



## Reference List

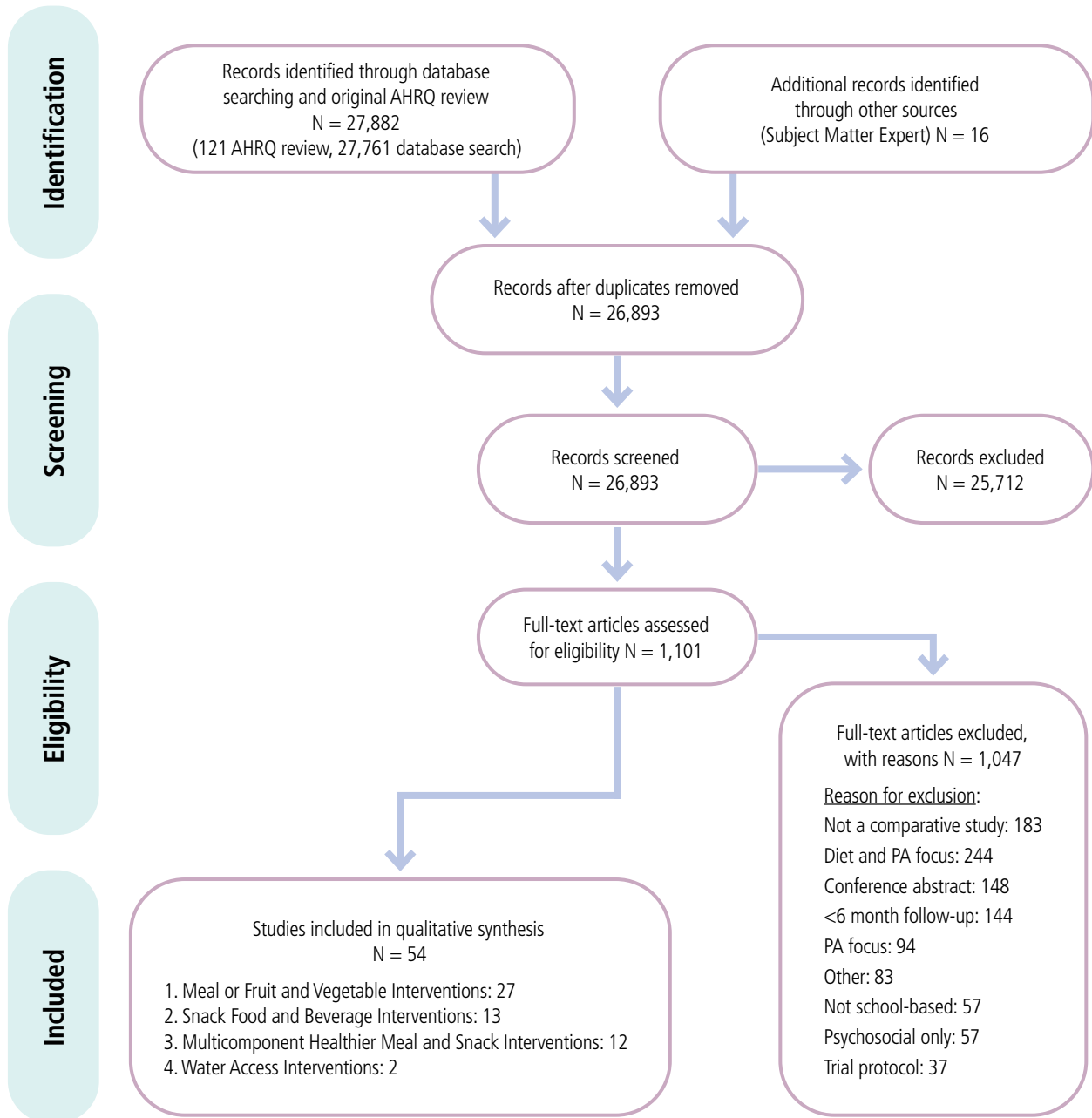
(<https://tinyurl.com/49dtnyxn>)

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2. Briss PA, Zaza S, Pappaioanou M, Fielding J, Wright-De Aguero L, et al. Developing an evidence-based Guide to Community Preventive Services--methods. *American Journal of Preventive Medicine*. 2000;18(1 Suppl):35-43.
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8. Lock K, Pomerleau J, Causer L, Altmann DR, McKee M. The global burden of disease attributable to low consumption of fruit and vegetables: implications for the global strategy on diet. *Bulletin of the World Health Organization* 2005 Feb;83(2):100-108
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# Appendix

(<https://tinyurl.com/49dtnyxn>)

## Appendix 1. Example of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flowchart from Review of Interventions to Support Healthier Foods and Beverages in Schools (<https://tinyurl.com/h7p84rd9>)



Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart showing number of studies identified, reviewed in full text, reasons for exclusion, and total number of included studies from the review of Healthier Food and Beverage Interventions in Schools.

## Appendix 2. Example of Evidence Table Template from School-Based Health Centers Review

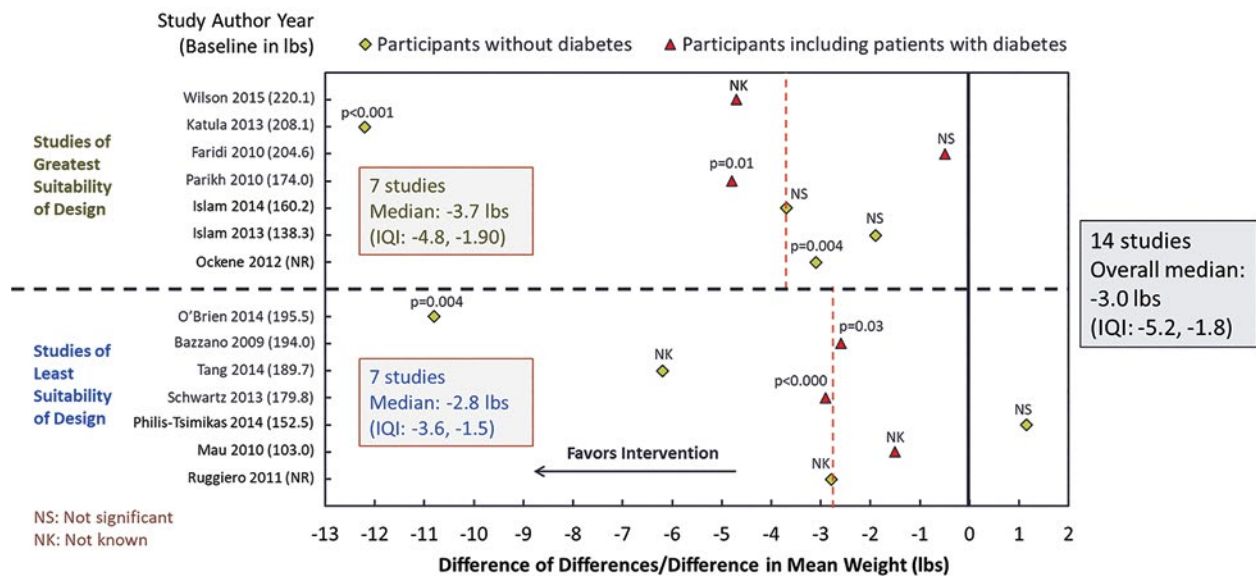
(<https://tinyurl.com/b4ma3ucn>)

Author and Year	Design and Execution	Population and Setting	Intervention and Comparison	Outcome measure and how determined	Major result(s)
<ul style="list-style-type: none"> <li>■ First three authors and dates</li> <li>■ Study objective</li> </ul>	<ul style="list-style-type: none"> <li>■ Study design</li> <li>■ Suitability of design</li> <li>■ Quality of execution (total number of limitations)</li> <li>■ Descriptions (intervention and study population) (# of 1)</li> <li>■ Sampling (# of 1)</li> <li>■ Measurement (# of 2)</li> <li>■ Data Analysis (# of 1)</li> <li>■ Interpretation of Results (# of 3)</li> <li>■ Other (# of 1)</li> </ul>	<ul style="list-style-type: none"> <li>■ Location               <ul style="list-style-type: none"> <li>▶ City</li> <li>▶ State</li> </ul> </li> <li>■ Rural or urban setting</li> <li>■ Setting</li> <li>■ Eligibility criteria or study population</li> <li>■ Study groups or sample size</li> <li>■ Study period</li> <li>■ Age</li> <li>■ Gender</li> <li>■ Race or Ethnicity</li> <li>■ Socioeconomic status</li> </ul>	<p>Intervention</p> <ul style="list-style-type: none"> <li>■ Study group or condition</li> <li>■ Services offered</li> <li>■ Staffing</li> <li>■ Hours or time of operation</li> <li>■ Years established or fully operational before study period</li> <li>■ Implementer</li> <li>■ Restrictions on services offered or eligibility</li> </ul> <p>Control</p> <ul style="list-style-type: none"> <li>■ Study group or condition</li> <li>■ Services offered</li> <li>■ Staffing</li> <li>■ Hours or time of operation</li> <li>■ Years established or fully operational before study period</li> <li>■ Implementer</li> <li>■ Restrictions on services offered or eligibility</li> </ul>	<ul style="list-style-type: none"> <li>■ Outcomes (metrics)</li> </ul>	<ul style="list-style-type: none"> <li>■ Multi-site or single site evaluation?</li> <li>■ Did author evaluate one or many SBHCs?</li> <li>■ If multi-site, are results aggregated across sites?</li> <li>■ Does author report results specific to each SBHC?</li> </ul> <p><b>Effect sizes</b></p> <ul style="list-style-type: none"> <li>■ Summary of major findings</li> <li>■ Other harms</li> <li>■ Other benefits</li> <li>■ Applicability</li> <li>■ Economic information</li> </ul>

**Appendix 3. Example Body of Evidence Table from School-Based Health Clinics Review**  
 (<https://tinyurl.com/b4ma3ucn>)

Quality of Execution	Suitability of Study Design		
	Greatest	Moderate	Least
Good (0-1)	10	0	12
Fair (2-4)	5	0	17

**Appendix 4. Example Study Effect Estimate Display from CHWs for Diabetes Prevention Review**  
 (<https://tinyurl.com/3nh22c6k>)

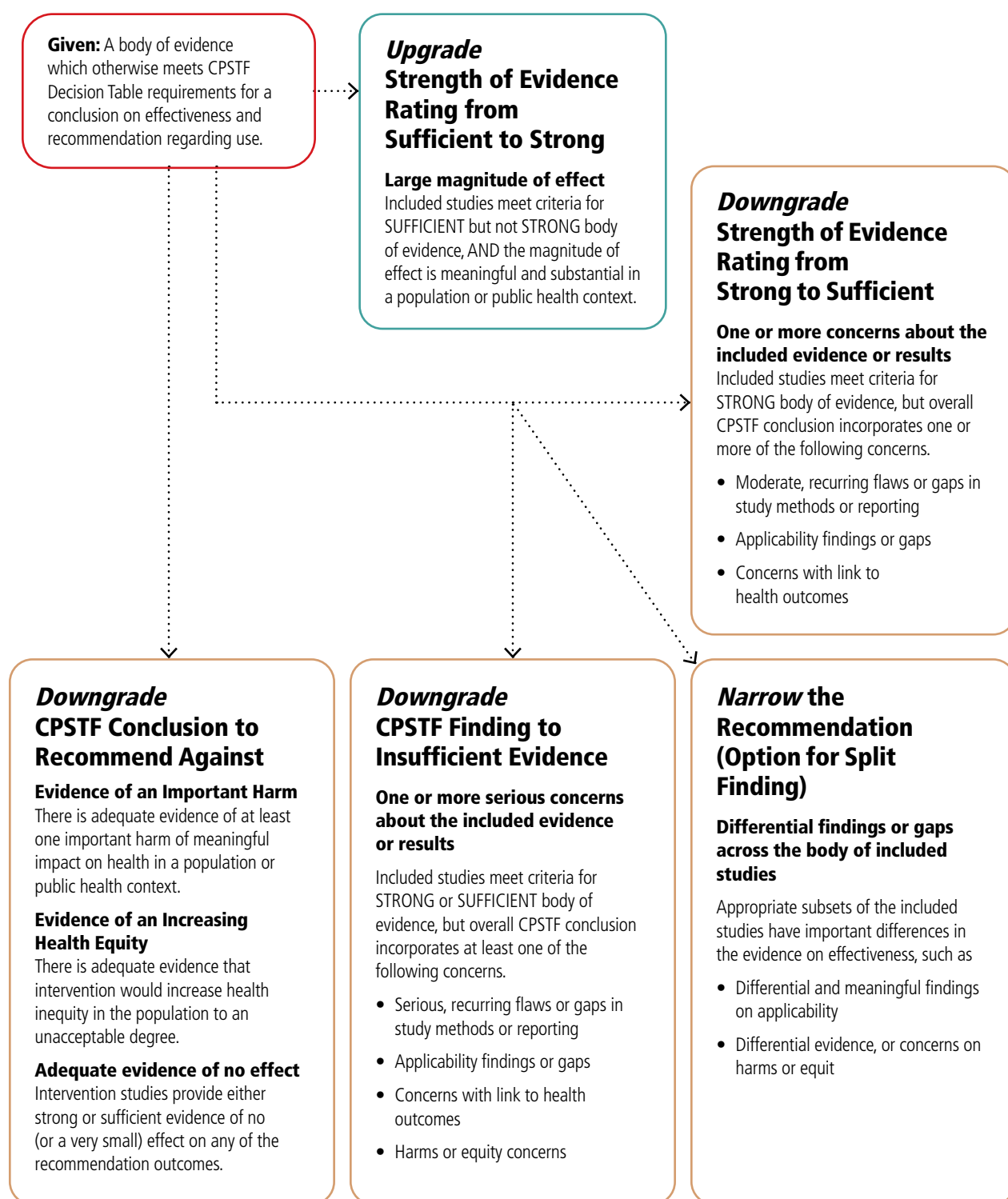


## Appendix 5. CPSTF Evidence Decision Table (Revised 2017)\*

CPSTF Rating for the Strength of Evidence on Effectiveness	Required suitability of study design within the included studies	Required quality of execution within the included studies	Required number of studies of that study design suitability and quality of execution	Overall assessment of the distribution of study results for the recommendation outcome or outcome pathway	Overall assessment of the (population) health impact based on findings from included studies for the recommendation outcome or outcome pathway
<b>STRONG</b>	Greatest	Good	2 or more	Consistent	Meaningful
	Moderate or a mix of Greatest and Moderate	Good	5 or more	Consistent	Meaningful
	Greatest	Fair or a mix of Fair and Good	5 or more	Consistent	Meaningful
	Included studies meet criteria for SUFFICIENT but not STRONG body of evidence, but magnitude is substantial and supports UPGRADING the strength of the evidence supporting CPSTF conclusion on the effectiveness				Large
<b>SUFFICIENT</b>	Greatest	Good	1	NA	Meaningful
	Moderate or a mix of Greatest and Moderate	Fair or a mix of Fair and Good	3 or more	Consistent	Meaningful
	Least, or a mix of Least and higher	Fair or a mix of Fair and Good	5 or more	Consistent	Meaningful
<b>INSUFFICIENT</b>	Included studies meet criteria for STRONG body of evidence, but CPSTF assessment finds one or more issues and therefore decides to DOWNGRADE the strength of the evidence to SUFFICIENT (see supplementary table)				
	Identified evidence does not meet minimum requirements or combinations based on design suitability, quality of execution, or number of studies			<b>Or</b> overall assessment is that study findings are inconsistent	<b>Or</b> overall assessment is that studies demonstrate Small or No Effects

Based on "Translating Evidence of Effectiveness into Recommendations" from Briss 2000<sup>2</sup>

## Appendix 6. CPSTF Options for Modifying Findings and Conclusions\*



\*This table expands on "Translating Evidence of Effectiveness into Recommendations" from Briss 2000<sup>2</sup>

## Appendix 7. Detailed Evidence Table for Economic Review from School-Based Health Centers Review (<https://tinyurl.com/b4ma3ucn>)

This table is an example of a detailed evidence table from an economic review. Each column represents a category (e.g., Study information) with types of information or evidence (e.g., Author, year).

Study Information	Location	Intervention Description	Effectiveness Outcomes of Interest to Economic Review	Intervention Cost	Cost Averted by Type	Benefit-cost Ratio
<ul style="list-style-type: none"> <li>■ Author, year</li> <li>■ Study design</li> <li>■ Economic method</li> <li>■ Monetary conversion</li> </ul>	<ul style="list-style-type: none"> <li>■ Eligibility</li> <li>■ Population characteristics               <ul style="list-style-type: none"> <li>▶ Sample size</li> <li>▶ Female</li> <li>▶ Age or school grade</li> <li>▶ Race or ethnicity</li> <li>▶ Insurance status</li> </ul> </li> <li>■ Time horizon</li> </ul>	<ul style="list-style-type: none"> <li>■ Control group</li> </ul>		<ul style="list-style-type: none"> <li>■ School #1</li> <li>■ School #2</li> <li>■ Source</li> <li>■ Components included</li> <li>■ Quality of capture</li> <li>■ Quality of measurement</li> <li>■ Overall quality</li> </ul>	<ul style="list-style-type: none"> <li>■ School #1               <ul style="list-style-type: none"> <li>▶ Emergency department services</li> <li>▶ Avoided pregnancy</li> <li>▶ Early pregnancy detection</li> <li>▶ Prenatal care</li> <li>▶ STD detection and treatment</li> </ul> </li> <li>■ School #2               <ul style="list-style-type: none"> <li>▶ Emergency department services</li> <li>▶ Avoided pregnancy</li> <li>▶ Early pregnancy detection</li> <li>▶ Prenatal care</li> <li>▶ STD detection and treatment</li> </ul> </li> <li>■ Total benefit</li> <li>■ Source</li> <li>■ Components included</li> <li>■ Quality of capture</li> <li>■ Quality of measurement</li> <li>■ Overall quality</li> </ul>	<ul style="list-style-type: none"> <li>■ School #1</li> <li>■ School #2</li> <li>■ Net benefit</li> <li>■ School #1</li> <li>■ School #2</li> <li>■ Quality of estimate</li> <li>■ Notes</li> </ul>

## Appendix 8. Decision Table for Conclusion on Cost-Beneficial Finding

CPSTF Finding	Required <i>quality of estimates</i> from included studies	Required <i>number of studies</i>	Overall assessment of the distribution of study results for the finding statement	Criterion for determination
<b>Cost-beneficial</b>	Good	2 or more	Consistent	Benefits > Cost
	Fair and good	3 or more	Consistent	
	Fair	4 or more	Consistent	
<b>No finding</b>	Identified evidence does not meet requirement of minimum quality or combinations based on quality of estimates and number of studies		OR overall assessment is that study results are inconsistent	<b>OR</b> Benefits < Cost*

\*Woolf, Steven H. "A closer look at the economic argument for disease prevention." *JAMA* 301.5 (2009): 536-538.



## Appendix 9. Economic Decision Table for Cost-Effectiveness Finding

CPSTF Finding	Required <i>quality of estimates</i> from included studies	Required <i>number of studies</i>	Overall assessment of the distribution of study results for the finding statement	Criterion for determination
<b>Cost-effective</b>	Good	2 or more	Consistent	Cost per QALY gained $\leq$ \$50,000
	Fair and good	3 or more	Consistent	<b>OR</b>
	Fair	4 or more	Consistent	Cost per DALY averted $\leq$ annual GDP capita
<b>Not cost-effective</b>	Good	2 or more	Consistent	Cost per QALY gained $>$ \$150,000
	Fair and good	3 or more	Consistent	<b>OR</b>
	Fair	4 or more	Consistent	Cost per DALY averted $>$ 3x annual GDP capita*
<b>No finding</b>	Identified evidence does not meet requirement of minimum quality or combinations based on quality of estimates and number of studies		<b>OR</b> overall assessment is that study results are inconsistent	<b>OR</b> \$50,000 $<$ Cost $\leq$ \$150,000 per QALY gained <b>OR</b> annual GDP per capita $<$ Cost per DALY averted $<$ 3x annual GDP per capita*

\*Note the WHO guidelines suggest interventions are cost-effective when DALY is less than 3x annual GDP per capita. See World Health Organization. Macroeconomics and Health: Investing in Health for Economic Development: Report of the Commission on Macroeconomics and Health. 2001.

## Appendix 10. Options in Case of Inconsistent Evidence

**Given:** A body of evidence which otherwise meets CPSTF Decision Table requirements for minimum quality and quantity of studies but with inconsistent results

Upgrade from **No Finding** to a **Finding** Statement

### Based on

The interquartile interval (**IQI**), as a summary of body of evidence, includes

- Net-Benefit values all positive (for cost-beneficial finding)
- Values which are all below or above the threshold (for cost-effective or not cost-effective finding)
- Quantity and quality of estimates when the IQI includes zero for cost-benefit analyses and the threshold value in case of cost-effectiveness analyses

Additional considerations to cost-effectiveness estimates that are closer to cut-off threshold or closer to lower or higher values in a range of thresholds

Other?