



What Works? Policies and Programs to Improve Wisconsin's Health

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Institute of Medicine Committee on Valuing Community-Based, Non-Clinical Prevention Programs
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UNIVERSITY OF WISCONSIN



Population Health Institute

Translating Research into Policy and Practice



Outline

Background

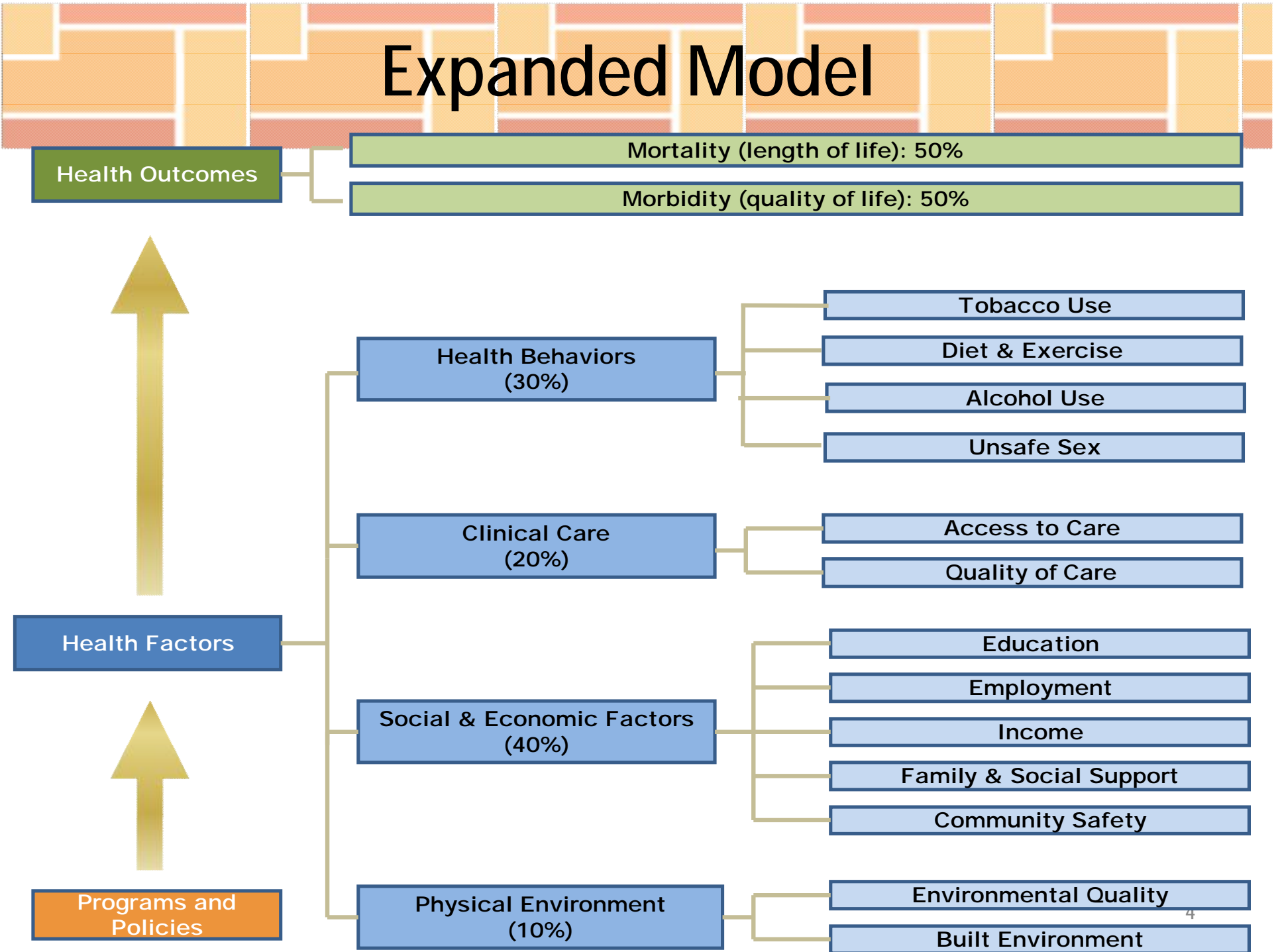
Overview of What Works Database

Key Issues

Underlying Population Health Model

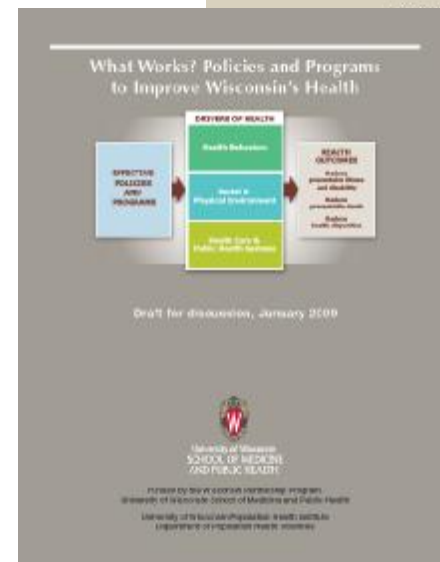


Expanded Model



Making Wisconsin the Healthiest State

1. How healthy are we?
2. What are the factors that influence health?
3. What works to improve health?



What Works?



What Works for Health Policies and Programs to Improve Wisconsin's Health

[Home](#) [About this Database](#) [Health Behaviors](#) [Clinical Care](#) [Social & Economic Factors](#) [Physical Environment](#)

Search Policies & Programs

Keyword

exact match

Display All Policies & Programs

Contribute Content

An Evidence-based Resource: Policies and Programs to Improve Wisconsin's Health

What Works for Health is a database of policies and programs that can improve health. These policies and programs address key health factors that, in turn, improve health outcomes. This database is based on a wide scan of analyses assessing evidence of effectiveness. We summarize research about what does and does not work to help different stakeholders (such as public health practitioners, community organizations, businesses, schools, and others) identify policies and programs that could improve health.

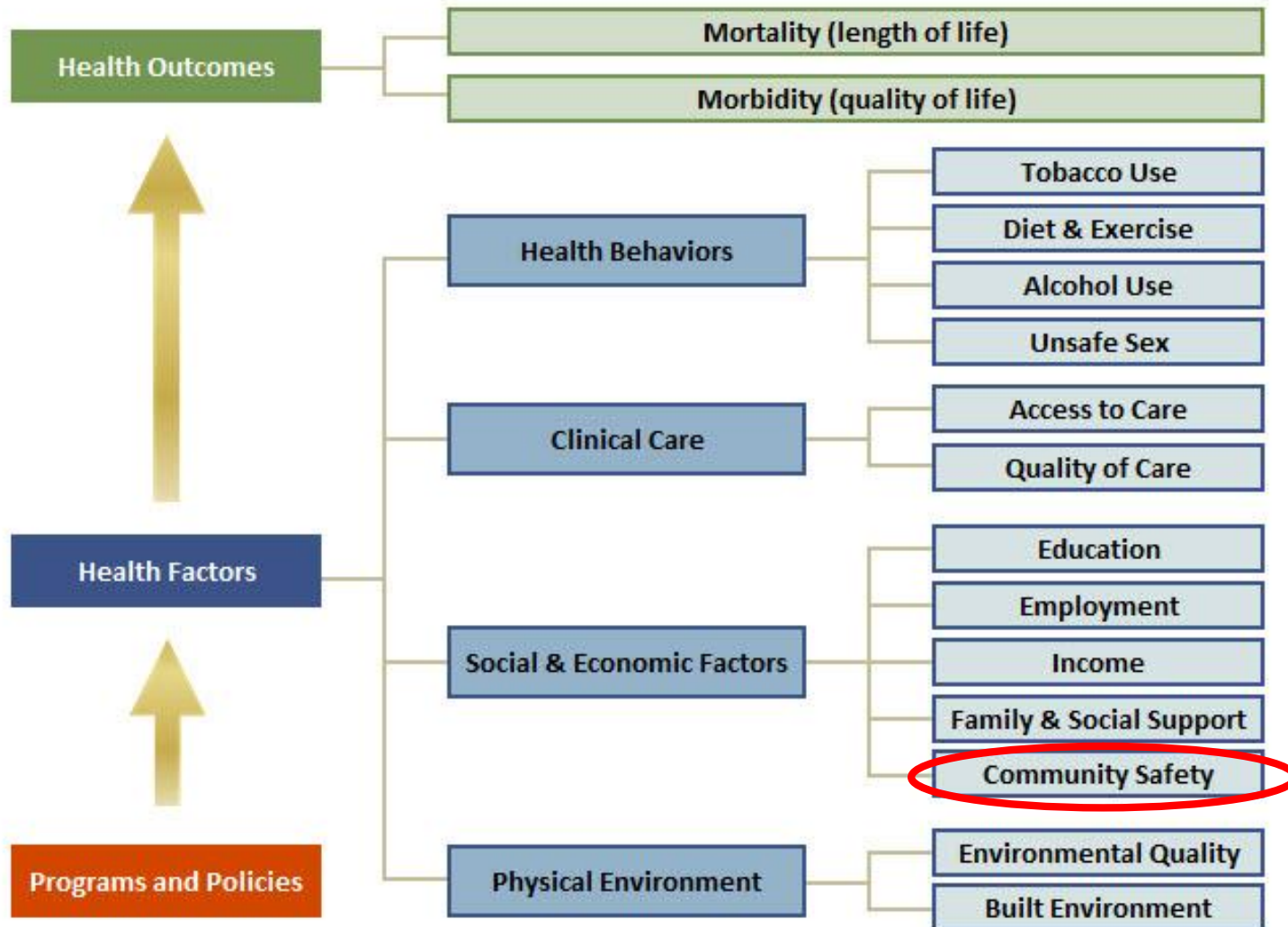
Policies and Programs

The research underlying this site is based on a model of population health that emphasizes the many factors that can make communities healthier places to live, learn, work, and play. For each health factor, this database reviews policies and programs, describing expected outcomes, implementation in Wisconsin and elsewhere, resources related to effectiveness and implementation, potential reach and impact on disparities, and other key information. It also provides opportunities to learn from communities that use these policies and programs.

















www.whatworksforhealth.wisc.edu

What Works?

To find a policy or program *click on a health factor* (in the blue boxes below), *search by keyword* (see top of left column), or *search* by one or more of the following: decision maker; evidence rating; potential population reach; or impact on disparities.



What Works?

Health Factor ↑↓	Category ↑↓	Policy or Program ↑↓	Evidence Rating ↑↓	Decision Maker					
				Businesses & Employers ↑↓	Community Organizations ↑↓	Government ↑↓	Healthcare ↑↓	Individuals ↑↓	Schools ↑↓
Community Safety	Assist youth involved with the justice system	Functional Family Therapy	Scientifically Supported						
Community Safety	Prevent neighborhood crime and violence	Mentoring programs (e.g., Big Brothers Big Sisters of America)	Scientifically Supported						
Community Safety	Assist youth involved with the justice system	Wraparound programs	Some Evidence						
Community Safety	Prevent intimate partner violence	Classroom & community-based programs to prevent intimate partner violence	Some Evidence						
Community Safety	Prevent child maltreatment	Kinship care for children removed from home due to maltreatment	Some Evidence						
Community Safety	Prevent intimate partner violence	School-based programs to prevent intimate partner violence	Insufficient Evidence						
Community Safety	Prevent intimate partner violence	Intensive advocacy for victims of intimate partner violence	Insufficient Evidence						
Community Safety	Assist youth involved with the justice system	Transferring youth to adult justice system	Evidence of Ineffectiveness						

What Works?

Evidence Rating

















Level of effectiveness based on a scan of academic literature and key recommendations of leading organizations.

- **Scientifically Supported** Numerous studies or systematic review(s) with positive results
- **Some Evidence** Research suggests positive impacts; further study may be warranted
- **Expert Opinion** Recommended by credible groups*; research evidence limited
- **Insufficient Evidence** Evidence limited, mixed, or unavailable; further study warranted
- **Evidence of Ineffectiveness** Research consistently shows program is detrimental or has no effect

Although many policies and programs are recommended by credible groups, we apply the rating 'expert opinion' only when policies are recommended but limited scientific evidence of effectiveness is available.

* The American Heritage Dictionary defines credible as 'capable of being believed; plausible.' and 'worthy of confidence; reliable.' To be considered an 'expert recommendation,' policies and programs must be recommended by one or more organizations that are recognized for their impartial expertise in the area of interest and have limited evidence available.

What Works?

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What Works?

Decision Makers



Businesses & Employers



Community Organizations



Government - Local



Government - State



Government - Federal



Healthcare Organizations



Individuals



Schools

What Works?

Social & Economic Factors - Income - Increase or supplement income

Earnings supplements for the working poor: Increase the Earned Income Tax Credit (EITC)

Is this program or policy in use in your community? Tell us about it.

Description

Earnings supplements can be administered in various ways (e.g., as part of a welfare-to-work program, with an earned income disregard policy, or through work expense allowances). The IRS describes the Earned Income Tax Credit (EITC) as a refundable federal income tax credit for low to moderate income working individuals and families. EITCs are offered by the federal government and many state governments.

Expected Beneficial Outcomes

- Increased employment among single parents (by making low-wage jobs more appealing)
- Reduced poverty
- Reduced receipt of cash welfare assistance
- Reduced tax burden
- Reduced unemployment

Evidence of Effectiveness

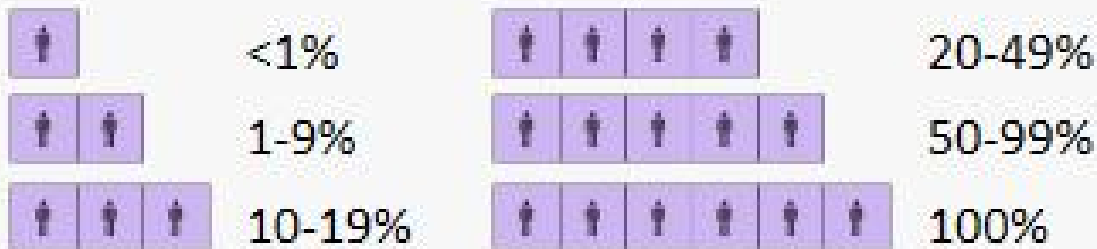
Numerous studies indicate that the EITC reduces poverty overall and increases income and employment for participants. It has been particularly effective for single-parent households (Brookings-Holt 2006, Simpson 2010, Dahl 2009). The EITC is used in urban and rural areas, although families in large cities are more likely to earn the credit (Brookings-Berube 2004, Gudmunson 2010). Gudmunson 2010 recommends targeted outreach to the lowest earning families in rural areas.

Health Factors:	
Decision Makers:	 
Evidence Rating:	Scientifically Supported
Population Reach:	
Impact on Disparities:	Likely to decrease disparities

What Works?

Potential Population Reach

Portion of Wisconsin's population likely to be reached by a policy or program if implemented statewide, based on its characteristics (e.g., target population(s), geographic limitations, and potential implementers).



What Works?

Social & Economic Factors - Income - Increase or supplement income

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Health Factors:



Decision Makers:



Evidence Rating:

Scientifically Supported

Population Reach:



Impact on Disparities:

Likely to decrease disparities

What Works?

Potential Impact on Health Disparities

Likely impact of a given policy or program on racial/ethnic, socioeconomic, geographic or other disparities in Wisconsin based on its characteristics (e.g., target audience, mode of delivery, etc.) and best available evidence related to disparities.

- Likely to decrease disparities
- No impact on disparities likely
- Likely to increase disparities

What Works?

Health Behaviors - Alcohol Use - Implement broad initiatives to reduce alcohol use

SAMHSA-inventoried evidence-based programs and practices

Is this program or policy in use in your community? Tell us about it.

Description

The Substance Abuse and Mental Health Services Administration National Registry of Evidence-based Programs and Practices (NREPP) contains a listing of over 70 substance use prevention programs that support mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

Expected Beneficial Outcomes

- Increased age of alcohol initiation
- Increased age of initiation for illicit drugs
- Reduced risky drinking behaviors
- Reduced underage drinking

Evidence of Effectiveness

SAMHSA considers programs in this inventory evidence-based. Some of these programs are also listed in the National Institute on Drug Abuse's research-based guide for preventing drug use (NIDA) and some have also been reviewed by the Cochrane Collaboration (Cochrane-Foxcroft 2002). Each of the organizations that review the effectiveness of these sorts of programs and policies uses different criteria and methodologies. Although there can be differences in conclusions, they are generally in agreement.

Health Factors:



Decision Makers:



Evidence Rating:

Scientifically Supported

Population Reach:



Impact on Disparities:

Likely to decrease disparities

What Works?

Start a New Search

Select criteria below to start a new search

Search

[Ages](#) ▶

[Areas of Interest](#) ▶

[Settings](#) ▶

[Outcome Categories](#) ▶

[Races/Ethnicities](#) ▶

[Geographic Locations](#) ▶

[Genders](#) ▶

[Study Designs](#) ▶

[NIH Funding/CER Studies](#) ▶

[Implementation](#) ▶

[Keywords](#)

Search

Basic Search

Advanced Search

View All Interventions

Viewing 203 Intervention(s)

You can also refine the interventions by using criteria on the left.

[View All](#) | [A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

Compare

Compare	Intervention Title ▼	Date Posted
<input type="checkbox"/>	A Woman's Path to Recovery (Based on A Woman's Addiction Workbook)	February 2008
<input type="checkbox"/>	Acceptance and Commitment Therapy (ACT)	March 2011
<input type="checkbox"/>	Across Ages	October 2008
<input type="checkbox"/>	Active Parenting Now	December 2008
<input type="checkbox"/>	Active Parenting of Teens: Families in Action	September 2010
<input type="checkbox"/>	Adolescent Community Reinforcement Approach (A-CRA)	June 2008
<input type="checkbox"/>	Adolescent Coping With Depression (CWD-A)	October 2007

What Works?

Health Behaviors - Alcohol Use - Implement broad initiatives to reduce alcohol use

Specific school and community programs

Is this program or policy in use in your community? Tell us about it.

Description

Numerous programs have been shown to slow or prevent adolescent alcohol and illicit drug use.

Expected Beneficial Outcomes

- Increased age of alcohol initiation
- Increased age of initiation for illicit drugs
- Reduced risky drinking behaviors
- Reduced underage drinking

Evidence of Effectiveness

Recommendations from [SAMHSA-NREPP](#), [SAMHSA](#), [NIDA](#). The strength of evidence and degree of effectiveness varies by program but some programs are scientifically supported.

Implementation

United States

Implementation of these particular programs varies across states and communities.

Wisconsin

Programs of these types likely implemented by school districts and community coalitions across the state.

Citations

[NIDA](#) - National Institute of Drug Abuse. Preventing Drug Use among Children and Adolescents Accessed on July 20, 2010

[SAMHSA](#) - Substance Abuse and Mental Health Services Administration Accessed on July 20, 2010

[SAMHSA-NREPP](#) - Substance Abuse and Mental Health Services Administration: National Registry of Evidence-based Programs and Practices. Accessed on April 5, 2011

Comments from Users about this Policy/Program (Cost, Feasibility, Lessons Learned)

Health Factors:



Decision Makers:



Evidence Rating:

Scientifically Supported

Population Reach:



Impact on Disparities:

Likely to decrease disparities



Summary of “*What Works*”

- For each of the health factors, we identified potential policies and programs that could improve the factor
- For each policy and program, we performed a wide information scan to identify:
 - Intended beneficial outcomes
 - Examples of implementation in Wisconsin & other states, and
 - Strength of evidence of effectiveness

Summary of “*What Works*” (cont)

- In addition, for each policy and program, we
 - estimated potential population reach
 - identified potential decision makers and
 - attempted to determine likely impact on disparities
- We contacted content experts from academia, government, and the community who reviewed and commented on the evidence summaries
- We developed a database containing over 360 potential policies and programs, with links to references on evidence of effectiveness

What makes What Works different?

- Based on a model of population health
- Presents comprehensive (not exhaustive) overview of P&P that impact health through key health factors
- Addresses effectiveness of P&P on health factors, not necessarily health
- Reviews and summarizes findings from numerous resources
- Estimates potential population reach and impact on disparities

Sources of evidence

[Guide to Community Preventive Services](#): findings and recommendations about what works to improve community health.

[Cochrane Library](#): collection of databases with reviews assessing effectiveness of interventions for prevention, treatment, and rehabilitation in healthcare and public health settings ([Cochrane Public Health Group](#)).

[Campbell Collaboration Library of Systematic Reviews](#): education, crime and justice, and social welfare.

[Health-Evidence.ca](#) searchable online registry of systematic reviews on effectiveness of public health and health promotion interventions.

[What Works Clearinghouse](#) : scientific evidence for what works in education.

[Promising Practices Network](#): offers credible, research-based information on what works to improve lives of children and families.

[Social Programs that Work](#) : linked to legislative provisions, includes information on early childhood development, K-12 education, youth development, crime/violence prevention, health care financing and delivery, mental health, substance abuse and treatment, employment and welfare, and international development.



Issues specific to What Works

- Many policies and programs impact multiple health factors and evidence may differ by health factor
- Type, quality, and amount of research available varies drastically by topic area
- Available evidence does not always support a specific policy or program



Assessing and using evidence

- Lack of rigorous evidence – need different standards
- Standards of “evidence” vary by discipline
- Evidence often focuses on impacts of policies or programs on selected populations under specific circumstances
- Balancing conflicting evidence, or evidence that conflicts with conventional wisdom
- Lack of evidence -- “promising practices”?