	Mental health promotion and treatment, substance abuse prevention and treatment, co-occurring disorders			
Research-tested Intervention Programs (RTIPs)	National Cancer Institute (NCI)	Cancer screening, nutrition, physical activity, obesity, sun safety, tobacco use and other aspects of cancer control			
Top Tier Evidence	Laura and John Arnold Foundation	Early childhood, education, employment/training, youth development, crime/violence prevention, health care financing and delivery, obesity and disease prevention, substance abuse prevention and treatment, housing/homelessness, international development			
Blueprints for Healthy Youth Development	Institute of Behavior Science, University of Colorado	Youth problem behavior, education, emotional well-being, physical health and positive relationships			
Campbell Library of Systematic Reviews*	The Campbell Collaboration Library	Crime and justice, education, international development, social welfare			
Office of Juvenile Justice and Delinquency Prevention Model Programs Guide	U.S. Department of Justice	Child welfare, juvenile justice and substance abuse			
Public Health Law Research- Evidence Briefs	Temple University and the Robert Wood Johnson Foundation	Alcohol and other drugs, tobacco, environmental health, infectious disease, injury, violence, oral health, housing and other public health topics			
What Works Clearinghouse	Institute for Education Sciences, U.S. Department of Education	Education (early childhood through postsecondary)			

8 *Systematic review (comprehensive literature review that appraises and synthesizes empirical evidence)

Appendix: Recommended sources of evidence to prevent Ohio's greatest health challenges

The [2017 HPIO Health Value Dashboard](#) identified areas in which Ohio's performance is worse than most other states, including:

- Adult smoking
- Secondhand smoke exposure for children
- Cardiovascular disease
- Food insecurity
- Drug overdose deaths
- Infant mortality⁶

Effective strategies to prevent these problems are available. The following matrix lists credible and user-friendly sources of evidence⁷ for specific policies and programs that address many of Ohio's greatest health challenges. This list includes sources for primary and secondary prevention strategies, including policy changes, community-based prevention programs and clinical preventive services.

Note: Bold, [blue](#) text in the body of the table indicates a link to the source.

Priority ⁸	Credible and user-friendly sources for specific policies and programs
Tobacco free living	<ul style="list-style-type: none"> • The Community Guide: Click on "Tobacco" • What Works for Health: Click on "Tobacco use" • Community Health Advisor: Interactive tool that estimates impact of evidence-based tobacco prevention/cessation strategies on medical costs and health outcomes • Best practices for comprehensive tobacco control programs, 2014 edition: Report with recommendations from the Centers for Disease Control and Prevention (CDC) • HPIO Evidence inventory: Strategies to reduce tobacco use and exposure to secondhand smoke • Ohio's plan to prevent and reduce chronic disease: 2014-2018: Plan document with strategies and objectives to reduce tobacco use
Healthy eating Including prevention of food insecurity, diabetes, obesity and heart disease	<ul style="list-style-type: none"> • What Works for Health: Click on "Diet and exercise" or search for "food" • The Community Guide: Click on "Nutrition," "Obesity," "Cardiovascular disease" or "Diabetes" • U.S. Department of Agriculture (USDA) Nutrition Evidence Library: Systematic reviews on specific nutrition topics • HPIO Evidence inventory: Strategies to increase food security and access to healthy food • Ohio's plan to prevent and reduce chronic disease: 2014-2018: Plan document with strategies and objectives to increase healthy food consumption
Active living Including prevention of diabetes, obesity and heart disease	<ul style="list-style-type: none"> • The Community Guide: Click on "Physical activity," "Obesity," "Cardiovascular disease" or "Diabetes" • What Works for Health: Click on "Diet and exercise" • Community Health Advisor: Interactive tool that estimates impact of evidence-based physical activity strategies on medical costs and health outcomes • HPIO Evidence inventory: Strategies to increase physical activity • Ohio's plan to prevent and reduce chronic disease: 2014-2018: Plan document with several strategies and objectives to increase physical activity

Priority	Credible and user-friendly sources for specific policies and programs
Preventing drug abuse and excessive alcohol use	<ul style="list-style-type: none"> • The Community Guide: Click on “Alcohol–excessive consumption” • What Works for Health: Click on “Alcohol and Drug Use” • Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs and Health: See Appendix B for an inventory of evidence-based prevention programs and policies • National Registry of Evidence-Based Programs and Practices (NREPP): Use advanced search function to find interventions by areas of interest, outcome categories, settings and population characteristics • Office of Juvenile Justice and Delinquency Prevention Model Programs Guide: Filter for “substance abuse” and “underage drinking” within “child protection and health” category • Preventing mental, emotional and behavioral disorders among young people: Report with recommendations from the National Academy of Medicine (formerly Institute of Medicine) • Reducing teen substance misuse: What really works?: Report from Trust for America’s Health •  Start Talking!: Ohio’s campaign to promote drug-free lives for youth •  Ohio Joint Study Committee on Drug Use Prevention Education: Includes recommendations for school-based drug prevention
Mental and emotional wellbeing	<ul style="list-style-type: none"> • The Community Guide: Click on “Mental health” • What Works for Health: Click on “Family and social support,” “Access to care,” “Community safety,” “Built environment” or use keyword search • National Registry of Evidence-Based Programs and Practices (NREPP): Use advanced search function to find interventions by areas of interest, outcome categories, settings, and population characteristics • Suicide Prevention Resource Center Best Practices Registry: Lists effective programs • Preventing mental, emotional and behavioral disorders among young people: Report with recommendations from the National Academy of Medicine (formerly Institute of Medicine)
Maternal and infant health including reproductive and sexual health	<ul style="list-style-type: none"> • The Community Guide: Click on “HIV/AIDS, STIs, pregnancy” or “Birth defects” • What Works for Health: Click on “Sexual activity,” “Family and social support,” “Access to care,” “Income” or use keyword search • Teen Pregnancy Prevention — Evidence-Based Programs Database: Lists effective programs • Association of Maternal and Child Health Programs (AMCHP) Innovation Station • Forging a comprehensive initiative to improve birth outcomes and reduce infant mortality: Policy and program options for state planning: Compendium of strategies from the Association of Maternal and Child Health Programs •  Ohio infant mortality reduction plan 2015-2020: Plan from the Ohio Collaborative to Prevent Infant Mortality with focus areas and strategies •  Achieving equity and eliminating infant mortality disparities within racial and ethnic populations: From data to action: Recommendations from the Ohio Commission on Minority Health •  Ohio Commission on Infant Mortality: Committee report, recommendations and data inventory: Recommendations from legislative commission (Ohio Commission on Infant Mortality)
Injury- and violence-free living	<ul style="list-style-type: none"> • The Community Guide: Click on “Motor vehicle injury” or “Violence” • What Works for Health: Click on “Community safety,” “Health behaviors,” “Social and economic factors” or use keyword search • Blueprints for Healthy Youth Development (includes healthy relationships and violence prevention): Click on “Program search” • CDC: Effective and Promising Practices--Child Maltreatment: Lists effective programs • National Registry of Evidence-Based Programs and Practices (NREPP): Use advanced search function to find interventions by areas of interest, outcome categories, settings and population characteristics • Striving to Reduce Youth Violence Everywhere (STRYVE) Strategy Selector Tool: Search by demographics, focus area, setting or other characteristics • Preventing multiple forms of violence: A strategic vision for connecting the dots: Report with recommendations for a cross-cutting approach to violence prevention

Priority	Credible and user-friendly sources for specific policies and programs
Injury- and violence-free living (cont.)	<ul style="list-style-type: none"> • CDC Compendium of effective fall interventions: What works for community-dwelling older adults, 3rd edition: Report with recommendations from the CDC • Ohio Sexual and Intimate Partner Violence Prevention Consortium strategic plan: Plan document with goal statements • Ohio Older Adult Fall Prevention Coalition plan: 2014-2016: Plan document with goals, objectives and strategies • Ohio Child Injury Action Group strategic plan: Series of topic-specific action plans with objectives and strategies
Plans that address several of the above priorities	
Cross-cutting Ohio plans	<ul style="list-style-type: none"> • 2017-2019 State Health Improvement Plan: Addresses mental health and addiction, chronic diseases, maternal and infant health, social determinants of health, public health and prevention and healthcare system and access • Ohio Adolescent Health Partnership Strategic Plan 2013-2020: Addresses behavioral health; injury, violence and safety; reproductive health; nutrition and physical activity; and sleep • The Ohio Comprehensive Cancer Control Plan 2015-2020: Addresses prevention (including tobacco use, exposure to environmental carcinogens, HPV vaccine, sun exposure, physical activity, nutrition, obesity and genetics), early detection and patient-centered services
Cross-cutting strategies	Credible and user-friendly sources for specific policies and programs
Elimination of health disparities	<ul style="list-style-type: none"> • The Community Guide: Click on "Health Equity" • What Works for Health: See "Impact on Disparity" rating for each strategy
Education, employment and income (key social determinants of health)	<ul style="list-style-type: none"> • What Works for Health: Click on "Education," "Employment" or "Income" • Hi-5 (Health Impact in 5 Years): CDC recommendations for non-clinical interventions that have evidence reporting: 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier • The Campbell Collaboration Library of Systematic Reviews: Use advanced search feature to select "Education" or "Social Welfare" • What Works Clearinghouse: Evidence registry from the Institute for Education Sciences, U.S. Department of Education (includes early childhood through post-secondary education) • Top Tier Evidence: Systematic reviews on early childhood, education, employment/training, housing/homelessness and other topics • Results First Clearinghouse Database: Clearinghouse that aggregates and rates evidence of effectiveness from several other registries. Topics include child welfare, social policy, criminal justice and education
Clinical preventive services	<ul style="list-style-type: none"> • U.S. Preventive Services Task Force Recommendations: Click on "Recommendations" and search for relevant topic • Community Health Improvement Navigator Database of Interventions: Use filter function to search for relevant topics and intervention settings • Agency for Healthcare Research and Quality (AHRQ) Innovations Exchange: Click "Browse by subject" to search for relevant topics • The 6/18 Initiative: Click on relevant topic to view evidence summary for clinical-community linkage activities (addresses tobacco, high blood pressure, healthcare-associated infections, asthma, unintended pregnancy and diabetes) • Cochrane Database of Systematic Reviews: Browse by topic or search for key words

Additional tools for evidence-based decision making

- **Washington State Institute for Public Policy Benefit-Cost Results.** Literature reviews and benefit cost analyses of a wide variety of health and human services programs
- **Community Health Improvement Navigator.** Tools from the CDC for community health improvement, including a database of interventions
- **Prevention Status Reports.** CDC inventory of policies and practices designed to address 10 specific public health topics
- **Understanding Evidence.** Interactive training website from the CDC

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Notes

1. Puddy, Richard and Natalie Wilkins. "Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness." Atlanta, GA: U.S. Centers for Disease Control and Prevention, 2011. http://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf
2. Ibid.
3. Health Policy Institute of Ohio. *Evidence in Action: A Guide to Selecting Effective Prevention Strategies*, 2013.
4. GreyNet International: Grey Literature Network Service. <http://www.greynet.org/> (Accessed March 28, 2016)
5. Modified from "Searching the Evidence," County Health Rankings and Roadmaps. <http://www.countyhealthrankings.org/sites/default/files/CHRR%20Searching%20the%20Evidence.pdf> (accessed 4/4/16)
6. Ohio performed in the bottom quartile of states on these metrics. For additional information about Ohio's strengths and challenges, see page 12 of Health Policy Institute of Ohio 2017 *Health Value Dashboard*, March 2017.
7. Sources listed here met the following criteria: 1) Nationally-recognized, credible source identified by HPIO and/or recommended as a "go-to" source by Ohio subject-matter experts; 2) User-friendly website or report; and 3) Includes primary and/or secondary prevention strategies, rather than only clinical treatment.
8. These priorities are from: 1) National Prevention Strategy (National Prevention Council. National Prevention Strategy: America's plan for better health and wellness. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011); 2) Ohio's greatest health challenges (Health Policy Institute of Ohio 2017 *Health Value Dashboard*, March, 2017); and 3) 2017-2019 State Health Improvement Plan. Columbus, OH: Ohio Department of Health, February 2017.



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