

APPENDIX: METHODS

The Center on Disability at the Public Health Institute in Oakland, CA examined the 15 Community Guide health topics that existed in 2011, the year of the assessment. All 91 Community Guide interventions that reached the “recommended” level. “Recommended” indicates that strong or sufficient evidence that the intervention is effective exists. “Strong” and “sufficient” reflect the degree of confidence as according to study design, number of studies, and consistency of effect across studies. In 2011, The Community Guide included 15 health topics: obesity, nutrition, physical activity, social environment, tobacco, alcohol, violence, cancer, oral health, vaccination, diabetes, mental health, HIV/STIs/pregnancy, adolescent health, and motor vehicle injury.

The literature review was conducted for the years 1980 to 2011 using the following electronic databases: Medline, EBSCOhost, Academic Search Complete (University of California, Berkeley), Google Scholar, ERIC, and PsycINFO. A systematic search was employed for each Task Force recommendation for studies on interventions for people with disabilities and a comprehensive bibliography was compiled. Studies were tabulated by study design, disability type, participant characteristics, intervention type, intervention design, and study finding. The literature was evaluated by an integrative review. Integrative review takes into account diverse methods, experimental and non-experimental studies, which is useful due to the limited number of RCTs of prevention interventions for people with disabilities. The data from key informant interviews and focus groups validated information drawn from the literature review.

Key informants were identified from the literature reviews as frequent or significant authors, representatives from nationally recognized programs in the health topic, or were referred by other informants. In addition, an expert in the ADA was interviewed for legal issues pertaining to the recommended community interventions. A minimum of two key informants representing each of the 15 health topics were interviewed. In some cases, the key informant was an expert in more than one health topic area. A total of 23 individuals were interviewed by telephone from 30–60 minutes using a semi-structured interview protocol. The adaptations from the literature review were included with Task Force recommendations. For each Community Guide recommendation within their expert health topic, key informants were asked the following questions: (1) how applicable the recommendation was to people with disabilities; (2) if there would be any barriers to implementing the recommendation; (3) their awareness of additional promising interventions or adaptations of interventions for people with disabilities within the health topic; and (4) any other comments on the Task Force-recommended interventions. Each interview had two note takers and was also recorded. Notes from each interview were reviewed, integrated by health topic, and summarized using recordings for verification when necessary.

Finally, following key informant interviews, a focus group of people with different disability types met over three 2-hour sessions to review Community Guide health topics and Task Force-recommended interventions for application to people with disabilities and to solicit strategies to help people with disabilities benefit from recommendations. Focus group participants were recruited through 25 disability organizations within the San Francisco Bay area. The agencies from which participants were recruited included nine centers for independent living, two state-based developmental disability agencies, nine county representatives of the National Association

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

of Mental Illness, and agencies that provided services for specific groups: blind, deaf, and the elderly. Interested participants underwent phone screening by staff for availability and disability type. All participants were offered gift cards for participation in the focus group as an incentive.

Attendees for the three sessions totaled five, ten, and 11 individuals who differed by disability type, gender, age, and race/ethnicity (as required by Center on Disability IRB and Human Subjects protocol). All participants were asked about any accommodation needs ahead of meetings and those were met. Due to scheduling, not every person attended every focus group. In each session, focus group participants reviewed, on average, 30 Task Force recommendations. Ground rules were presented at the start of the session establishing that all input was welcome, and direct confrontational rebuttals were not allowed. Focus group members were presented Task Force recommendations (e.g., Obesity Prevention and Control recommendations to spend less time in front of a screen, use exercise technology like a pedometer or PDA, or participate in programs at work about good food and exercise). Focus group participants were encouraged to talk about strategies that helped them, and suggest other strategies that would be helpful to people with disabilities. Staff made sure each participant had an opportunity to respond.

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

Appendix Table 1. Community Guide (CG) Recommended Interventions and Suggestions for Disability Inclusion^a

Health topic/CG recommendation	Adaptation for public health practice				
	None needed	Communication and technology	Training and support network ^b	Physical accessibility	Policies and other considerations
Adolescent health					
Person-to-person interventions to improve caregivers' parenting skills		X	X		
Alcohol					
Dram shop liability: Holding owners or servers liable for harms committed by customer after alcohol consumption	X				
Increasing alcohol taxes	X				
Maintaining limits on days of sale	X				
Maintaining limits on hours of sale	X				
Privatization of retail alcohol sales	X				
Regulation of alcohol outlet density	X				
Enhanced enforcement of laws prohibiting sales to minors			X		
Cancer prevention and control					
Client-oriented screening interventions: Client reminders		X		X	
Client-oriented screening interventions: Small media		X			
Client-oriented screening interventions: Group education			X		
Client-oriented screening interventions: One-on-one education			X		
Client-oriented screening interventions: Reducing structural barriers				X	X
Client-oriented screening interventions: Reducing client out-of-pocket costs through a variety of approaches, including vouchers, reimbursements, reduction in co-pays, or adjustments in federal or state insurance coverage.	X				
Provider-oriented screening interventions: Provider assessment and feedback		X	X	X	

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

Provider-oriented screening interventions: Provider reminder and recall systems			X	X
Preventing skin cancer: Education and policy approaches in primary school settings	X			
Preventing skin cancer: Education and policy approaches in outdoor recreation settings	X			
Diabetes prevention and control				
Case management interventions to improve glycemic control	X	X		
Disease management programs are organized, proactive, multicomponent approaches to healthcare delivery for people with a specific disease, such as diabetes.	X		X	
Diabetes self-management education (DSME)	X	X		
Prevention of HIV/AIDS, other STIs and pregnancy				
Group-based comprehensive risk reduction interventions for adolescents	X	X		
Youth development behavioral interventions coordinated with community service to reduce sexual risk behaviors in adolescents	X	X		
Interventions to reduce sexual risk behaviors or increase protective behaviors to prevent acquisition of HIV in men who have sex with men: individual-, group-, and community-level behavioral interventions	X	X		
Interventions to identify HIV-positive people through partner counseling and referral services	X	X		
Mental health				
Collaborative care for the management of depressive disorders		X	X	
Interventions to reduce depression among older adults: Home-based depression care management		X	X	
Interventions to reduce depression among older adults: Clinic- based depression care management	X	X	X	
Motor vehicles – Use of child safety seats				

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

Laws mandating child safety seat use			X	X
Community-wide information and enhanced enforcement campaigns: Based on sufficient evidence of their effectiveness in increasing child safety seat use	X	X		
Distribution and education programs		X		
Incentive and education programs for parents		X		
Laws mandating use of safety belts			X	X
Primary (versus secondary) enforcement laws		X		X
Enhanced law enforcement programs carried out by law officers		X		
Motor vehicles – Alcohol-impaired driving				
Laws making it illegal to drive with blood alcohol concentration (BAC) that exceeds 0.08%		X	X	X
Laws that lower BAC levels for young or inexperienced drivers	X			
Maintaining current minimum legal drinking age (MLDA) laws	X			
Publicized sobriety checkpoint programs based on strong evidence of effectiveness in reducing alcohol-impaired driving		X		
Mass media campaigns intended to reduce alcohol-impaired driving are designed to persuade individuals either to avoid drinking and driving or to prevent others from doing so	X			
Multi-component interventions with community mobilization to reduce alcohol-impaired driving can include sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol	X		X	
Use of ignition interlocks for people convicted of alcohol-impaired driving on the basis of strong evidence of their effectiveness in reducing re-arrest rates while the interlocks are installed	X			

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

School-based instructional programs to reduce riding with alcohol-impaired drivers	X			
Obesity prevention and control				
Behavioral interventions to reduce screen time	X			X
Technology-supported multicomponent coaching or counseling interventions intended to reduce weight or maintain weight loss on the basis of sufficient evidence that they are effective in improving weight-related behaviors or weight-related outcomes	X		X	X
Worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees	X			X
Oral health				
Community water fluoridation		X		
School-based or linked sealant delivery programs			X	
Physical activity – Campaigns and informational approaches to increase physical activity: Community-wide campaigns				
Community-wide campaigns provide strong evidence of effectiveness in increasing physical activity and improving physical fitness among adults and children	X		X	X
Physical activity – Behavioral and social approaches to increase physical activity				
Individually adapted health behavior change programs	X			
Efforts made in community settings to provide social support for increasing physical activity based on strong evidence of their effectiveness in increasing physical activity and improving physical fitness among adults			X	
Enhanced school-based physical education	X		X	X
Physical activity – Environmental and policy approaches to increase physical activity				
Community-scale urban design land use policies				X
Creation of or enhancing access to places for physical activity involves the efforts of worksites, coalitions,	X			X

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

agencies, and communities as they attempt to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities					
Street-scale urban design land use policies				X	X
Point-of-decision prompts are motivational signs placed in or near stairwells or at the base of elevators and escalators to encourage individuals to increase stair use	X			X	
Social environment (now health equity) – Education programs and policies					
Early childhood development programs: Comprehensive, center-based programs for children of low-income families When provided to low-income or racial and ethnic minority communities, comprehensive, center-based programs for children of low-income families are likely to reduce educational achievement gaps, improve the health of low-income student populations, and promote health equity	X	X		X	
Social environment (now health equity) – Tenant-based rental assistance programs Tenant-based rental assistance programs provide sufficient evidence of reductions in exposure to crimes against person and property and decreases in neighborhood social disorder	X	X		X	X
Tobacco					
Reducing tobacco use initiation: Increasing the unit price of tobacco products	X				
Reducing initiation: Mass media campaigns when combined with other interventions		X			
Increasing tobacco use cessation: Increasing the unit price of tobacco products	X				

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

Increasing cessation: Mass media combined with other interventions		X		
Increasing cessation: Provider reminders when used alone	X			
Increasing cessation: Provider reminders with provider education				X
Increasing cessation: Increasing tobacco use cessation: reducing client out-of-pocket costs for cessation therapies	X			
Increasing cessation: Multicomponent interventions that include telephone support		X		X
Reducing exposure to environmental tobacco smoke: Smoking bans and restrictions	X			
Increasing cessation: Restricting minors' access to tobacco products; community mobilization with additional interventions	X			
Increasing cessation: Decreasing tobacco use among workers; smoke-free policies to reduce tobacco use	X			
Increasing cessation: Incentives and competitions in workplaces to increase smoking cessation		X		X
Vaccines – Universally recommended				
Home visits to increase vaccination rates		X		X
Reducing client out-of-pocket costs for vaccinations	X			
Vaccination programs in schools and organized child care centers	X			
Vaccination programs in special supplemental nutrition programs for women, infants and children (WIC)		X		X
Client or family incentives		X		
Client reminder and recall systems		X		
Vaccination requirements for child care, school, and college attendance	X			
Healthcare system-based interventions implemented in combination	X			
Immunization information systems	X			
Provider assessment and feedback		X		

Appendix
The Guide to Community Preventive Services and Disability Inclusion
Hinton et al.

Provider reminders	X			
Standing orders	X			
Community-based interventions implemented in combination		X		
Vaccines – Targeted				
Multiple interventions implemented in combination		X		
Provider reminders			X	
Violence				
Early childhood home visitation to prevent violence			X	
Reducing psychological harm from traumatic events: Cognitive behavioral therapy for children and adolescents		X	X	X
School-based programs to reduce violence			X	
Therapeutic foster care to reduce violence		X	X	X
Violence prevention focused on children and youth: Policies facilitating the transfer of juveniles to adult justice systems	X			

Notes: Population-level policies are determined to be effective without needing to consider an individual’s functional ability. Examples of communication adaptations vary depending on the type of disability. For sensory (deaf and vision) disabilities, this would include printed material available in alternate formats for people whose vision may be impaired, including materials in Braille, large print, or high contrast, when requested. For individuals with hearing loss, sign language interpreters and language systems technologies, such as voice recognition software, provide alternatives to auditory material. Communication can also apply to speech impairments or cognitive impairments, where plain language conveys health messages to people with cognitive and intellectual disabilities. Examples of trainings could include disability awareness, customer service for people with disabilities, and understanding responsibilities concerning service animals. Physical accessibility includes reduced structural barriers to ingress into, egress from, and movement within clinics, accessible medical equipment such as examination tables and screening equipment (e.g., mammography equipment for women unable to stand unassisted).

^aThe table indicates what types of adaptations might be applicable to assure recommendations are inclusive of people with disabilities.

^bProviders; caregivers; law officers; peers