Welcome to another Community Guide audio segment.

I’m John Anderton, and today we’re speaking with Jonathan Fielding, chair of the Community Preventive Services Task Force, founding member of the U.S. Clinical Preventive Services Task Force, and distinguished professor of health policy and management and pediatrics, in the Fielding School of Public Health and the Geffen School of Medicine at the University of California, Los Angeles. Let’s start with the basics. Dr. Fielding, tell us about your interaction with The Community Guide. How did you get started with that?

Jonathan Fielding: I got started with The Community Guide before it got started. I was a member of the Clinical Preventive Services Task Force that started in the mid-eighties, and I saw how important that direction was—to really look at what we knew worked and what we weren’t sure of, and to be able to separate them. And so it was clear that the same thing needed to be done at the community level for populations—what works, what doesn’t work, in the way of policies, programs, systems; so when there was an opportunity to help guide the beginning of The Community Guide (that was the idea of David Satcher), I was more than willing to try and help, and I was a founding member of the Task Force.

John Anderton: What do you see as the primary value of evidence-based decision making?

Jonathan Fielding: How could one ever make decisions without evidence? I don’t know in their daily lives how we make decisions without evidence but, unfortunately in many cases with both clinical medicine and in more prevention and public health, we’re flying blind. We don’t have the data, and in many cases the data is there but it hasn’t been aggregated sufficiently so that people are clear what their choices are; and not only what works but what is the relative cost of different opportunities.

John Anderton: Changing gears for just a little bit, how would you escribe the work of the Task Force to colleagues who are completely unfamiliar with The Community Guide?

Jonathan Fielding: I hope there are very few people in public health that don’t know about The Community Guide but, unfortunately the public doesn’t know quite enough about it. And what we basically do are rigorous systematic reviews of policies, programs, and systems that can improve the health at the population level. So, one way to think about it is the clinical medicine is more retail for individuals; public health and what The Community Guide focuses on are the populations. And we’re particularly concerned about the populations that are disadvantaged, and we want to strive for more equity in terms of health.

John Anderton: What do you see are the real strengths and benefits of the Community Preventive Services Task Force?

Jonathan Fielding: I think it’s a great national resource because, what it does is it tells all of us—both in public health and community leaders, elected leaders, and the like—what works to improve health at the population level, and what are the areas were we need more research to try and understand that better. There are some areas where we know a lot, other areas where we have a lot to learn.

John Anderton: So how long have you been a member of the Task Force?

Jonathan Fielding: I’ve only been a member for 20 years from the time it started in 1996. And I’ve been chairing it I guess for over a decade. It’s been a real, a very important activity in my life, and I always prioritize around it.

John Anderton: What’s one thing that you’ve always wanted to accomplish with the Task Force?
Jonathan Fielding: What I think we have always wanted to accomplish is to give those who are on the front lines the ability to choose from evidence-based opportunities --the ones that are going to work best for them in their milieu, with their resources, with their barriers--so providing basically the tools for decision makers at the local, state, and national levels is what we do. And that is exactly what we’ve been trying to accomplish.

John Anderton: Tell me, what’s one most memorable review that you’ve worked on?

Jonathan Fielding: They’re all great reviews but I’m particularly interested in ones that cross sectors. In other words, we are looking now at how much benefit, in terms of health and related quality of life, can accrue from having remedial programs in math, and in English for kids in K through 12 to get them back on track because we know that that’s going to increase the likelihood that they graduate which means it’s easier for them to get a good paying job, which means they’re going to make more money, which means their health is going to be better. So the things that help those that are unfortunately disadvantaged get back into the mainstream are particularly important.

John Anderton: Has there been a particular finding or discussion where you’ve thought, “wow this is really going to make a difference?”

Jonathan Fielding: Well you hope that every decision you make in terms of a recommendation is going to make a difference. We did a whole suite of reviews in the area of alcohol and alcoholism in trying to minimize the terrible toll that that takes. I think that’s one of the ones that I think is particularly important, but all the ones--whether it’s increasing physical activity or whether it’s team based care to reduce the toll of diabetes etcetera, etcetera--they’re all important, but they’re all important for different reasons and to different constituencies.

John Anderton: What would you consider to be your legacy from your 20 year involvement with the Task Force?

Jonathan Fielding: What I hope is going to be remembered is that this was a lot of difficult work and in the very beginning trying to develop the right methods to get the, all those who are in charge of implementation, to think of The Guide as really an important tool for them. And my hope is, over time, that this will become just standard practice that people before they decide what to do next to improve health they say, “well let’s take a look at The Guide and let’s see what it tells us.”

John Anderton: I’m sure you get this question a lot, but can you please explain the differences between the roles of the Task Force, CDC, and the Community Guide Branch at CDC?

Jonathan Fielding: The Task Force is a nonfederal volunteer group of 15 experts--experts on community health, on education, on epidemiology, on biostatistics and particular areas of interest such as nutrition or physical activity. Who come together and they have a staff, and the staff that they have work for the CDC. But the Task Force is not federal and not part of CDC and totally, it gets to make its own decisions and everything it does is in the open. So all the meetings that we have are open to the public and they can see exactly how we make decisions. The Community Guide staff, under CDC, are really expert staff people who have the kind of skills to do these methodologic, difficult analyses and give us in fact options for recommendations. And then we go back and massage them and get it to the point where the Task Force is satisfied and the Task Force, not the CDC, not the Guide staff, then make recommendations.

John Anderton: Tell me, what do you think is going to happen next or in the future with the Task Force.
[Jonathan Fielding] My hope is that the other federal agencies that share the interest we have in improving the health of everybody in the United States will become even closer allied to what we do and even be able to provide more support. And that the liaisons we have from all the clinical organizations, public health organizations, prevention organizations, will—that their decisions and their strengths will be amplified by what we can do to assist them.

[John Anderton] Dr. Fielding, thank you for talking with us today about The Community Guide.

[Jonathan Fielding] This was my pleasure. Thank you for having me.

[John Anderton] For more information about The Community Guide or the Community Preventive Services Task Force, visit thecommunityguide.org. This is John Anderton, and you’ve been listening to a spotlight, from The Community Guide.