Part 4. Additional resources

Evidence-based public health online and in-person training courses
(Note: bolded titles are links)

- **Understanding Evidence.** Interactive website from the US Centers for Disease Control and Prevention.
- **Ohio Evidence-Based Public Health Course: Pathway to Accreditation.** In-person training program from the Prevention Research Center at Case Western Reserve University.
- **Evidence-Based Public Health Practice.** Online training course from the Center for Public Health Practice, Ohio State University College of Public Health.
- **A Roadmap to Implementing Evidence-based Programs.** Online training course from the National Registry of Evidence-based Programs and Practices (NREPP).

Links to systematic reviews and evidence registries

Systematic reviews
- The Guide to Community Preventive Services (Community Guide)
- US Preventive Services Task Force (USPSTF) Recommendations
- The Cochrane Collaboration
- The Campbell Collaboration
- Health Evidence

Evidence registries, searchable databases, and compendia
- What Works for Health
- National Registry of Evidence-based Programs and Practices (NREPP)
- Promising Practices Network
- California Evidence-Based Clearinghouse for Child Welfare
- Blueprints for Healthy Youth Development
- What Works Clearinghouse
- Public Health Law Research — Evidence Briefs
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide
- Research-tested Intervention Programs (RTIPs)
- USDA Nutrition Evidence Library
- CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults, 2nd Edition
- Teen Pregnancy Prevention — Evidence-based Programs Database
- Suicide Prevention Resource Center Best Practice Registry
- Program Operations Guidelines for STD Prevention: Community and Individual Behavior Change Interventions
- ENACT Local Policy Database
- National Association of County and City Health Officials (NACCHO) Model Practice Database
- Association of Maternal and Child Health Programs (AMCHP) Innovation Station
Glossary
Definitions of terms used in this online guide:

**Best available research evidence** — Evidence used to determine whether or not a prevention program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends. The more rigorous a study’s research design, the more compelling the research evidence, indicating whether or not a program, practice, or policy is effectively preventing violence. (Source: Understanding Evidence — Glossary)

**Contextual evidence** — Contextual Evidence refers to information about whether or not a strategy “fits” with the context in which it is to be implemented. In other words, contextual evidence provides prevention practitioners with information on whether a strategy is feasible to implement, is useful, and is likely to be accepted by a particular community. (Source: Understanding Evidence — Glossary)

**Credible** — The source of the information contributes to how worthy it is of belief when compared to external (who and where it comes from) and internal (independent knowledge of the subject) criteria. (Source: Understanding Evidence — Glossary)

**Evidence-based prevention strategies** — Programs or policies that have 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. (Source: HPIO)

**Evidence-based practice** — Evidence-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. Note: This is the definition adopted by the Public Health Accreditation Board (PHAB). (Source: Brownson, et. al. 2009)

**Evidence-based public health** — The process of integrating science-based interventions with community preferences to improve the health of populations. (Source: Kohatsu, et. al. 2004)

**Experiential evidence** — The collective experience and expertise of those who have practiced or lived in a particular setting. It also includes the knowledge of subject matter experts. This insight, understanding, skill and expertise is accumulated over time and is often referred to as intuitive or tacit knowledge. (Source: Understanding Evidence — Glossary)

**Fidelity** — The degree to which a program, practice, or policy is conducted in the way that it was intended to be conducted. This is particularly important during replication, where fidelity is the extent to which a program, practice, or policy being conducted in a new setting mirrors the way it was conducted in its original setting. (Source: Understanding Evidence — Glossary)

**Grey literature** — Electronic and print format documents produced by government agencies, academic institutions, and other organizations not controlled by commercial publishing. (Source: GreyNet International)

**Implementation guidance** — Resources such as training, coaching, technical assistance, manuals/guides, curricula, policy templates, or other documentation that help practitioners to implement a strategy as intended. Implementation guidance is typically created by the original developers of a program in order to facilitate replication. (Source: HPIO)

**Peer-reviewed literature** — Articles and reports that have gone through a formal process to assess quality, accuracy, and validity. (Source: HPIO)

**Policy, system and environmental change (PSEC)** — Policy, system and environmental change is a way to modify the environment to make healthy choices practical and available to all community members. See “What is ‘Policy, System, and Environmental Change’?” fact sheet. (Source: Cook County Department of Public Health and the Public Health Institute of Metropolitan Chicago)

**Population health** — The health outcomes of a group of individuals, including the distribution of such outcomes within the group. The field of population health focuses on the determinants of health (including medical care, public health interventions, social environment, physical environment, genetics, and individual behavior) and the policies and programs that influence those determinants and reduce health disparities among population groups. (Source: Kindig and Stoddart, 2003)

**Prevention** — A systematic process that promotes healthy behaviors and reduces the likelihood or frequency of an incident, condition, or illness. Ideally, prevention addresses health problems before they occur, rather than after people have shown signs of disease or injury. Prevention — A systematic process that promotes healthy behaviors and reduces the likelihood or frequency of an incident, condition, or illness. Ideally, prevention addresses health problems before they occur, rather than after people have shown signs of disease or injury. (Source: The Prevention Institute)

There are two commonly used systems for classifying levels of prevention. The first is based on the timing of prevention activity relative to the onset of the health problem: Primary, Secondary, and Tertiary. The second classification was developed in the field of substance abuse prevention and refers to the level of risk in the population addressed: Universal, Selected, and Indicated. See boxes on next page.
**Levels of Prevention**

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<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
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<td>Methods to avoid the occurrence of disease. Primary prevention addresses problems before they occur rather than waiting to intervene after a condition or concern develops. Primary prevention often requires a shift from focusing on educating, counseling, or treating an individual towards addressing the broader physical, social, and economic environment. (Examples: safe sleep campaigns to prevent infant death; workplace policies to promote breastfeeding as a way to prevent childhood obesity)</td>
<td>Methods to diagnose and treat existent disease in early stages before it causes significant morbidity. Preventing the escalation of an existing problem. (Examples: breast, cervical, and colorectal screenings to identify cancer in early stages; HIV screening and antiretroviral therapy to prevent transmission to others)</td>
<td>Methods to reduce negative impact of existent disease by restoring function and reducing disease-related complications. Treatment or intervention for an existing injury, condition, or disease. (Examples: diabetes self-management class to prevent health complications from diabetes)</td>
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**Prevention Tiers**

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<th>Universal</th>
<th>Selective</th>
<th>Indicated</th>
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<td>Strategies offered to the full population, likely to provide some benefit to all. (Examples: social skills training for all children in a school district to prevent bullying and teen dating violence; addition of sidewalks and crosswalks to increase walkability and promote physical activity)</td>
<td>Targeted to populations with above-average risk for the problem. (Examples: needle exchange programs for IV drug users to prevent HIV transmission; healthy corner store initiatives in poor neighborhoods with high rates of obesity)</td>
<td>Targeted to individuals with increased vulnerability or early signs of a problem, disease, or condition. (Examples: tobacco cessation early intervention for middle school students who have experimented with tobacco; strength and balance exercise classes for frail elderly)</td>
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Source: US National Library of Medicine

**Public health** — The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society. Public health organizations include government agencies at the federal, state, and local levels, as well as nongovernmental organizations that are working to promote health and prevent disease and injury within entire communities or population groups. (Source: World Health Organization)

**Quasi-experimental designs** — Experiments based on sound theory, and typically have comparison groups (but no random assignment of participants to condition), and/or multiple measurement points (e.g., pre-post measures, longitudinal design). (Source: Understanding Evidence — Glossary)

**Randomized control trial** — A trial in which participants are assigned to control or experimental (receive strategy) groups at random, meaning that all members of the sample must have an equal chance of being selected for either the control or experimental groups (i.e. flipping a coin, where “heads” means participants are assigned to the control group and “tails” means they are assigned to the experimental group). This way, it can be assumed that the two groups are equivalent and there are no systematic differences between them, which increases the likelihood that any differences in outcomes are due to the program, practice, or policy and not some other variable(s) that the groups differ on. (Source: Understanding Evidence — Glossary)

**Rigorous** — Extremely thorough adherence to strict rules or discipline to ensure as accurate results as possible. (Source: Understanding Evidence — Glossary)

**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 to the “gold standard” of evidence. (Source: The Cochrane Library)

The following glossaries include additional terms relevant to evidence-based prevention:

- **Understanding Evidence — Glossary**. US Centers for Disease Control and Prevention.
- **NREPP Glossary**. National Registry of Evidence-based Programs and Practices (NREPP), Substance Abuse and Mental Health Services Administration (SAMHSA).
- **Public Health Accreditation Board (PHAB) Acronyms and Glossary of Terms**. Version 1.0.
- **Prevention Policy and Advocacy Glossary**. Ohio Wellness and Prevention Network, Health Policy Institute of Ohio.