



Do you have a story of The Community Guide *In Action*? If so, we'd love to hear from you!

We are collecting stories to document how the evidence-based findings of the Community Preventive Services Task Force (Task Force) have influenced intervention approaches in state and local health departments throughout the United States.

If you are interested in sharing your story on how the Task Force's evidence-based findings have shaped interventions and/or health promotion in your community, please answer the questions below. Submit them to [TCGinAction@cdc.gov](mailto:TCGinAction@cdc.gov). If the story has potential, we will call you within three weeks of submission to learn more.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

## BACKGROUND INFORMATION

1. How did you use the information from The Community Guide? (***Please list all that apply.***)

- |   |   |
|---|---|
| <input type="checkbox"/> Discussed public health challenges and effective solutions                           | <input type="checkbox"/> Established priorities for seeking and using financial resources |
| <input type="checkbox"/> Pulled communities together to address public health issues                          | <input type="checkbox"/> Developed overall program strategy                               |
| <input type="checkbox"/> Informed research priorities   | <input type="checkbox"/> Planned individual evidence-based interventions                  |
| <input type="checkbox"/> Educated others about the systematic review process and evidence-based public health | <input type="checkbox"/> Justified existing programs                                      |
| <input type="checkbox"/> Developed policies   | <input type="checkbox"/> Enhanced public health programs                                  |
| <input type="checkbox"/> Evaluated programs, services, and other interventions                                | <input type="checkbox"/> Other (specify): _____   |

## TOPICS

2. Which topics were features or addressed in the program? (**Select all that apply**).

- |  |   |
|--|---|
| <input type="checkbox"/> Adolescent Health               | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Alcohol - Excessive Consumption | <input type="checkbox"/> Motor Vehicle Injury |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Nutrition            |
| <input type="checkbox"/> Birth Defects                   | <input type="checkbox"/> Obesity              |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Oral Health          |
| <input type="checkbox"/> Cardiovascular Disease          | <input type="checkbox"/> Physical Activity    |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Tobacco Use          |
| <input type="checkbox"/> Emergency Preparedness          | <input type="checkbox"/> Vaccinations         |
| <input type="checkbox"/> Health Communication            | <input type="checkbox"/> Violence             |
| <input type="checkbox"/> Health Equity                   | <input type="checkbox"/> Worksite             |
| <input type="checkbox"/> HIV/AIDS, STIs, Pregnancy       |   |

3. What Task Force **finding**(s) did you use? Please name the Task Force finding(s) and describe how it was used (**500 words or less**).

4. What role did you or your organization play in this process or program? **(250 words or less)**.

5. Please summarize the outcomes of this program **(250 words or less)**.

6. How did using Task Force findings from The Community Guide make it easier to develop your program? **(100 words or less)**.

7. Please select the intended population for this intervention. **(Select all that apply).**

- |   |   |
|---|---|
| <input type="checkbox"/> Adolescents (10-19)    | <input type="checkbox"/> Healthcare Providers       |
| <input type="checkbox"/> Adults                 | <input type="checkbox"/> Low-Income Population      |
| <input type="checkbox"/> Children/Infants (0-4) | <input type="checkbox"/> Older Adults (>65)         |
| <input type="checkbox"/> Decision-Makers        | <input type="checkbox"/> Patients/Caregivers        |
| <input type="checkbox"/> Employees              | <input type="checkbox"/> College/University (15-24) |
| <input type="checkbox"/> Employers              | <input type="checkbox"/> Other (specify) _____      |
| <input type="checkbox"/> Gay/Lesbian            |   |

8. What was the setting for this intervention? **(Select all that apply).**

- |  |  |
|--|--|
| <input type="checkbox"/> Business/Retail         | <input type="checkbox"/> Recreation            |
| <input type="checkbox"/> Clinical/Health Systems | <input type="checkbox"/> Rural                 |
| <input type="checkbox"/> Community               | <input type="checkbox"/> School/Daycare        |
| <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Urban                 |
| <input type="checkbox"/> Home                    | <input type="checkbox"/> Worksite/Employer     |
| <input type="checkbox"/> Medical Home            | <input type="checkbox"/> Other (specify) _____ |

**Please send your completed form to [TCGinAction@cdc.gov](mailto:TCGinAction@cdc.gov).**

**We look forward to hearing from you!**