Be Well Communities: Empowering organizations to select evidence-based interventions for cancer control

Be Well Communities™

Be Well Communities™ is The University of Texas MD Anderson Cancer Center's place-based strategy for cancer prevention and control, working with communities to promote wellness and address modifiable risk-factors for cancer. Be Well Communities unites individuals, schools, workplaces, government agencies, health care providers and policymakers to plan and carry out sustainable, community-led solutions that will make positive, long-lasting changes in people's lives.

An important component of the Be Well Communities model is working with community-based organizations such as schools, workplaces, community colleges, and parks and recreation departments, who all have an important role to play in preventing cancer. More than 50 local, regional and state organizations are actively engaged on Be Well Communities steering committees in the areas of healthy eating, active living, sun safety, tobacco-free living and preventive care.

Many leading health organizations have put together robust tools to support organizations to select and implement evidence-based interventions. This document serves as a primer to support organizations — especially those who do not focus primarily on health — with selecting evidence-based cancer prevention and chronic disease interventions that can be implemented at the community level.

Why are these resources needed?

Cancer prevention is a cornerstone of MD Anderson's mission to eliminate cancer. Research estimates that up to half of cancer cases in the United States could be prevented at a population level. MD Anderson supports community-led efforts that can directly impact cancer risk.

To reduce the risk of cancer, it is critical to empower community-based organizations — such as schools, community colleges, non-profit organizations, workplaces, government agencies and policymakers — with proven strategies or evidence-based interventions, especially in communities with limited resources.

What are evidence-based interventions?

Evidence-based interventions are programs, policies and strategies that have been proven to be effective in well-designed, rigorous research studies. Evidence gained from putting these interventions into practice can help reveal what works in real-world settings and how best to adapt or apply an intervention for specific groups. When properly implemented, evidence-based interventions can help to raise program standards, increase the likelihood of successful execution and improved outcomes, and save time and resources on new program development.

How can my organization select an evidence-based intervention?

Community-based organizations can play an important role in reducing cancer by deploying evidence-based interventions. Consider the following when thinking about which evidence-based intervention to select:

- Does this intervention align with the organization's mission?
- Does the organization have the necessary staff and infrastructure to carry out this intervention?
- How does this intervention align with the organization's major initiatives or goals?
- Who will need to be engaged within the organization to carry out this intervention?
- Who will the organization need to partner with to carry out this intervention?
- Can the organization sustain this intervention over time?
- Does another organization in the community already lead a similar or related intervention?
- What is the specific gap or concern in this community that needs to be addressed?

There are many resources that can help organizations select and implement evidence-based interventions. Below are several resources that provide in-depth reviews of each evidence-based intervention, information about intended outcomes, and additional support for implementation. Resources included here can also help organizations to identify specific needs in their community where an intervention may be needed.

Learn more about evidence-based interventions

- Community Guide to Preventive Services
- Robert Wood Johnson Foundation: What Works for Health
- US Preventive Services Task Force
- Cancer Prevention & Control Research Network

Explore health data in your community

- County Health Rankings & Roadmaps
- PLACES: Local data for better health
- City Health dashboard
- State cancer profiles

- For more information or technical assistance, contact: BeWellCommunities@mdanderson.org
- To learn about Be Well Communities, visit MDAnderson.org/BeWellCommunities

Below is a list of evidence-based interventions that have been identified by the Robert Wood Johnson Foundation[1] and the Community Preventive Services Task Force[2] as scientifically supported or recommended for implementation at the community level. These evidence-based interventions are aligned to the Be Well Communities five key target areas: healthy eating; active living; sun safety; tobacco-free living; and preventive care, such as HPV vaccination and cancer screening. Each evidence-based intervention is listed by target area and includes a link to an in-depth resource, a short description, key target areas for comprehensive cancer prevention, examples of expected health outcomes, and possible metrics that can be used to measure progress towards achieving the intended outcomes when this intervention is implemented in the community. Additionally, the interventions are color coded based on how they are implemented:

- As individual assistance (i.e., services provided directly to individuals, such as cancer screenings)
- In a community-based setting (i.e., held in public places such as parks and community centers)
- In a school-based setting (i.e., offered by schools and/or childcare centers).

Evidence-based interventions – Healthy eating and active living

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Exercise Prescriptions	Provide prescriptions for individually-tailored exercise plans in health care settings. Plans often include progress checks at office visits, counseling, activity logs, and exercise testing.	• Increased physical activity • Improved physical fitness • Increased mobility	• Number of patients seen by an exercise specialist • Average baseline and follow-up mobility ratings in patients seen by an exercise specialist
Individually-adapted Physical Activity Programs	Teach skills that can help people add physical activity to their daily routines in a way that meets their individual needs.	• Increased physical activity • Improved physical fitness	• Number of available physical activity programs • Percent increase in activity and physical fitness among program participants
Point-of-decision Prompts for Physical Activity	Place motivational signs on or near stairs, elevators, and escalators to encourage people to use the stairs.	• Increased physical activity	• Number of signs displayed • Percent increased stairwell usage
Screen Time Interventions for Children	Encourage children to spend time away from their television and other screen media. Screen time interventions are often part of efforts to increase physical activity and improve nutrition.	• Reduced sedentary screen time • Increased physical activity • Improved dietary habits • Improved weight status	• Percent of students reporting a reduction in screen time in the annual School Physical Activity and Nutrition (SPAN) survey • Percent increase in FitnessGram scores (Body Mass Index) from prior school year
Text Message-based Health Interventions	Send patients text messages with reminders, education, or self-management tips for health conditions. Interventions are often part of broader efforts to help patients improve their health or manage chronic diseases.	• Improved health outcomes • Increased healthy behaviors • Improved weight outcomes	• Percent of families reached via text message-based interventions

Individual-assistance

Community-based

Evidence-based interventions – Healthy eating and active living
More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Community-based Social Support for Physical Activity Programs	Organize social groups to provide supportive relationships that encourage healthy behaviors. Examples include setting up a buddy system or a walking group.	• Increased physical activity • Improved physical fitness • Improved health outcomes	• Number of walking clubs established • Number of minutes spent engaging in physical activity for all clubs • Number of participants in all walking clubs
Community Fitness Programs	Provide fitness programs in community centers, senior centers, and wellness centers. Offer exercise classes such as yoga, Tai Chi, and cycling.	• Increased physical activity • Improved physical fitness • Improved health outcomes	• Average number of participants per community class • Percent increase in non-leisure time physical activity among participants
Complete Streets and Streetscape Design Initiatives	Improve the design of streetscapes for pedestrians and cyclists. Add more sidewalk coverage, connect walkways, make crossing the street safer, or add measures to calm traffic.	• Increased physical activity • Increased pedestrian and cyclist safety	• Number of bicycle lanes installed • Number of Complete Streets training sessions held
Fruit and Vegetable Incentive Programs	Offer people with low incomes matching funds to purchase healthy foods, especially fresh fruits and vegetables. Funds are often called bonus dollars, market bucks, produce coupons, or nutrition incentives.	• Increased access to healthy food • Increased healthy food purchases • Increased fruit and vegetable consumption	• Number of participants that received vouchers for fruits and vegetables • Number of patients with nutritional needs enrolled in programs featuring "prescriptions"
Healthy Food Initiatives in Food Pantries	Provide nutrition information and healthy food options at food pantries. Offer on-site cooking demonstrations, recipe tastings, and produce display stands.	• Increased healthy food consumption • Increased food security	• Percent increase in food pantries participating in healthy food initiatives • Pounds of produce distributed in food pantries
Mixed-use Development	Combine land uses within a project (e.g., residential, commercial, recreational) as opposed to developing an area for a single purpose. Projects can be site-specific, neighborhood-based, or regional.	• Increased physical activity	• Percent of individuals with access to public transit in mixed-use development
Multi-Component Obesity Prevention Interventions	Improve physical activity and nutrition in community settings using a combination of methods. Provide nutrition education, aerobic and strength training, dietary prescriptions, and other activities.	• Increased physical activity • Improved weight status	• Number of strategies implemented • Number of stakeholders engaged • Percent reduction in rate of overweight and obesity in adults

Evidence-based interventions – Healthy eating and active living

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Community-based

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Places for Physical Activity	Change community settings to support physical activity. Make it easier to access existing places for physical activity or build new places, such as a park, a walking trail, or a playground.	• Increased physical activity • Improved physical fitness	• Number of trails built • Percent increase in the number of residents who exercise regularly • Percent increase in the number of residents who live within 1 mile of green space
Worksite Obesity Prevention Interventions	Provide healthy food and physical activity options in workplaces. Offer education and counseling. Change work environments to encourage healthy choices.	• Increased physical activity • Increased healthy food consumption	• Percent increase in participation in worksite program • Percent of employees selecting healthier food options in the cafeteria • Percent reduction in employer health insurance costs
Zoning Regulations for Land Use Policy	Shape building practices to change the physical environment of cities, towns, and counties. Land use can be regulated by zoning, building codes, government policies, or builder practices.	• Increased physical activity • Increased active transportation	• Percent increase in walkable neighborhood

School-based

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Active Recess	Offer a break from the school day, typically before lunch. Plan actively supervised games or activities that engage all students. Active recess is also sometimes called semi-structured or structured recess.	• Increased physical activity	• Number of schools with a recess policy • Percent of schools providing at least 20 minutes of recess each day at baseline and follow-up
Multi-Component School-based Obesity Prevention	Improve physical activity and nutrition in schools using a variety of methods. Provide nutrition classes, enhanced physical education, healthy food options, family outreach, and other activities.	• Increased physical activity • Improved weight status • Improved dietary habits	• Number of schools engaged • Percent of students reporting an increase in fruit and vegetable consumption on the annual School Physical Activity and Nutrition (SPAN) survey
Nutrition and Physical Activity Interventions in Preschool and Child Care	Offer young children opportunities to eat healthy foods and be active throughout the day. Provide fresh fruits and vegetables and add physical activity to daily classroom routines.	• Improved nutrition • Increased physical activity • Improved weight status	• Number of care centers participating in intervention • Number of minutes of physical activity before and after center enhancements

Evidence-based interventions – Healthy eating and active living

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

School-based

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Physically Active Classrooms	Provide exercise breaks, classroom energizers, or moving activities while students are in class.	• Increased physical activity	• Number of elementary school teachers attending kinesthetic learning training • Number of elementary school teachers reporting the use of physical activity breaks
Safe Routes to Schools	Promote walking and biking to school through education, incentives, and changes to make neighborhoods safer for pedestrians. These programs are often called Safe Routes to Schools and can include walking school buses.	• Increased physical activity • Improved health outcomes	• Number of schools impacted by Safe Routes to Schools plan • Percent increase in students walking or biking to school
School-based Physical Education	Expand or enhance school-based physical education (PE). Make existing PE classes longer, increase physical activity during class, or add new PE classes.	• Increased physical activity • Improved physical fitness	• Percent increase in FitnessGram scores (Body Mass Index) from prior school year • Percent increase in students engaging in moderate to vigorous physical activity for 50% or more of PE class time
School Breakfast Programs	Support programs to provide students with a nutritious breakfast. Breakfast could be served in the cafeteria, from grab and go carts in hallways, or in classrooms.	• Increased healthy food consumption	• Number of different ways breakfast is offered (grab and go, in classrooms, in cafeteria) • Number of schools offering breakfast
School Fruit and Vegetable Gardens	Create designated areas where students can garden with guidance from school staff. Provide nutrition and food preparation lessons, opportunities for taste testing, and other hands-on learning experiences.	• Increased willingness to try fruits and vegetables • Increased fruit and vegetable consumption	• Percent of schools with a fruit and vegetable garden • Number of nutrition education lessons taught • Percent of students reporting an increase in fruit and vegetable consumption on the annual SPAN Survey
School Nutrition Standards	Regulate the quality of food that can be sold to students through the National School Lunch Program, à la carte options, vending machines, and other sources. Reinforce meals that include more fruits/vegetables, whole grains, low-fat dairy products.	• Increased healthy food consumption • Improved school food environment	• Percent increase in fruits and vegetables offered to students • Percent increase in healthy food and drink options sold in vending machines
Walking School Buses	Arrange active transportation with a fixed route, designated stops, and pick up times when children can walk to school with adult chaperones.	• Increased physical activity	• Number of students walking to school each day • Percent increase in participation in "walking school buses"

Evidence-based interventions – Ultraviolet radiation (UVR) protection

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Community-based

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Interventions in Outdoor Occupational Settings	Promote sun-protective behaviors in outdoor workplaces through education sessions, changes or modifications to outdoor environment.	• Increased sun-protective behaviors • Reduced sunburns	• Percent increase in sun-safety educational offerings to employees
Interventions in Outdoor Recreational and Tourism Settings	Promote sun-protective behaviors among visitors to outdoor recreational and tourism settings. Provide informational messages about sun protection to visitors through instruction, small media such as posters and brochures, or both.	• Increased sunscreen use • Increased avoidance of sun exposure • Decreased incidence of sunburns	• Percent increase in sun-safety policies in outdoor recreational and tourism settings • Percent increase in sun-safety educational offerings to visitors in outdoor recreational and tourism settings
Multi-Component Community-Wide Interventions	Use individual-directed strategies, mass media campaigns, and environmental and policy changes in an integrated effort to promote sun-protective behaviors in a defined geographic area.	• Increased sun-protective behaviors among populations in a defined geographical area	• Reach of mass media campaigns in the community

School-based

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Child Care Center-based Interventions	Promote sun-protective behaviors in child care centers. Offer education, promote healthy behaviors, and make environmental and policy changes in daycare or preschool settings.	• Increased children's protection from excessive UV exposure • Increased sun protective behaviors in children and caregivers • Change in child or caregiver knowledge and attitudes related to sun exposure and sun protection	• Percent increase in sun-safety educational offerings to children and their guardians • Percent increase availability of sun-protective items for children
Primary and Middle School-based Interventions	Promote sun-protective behaviors in primary and middle school (kindergarten through 8th grade). Offer education, promote healthy behaviors, and make environmental and policy changes.	• Increased sun-protective behaviors • Decreased ultraviolet exposure • Decreased sunburn incidence • Decreased formation of new moles	• Percent decrease in sunburns reported in the school year • Percent increase in sun-safety educational offerings to primary and middle school children • Number of sun shades or shade trees installed

Evidence-based interventions – Tobacco

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Individual-assistance

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Assessment of Health Risks with Feedback Plus Health Education With or Without Other Interventions (Worksite)	Assess workers' personal health habits and risk factors. Provide estimates or assessments of future risk of death and other harmful health outcomes. Provide feedback using educational messages and counseling.	• Decreased tobacco use • Increased cessation rates	• Percent increase in cessation programs completed
Cell Phone-based Tobacco Cessation Interventions	Help people quit using tobacco through a cell phone-based intervention. Provide advice and motivation through text or video messages.	• Increased quit rates	• Number of participants receiving phone-based tobacco cessation interventions
Culturally Adapted Health Care	Tailor health care to patients' cultural norms, beliefs, values, language, and literacy skills.	• Improved health outcomes • Improved health-related knowledge • Improved chronic disease management	• Number of tobacco cessation materials distributed that are tailored based on the patients' cultural background and/or language needs
Health Care Provider Reminder Systems for Tobacco Cessation	Remind health professionals to support their patients in quitting tobacco. Systems can include referrals, self-help pamphlets, and pharmacotherapy.	• Increased quit rates	• Percent increase in tobacco cessation support services offered • Number of educational materials distributed
Internet-based Tobacco Cessation Interventions	Use websites, text messages, and other technology to provide information and support to smokers who want to quit. Counseling or pharmacotherapy is sometimes included.	• Increased quit rates	• Percent increase in enrollment in technology-based tobacco cessation interventions • Number of participants who complete technology-based tobacco cessation interventions
Text Message-based Health Interventions	Send patients text messages with reminders, education, or self-management tips for health conditions.	• Increased healthy behaviors • Improved health outcomes • Improved chronic disease management • Increased tobacco cessation • Reduced tobacco use	• Number of patients reached via text message-based health interventions
Tobacco Cessation Therapy Affordability	Reduce patients' out-of-pocket costs for cessation therapies such as nicotine replacement and cessation group participation.	• Increased quit rates • Increased access to cessation treatment • Increased use of cessation treatment	• Number of tobacco cessation therapies offered at no cost • Number of tobacco cessation therapies offered at decreased cost

Community-based

Evidence-based interventions – Tobacco
More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Comprehensive Tobacco Control Programs	Coordinate community efforts to reduce tobacco use, secondhand smoke exposure, and initiation of tobacco use among young people.	• Decreased tobacco use • Increased quit rates • Decreased tobacco-related diseases and deaths	• Percent increase in tobacco control programs completed
Increasing the Price of Tobacco Products	Increase the price of tobacco products to reduce demand. Price increases help prompt quit attempts, reduce tobacco use among those who do not quit, and prevent youth from initiation.	• Reduced number of tobacco users • Reduced youth smoking • Increased quit rates • Reduced tobacco use	• Percent decrease in youth smoking rates • Percent increase in price of tobacco products
Mass Media Campaigns Against Tobacco Use	Use media-based efforts to educate current and potential tobacco users. Change the attitudes and beliefs that contribute to tobacco use.	• Reduced youth smoking • Reduced number of tobacco users • Increased quit rates	• Number of impressions from media-based tobacco campaigns • Percent increase in calls to the quitline while campaigns are running
Smoke-free Policies for Indoor Areas	Create smoke-free policies that prohibit smoking in indoor spaces and designated public areas.	• Improved health outcomes • Reduced exposure to secondhand smoke • Reduced tobacco consumption • Reduced mortality	• Number of smoke-free policies for indoor areas • Percent decrease in individuals exposed to secondhand smoke

Individual-assistance

Evidence-based interventions – Vaccination
More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Client or Family Incentive Rewards	Use client or family incentive rewards to motivate people to get recommended vaccinations.	• Increased vaccination in children and adults	• Number of incentives distributed to clients for getting vaccinated
Client Reminder and Recall Systems	Remind members of a target population that vaccinations are due (reminders) or late (recall).	• Increased vaccination in children, adolescents and adults	• Percent increase in client reminder and recall interventions utilized • Number of vaccinations scheduled as a result of reminders or recalls
Health Care System-based Interventions Implemented in Combination	Use two or more coordinated interventions to increase vaccination rates within a health care system. Efforts may include additional activities within the community.	• Increased vaccination in targeted populations	• Number of patients with reduced out of pocket costs • Percent of patients receiving a home visit

Evidence-based interventions – Vaccination

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Individual-assistance

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Home Visits to Increase Vaccination Rates	Make home visits to assess clients' vaccination status, provide vaccines, and discuss the importance of recommended vaccinations. Home visits may be conducted by vaccination providers (e.g., nurses) or others (e.g., social workers, community health workers).	• Increased vaccination in children and adults	• Percent increase in home visit vaccination assessments
Patient Financial Incentives for Preventive Care	Provide financial incentives such as payments, vouchers, and tickets for prize drawings to encourage patients to get vaccinated or access preventive care.	• Increased preventive care	• Percent increase in incentives offered to patients for vaccinations
Provider Assessment and Feedback	Assess providers' delivery of one or more vaccinations to a client population and then present providers with feedback on their performance. Feedback may also involve incentives or benchmarking.	• Increased vaccination rates among people of all ages	• Percent increase in provider assessment feedback programs • Number of providers engaged
Provider Reminders	Send reminders to let healthcare providers know when clients are due for specific vaccinations.	• Increased vaccination rates among people of all ages	• Percent increase in provider reminders for patient vaccinations • Number of alerts in the medical record reminding providers about vaccination
Reducing Client Out-of-Pocket Costs	Change programs and policies to make vaccinations more affordable such as paying for vaccination, out of pocket costs or copayments.	• Increased vaccination rates among people of all ages	• Number of vaccinations offered at no cost • Number of vaccinations offered at decreased costs
Text Message-based Health Interventions	Provide patients with text message reminders, education, or self-management tips for health conditions.	• Increased vaccination	• Percent increase in participation in text message-based vaccination reminder interventions

Community-based

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Community-based Interventions Implemented in Combination	Use two or more coordinated interventions to increase vaccination rates within a community, such as client incentives and community-wide education.	• Increased vaccination in targeted populations	• Percent of community residents attending an educational session • Percent of patients receiving an incentive for program participation
Vaccination Programs: Standing Orders	Create standing orders to permit nurses, pharmacists, and other healthcare personnel, where allowed by state law, to assess a client's immunization status and provide vaccinations.	• Increased vaccination rates among adults and children	• Percent increase in standing order vaccination programs utilized

School-based

Evidence-based interventions – Vaccination

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Requirements for Child Care, School, and College Attendance	Create laws or policies that require anyone attending child care, school, or college to be vaccinated or provide other documentation of immunity.	• Increased vaccination among people of all ages	• Percent increase in educational programs offered to parents regarding the school's vaccination requirements • Number of community college students vaccinated for HPV
Schools and Organized Child Care Centers	Deliver multi-component interventions on-site in schools or organized child care centers to improve immunization rates in children and adolescents.	• Increased vaccination	• Number of vaccines delivered at the school
Special Supplemental Nutrition Program for Women, Infants & Children (WIC) Settings	Provide vaccination services in WIC clinics or through collocation and coordination of WIC programs with other healthcare services.	• Increased vaccination	• Number of vaccination services provided in WIC clinics

Individual-assistance

Evidence-based interventions – Screening

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Client Reminders	Send reminders letting clients know that they are due for screening. Reminders can be shared through letters, postcards, emails, or phone messages (including automated messages).	• Increased screening for breast cancer • Increased screening for cervical cancer • Increased screening for colorectal cancer	• Percent increase in client reminders and incentives • Percent increase in one-on-one educational program offerings • Percent of patients that scheduled cancer screening appointments after receiving reminders
Culturally Adapted Health Care	Tailor health care to patients' cultural norms, beliefs, values, language, and literacy skills.	• Improved health outcomes • Improved health-related knowledge • Increased cancer screening	• Percent increase in educational programming tailored to the patient's norms, beliefs, values, language and literacy skills
Multi-Component Interventions for Cancer Screening	Provide in combination two or more recommended interventions to promote breast, cervical, or colorectal cancer screening.	• Increased screening for breast cancer • Increased screening for colorectal cancer • Increased screening for cervical cancer	• Number of effective screening strategies available • Percent increase in cancer screening

Evidence-based interventions – Screening

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
One-on-One Education for Clients	Have healthcare workers deliver one-on-one education on screening to people.	• Increased screening for breast cancer • Increased screening for cervical cancer • Increased screening for colorectal cancer	• Number of clients reached • Number of clients that completed the appropriate screenings
Patient Financial Incentives for Preventive Care	Provide financial incentives, such as payments, vouchers, and tickets for prize drawings to encourage patients to get screened for cancer and access other preventive care.	• Increased preventive care • Increased adherence to treatment	• Percent increase in patients receiving screening services
Patient Navigators	Use patient navigators to provide culturally sensitive assistance and care coordination by connecting patients to resources or services.	• Increased cancer screening	• Number of patients assisted by patient navigators • Number of patients that complete the appropriate cancer screenings
Patient Shared Decision Making	Have health care providers and patients work together to make joint care decisions. Make sure patients' preferences and values guide all decisions about their care.	• Improved patient knowledge • Improved patient decision making • Improved patient-provider communication	• Percent increase in the number of patients who are informed and given resources to support the shared decision-making process
Provider Assessment and Feedback	Review how well providers perform in delivering or offering screening to clients. Present providers with feedback on their performance.	• Increased screening for breast cancer • Increased screening for cervical cancer • Increased screening for colorectal cancer • Increased referrals for genetic testing	• Number of clinics engaged • Number of providers engaged • Percent increase in patients that complete the appropriate cancer screenings
Provider Reminder and Recall Systems	Send reminders to inform health care providers that it is time for a client's cancer screening test or that the client is overdue for screening.	• Increased screening for breast cancer • Increased screening for cervical cancer • Increased screening for colorectal cancer	• Number of clinics engaged • Number of providers engaged • Percent increase in patients that complete the appropriate cancer screenings
Reducing Client Out-of-Pocket Costs	Minimize or remove economic barriers that make it difficult for clients to access cancer screening services.	• Increased screening for breast cancer	• Number of patients assisted • Percent increase in clinic screening rate
Reducing Structural Barriers for Clients	Help clients access cancer screening services by reducing non-economic burdens or obstacles, such as transportation or language barriers.	• Increased screening for breast cancer • Increased screening for colorectal cancer	• Number of patients assisted • Percent increase in clinic screening rate

Community-based

Evidence-based interventions – Screening

More information about specific interventions can be found at:
CountyHealthRankings.org/WhatWorks and TheCommunityGuide.org

Intervention	Description	Expected Beneficial Outcomes	Possible Example Metrics
Group Education for Clients - Breast Cancer	Hold group education sessions to inform and motivate people to be screened for cancer.	• Increased screening for breast cancer	• Number of classes hosted • Number of attendees at classes
Small Media	Share videos and printed materials to inform and motivate people to be screened for cancer.	• Increased screening for breast cancer • Increased screening for cervical cancer • Increased screening for colorectal cancer	• Number of media outlets used • Number of people reached through media

References:

1. What Works for Health. (2019). Robert Wood Johnson Foundation. https://www.rwjf.org/. Accessed August 19, 2019

2. The Guide to Community Preventive Services (The Community Guide). (2019) Community Preventive Services Task Force: US Department of Health and Human Services. https://www.thecommunityguide.org/. Accessed August 19, 2019