Evidence-Based Registry Descriptions and Matrix

T his appendix contains two sections. The first section lists and describes evidence-based public health registries. Each registry description includes the registry name, website address, background information, and evidence-based review methodology.

A matrix tool is presented in the second section of this appendix. The matrix can be used to identify types of interventions (clinical, programmatic, or policy) according to priority topic areas (physical activity and nutrition, chronic disease, STDs and unintended pregnancy, tobacco use, maternal and infant health, substance abuse, and social determinants of health) covered by each registry. Notation is used within the matrix to provide additional registry content detail (see footnote description/key).

Federal Resources

Registry: The Guide to Community Preventive Services (CDC)

Website: http://www.thecommunityguide.org/

Background: Charged by the US Department of Health and Human Services and appointed by the director of the Centers for Disease Control and Prevention, the Community Preventive Services Task Force issues evidence-based public health recommendations based on findings from systematic reviews. Evidence-based summaries are presented by general health topic.

Methods: Individual interventions and approaches are evaluated and summarized in the context of broader topics or strategies. The Task Force issues recommendations according to three levels: recommended, recommended against, and insufficient evidence. Determinations are made based on study design, number of studies, and consistency of observed effect. Where available, the Community Guide links to "research-tested intervention programs" (RTIPs), a site which provides more detailed implementation information regarding specific programs and policies. (Note that not all strategies link to RTIPs.)

Registry: US Preventive Services Task Force (USPSTF) (AHRQ)

Website: http://www.uspreventiveservicestaskforce.org/

Background: The US Preventive Services Task Force (USPSTF) is an independent, non-Federal body. USPSTF members (appointed by the Agency for Healthcare Research and Quality) include physicians representing a range of disciplines. USPSTF is charged with reviewing and evaluating clinical research around preventive measures including screening, counseling, immunizations, and preventive medications.

Methods: Research is reviewed and synthesized and evidence-based reports are created. The process includes opportunity for public comment. USPSTF recommendations are assigned a letter grade based on recommendation certainty level (i.e. strength of evidence).

Registry: National Registry of Evidence-Based Programs and Practices (NREPP) (SAMHSA)

Website: http://www.nrepp.samhsa.gov/

Background: The National Registry of Evidence-Based Programs and Practices (NREPP) is an initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA). Mental health and substance abuse interventions are reviewed and rated by independent reviewers.

Methods: NREPP rates interventions and approaches based on research quality as well quality of training and implementation resources.

University Partnerships

Registry: Center for Training and Research Translation (Center TRT) (UNC-CH)

Website: http://www.center-trt.org/

Background: The Center for Training and Research Translation (Center TRT) is part of the Center for Health Promotion and Disease Prevention at the University of North Carolina at Chapel Hill (UNC-CH). The Center aims to enhance the impact of two CDC programs — WISEWOMAN and the Nutrition and Physical Activity Program — through the provision of implementation training and translation tools.

Methods: The Center has developed methods and criteria to review and evaluate research-tested interventions, practice-tested interventions, and emerging interventions.

Registry: Best Evidence Encyclopedia (Johns Hopkins University)

Website: http://www.bestevidence.org/

Background: The Best Evidence Encyclopedia was created by Johns Hopkins University School of Education's Center for Data-Driven Reform in Education (CDDRE). The Encyclopedia summarizes scientific reviews of math, reading, science, and early childhood curricula and programs.

Methods: Educational programs are rated based on strength of evidence supporting intended outcomes. Reviews are categorized according to the following levels: strong evidence, moderate evidence, and limited evidence.

Registry: Blueprints for Violence Prevention (University of Colorado Boulder)

Website: http://www.colorado.edu/cspv/blueprints/

Background: The Blueprints for Violence Prevention is a project of the Center for the Study and Prevention of Violence at the University of Colorado Boulder. Staff systematically assess research on violence and drug abuse programs to identify evidence-based interventions and policies.

Methods: Blueprints' programs are categorized as model programs or promising programs. Criteria considered include evidence of deterrent effect with a strong research design, sustained effect, and multiple site replication.

Registry: What Works for Health (University of Wisconsin and RWJF)

Website: http://www.countyhealthrankings.org/what-works-for-health

Background: What Works for Health is an initiative of the University of Wisconsin's Population Health Institute in collaboration with the Robert Wood Johnson Foundation. Programmatic and policy research has been reviewed across a number of topics including health behaviors, clinical care, social and economic factors, and physical environment.

Methods: Individual interventions and approaches are evaluated and summarized in the context of broader topics and strategies. Information on evidence of effectiveness, population reach, health disparities impact, implementation, and other key information is included.

Registry: Washington State Institute for Public Policy

Website: http://www.wsipp.wa.gov/pub.asp?docid=12-04-1201

Background: The Washington State Institute for Public Policy works to systematically assess research to determine what works across the policy areas of K–12 education, early childhood education, prevention, child welfare, mental health, substance abuse, and public health.

Methods: In identifying evidence-based programs, the Institute considers priority outcomes identified by the state and reviews available research (only including research that meets quality standards). After identifying evidence-based policies and programs, the Institute calculates the costs, benefits, and risk associated with each option. Note that the costs and benefits are based on state-specific data.

Private/Nonprofit/Other

Registry: Lifecourse Interventions to Nurture Kids Successfully Database (LINKS) (Child Trends)

Website: http://www.childtrends.org/LINKS/

Background: The Lifecourse Interventions to Nurture Kids Successfully (LINKS) database summarizes research and evaluation of out-of-school initiatives that aim to strengthen and enhance early childhood development.

Methods: Research must meet LINKS' eligibility criteria (based on study type and study characteristics); however, LINKS intends to be as inclusive as possible.

Registry: Promising Practices Network (PPN) (RAND)

Website: http://www.promisingpractices.net/

Background: The Promising Practices Network (PPN) was developed and is operated by the RAND Corporation, a nonprofit research organization. PPN reviews research in topics such as physical health, mental health, poverty and welfare, and substance use to identify proven and promising practices.

Methods: RAND has established two evidence levels: proven and promising. Types of evidence reviewed include outcome type, effect size, statistical significance, comparison groups, sample size, and documentation availability.

Registry: Social Programs that Work (Coalition for Evidence-Based Policy)

Website: http://evidencebasedprograms.org/wordpress/

Background: The Coalition for Evidence-Based Policy supports and maintains the Social Programs that Work research initiative and website. The Social Programs that Work initiative aims to cover all social policy issues including education, crime prevention, housing, health, employment, and welfare.

Methods: The Coalition employs rigorous evaluation criteria according to the Top Tier Evidence initiative (with some exceptions). The Top Tier Evidence initiative ranks programs as Top Tier or Near Top Tier. Top Tier interventions are "well-designed and implemented randomized controlled trials, preferably conducted in typical community settings, [that] produce sizeable, sustained benefits to participants and/or society." Near Top Tier interventions have met "almost all elements of the Top Tier standard...in a single site, and just need a replication trial to confirm the initial findings and establish that they generalize to other sites."[a]

a   Top Tier Evidence. Coalition for Evidence-Based Policy website. http://toptierevidence.org/wordpress/. Accessed September 6, 2012.

Registry: The Cochrane Library (The Cochrane Collaboration)

Website: http://www.thecochranelibrary.com/

Background: The Cochrane Collaboration is an international network (representing more than 100 countries) which maintains the Cochrane Database of Systematic Reviews — part of the Cochrane Library. There are 53 topical Cochrane review groups. Review groups are primarily clinical; however there is a public health review group.

Methods: Each Cochrane Review reflects a peer-reviewed systematic review, guided by specific protocol. Research must meet quality criteria for inclusion.

Table B.1
Matrix of Evidence-Based Registries and the Information They Contain

		Physical Activity and Nutrition	Chronic Disease	STDs and Unitnended Pregnancy	Tobacco Use	Maternal and Infant Health	Substance Abuse	Social Determinants of Health (i.e. education, housing, poverty, and employment)
Federal Resources								
The Guide to Community Preventive Services (CDC)	Clinical			X	$X_{A,B,C,D}$			
	Program	$X_{A,B,C,D}$	$X_{A,B,C,D}$	X	$X_{A,B,C,D}$		X	X
	Policy	$X_{A,B,C,D}$	$X_{A,B,C,D}$		$X_{A,B,C,D}$	X	X	
US Preventive Services Task Force (USPTF) (ARHQ)	Clinical	$X_{A,B}$	$X_{A,B}$	$X_{A,B}$	$X_{A,B}$	$X_{A,B}$	$X_{A,B}$	
National Registry of Evidence-Based Programs and Practices (NREPP) (SAMHSA)	Clinical					$X_{A,B,C,D}$	$X_{A,B,C,D}$	
	Program				$X_{A,B,C,D}$	$X_{A,B,C,D}$	$X_{A,B,C,D}$	
	Policy				$X_{A,B,C,D}$	$X_{A,B,C,D}$	$X_{A,B,C,D}$	
University Partnerships								
Center for Training and Research Translation (Center TRT) (UNC-CH)	Clinical		$X_{A,B,C,D}$			$X_{A,B,C,D}$		
	Program	$X_{A,B,C,D}$	$X_{A,B,C,D}$		$X_{A,B,C,D}$	$X_{A,B}$		
	Policy	$X_{A,B,C,D}$	$X_{A,B,C,D}$			$X_{A,B}$		
Best Evidence Encyclopedia (Johns Hopkins University)	Program							$X_{A,B}$
	Policy							$X_{A,B}$
Blueprint for Violence Prevention (University of Colorado at Boulder)	Clinical					$X_{A,B,D}$		
	Program				$X_{A,B,D}$	$X_{A,B,D}$	$X_{A,B,D}$	$X_{A,B}$
	Policy				$X_{A,B,D}$		$X_{A,B,D}$	
What Works for Health (University of Wisconsin and RWJF)	Clinical	$X_{A,B,C,D}$		$X_{A,B,C,D}$	$X_{A,B,C,D}$		$X_{A,B,C,D}$	
	Program	$X_{A,B,C,D}$		$X_{A,B,C,D}$	$X_{A,B,C,D}$	$X_{A,B,C,D}$	$X_{A,B,C,D}$	$X_{A,B,C,D}$
	Policy	$X_{A,B,C,D}$		$X_{A,B,C,D}$	$X_{A,B,C,D}$		$X_{A,B,C,D}$	$X_{A,B,C,D}$
Washington State Institute for Public Policy	Clinical				$X_{A,D}$		$X_{A,D}$	
	Program	XA,D		$X_{A,D}$	$X_{A,D}$	$X_{A,D}$	$X_{A,D}$	$X_{A,D}$
	Policy							$X_{A,D}$
Private/Non-Profit/Other								
Lifecourse Interventions to Nurture Kids Successfully Database (LINKS) (Child Trends)	Clinical	$X_{A,B}$		$X_{A,B}$		$X_{A,B}$		
	Program	$X_{A,B}$		$X_{A,B}$		$X_{A,B}$	$X_{A,B}$	
	Policy	$X_{A,B}$		$X_{A,B}$		$X_{A,B}$	$X_{A,B}$	
Promising Practices Network (PPN) (RAND)	Clinical					$X_{A,B,C,D}$		
	Program			$X_{A,B,C,D}$			$X_{A,B,C,D}$	$X_{A,B,C,D}$
	Policy			$X_{A,B,C,D}$		$X_{A,B,C,D}$	$X_{A,B,C,D}$	$X_{A,B,C,D}$
Social Programs that Work (Coalition for Evidence-Based Policy)	Clinical					$X_{A,B}$		
	Program	$X_{A,B}$		$X_{A,B}$		$X_{A,B}$		$X_{A,B}$
The Cochrane Library (The Cochrane Collaboration)	Clinical	$X_{A,B,D}$	$X_{A,B,D}$	$X_{A,B,D}$	$X_{A,B,D}$	$X_{A,B,D}$	$X_{A,B,D}$	

Subscript Key
A – Strength of evidence/research quality
B – Study population/target population
C – Implementation resources
D – Cost information