



The Community Guide Task Force Recommendations and Winnable Battles

The Task Force for *The Guide to Community Preventive Services* (www.thecommunityguide.org) issues recommendations for evidence-based interventions to improve public health outcomes. The recommendations below, based on strong and sufficient evidence, provide state health leaders with a tool to inform state health policy as it relates to the CDC's Winnable Battles (www.cdc.gov/WinnableBattles/). Evidence-based policy making, particularly around the Winnable Battles, will significantly improve health outcomes and reduce the leading causes of death and disability in the United States.

CDC Winnable Battle	Task Force Recommendation	State Example
<p>Healthcare Associated Infections (www.cdc.gov/WinnableBattles/HealthcareAssociatedInfections/index.html)</p> <ul style="list-style-type: none"> • Infections affecting patients hospitalized for medical care. • 5% of patients hospitalized will contract a healthcare-associated infection. 	<p><i>Currently no Community Guide Task Force recommendations.</i></p>	<p>State: Maine Initiative: Hand Hygiene Collaborative Model: Educate parents and hospital employees on the benefits of clean hands through distributing literature and posting guidelines in healthcare facilities for patients and employees. More Information available at: www.cdc.gov/HAI/stateplans/state-hai-plans/me.html.</p>
<p>Motor Vehicle Injuries (www.cdc.gov/WinnableBattles/MotorVehicleInjury/index.html)</p> <ul style="list-style-type: none"> • Leading cause of injury death in the United States. • Motor vehicle injuries affect more than four million Americans every 	<p>Alcohol-Impaired Driving :</p> <ul style="list-style-type: none"> • 0.08% Blood Alcohol Concentration (BAC) Laws. <i>Recommended by strong evidence.</i> • Ignition Interlocks. <i>Recommended by strong evidence.</i> • Intervention Training Programs for Servers of Alcoholic Beverages. <i>Recommended by sufficient evidence.</i> • Lower BAC Laws for Young or Inexperienced Drivers. <i>Recommended by sufficient evidence.</i> • Maintaining Current Minimum Legal Drinking Age 	<p>State: New York Initiative: Upgraded Child Restraint Law Model: Implement mandatory use of booster seats for children ages 4-6. More Information available at: http://pediatrics.aappublications.org/cgi/content/full/126/3/484.</p>

<p>year.</p>	<p>(MLDA) Laws. <i>Recommended by strong evidence</i></p> <ul style="list-style-type: none"> • Mass Media Campaigns. <i>Recommended by sufficient evidence</i> • Multi-component Interventions with community. Mobilization (such as sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol). <i>Recommended by strong evidence.</i> • School-Based Programs: Instructional Programs. <i>Recommended by sufficient evidence.</i> • Sobriety Checkpoints. <i>Recommended by strong evidence.</i> <p>Child Safety Seats:</p> <ul style="list-style-type: none"> • Community-wide Information and Enhanced Enforcement Campaigns. <i>Recommended by sufficient evidence.</i> • Distribution and Education Programs. <i>Recommended by strong evidence.</i> • Incentive and Education Programs. <i>Recommended by sufficient evidence.</i> • Laws Mandating Use. <i>Recommended by strong evidence.</i> <p>Safety Belts:</p> <ul style="list-style-type: none"> • Enhanced Enforcement Programs. <i>Recommended by strong evidence.</i> • Laws Mandating Use. <i>Recommended by strong evidence.</i> • Primary (vs. Secondary) Enforcement Laws (Primary safety belt laws allow police to stop motorists solely for being unbelted; secondary laws permit police to ticket unbelted motorists only if they are stopped for other reasons such as speeding). <i>Recommended by strong</i> 	
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<p>Tobacco www.cdc.gov/WinnableBattles/Tobacco/index.html</p> <ul style="list-style-type: none"> Tobacco is the leading cause of preventable death in the United States. Regardless of the well publicized dangers of tobacco use, about 47M adults in the US smoke, and 88M non-smokers are exposed to secondhand smoke. 	<p><i>evidence.</i></p> <p>Decreasing Tobacco-Use among Workers:</p> <ul style="list-style-type: none"> Incentives and Competitions to Increase Smoking Cessation Combined with Additional Interventions. <i>Recommended by strong evidence.</i> Smoke-Free Policies to Reduce Tobacco Use. <i>Recommended by sufficient evidence.</i> <p>Increasing Tobacco-Use Cessation:</p> <ul style="list-style-type: none"> Increasing the Unit Price of Tobacco Products. <i>Recommended by strong evidence.</i> Mass Media Campaigns When Combined with Other Interventions (such as an increase in excise tax, or additional community education efforts). <i>Recommended by strong evidence.</i> Multi-component Interventions That Include Client Telephone Support (such as providing people who use tobacco products with cessation counseling or assistance in initiating or maintaining abstinence via telephone). <i>Recommended by strong evidence.</i> Provider Reminders When Used Alone. <i>Recommended by sufficient evidence.</i> Provider Reminders with Provider Education. <i>Recommended by strong evidence.</i> Reducing Client Out-of-Pocket Costs for Cessation Therapies. <i>Recommended by sufficient evidence.</i> <p>Reducing Exposure to Environmental Tobacco Smoke (ETS):</p> <ul style="list-style-type: none"> Smoking Bans and Restrictions. <i>Recommended by strong evidence.</i> 	<p>State: New York</p> <p>Initiative: Comprehensive Tobacco Control Measures</p> <p>Model: Four-pronged strategy to decrease use of tobacco:</p> <ul style="list-style-type: none"> Increase cigarette taxes. Smoke-free bars, restaurants, and work-places. Increased tobacco cessation services. Education. <p>More Information available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC1449302/.</p>
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	<p>Reducing Tobacco Use Initiation:</p> <ul style="list-style-type: none"> Increasing the Unit Price of Tobacco Products. <i>Recommended by strong evidence.</i> Mass Media Campaigns When Combined with Other Interventions. <i>Recommended by strong evidence.</i> <p>Restricting Minors' Access to Tobacco Products:</p> <ul style="list-style-type: none"> Community Mobilization with Additional Interventions (Community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products and mobilizing community support for additional efforts to reduce that access). <i>Recommended by sufficient evidence.</i> 	
<p>Nutrition, Physical Activity and Obesity http://www.cdc.gov/WinnableBattles/Obesity/index.html</p> <ul style="list-style-type: none"> Over 72 million adults in the United States are obese. Since 1970, obesity rates for children in the U.S. have tripled, with nearly one in five youth now being classified as obese. 	<p>Obesity Interventions in Community Settings:</p> <ul style="list-style-type: none"> Behavioral Interventions to Reduce Screen Time. <i>Recommended by sufficient evidence.</i> Technology-Supported Interventions: Multi-component Coaching or Counseling Interventions to Maintain Weight Loss or Reduce Weight (Use of technology to facilitate or mediate interactions between a coach or counselor and an individual or group, with a goal of influencing weight-related behaviors or weight-related outcomes). <i>Recommended by sufficient evidence.</i> Worksite Programs (Such as nutrition and physical activity programs designed to improve health-related behaviors and health outcomes; can include approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies). <i>Recommended by strong evidence.</i> <p>Behavioral and Social Approaches to Physical Activity:</p>	<p>State: North Carolina Initiative: Healthy Active Children Policy Model: Every school day, kindergarten -8th grade children participate in at least 30 minutes of moderate-to-vigorous physical activity through physical education, recess, or other activities. More Information available at: www.nhealthyschools.org/components/healthyactivechildrenpolicy.</p>



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	<ul style="list-style-type: none"> • Enhanced School-Based Physical Education. <i>Recommended by strong evidence.</i> • Individually-Adapted Health Behavior Change Programs (Programs to increase physical activity and teach behavioral skills to help participants incorporate physical activity into their daily routines). <i>Recommended by strong evidence.</i> • Social Support Interventions in Community Settings. <i>Recommended by strong evidence.</i> <p>Campaigns and Informational Approaches to Physical Activity:</p> <ul style="list-style-type: none"> • Community-Wide Campaigns. <i>Recommended by strong evidence.</i> <p>Environmental and Policy Approaches to Physical Activity:</p> <ul style="list-style-type: none"> • Community-Scale Urban Design and Land Use Policies and Practices (Involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of urban areas of several square miles or more in ways that support physical activity). <i>Recommended by sufficient evidence.</i> • Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities. <i>Recommended by strong evidence.</i> • Point-of-Decision Prompts to Encourage Use of Stairs. <i>Recommended by strong evidence.</i> • Street-Scale Urban Design and Land Use Policies and Practices. <i>Recommended by sufficient evidence.</i> 	
Food Safety	<i>Currently no Community Guide Task Force</i>	



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(<http://www.cdc.gov/WinnableBattles/FoodSafety/index.html>)

- Each year, one out of six Americans get sick from foodborne diseases.
- Preventing a single fatal case of *E. coli* would save an estimated \$7 million.

recommendations.