



# Evidence in Action

A Guide to Selecting Effective Prevention Strategies

Prepared by the Health Policy Institute of Ohio and the Ohio Department of Health, September 2013

*This guide was created for any public health planners who have struggled to sift through research-based evidence to find and prioritize effective prevention strategies. By following the step-by-step process outlined here, you will be able to efficiently determine which strategies are likely to improve the health of your state or local community.*

## STEPS TO SELECTING PREVENTION STRATEGIES

1. Find existing evidence

2. Compile and review the evidence

3. Set criteria for prioritizing strategies

4. Select the strategy

This guide describes a four-step process developed by a planning team in Ohio that used the Guide to Community Preventive Services (Community Guide) to identify evidence-based strategies to promote physical activity to include in the chronic disease section of Ohio's State Health Improvement Plan (SHIP-CD). While designed for state-level planning, this process can also be used for Community Health Improvement Plans (CHIPs) and other local public health planning activities.

The Ohio Community Guide State Team was made up of representatives from state agencies (departments of Health, Education, and Transportation), local public health, universities and nonprofit organizations. This group met three times over a period of two months and used the four-step process to review and prioritize evidence-based approaches, resulting in the selection of three strategies for the SHIP-CD: increasing shared use/joint use of recreational facilities, advancing safe routes to school initiatives, and increasing use of complete streets policies. The group then focused on shared use agreements for immediate implementation. A parallel workgroup subsequently used the same process to select strategies for the nutrition section of the SHIP-CD.

## Step 1. Find existing evidence

### Sources of evidence

One of the first steps in prioritizing community-based prevention strategies is to determine what works. There are numerous online lists and databases 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 your decision-making process. Figure 1 displays the types of sources where available evidence can typically be found.

Figure 1.  
Sources of evidence-based strategies<sup>1</sup>

Type of source	Examples	Rigor, credibility, and strength of evidence	Ease of use for SHIP/CHIP
<p><b>Peer-reviewed literature</b> 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><b>Systematic reviews</b> A literature review that attempts to identify, appraise and synthesize all the empirical evidence that meets pre-specified eligibility criteria.<sup>2</sup> Systematic reviews of randomized controlled trials are considered the "gold standard" of evidence.</p>	<ul style="list-style-type: none"> <li>• Community Guide</li> <li>• US Preventive Services Task Force recommendations (USPSTF)</li> <li>• The Cochrane Collaborative</li> <li>• The Campbell Collaboration Library of Systematic Reviews</li> </ul>	High	Moderate
<p><b>Searchable databases and evidence ratings</b> 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, and 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"> <li>• What Works for Health (County Health Rankings and Roadmaps)*</li> <li>• National Registry of Evidence-Based Programs and Practices (NREPP)</li> <li>• Research-tested Intervention Programs (R-TIPs)</li> <li>• Promising Practices Network — Programs That Work*</li> <li>• California Evidence-based Clearinghouse for Child Welfare*</li> <li>• What Works Clearinghouse*</li> <li>• Find Youth Info*</li> <li>• Public Health Law Research*</li> </ul> <p>*Provide evidence-of-effectiveness ratings</p>	Moderate to high	High
<p><b>Grey literature</b> Electronic or print format documents produced by government agencies, academic institutions, and other organizations not controlled by commercial publishing.<sup>3</sup></p>	<ul style="list-style-type: none"> <li>• Recommendations from expert panels, such as the Institute of Medicine (IOM) and the National Prevention, Health Promotion, and Public Health Council</li> <li>• Reports from federal agencies such as the US Centers for Disease Control (CDC) and Prevention or the US Department of Health and Human Services (HHS)</li> <li>• Reports from nonpartisan organizations, such as the Association of State and Territorial Health Officials (ASTHO), the RAND Corporation, Prevention Institute, PolicyLink, and ChangeLab Solutions</li> </ul>	Varies widely	Moderate

## Clarifying goals and narrowing scope

Defining the goals for your plan and the scope of your search will help to narrow down the types of sources you consult. Key considerations include:

- 1. What kind of goals and objectives are you hoping to achieve?** Are you aiming to reduce risk factors or increase protective factors, or to decrease the prevalence of a disease or condition? Being clear about the specific outcomes you want to impact will help to guide your search for evidence. For example, the Community Guide includes sections on obesity and cardiovascular disease (health conditions), 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.
- 2. What type of health issue are you addressing?** 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, and the Promising Practices Network reviews programs that address school readiness and poverty. 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.
- 3. What type of approach and setting are relevant for your plan?** 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 health care settings, and **policy, system, and environmental change strategies**.
- 4. How much time and expertise do you have?** It can be time-consuming to comb through peer-reviewed literature or through some of the systematic review databases such as the Cochrane Collaborative and Campbell Collaborative. 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.



## Ohio case study

At the Ohio Team's initial workgroup meeting, we clarified the goals of the project to be that:

- All Ohioans live in communities where it is easy, enjoyable, and affordable to be active every day
- More Ohioans are physically active, as measured by the percent of adults and youth that get recommended amounts of physical activity

To meet those goals, the workgroup agreed to select an evidence-based strategy that:

- Was recommended by the Community Guide, with support from additional credible sources
- Involved policy, system, or environmental change versus an individual-focused intervention
- Could be implemented at both the state and local level in Ohio

Furthermore, to meet project requirements, we needed to select one strategy for immediate implementation, and then identify two to four additional physical activity strategies to include in the SHIP-CD.

The Community Guide has several recommended physical activity strategies, and therefore it provided the foundation for our prioritization work. The Guide includes four recommendations in the Environmental and Policy Approaches category, one in Campaigns and Informational Approaches, and three in Behavioral and Social Approaches. We also consulted the IOM's 2012 report *Accelerating Progress in Obesity Prevention*, which is considered to be an up-to-date and authoritative source on physical activity and nutrition strategies. Furthermore, the Ohio Department of Health's (ODH) Creating Healthy Communities (CHC) program (a workgroup partner) recommended the CDC's 2010 MAPPS (media, access, point of purchase, price and social support and services) framework to guide active living and healthy eating activities, a tool they use in their strategy selection process. Finally, we added What Works for Health database as a user-friendly source including several relevant policy, system, and environmental change approaches.

Based upon this work, we recommend a three-tiered approach to using multiple sources of evidence to structure a search for effective prevention strategies (see Figure 2). The Community Guide and What Works for Health stand out among sources of evidence for being comprehensive (addressing wide range of health-related topics), including policy and environmental change approaches, and being easy to use. We therefore recommend starting with these sources and then supplementing them with additional materials, such as reports from expert panels and other grey literature.

# 1

## The Community Guide

The Guide to Community Preventive Services, US Centers for Disease Control and Prevention

Systematic review of broad strategies and general types of interventions for the following topics:

- |                                                                                                                                                                                                                     |                                                                                                                                                                           |                                                                                                                                                                                                                                                                       |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Birth defects</li> <li>• Cancer</li> <li>• Cardiovascular disease</li> <li>• Diabetes</li> <li>• HIV/AIDS, STIs, pregnancy</li> <li>• Obesity</li> </ul> | <ul style="list-style-type: none"> <li>• Adolescent health</li> <li>• Mental health</li> <li>• Oral health</li> <li>• Motor vehicle injury</li> <li>• Violence</li> </ul> | <ul style="list-style-type: none"> <li>• Alcohol — Excessive consumption</li> <li>• Nutrition</li> <li>• Physical activity</li> <li>• Tobacco</li> <li>• Emergency preparedness</li> <li>• Health communication</li> <li>• Vaccination</li> <li>• Worksite</li> </ul> | <ul style="list-style-type: none"> <li>• Health equity</li> <li>• Social environment</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

# 2

## What Works for Health

County Health Rankings and Roadmaps, Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute

Comprehensive rating database of strategies, programs, and policies for the following topics:

- |                                                                                                                           |                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Clinical Care</b></p> <ul style="list-style-type: none"> <li>• Access to care</li> <li>• Quality of care</li> </ul> | <p><b>Health Behaviors</b></p> <ul style="list-style-type: none"> <li>• Tobacco use</li> <li>• Diet &amp; exercise</li> <li>• Alcohol use</li> <li>• Sexual activity</li> </ul> | <p><b>Social &amp; Economic Factors</b></p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Employment</li> <li>• Income</li> <li>• Family &amp; social support</li> <li>• Community safety</li> </ul> | <p><b>Physical Environment</b></p> <ul style="list-style-type: none"> <li>• Environmental quality</li> <li>• Built environment</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

# 3

## Topic-specific recommendations and rating databases

### Recommendations from expert panels

- Such as reports from:
- Institute of Medicine
  - National Prevention, Health Promotion, and Public Health Council

Examples include:

- IOM report *Accelerating Progress in Obesity Prevention*
- IOM report *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*
- *National Prevention Strategy*

### Recommendations from other "grey literature"

From federal agencies/offices such as:

- CDC
- HHS
- US Surgeon General

From nonpartisan organizations such as:

- ASTHO
- RAND Corporation
- Prevention Institute
- PolicyLink
- ChangeLab Solutions

### Topic-specific database and evidence ratings

Examples include:

- National Registry of Evidence-Based Programs & Practices (NREPP)
- Research-Tested Intervention Programs (R-TIPs)
- Promising Practices Network\*
- Blueprints Center for the Study and Prevention of Violence\*
- California Evidence-based Clearinghouse for Child Welfare\*
- What Works Clearinghouse\*
- Find Youth Info\*
- Public Health Law Research\*

\* Provides evidence-of-effectiveness ratings

## Step 2. Compile and review the evidence

Once you have narrowed down the scope of your evidence search and identified the most useful sources, the next step is to compile a “menu” of evidence-based approaches. A crosswalk or matrix that lists strategies recommended or reviewed by various sources is a useful way to display this menu and to explore the strength of the available evidence.

The biggest challenge in creating such a crosswalk is that different sources may use different terms and levels of specificity for similar interventions. For example, the Community Guide recommends “community-scale urban design and land use policies” and the IOM’s Accelerating Progress report recommends to “enhance the physical and built environment.” Policies and programs reviewed in What Works for Health, however, are more specific and include strategies related to the built environment, such as mixed-use development, traffic calming, and bicycle/pedestrian master plans.

2

### Ohio case study

To sort through our chosen sources, we developed a crosswalk of evidence-based strategies to increase physical activity (see Appendix A). The crosswalk lists all physical activity recommendations from the Community Guide and What Works for Health, and then cross-references recommendations from the IOM report, the CDC MAPPS framework and a 2012 USDHHS report called *Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity among Youth*. The crosswalk indicates the type of strategy (Environmental/Policy, Community-wide Campaigns, and Behavioral/Social), the setting (community, worksite, school, child care, health care, or individual), and the level of recommendation. The result was a menu of 32 prevention strategies.

**Recommended Strategies to Promote Physical Activity**  
Crosswalk developed by the Ohio Community Guide State Team, led by the Health Policy Institute of Ohio and the Ohio Department of Health, March 2013

Strategy	Strategy Type	Setting	Primary Sources				Additional Sources	March 2013
			Community Guide (updated Feb. 2013)	What Works for Health (updated Feb. 2013)	Accelerating Progress to Change Prevention (2012)	IOM		
<b>Build Environment</b>								
Community-scale urban design and land use policies	Environmental Policy	Community	X					
Mixed-use development	Environmental Policy	Community	X					
Increasing green space/parks	Environmental Policy	Community	X					
Traffic Calming	Environmental Policy	Community	X					
Bicycle/Pedestrian Master Plans	Environmental Policy	Community	X					
<b>Active Living Support, Environmental &amp; Policy Approaches</b>								
Creation of or enhanced access to places for physical activity combined with informational outreach activities	Environmental Policy	Community	X					
Transportation mode choice, home delivery and services	Environmental Policy	Community	X					
Trail of Destinations program to encourage use of trails	Environmental Policy	Community	X					

Once in the crosswalk, it became clear that some of the recommendations from the Community Guide were too general, such as “Creation of or enhanced access to places for physical activity combined with informational outreach activities.” However, recommendations from What Works for Health were largely aligned with the Community Guide but were often more specific, such as “Bicycle/Pedestrian Master Plans” or “Joint Use Agreements,” and we found these two sources complemented each other well.



## Step 3. Set criteria for prioritizing strategies

### Acknowledging different types of evidence

Research-based evidence of effectiveness is obviously very important to consider when selecting strategies. Many other factors, however, impact the success of public health activities, such as cultural appropriateness, how well the strategy fits with community conditions, and the availability of adequate resources to implement the strategy with fidelity. As shown in Figures 3a and 3b, experiential evidence and contextual evidence are important for good decision making. Experiential evidence refers to professional insight and intuitive expertise that is accumulated over time. Contextual evidence is based on factors that address whether a strategy is useful and feasible for a particular community.<sup>4</sup>

An important role for a CHIP or SHIP planning group with representation from several different stakeholder groups is to draw upon experiential and contextual evidence in order to balance and supplement the research-based evidence. A well-designed decision-making process will acknowledge these three types of evidence.

### Consensus on decision criteria

For most public health planning processes, such as a SHIP or CHIP, it is necessary to identify a small or manageable number of strategies that will be implemented. Having a clearly-defined prioritization process helps planning groups to make these decisions in an objective way. The first step is to identify and agree upon a set of clear decision criteria, by which each strategy within the “menu” will be assessed. As part of the Community Guide Project, the Ohio workgroup developed a list of decision criteria that drew upon both scientific and contextual evidence (see next page).

Figure 3a.

### A framework for thinking about evidence<sup>5</sup>



Figure 3b.

### Ohio case study example



## Decision Criteria

- **Strength of evidence:** Strength of the evidence of effectiveness as rated by the Community Guide, What Works for Health, or other sources. For example:

Community Guide	What Works for Health
Recommended	Scientifically Supported
	Some Evidence
Insufficient Evidence	Expert Opinion
	Insufficient Evidence
	Mixed Evidence
Recommended Against	Evidence of Ineffectiveness

- **Readiness:** Some groundwork has been laid for the strategy, or it is already being implemented in some local communities but needs to be scaled up or spread throughout the state.
- **Coordination:** Avoids duplicating current efforts and/or adds value in some way to existing work. Selecting and implementing this strategy would accelerate or expand existing work in a meaningful way.
- **Available funding:** We can identify potential funding sources for implementation and/or the strategy requires minimal funding.
- **Political will and political timing:** The timing is right within the current political context to implement this strategy.
- **Feasibility:** It is feasible to implement this strategy within the allowable timeframe, including feasibility of logistics, timing, and meaningful support from key partners.
- **Reach:** Estimated number of people to be impacted by the strategy and potential to be implemented statewide in urban, suburban, and rural communities.



## Ohio case study

At the first workgroup meeting, members came to consensus on a list of six decision criteria: strength of evidence, readiness, coordination, available funding, political will and political timing, and feasibility. Most of these criteria addressed the current status of efforts to promote physical activity in Ohio at the state and local level. They reflected our need to select strategies that would make the most of existing resources and partnerships, and were realistic and actionable.

After we started applying the criteria, we realized that we needed to add another factor, “reach,” defined as “estimated number of people to be impacted by the strategy and potential to be implemented statewide in urban, suburban, and rural communities.” This reflected our concern that if we successfully implemented an effective strategy that only impacted a small number of Ohioans, we would not make significant progress toward our goal of increasing the proportion of Ohioans who are physically active. For example, the Community Guide recommends “point-of-decision prompts to encourage use of stairs.” We felt the strength of evidence and feasibility for this approach were excellent, however, we had concerns about the impact of this strategy on physical activity levels at the larger population level. By contrast, addressing physical activity requirements in schools could potentially reach most children ages 5-18 throughout the state, although concerns about political will and timing made this approach a lower priority.

## Step 4. Select the strategy

Once the initial menu of strategies and decision criteria are determined, you can begin the prioritization process. A structured process, such as rating or voting, helps to prompt planning group members to refer to the decision criteria and assess strategies in an objective way. This type of deliberative process should be balanced with plenty of room for discussion and consensus, allowing for the “wisdom of the group” or experiential evidence to inform decisions as well.

Several meetings may be necessary to narrow down a list of strategies that are a good fit based on the decision criteria. If planning group members do not initially have enough information to assess a strategy, it may be necessary to gather more information or to invite new members to the table. For example, to assess the “readiness” criteria, it is important to know what is already going on in the state or community related to the strategy. Environmental scans, surveys, or key-informant interviews may be needed to get a clear picture of the current status. In order to assess the “available funding” criteria, you will need to be able to estimate the cost of implementing the strategy and identify specific funding sources and implementation partners.



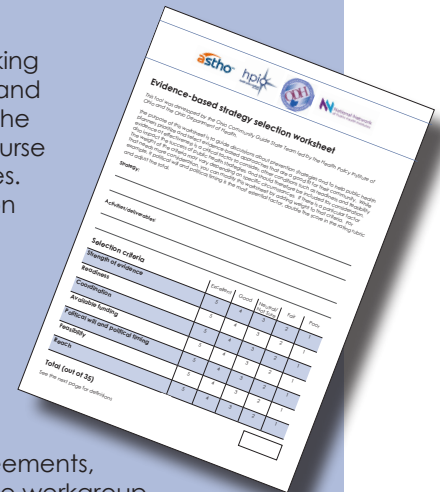
### Ohio case study

Starting with the 32 strategies listed in our crosswalk, we selected nine that were within the scope of our project. In order to facilitate our decision-making discussions, we created a worksheet that listed the seven decision criteria and provided space to rate each potential strategy on a five-point scale (see the Evidence-based Strategy Selection Worksheet in Appendix B). Over the course of two meetings, we used the worksheet to rate the nine selected strategies. We assigned a “point person” to gather information and lead the discussion for each specific strategy. For example, a representative from the Ohio Department of Transportation led our assessment of safe routes to school strategies, while a member of the Ohio Association for Health, Physical Education, Recreation, and Dance (OAHPERD) shared expertise on enhanced/expanded school-based physical education.

Throughout the process, we realized additional partners were needed to complete the scoring. We learned, for example, that the Safe Routes to School National Partnership-Ohio Network was working on shared use agreements, safe routes to school, and complete streets policies. Once invited to join the workgroup, the Ohio Network coordinator contributed valuable information about efforts already under way in Ohio related to those three strategies.

We also realized that we needed to be very specific about potential project activities, a challenge given that we were exploring policy and environmental change approaches. Unlike many health education programs, policy approaches typically do not come “in a box.” For example, “increasing green space and parks” is an evidence-based strategy for improving the built environment and promoting physical activity. This is an extremely broad approach and the available recommendations provide limited implementation guidance. It was not possible for us to assess the feasibility of increasing green space and parks in general, so we developed a more specific strategy for consideration—“develop and disseminate model park land dedication ordinances.”

Ultimately, we selected shared use agreements, our top-scoring strategy, as the focus of the next phase of our work. Shared use agreements are not mentioned explicitly by the Community Guide, although they fit within the guide’s recommended approach called the “creation of or enhanced access to places for physical activity.” What Works for Health does include joint use agreements, categorizing this strategy as having “some evidence”—the second strongest rating on their 6-point evidence-of-effectiveness scale. As with several of the strategies we reviewed, the Community Guide provided recommendations for general approaches to increasing physical activity, while What Works for Health pointed us toward more specific strategies.







## Where did we end up in Ohio?

**Top-priority strategy:** Shared use agreements (also referred to as “joint use”)

**Goal:** Increase number of schools with shared use agreements by accelerating the work of the Safe Routes to School-Ohio Network Action Plan

**Activities and deliverables:** Training session, policy scan, needs assessment (key-informant interviews and school administrator survey), and technical assistance plan

**Key partners:** Safe Routes to School National Partnership-Ohio Network, Creating Healthy Communities local sites, ChangeLab Solutions, Wright State University, American Heart Association, Buckeye Association of School Administrators, Ohio Department of Health, Health Policy Institute of Ohio

### Impact of the Community Guide State Team Project on Ohio\*

- Completed development of objectives for the physical activity component of SHIP-CD, and informed subsequent development of nutrition objectives
- Selected the following evidence-based strategies to be implemented in Ohio: shared use agreements, safe routes to school plans, complete streets policies, nutrition and physical activity policies in schools and child care/preschool settings, Electronic Benefit Transfer (EBT) payment at farmers’ markets, incentives to improve access to healthy foods (healthy corner stores), farm-to-school programs, and breastfeeding promotion programs
- Aligned the SHIP-CD prevention strategies with the Safe Routes to School National Partnership-Ohio Network Action Plan
- Added shared use agreement strategies as a required activity for the 16 Creating Healthy Communities grantees in 2014
- Trained 50 stakeholders on the implementation of shared use agreements
- Compiled existing shared use agreement materials (tool kits, model agreements, fact sheets)
- Conducted interviews with local shared use stakeholders and developed a shared use survey for school administrators

\*As of September 2013. This work is ongoing.

### Additional resources

- Brownson, RC, Fielding, JE, and Maylahn, CM. (2009) *Evidence-based public health: A fundamental concept for public health practice*. Annual Review of Public Health. 30:175-201.
- Puddy, R.W. and Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. US Centers for Disease Control and Prevention. [http://www.cdc.gov/violenceprevention/pdf/understanding\\_evidence-a.pdf](http://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf)
- *National Prevention Strategy Toolkit*. ASTHO. <http://www.astho.org/NPS/Toolkit/> (accessed 9/10/13)
- *Searching the Evidence*. County Health Rankings and Roadmaps. [http://www.countyhealthrankings.org/sites/default/files/CHOOSE\\_CHRR%20Searching%20the%20Evidence.pdf](http://www.countyhealthrankings.org/sites/default/files/CHOOSE_CHRR%20Searching%20the%20Evidence.pdf) (accessed 9/9/13)

### Notes

1. Modified from Searching the Evidence, County Health Rankings and Roadmaps. [http://www.countyhealthrankings.org/sites/default/files/CHOOSE\\_CHRR%20Searching%20the%20Evidence.pdf](http://www.countyhealthrankings.org/sites/default/files/CHOOSE_CHRR%20Searching%20the%20Evidence.pdf) (accessed 9/9/13)
2. The Cochrane Library: About Cochrane Systematic Reviews and Protocols. <http://www.thecochranelibrary.com/view/0/AboutCochraneSystematicReviews.html> (accessed 9/9/13)
3. GreyNet International: Grey Literature Network Service. <http://www.greynet.org/> (accessed 9/9/13)
4. Puddy, R.W. and Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. US Centers for Disease Control and Prevention. [http://www.cdc.gov/violenceprevention/pdf/understanding\\_evidence-a.pdf](http://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf)
5. *ibid*

The Health Policy Institute of Ohio and the Ohio Department of Health led the Community Guide State Team project described in this report. The project was supported by a grant from ASTHO and the National Network of Public Health Institutes, with funding from the CDC.

# Recommended Strategies to Promote Physical Activity

March 2013

Crosswalk developed by the Ohio Community Guide State Team, led by the Health Policy Institute of Ohio and the Ohio Department of Health

Strategy	Strategy Type Community Guide categories	Setting						Primary Sources			Additional Sources		
		Community	Worksite	School	Childcare	Healthcare	Individual	CDC	CHR&R	IOM	DHHS	CDC	MAPPs Recommended Strategies (2010)
<b>Built Environment</b>													
1	Community-scale urban design and land use policies	Environmental/Policy	x					Recommended	Scientifically Supported ("Improve Streetscape Design")	Recommended (See Strategy 1-1)	Suggestive Evidence (See Built Environment recommendation)	Recommended (See Access strategies)	
2	Street-scale urban design and land use policies	Environmental/Policy	x					Recommended	Scientifically Supported ("Zoning Regulations: Land Use Policy")	Recommended (See Strategy 1-1)	Suggestive Evidence (See Built Environment recommendation)	Recommended (See Access strategies)	
3	Mixed-use Development	Environmental/Policy	x					Not directly addressed, but some overlap with #1, #2	Scientifically Supported	Recommended (See Strategy 1-1)	Suggestive Evidence (See Built Environment recommendation)	Recommended (See Access strategies)	
4	Increase green space/parks	Environmental/Policy	x					Not directly addressed, but some overlap with #1, #2	Scientifically Supported	Recommended (See Strategy 1-1)	Suggestive Evidence (See Built Environment recommendation)	Recommended (See Access strategies)	
5	Traffic calming	Environmental/Policy	x					Not directly addressed, but some overlap with #1, #2	Scientifically Supported		Suggestive Evidence (See Built Environment recommendation)		
6	Bicycle/pedestrian master plans	Environmental/Policy	x					Not directly addressed, but some overlap with #7	Some Evidence		Suggestive Evidence (See Built Environment recommendation)	Recommended (See Access strategies)	
<b>Active Living Support: Environmental &amp; Policy Approaches</b>													
7	Creation of or enhanced access to places for physical activity combined with informational outreach activities	Environmental/Policy	x	x				Recommended	Scientifically Supported ("Access to Places for Physical Activity")	Recommended (See Strategy 1-1)		Recommended (See Access, Price, and Social Support & Services strategies)	
8	Transportation and travel policies and practices	Environmental/Policy	x					Insufficient Evidence				Recommended (See Point of Purchase/Promotion and Price strategies)	
9	Point-of-decision prompts to encourage use of stairs	Environmental/Policy	x	x				Recommended	Scientifically Supported				
10	Adopt physical activity requirements for licensed child care providers	Environmental/Policy			x				Scientifically Supported ("Nutrition and Physical Activity Interventions in Preschool and Child Care")	Recommended (See Strategy 1-3)	Suggestive Evidence (see Preschool and Childcare Setting recommendation)	Recommended (See Access strategies)	

Strategy	Strategy Type Community Guide categories	Setting						Primary Sources			Additional Sources			
		Community	Worksite	School	Childcare	Healthcare	Individual	CDC	CHR&R	IOM	DHHS	CDC		
													Community Guide (accessed Feb. 2013)	What Works for Health (accessed Feb. 2013)
<b>Active Living Support: Environmental &amp; Policy Approaches (cont.)</b>														
11	Encourage active living and healthy eating at work--institutional policies and practices that increase opportunities for physical activity	Environmental/ Policy	x					Not directly addressed, but some overlap with #7	Scientifically Supported ("Worksite obesity prevention interventions")	Recommended (See Strategy 4-3)		Recommended (See Social Support & Services strategies)		
12	Enhance/expand school-based physical education	Environmental/ Policy		x				Not directly addressed, but some overlap with #22 and #7	Scientifically Supported	Recommended (See Strategy 5-1)		Recommended (See Access strategies)		
13	Safe Routes to School	Environmental/ Policy		x				Not directly addressed, but some overlap with #7	Scientifically Supported			Recommended (See Social Support & Services strategies)		
14	Subsidize public transportation	Environmental/ Policy					x	Not directly addressed, but some overlap with #8	Some Evidence			Recommended (See Price strategies)		
15	Joint use agreements	Environmental/ Policy					x	Not directly addressed, but some overlap with #7	Some Evidence					
<b>Active Living Support: Educational, Behavioral, &amp; Social Approaches</b>														
16	Community-wide campaigns	Campaigns/ Informational	x	x	x	x		Recommended	Scientifically Supported ("Multi-Component Obesity Prevention Interventions" and "Community-Wide Campaigns")	Recommended (See Strategy 1-2)		Recommended (See Media strategies)		
17	Stand-alone media campaigns	Campaigns/ Informational	x					Insufficient Evidence	Insufficient Evidence ("Mass Media Campaigns to Increase Physical Activity")			Recommended (See Media strategies)		
18	Classroom-based health education focused on providing information	Campaigns/ Informational					x	Insufficient Evidence	Insufficient Evidence					
19	Individually-adapted health behavior change programs	Behavioral/ Social	x	x	x			Recommended	Scientifically Supported	Recommended (See Strategy 1-2)				
20	Social support interventions in community settings	Behavioral/ Social	x					Recommended	Scientifically Supported	Recommended (See Strategy 1-2)		Recommended (See Social Support & Services strategies)		
21	Family-based social support	Behavioral/ Social	x					Insufficient Evidence	Expert Opinion					
22	Enhanced school-based physical education	Behavioral/ Social					x	Recommended	Scientifically Supported			Recommended (See Sufficient Evidence (See Physical Education recommendation))		
23	College-based physical education and health education	Behavioral/ Social					x	Insufficient Evidence						

Strategy	Strategy Type Community Guide categories	Setting						Primary Sources			Additional Sources		
		Community	Worksite	School	Childcare	Healthcare	Individual	CDC	CHR&R	IOM	DHHS	CDC	
													Community Guide (accessed Feb. 2013)
24	Classroom-based health education to reduce TV viewing and video game playing	Behavioral/ Social		x				Insufficient Evidence				Recommended (See Access strategies)	
26	Fitness programs in community settings	Behavioral/ Social	x					Not directly addressed, but some overlap with #7	Scientifically Supported				
27	School-based obesity prevention interventions	Campaigns/ Informational		x				Not directly addressed, but some overlap with #18, #16	Some Evidence				
28	Financial rewards for employee healthy behavior	Behavioral/ Social			x				Some Evidence				
29	Extracurricular activities	Behavioral/ Social		x					Some Evidence				
30	Recreational sports leagues for adults	Behavioral/ Social	x						Expert Opinion				
31	College-based obesity prevention interventions	Behavioral/ Social		x				Not directly addressed, but some overlap with #23	Insufficient Evidence				
32	Multi-component physical activity strategies in school setting	Environmental and Behavioral/Social		x				Not directly addressed, but some overlap with #22				Sufficient Evidence	

**Active Living Support: Educational, Behavioral, & Social Approaches (cont.)**

**Abbreviations**  
**CDC:** US Centers for Disease Control and Prevention  
**CHR&R:** County Health Rankings and Roadmaps  
**IOM:** Institute of Medicine  
**DHHS:** US Department of Health and Human Services  
**MAPPs:** Media, Access, Point-of-decision information, Price, and Social support/services

**Recommendation levels key**  
**Community Guide (CDC)**

Recommended
Insufficient Evidence
Recommended Against
Not directly addressed

**What Works for Health (CHR&R)**

Scientifically Supported
Some Evidence
Expert Opinion
Insufficient Evidence
Mixed Evidence
Evidence of Ineffectiveness
Not directly addressed

**Strategies to Increase Physical Activity (DHHS)**

Sufficient
Suggestive
Insufficient (emerging evidence or no evidence)
Evidence of no effect
Not directly addressed

For the IOM and CDC MAPPs reports, recommended strategies are shaded green and strategies not addressed are left blank.

**Links to sources listed**

- **Community Guide**  
<http://www.thecommunityguide.org/index.html>
- **What Works for Health**  
<http://www.countyhealthrankings.org/what-works-for-health-roadmaps>
- **IOM Accelerating Progress in Obesity Prevention Report**  
<http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>
- **DHHS Strategies to Increase Physical Activity Among Youth**  
<http://www.health.gov/paguidelines/midcourse/pag-mid-course-report-final.pdf>
- **CDC MAPPs**  
[http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPs\\_Intervention\\_Table.pdf](http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPs_Intervention_Table.pdf)



# Evidence-based strategy selection worksheet

This tool was developed by the Ohio Community Guide State Team led by the Health Policy Institute of Ohio and the Ohio Department of Health.

The purpose of this worksheet is to guide discussions about prevention strategies and to help public health planners prioritize and select evidence-based approaches that are a good fit for their community. While evidence of effectiveness is a critical factor to consider, other conditions such as readiness and feasibility also impact the success of public health strategies, and should therefore be included for consideration. The weight of the criteria may vary depending on specific circumstances. If there is a particular factor that needs more consideration, you can modify this worksheet by adding weight to that criteria. For example, if political will and political timing is the most essential factor, double the score in the rating rubric and adjust the total.

**Strategy:**

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**Activities/deliverables:**

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Selection criteria	Excellent	Good	Neutral/ Not Sure	Fair	Poor
Strength of evidence	5	4	3	2	1
Readiness	5	4	3	2	1
Coordination	5	4	3	2	1
Available funding	5	4	3	2	1
Political will and political timing	5	4	3	2	1
Feasibility	5	4	3	2	1
Reach	5	4	3	2	1

**Total (out of 35)**

See the next page for definitions



## Definitions

- **Strength of evidence:** Strength of the evidence of effectiveness as rated by the *Community Guide*. If a strategy is not specifically included in the *Community Guide*, refer to *County Health Rankings and Roadmap's What Works for Health*.

	<b>Community Guide</b>	<b>What Works for Health</b>
<b>5</b>	Recommended	Scientifically Supported
<b>4</b>		Some Evidence
<b>3</b>	Insufficient Evidence	Expert Opinion or Insufficient Evidence
<b>2</b>		Mixed Evidence
<b>1</b>	Recommended Against	Evidence of Ineffectiveness

- **Readiness:** Some groundwork has been laid for the strategy, or it is already being implemented in some local communities but needs to be scaled up or spread throughout the state.
- **Coordination:** Avoids duplicating current efforts and/or adds value in some way to existing work. Selecting and implementing this strategy would accelerate or expand existing work in a meaningful way.
- **Available funding:** We can identify potential funding sources for implementation and/or the strategy requires minimal funding.
- **Political will and political timing:** The timing is right within the current political context to implement this strategy.
- **Feasibility:** It is feasible to implement this strategy within the allowable timeframe, including feasibility of logistics, timing, and meaningful support from key partners.
- **Reach:** Estimated number of people to be impacted by the strategy and potential to be implemented statewide in urban, suburban, and rural communities.



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**Activities/deliverables:**

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