
Scope and Organization of the *Guide to Community Preventive Services*

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Background: The diverse nature of the target audience (i.e., public health decision-makers) for the *Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations* (the *Guide*) dictates that it must be broad in scope. In addition, for the *Guide* to be most useful for its target audience, its organization and format must be carefully considered.

Determining the Scope of the Guide: *Healthy People* objectives and actual causes of death were used to determine the contents of the *Guide*. A priority setting exercise resulted in the selection of 15 topics for systematic reviews using the following criteria: burden of the problem, preventability, relationship to other public health initiatives, usefulness of the package of topics selected and level of current research and intervention activity in public and private sectors. Interventions within each topic target state and local levels and include population-based strategies, individual strategies in other than clinical settings and group strategies.

Organization of the Guide: The *Guide* is organized into: Introduction, Reviews and Recommendations (three sections: Changing Risk Behaviors, Reducing Diseases, Injuries, or Impairments, and Addressing Environmental and Ecosystem Challenges), Appendixes, and Indexes.

Discussion: The scope and organization of the *Guide* were determined using relevant public health criteria and expert opinion to provide a useful and accessible document to a broad target audience. While the final contents of the *Guide* may change during development, the working table of contents described in this paper provides a framework for development of the *Guide* and conveys its scope and intention.

Medical Subject Headings (MeSH): community preventive services, burden of disease (Am J Prev Med 2000;18(1S):27–34) © 2000 American Journal of Preventive Medicine

Background

The Task Force on Community Preventive Services will make recommendations for interventions to promote health and prevent disease, injury and disability based on systematic reviews of the evidence of effectiveness, other effects, applicability, economic evaluation and barriers to implementa-

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tion.^{1,2} These recommendations will be presented in a reference document, the *Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations (Guide)*, which is intended to be used by professionals of various backgrounds working in numerous settings who provide public health and disease prevention functions.² The diverse nature of this intended audience dictates that the *Guide* must be broad in scope. In addition, for the *Guide* to be most useful for its target audience, its organization and format must be carefully considered. This paper describes the process by which the Task Force determined the scope and organization of the *Guide* and the set of topics proposed for inclusion in the first volume of the *Guide*.

Determining the Scope of the Guide Generating a List of Potential Topics for the Guide

To determine the scope of the *Guide*, the Task Force primarily considered the *Healthy People* 2000 initiative³ and the actual causes of death proposed by McGinnis

and Foege.⁴ The *Healthy People* initiative sets broad health objectives for the nation that are familiar to the intended audience of the *Guide*. Because the organizational structure of *Healthy People 2010*⁵ was not yet available, the Task Force used the *Healthy People 2000* structure for the purposes of priority setting and will reorganize the *Guide* if necessary to make it compatible with the *Healthy People 2010* format. Many states and communities use local data to determine their own goals and objectives based on the *Healthy People* format. The *Guide* will be an important companion to the *Healthy People 2010* objectives by describing effective, cost-effective and feasible interventions to achieve the objectives set out in the 2010 focus areas.⁵ In addition, to ensure that the major underlying causes of death among the U.S. population are covered in the *Guide*, the Task Force considered the seminal work by McGinnis and Foege describing the actual causes of death in the United States.⁴ The actual causes of death are nine risk behaviors or risk factors that together are estimated to account for approximately 50% of all U.S. deaths in 1990 among people aged 65 years or less.

Staff based at the Centers for Disease Control and Prevention (CDC) developed a comprehensive list of 52 topics that was generated by expanding the chapter headings from *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (Table 1).³ Some of the *Healthy People* chapter headings were further broken down into more manageable topics (e.g., "Chronic Disease" was further broken down into six potential topics: chronic pulmonary diseases [e.g., asthma, bronchitis, and emphysema], cancer, heart disease, diabetes, stroke, other chronic diseases and physical disability). The resulting list was reviewed and revised by topic experts at CDC and other federal agencies. In addition, the nine actual causes of death identified by McGinnis and Foege in 1990 were listed as individual topics.⁶

During the first meeting of the Task Force in August 1996, members selected two topics for initial development: vaccine preventable diseases and motor vehicle occupant injuries. These two topics were selected because they are important health issues in the United States and provided a range of challenges for methods development applicable to the entire *Guide*; no formal process was used during this early discussion. Seven additional topics (Tobacco, Alcohol, Other Addictive Drugs, Physical Activity, Sexual Behavior, Oral Health, Violent and Abusive Behavior) were selected for development of reviews and recommendations at a subsequent Task Force meetings by using an informal consensus-building approach. During several rounds of discussion, the seven additional topics were selected with priority given to criteria of perceived burden of disease, risk factor or condition, and to the opportunity for primary prevention.

To select the remaining topics for inclusion in the

first phase of *Guide* development, the Task Force conducted a more structured priority-setting exercise. Criteria used for selecting from among the remaining 43 topics were:

Burden of disease, injury, impairment, or exposure. Mortality and morbidity estimates and, when available, hospitalization discharge rates and costs, were considered.

Preventability. For each topic an estimate of the amount of burden that could be realistically reduced given adequate resources was made. This estimate included several subjective judgments: (1) the availability of interventions; (2) the presumed effectiveness of those interventions; (3) the feasibility of implementing interventions; and (4) the likelihood that risk factors can be changed (e.g., changing risk behaviors can be more difficult than eliminating risk factors from the environment). Each topic was assigned a preventability rating of low (topics with few interventions or with interventions that are less feasible or not feasible to implement); moderate (topics with some interventions thought to be effective with moderate feasibility); or high (topics with effective and feasible interventions). Estimates of preventability were made by topic experts at CDC and other federal agencies.

Related initiatives. Information about Healthy People 2000 objectives, Health Plan Employee Data and Information Set (HEDIS) measures,⁶ and selected other national initiatives relevant to the topics were considered. Topics receiving the most attention in these initiatives were given more weight during the priority-setting process.

Usefulness of the package of selected topics to the target audience. Table 2 is a summary table of the information that was provided to the Task Force. At the time of the exercise, the Task Force decided also to consider the potential for the included interventions to generate continued funding and investment in developing evidence-based guidelines and the high levels of current research or intervention activity in state and local public health departments and in the private sector.

Based on this information, five topics (Nutrition, Mental Impairment and Disability/Mental Health Services, Cancer, Improving Pregnancy Outcomes/Infant Health, Sociocultural Environment) were selected for immediate development in addition to those already selected (total = 14, Table 1). Nine others were identified as having high priority for development pending identification of additional resources (Table 1). The DHHS requested that the Task Force also include one of the additional high priority topics (diabetes) several months after the formal selection process (Table 1).

Table 1. Topics considered and status for inclusion in the first volume of the *Guide to Community Preventive Services*

Topics considered	To be included in the first volume		Priority for inclusion in the first volume	
	Selected prior to April 1998	Selected April 1998	High priority ^a	Not slated for inclusion
Changing risk behaviors				
Tobacco ^b	✓			
Alcohol abuse and misuse ^b	✓			
Other addictive drugs ^b	✓			
Physical activity ^b	✓			
Nutrition ^b		✓		
Sexual behavior ^b	✓			
Reducing specific diseases, injuries, and impairments				
Mental impairment and disability		✓		
Chronic pulmonary diseases			✓	
Cancer		✓		
Heart disease			✓	
Diabetes			✓ ^c	
Stroke				✓
Other chronic diseases/physical disability				✓
Motor vehicle occupant injury ^b	✓			
Nonoccupant motor vehicle injury ^b				✓
Falls				✓
Fire-related injury				✓
Drowning				✓
Work-related				
Low back disorders and other injuries			✓	
Allergic and irritant dermatitis				✓
Asthma and COPD				✓
Fertility and pregnancy abnormalities				✓
Hearing loss				✓
Infectious diseases ^b				✓
Pneumoconiosis				✓
Vaccine-preventable diseases ^b	✓			
Healthcare associated infections ^b				✓
Sexually transmitted disease/HIV ^b			✓	
Tuberculosis ^b				✓
Improving pregnancy outcomes/infant health		✓		
Child health			✓	
Oral health	✓			
Violent and abusive behavior ^b	✓			
Addressing environmental and ecosystem challenges				
Air pollution				✓
Disasters/emergency response				✓
Extremes of temperature				✓
Home improvements			✓	
Solid waste				✓
Toxins ^b				✓
Water pollution				✓
Antimicrobial resistant infectious diseases ^b			✓	
Drug and biologics safety				✓
Foodborne disease ^b			✓	
Global travel/refugee and immigrant health ^b				✓
Vector and animal control ^b				✓
Sociocultural environment		✓		

^aIf time and resources permit.^bTopic is or is related to an actual cause of death (tobacco, diet/activity patterns, alcohol, microbial agents, toxic agents, firearms, sexual behavior, motor vehicles, illicit use of drugs).⁶^cAdded in June 1998.**Types of Interventions Included in the *Guide***

Interventions considered within the scope of the *Guide* are those delivered primarily at the state and local level. National or international policies are not regularly

considered for inclusion in the *Guide*. In addition, interventions included in the *Guide* are either population based (e.g., policies or environmental change) or interventions delivered to individuals other than in the

Table 2. Summary of burden of disease information, preventability, and number of *Healthy People (HP) 2000* objectives for potential topics in the *Guide to Community Preventive Services*, sorted by mortality estimates or preventability

Topic ^a	Mortality		YPLL ^f	Morbidity ^b	Preventability ^c	Number of HP 2000 objectives	HEDIS measure ^d
	CDR ^e	YPLL ^f					
Heart Disease	280.7 ^g	1430.2 ^h		CVD prevalence: 57 million cases Hypertension: 23.1% ages 20–74 (age-adjusted) ⁱ Incidence: 409.0/100,000 (age-adjusted) ¹² 34.8% adults overweight ^l 3.2–31.9 discharges/1,000 persons (ages 45–75+) ^k 67.7 discharges/1,000 persons <5 years, all causes) 26.4 discharges/1,000 persons (5–14 years, all causes) ⁿ	Moderate	19	✓
Cancer	204.9 ^g	1779.4 ^h			Moderate	19	✓
Nutrition	115.4 (1990, est.)				Unknown	34	
Stroke	60.1 ¹¹	241.1 ^h			Moderate	1	
Sociocultural Environment	59.6 (poverty, est.) ¹				Moderate	5	
Child Health	42.8 (1–4 years) 22.8 (5–14 years) ^m				Mixed	63	✓
Asthma, Bronchitis, Emphysema, and Other	39.2 ¹¹	188.0 ^h		Asthma prevalence. total: 15 million cases children: 5 million cases ¹⁴ 1.7 million cases/year ¹⁶	Moderate	9	✓
Chronic Obstructive Pulmonary Diseases	33.9 (est.) ¹⁵				High	1	
Healthcare-Associated Infections	23.1 (1990, est.) ⁴				Moderate	8	
Toxins	22.6 ^g	169.6 ^h			Moderate-Low	6	✓
Diabetes	16.4 (HIV) ^g	615.0 ^h		Prevalence: 16 million cases Incidence: 1,700 cases diagnosed/day ¹⁷ Incidence: HIV 26.7/100,000 ^o Chlamydia 182.2/100,000 ^p	Moderate	31	
Sexually Transmitted Diseases/Human Immunodeficiency Virus	11.9 (suicide) ^g	395.0 ^h		Prevalence (all cause): 40 million cases per year ¹⁸ 14.3% of population with limitation of activity ¹ Internal CDC estimates used	Low	19	✓
Mental Impairment and Disability	9.6 (liver disease) ^g	166.4 ^h			Moderate	18	✓
Other Chronic Diseases/Physical Disability	Internal CDC estimates used				High	12	✓
Antimicrobial Resistant Infectious Disease				2.1 million cases/year <i>S. pneumoniae</i> otitis media ^{19–21}			
Work-Related Traumatic Injuries	4.4 (1994) ²²			17,000 injured per day ²²	High	3	
Foodborne Diseases	3.5 (est.) ²³			6.5–33 million cases per year ²³	Moderate	4	
Falls	4.3 ^g			583.8 ER visits per 10,000 persons (<5 years) 766.9 ER visits per 10,000 persons (≥75 years) ¹	Moderate	8	
Nonoccupant Motor Vehicle Related Injuries	2.3 (pedestrian) 0.3 (bicycle) 0.6 (motorcycle)				High	11	
Drowning	1.9 ^g				Moderate	4	
Work-Related Pneumoconiosis	1.6 (1992) ²⁴				Moderate	1	
Fire-Related Injuries	1.6 ^g			60,000 burn-related hospitalizations/year ²⁵ 8.0 incident cases per 100,000 persons ²⁶	High	7	
Tuberculosis	0.5 ²⁶				Moderate-High	3	
Extremes of Temperature	0.20 (cold) 0.26 (heat) ²⁷				High	1	
Disasters/Emergency Response	0.03 ²⁷				Mixed	0	
Work-Related Infectious Diseases	25–40 health care workers/year (est.) ²⁸ 7.6/1,000 live births ¹¹			5–10 cases/year (HIV) ²⁹ 450 cases per year (Hepatitis B) ³⁰	High	2	
Infant Health/Mortality	Fetal mortality: 7.0/1,000 live births and fetal deaths ¹¹			Birth defects: 3 per 100 births ³¹	Moderate	9	✓
Improving Pregnancy Outcomes					Mixed	25	✓

(continued on next page)

Table 2. Summary of burden of disease information, preventability, and number of *Healthy People (HP) 2000* objectives for potential topics in the *Guide to Community Preventive Services*, sorted by mortality estimates or preventability

Topic ^a	Mortality		YPLL	Morbidity ^b	Preventability ^c	Number of HP 2000 objectives	HEDIS measure ^d
	CDR ^e	YPLL					
Vector and Animal Control					High	2	
Work-Related Hearing Loss				30 million workers exposed to hazardous noise/year ³²	High	1	
Drug and Biologics Safety				28% of hospitalizations of older Americans caused by noncompliance with drug therapy and adverse reactions ³³	Moderate	2	
Home Environments				890,000 children with elevated blood lead levels ³⁴	Moderate	5	
Work-Related Allergic and Irritant Dermatitis				69/100,000 full-time workers ³⁵	Moderate	1	
Work-Related Asthma and COPD				28% incident adult asthma, 14% COPD work-related ³²	Moderate	12	
Work-Related Low Back Disorders				242/10,000 full-time workers ³²	Moderate	1	
Work-Related Musculoskeletal Disorders of the Upper Extremity				281,100 injuries due to repeated trauma (1996) ³²	Moderate	1	
Generic and Biologic Counseling					Mixed	4	
Global Travel/Refugee and Immigrant Health					Mixed	1	
Air Pollution				25% of US population live in counties that do not meet national ambient air quality standards (1994) ^y	Low	4	
Solid Waste					Low	4	
Water Pollution					Low	4	
Investigation of Outbreaks					Unknown	0	
Surveillance					Unknown	9	
Work-Related Fertility and Pregnancy Abnormalities					Unknown	16	

^a Where mortality statistics are available, topics are sorted in descending order by crude death rate. Where mortality statistics are unavailable, topics are sorted by order of preventability.

^b When available, incidence or prevalence rates are provided. For some topics, discharge rates from non-federal acute-care facilities are provided and are reported per 1,000 persons in the relevant population.

^c An estimate of the amount of burden that could be realistically reduced given adequate resources. Preventability is listed as "mixed" for topics that address a wide range of health outcomes with variable preventable burden.

^d The availability of a related Health Plan Employee Data and Information Set (HEDIS) 3.0 Reporting Set Measure for Effectiveness of Care is indicated by a "√."

^e CDR = Crude death rate per 100,000 persons in the relevant population. All rates are for 1995 except where indicated. Estimated rates are unadjusted and based on a total population of 260,000,000.

^f YPLL = Years of potential life lost before the age of 75 per 100,000 persons younger than 75 years. Rate for STD/HIV is for HIV-related deaths only.

^g Table 53.¹¹

^h Table 32.¹¹

ⁱ Table 70.¹¹

^j Tables 72–73.¹¹

^k Table 88.¹¹

^l Poverty attributable crude death rate estimated, based on the population-attributable fraction due to poverty (5.9%) applied to the crude death rate for 1995.¹³

^m Table 37.¹¹

ⁿ Table 85.¹¹

^o Table 57.¹¹

^p Table 56.¹¹

^q Table 62.¹¹

^r Estimated from the following equation: 24 million visits for otitis media²¹ × 30% due to *S. pneumoniae*²² × 30% drug resistant *S. pneumoniae*.²³

^s Fig. 11.¹¹

^t Fig. 24.¹¹

^u Table 23.¹¹

^v Table 74.¹¹

Table 3. Organization of the *Guide*

Introduction

Overview
Context for Community Interventions
Methods
Defining, Implementing, Evaluating and Monitoring
Prevention Strategies

Systematic Reviews and Evidence-Based Recommendations**Changing Risk Behaviors**

1. Tobacco Use
2. Alcohol Abuse and Misuse
3. Other Addictive Drugs
4. Physical Activity
5. Nutrition
6. Sexual Behavior

Reducing Diseases, Injuries, and Impairments

7. Cancer
8. Diabetes
9. Vaccine Preventable Diseases
10. Improved Pregnancy Outcomes
11. Oral Health
12. Motor Vehicle Occupant Injury
13. Injuries Due to Violence
14. Mental Impairment and Disability/Mental Health Services

Addressing Environmental and Ecosystem Challenges

15. Sociocultural Environment

Appendixes

Chapter-Specific Methods
Evidence Tables

Indexes

Healthy People 2010
Essential Public Health Services
Guide to Clinical Preventive Services

clinic or hospital setting (e.g., HIV testing and counseling programs) or groups of individuals (e.g., prenatal education about child safety seats). Interventions covered in the *Guide to Clinical Preventive Services*⁷ and clinical interventions used exclusively by an individual practitioner for an individual patient in an office setting will not be included in the *Guide*.

Organization of the Guide

The *Guide* is organized into four major headings with the contents described in Table 3.

Introduction

Overview: This chapter provides background information about the perceived need for guidance on the effectiveness of population-based health activities and the purpose of the document in public health practice. In addition, it presents information about the target

audience of the *Guide*, other related resources, and the definition of “community” used throughout the *Guide*. Finally, the selection and working process of the Task Force are described.²

Context for community interventions: Key public health issues (e.g., social determinants of the health of the public, essential public health services, the role of managed care organizations in delivering community preventive services) are addressed to place the reviewed interventions within the context of public health practice. This chapter also includes a description of emerging issues in community-based prevention for which an evidence base has not yet been established.

Methods: This chapter includes details about the conduct of systematic reviews in the *Guide*, including the recruitment of chapter development teams, conceptual frameworks, intervention selection, search strategies, abstraction of data from studies and determination of study quality, translating evidence into recommendations and abstracting and summarizing economic evaluation data.^{8,9}

Defining, implementing, evaluating and monitoring prevention strategies: This chapter provides a set of general recommendations and an overview of the strategies reviewed in detail in the evidence-based systematic review chapters to follow. In addition, it includes information on implementing and evaluating interventions in communities, and monitoring performance by following trends in health outcomes.

Evidence-Based Systematic Reviews

Following the introductory material, the body of the *Guide* presents the evidence-based systematic reviews and recommendations for the topics selected by the Task Force. Several organizational issues were considered to determine how best to present topics selected for inclusion in the *Guide*. Three sections emerged from these discussions. See Table 3 for the contents of each section.

Changing risk behaviors. Changing risk behaviors, such as tobacco use, is likely to affect many different health outcomes. Therefore, topics that primarily address risk behaviors (e.g., tobacco, sexual behavior) are addressed in the first section of the *Guide*.

Reducing diseases, injuries, and impairments. Topics with interventions that are specific to certain diseases (e.g., cancer, diabetes, vaccine preventable diseases), injuries (e.g., motor vehicle injuries), or impairments (e.g., mental disorders and impairment) are addressed together in the second section.

Addressing environmental and ecosystem challenges. Finally, to highlight the importance of the physical, biologic and sociocultural environments and the eco-

logic perspective of the *Guide*, the Task Force elected to include a third section for these issues.

Within each section, individual chapters consist of background information about a single topic, including a description of the burden of the health problem, the conceptual approach to the topic, selection of interventions, and specific methods used. Each included intervention is defined and described, the evidence for its effectiveness reviewed, other effects of the intervention described, and the applicability of the recommendation to various populations and settings provided.⁸ In addition, available economic evaluations of the intervention and potential barriers to implementation of the intervention are described.⁹ Finally, each chapter will include a list of research questions that remain unanswered after the completion of the systematic reviews.⁸

Appendixes

Appendixes with detailed information on the evidence used in the systematic reviews are provided. Some of these details might include the lists of interventions for each chapter that are available but were not reviewed, evidence tables, and analytic frameworks describing the conceptual approach to reviewing the effectiveness of each intervention.

Indexes

A set of indexes allows users familiar with efforts such as *Healthy People 2000/2010*,^{3,5} *Essential Public Health Services*,¹⁰ the *Guide to Clinical Preventive Services*⁷ and other reference documents to easily find related recommendations in the *Guide*.

Discussion

The scope and organization of the *Guide* were carefully designed to provide a useful and accessible document to the broad target audience. For the first phase of *Guide* development, the Task Force selected topics that allow coverage of important health issues, and within those health issues inclusion of interventions that work at multiple population levels and that address both primary and secondary prevention. In addition, the Task Force sought to cover major risk behaviors that affect many health outcomes in this first phase with subsequent coverage of specific health issues in later phases. For example, although prevention of HIV and STD infections was not selected as a topic for the first phase, the Task Force elected to include sexual behavior, use of addictive drugs, and improving pregnancy outcomes topics that will cover most of the major risk factors for this health issue.

Thus, the working table of contents described in this paper provides a framework for development of the first phase of the *Guide* and conveys its scope and intention. However, as chapters are developed, changes

will possibly need to be made both in chapter titles and placement to reflect the content of the chapters. In addition, chapters may also be added or deleted if necessary to reflect changing priorities. The Task Force plans to release the information in each chapter as it is completed with compilations of completed chapters in July 2001 and December 2002.

As communities identify health priorities, set their own objectives, and plan intervention and measurement efforts, the *Guide* will be available to identify effective interventions for achieving many of the *Healthy People 2010* focus area objectives.⁵ As methods for the development of the *Guide* are finalized and with the identification of additional resources and partners, the Task Force anticipates that it will be able to include updates on topics already addressed and to evaluate more topics in future phases.

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