

**Appendix 1 - Required Chronic Disease Prevention Priority Categories and Elements for the PRC Core Research Project (CRP)**

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
1	<p>Improve Health and Wellness Among Older Adults</p>	<ul style="list-style-type: none"> <li>• Older Adults</li> </ul> <p>A. The literature on successful interventions for specific (sub)populations is sparse; for example, subpopulations include individuals with a history of cancer, non-U.S. born/foreign born persons, people with lower incomes, people who are underserved by age, race, ethnicity, disability status, or language.</p> <p>B. There are also important gaps in research, dissemination, and implementation and understanding impact on disparities across groups such as by race, ethnicity, education, income, age, sex, geography [rural/urban], disability status, and sexual orientation or gender identity.</p> <p>C. Strategies to address social isolation and social connectiveness with sufficient rationale, literature, and evidence may also be examined.</p>	<ul style="list-style-type: none"> <li>• Enhance@Fitness - Project Enhance <a href="https://projectenhance.org/enhancefitness/">https://projectenhance.org/enhancefitness/</a></li> <li>• Physical Activity: Social Support   The Community Guide - <a href="https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings.html">https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings.html</a></li> <li>• Phys Activity: Park, Trail, Greenway multicomponent   The Community Guide - <a href="https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html">https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html</a></li> <li>• Nutrition, Physical Activity: Digital Health--Worksite   The Community Guide - <a href="https://www.thecommunityguide.org/findings/nutrition-and-physical-activity-worksite-digital-health-and-telephone-interventions-increase-healthy-eating-and-physical-activity.html">https://www.thecommunityguide.org/findings/nutrition-and-physical-activity-worksite-digital-health-and-telephone-interventions-increase-healthy-eating-and-physical-activity.html</a></li> <li>• Physical Activity: Digital Health for Adults 55+   The Community Guide- <a href="https://www.thecommunityguide.org/findings/physical-activity-digital-health-interventions-adults-55-years-and-older.html">https://www.thecommunityguide.org/findings/physical-activity-digital-health-interventions-adults-55-years-and-older.html</a></li> <li>• Depression Care Older Adults, Exercise-Based   The Community Guide - <a href="https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults.html">https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults.html</a></li> <li>• Alleviating Depression Among Patients With Cancer (ADAPt-C)   Evidence-Based Cancer Control Programs (EBCCP) - <a href="https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=3551008">https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=3551008</a></li> </ul>
2	<p>Reduce UV overexposure and mitigate the effects of extreme heat.</p>	<ul style="list-style-type: none"> <li>• Children</li> <li>• Adolescents</li> <li>• Adults</li> <li>• Older Adults</li> </ul> <p>A. How can CDC-funded states or communities interested in using an evidence-based intervention improve uptake through implementation science frameworks, constructs, or logic models? Areas of interest include acceptability, cost, and maintenance.</p> <p>B. Using implementation science models and frameworks to determine barriers and facilitators to the implementation of interventions.</p> <p>C. Ensuring equitable implementation. Determining if there are cultural or linguistic adaptations are needed to support uptake within some populations.</p>	<ul style="list-style-type: none"> <li>• The Community Guide provides evidence-based strategies to reduce UV overexposure, prevent sunburn, and reduce skin cancer risk: <a href="https://www.thecommunityguide.org/pages/task-force-findings-cancer-prevention-and-control.html#skincancer">https://www.thecommunityguide.org/pages/task-force-findings-cancer-prevention-and-control.html#skincancer</a></li> <li>• The National Cancer Institute’s Evidence-Based Cancer Control Programs website provides the links to materials for specific evidence-based interventions: Sun Safety Evidence-Based Programs Listing   Evidence-Based Cancer Control Programs (EBCCP): <a href="https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102269&amp;choice=default">https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102269&amp;choice=default</a></li> <li>• The U.S. Environmental Protection Agency provides a database of community actions to address heat islands, which includes a drop-down filter to select those that include trees and vegetation. Heat Island Community Actions Database   US EPA:</li> </ul>

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3	<ul style="list-style-type: none"> <li>Adults</li> </ul>	<p>A. Using implementation science models and frameworks to determine barriers and facilitators to DSMES uptake in populations experiencing double stigma;</p> <ul style="list-style-type: none"> <li>What facilitates or impacts DSMES uptake in the population with concurrent diabetes and mental health issues?</li> <li>How do these facilitators and barriers vary by setting (i.e., mental/behavioral health settings, health care settings, community-based settings)?</li> <li>How do barriers and facilitators differ by type of mental health issue? For example, would a person with ADHD need different support than a person with autism spectrum disorder or a person with depression?</li> </ul> <p>B. Using implementation science models and frameworks to determine acceptability by organizations, staff, and individuals (perceived effectiveness, ethicality, coherence of DSMES services, opportunity costs, self-efficacy)</p> <p>C. Ensuring equitable implementation by determining whether cultural adaptations are needed to support uptake of evidence-based DSMES services among populations with MEBDD.</p>	<p><a href="https://www.epa.gov/heatislands/heat-island-community-actions-database">https://www.epa.gov/heatislands/heat-island-community-actions-database</a></p> <ul style="list-style-type: none"> <li>Diabetes Self-Management Education and Support (DSMES) Toolkit   Diabetes   CDC - <a href="https://www.cdc.gov/diabetes/dsmes-toolkit/">https://www.cdc.gov/diabetes/dsmes-toolkit/</a></li> <li>Diabetes Management: Interventions Engaging Community Health Workers - <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-interventions-engaging-community-health-workers">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-interventions-engaging-community-health-workers</a></li> <li><a href="https://www.cdc.gov/minorityhealth/promotores/index.html">https://www.cdc.gov/minorityhealth/promotores/index.html</a></li> <li>Diabetes Management: Team-Based Care for Patients with Type 2 Diabetes - <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-team-based-care-patients-type-2-diabetes">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-team-based-care-patients-type-2-diabetes</a></li> </ul>
4	<ul style="list-style-type: none"> <li>Adults</li> <li>Older Adults</li> </ul>	<p>A. The current landscape of diabetes helplines, text messaging interventions, smartphone apps, live chat, and other support services in the US is unknown. If successful, these support strategies could have the potential to improve implementation of DSMES services programs, to advance health equity for people experiencing health disparities in diabetes complications, and to generate replicable implementation strategies that can be applied to evidence-based self-management education programs for other chronic conditions.</p> <ul style="list-style-type: none"> <li>Ensuring equitable implementation by determining whether cultural adaptations are needed to support uptake of evidence-based DSMES services among underserved populations</li> <li>Determining if there are cultural or linguistic adaptations needed to support uptake. For example, are there populations an applicant might want to focus on to ensure the evidence-based intervention is acceptable?</li> </ul> <p>B. Using an implementation science framework, logic model, or other implementation science tool to address feasibility, acceptability, and perceived helpfulness of evidence-based social support strategies for</p>	<ul style="list-style-type: none"> <li>Diabetes Management: Interventions Engaging Community Health Workers - <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-interventions-engaging-community-health-workers">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-interventions-engaging-community-health-workers</a></li> <li><a href="https://www.cdc.gov/minorityhealth/promotores/index.html">https://www.cdc.gov/minorityhealth/promotores/index.html</a></li> <li>Diabetes Management: Mobile Phone Applications Used Within Healthcare Systems for Type 2 Diabetes Self-Management - <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-mangement-mobile-phone-applications-used-within-healthcare-systems-type-2-diabetes-self-management">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-mangement-mobile-phone-applications-used-within-healthcare-systems-type-2-diabetes-self-management</a></li> <li>Diabetes Management: Team-Based Care for Patients with Type 2 Diabetes - <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-team-based-care-patients-type-2-diabetes">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-team-based-care-patients-type-2-diabetes</a></li> <li>What Works Fact Sheet: Diabetes Prevention and Control (thecommunityguide.org) - <a href="https://www.thecommunityguide.org/media/pdf/what-works-fact-sheets/what-works-fact-sheet-diabetes-p.pdf">https://www.thecommunityguide.org/media/pdf/what-works-fact-sheets/what-works-fact-sheet-diabetes-p.pdf</a></li> </ul>

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		<p>diabetes self-management at the organizational, community, and individual levels.</p> <ul style="list-style-type: none"> <li>○ Determining whether cultural considerations are needed to facilitate acceptance of the social support strategy.</li> </ul> <p>C. Scale and spread the use of evidenced-base interventions.</p> <ul style="list-style-type: none"> <li>○ How can Area Health Education Centers (AHECs) in CDC-funded states or communities who have an interest in using an evidence-based intervention (e.g., Diabetes Empowerment Education Program [DEEP] - Big Bend AHEC) improve uptake through implementation science frameworks, constructs, or logic models?</li> </ul> <p>D. Using implementation science models and frameworks to determine barriers and facilitators to participation</p> <ul style="list-style-type: none"> <li>○ Determine barriers and facilitators and what participants and providers need to be able to participate/implement an evidence based DSMES intervention in their communities.</li> <li>○ AHECs are designed to be responsive to local health needs and serve as an important link between academic training programs and community-based outreach programs; however, there is little data on how effective this model is regarding the implementation of chronic condition interventions such as type 2 diabetes.</li> <li>○ AHECs develop community health education curriculums, for both online and face-to-face training programs, through unique partnerships that meet the broader range of public health needs of diverse rural and medically underserved communities; however, there is little data available on how effective this model is regarding the implementation of chronic condition interventions such as type 2 diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>● Diabetes Management: Intensive Lifestyle Interventions for Patients with Type 2 Diabetes - <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-intensive-lifestyle-interventions-patients-type-2-diabetes">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-intensive-lifestyle-interventions-patients-type-2-diabetes</a></li> <li>● Diabetes Self-Management Education and Support (DSMES) Toolkit - <a href="https://www.cdc.gov/diabetes/dsmes-toolkit/">https://www.cdc.gov/diabetes/dsmes-toolkit/</a></li> <li>● Implementing and Evaluating Diabetes Self-Management Education and Support (DSMES) Programs for Underserved Populations/Communities: A Practice-Based Guide - <a href="https://www.cdc.gov/diabetes/pdfs/evaluation-resources/CDC-DSMES-Rapid-Evaluation-Practice-Based-Guide-508.pdf">https://www.cdc.gov/diabetes/pdfs/evaluation-resources/CDC-DSMES-Rapid-Evaluation-Practice-Based-Guide-508.pdf</a></li> </ul>

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5	Hypertension control among populations with hypertensive disorders in pregnancy.	<ul style="list-style-type: none"> <li>Adults</li> <li>Pregnant &amp; Postpartum Persons</li> </ul>	<p>A. Ensuring the reach and availability of evidence-based interventions</p> <ul style="list-style-type: none"> <li>Assessing how the intervention could be implemented in different settings and available to address the health needs of women with both low- and high-risk pregnancies</li> </ul> <p>B. Using implementation science models and frameworks to determine barriers and facilitators to participation</p> <ul style="list-style-type: none"> <li>Determining what is needed among maternal health programs and providers that could help facilitate the implementation of SMBP and team-based care in their programs</li> </ul> <p>C. Ensuring equitable and sustainable implementation</p> <ul style="list-style-type: none"> <li>Measuring acceptability, cost, maintenance, feasibility, and effectiveness of the prevention program</li> </ul> <p>D. Understanding the gap between self-measured blood pressure (SMBP) and its implementation during pregnancy and one-year post-pregnancy</p> <ul style="list-style-type: none"> <li>Determining the timing and for whom SMBP is useful during pregnancy and one-year post-pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Heart Disease &amp; Stroke Prevention: Team-Based Care   The Community Guide – Evidence-based interventions to improve hypertension using a team-based care model with pharmacists - <a href="https://www.thecommunityguide.org/findings/heart-disease-stroke-prevention-team-based-care-improve-blood-pressure-control.html">https://www.thecommunityguide.org/findings/heart-disease-stroke-prevention-team-based-care-improve-blood-pressure-control.html</a></li> <li>Hypertension: Self-Measured Blood Pressure Plus   The Community Guide – Evidence-based interventions to improve blood pressure control when combined with additional support - <a href="https://www.thecommunityguide.org/findings/heart-disease-stroke-prevention-self-measured-blood-pressure-with-additional-support.html">https://www.thecommunityguide.org/findings/heart-disease-stroke-prevention-self-measured-blood-pressure-with-additional-support.html</a></li> <li>Accelerating Use of Self-measured Blood Pressure Monitoring (SMBP) Through Clinical-Community Care Models   SpringerLink – Evidence-based work to support SMBP monitoring by leveraging capacities and resources in community and public health organizations - <a href="https://link.springer.com/article/10.1007/s10900-020-00858-0">https://link.springer.com/article/10.1007/s10900-020-00858-0</a></li> <li>Engaging Community Health Workers Recommended to Prevent Cardiovascular Disease   The Community Guide – Evidence-based interventions engaging community health workers to prevent cardiovascular disease - <a href="https://www.thecommunityguide.org/news/engaging-community-health-workers-recommended-prevent-cardiovascular-disease.html">https://www.thecommunityguide.org/news/engaging-community-health-workers-recommended-prevent-cardiovascular-disease.html</a></li> </ul>

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<p>6 Improve the nutrition, physical activity, health and wellness among overweight or obese children from households with lower incomes.</p>	<ul style="list-style-type: none"> <li>• Children</li> <li>• Adolescents</li> <li>• Adults</li> </ul>	<p>A. Adaptation and scaling in real-world settings</p> <p>B. Identification of Core Components of EBI and testing how to communicate that in real world implementation</p> <p>C. Optimal mechanisms by EBI program recipients for scaling up and offering the interventions to other sites including balancing core fidelity with necessary adaptations</p> <p>D. Provision of adaptation guidance for individual programs and tracking adaptations and fidelity measures</p> <p>Equitable Implementation</p> <p>E. Implementation of culturally adapted Family Health Weight Programs (FHWP) in tribal communities</p> <p>F. Effectiveness of EBI in subpopulations and contextual components leading to outcomes</p> <p>G. Effectiveness of EBI and equitable implementation and health outcomes</p> <p>H. Real-world effectiveness and maintenance of initial health gains by developmental stage</p> <p>I. Sustainability via a healthcare payment reimbursement model</p> <p>J. Operational sustainability of effective programs</p> <p>K. Implementation and program Technical Assistance and EBI sustainability</p> <p>L. Costs analyses with background context of heterogenous state policies, a variety of health coach delivery models, variable coding techniques</p>	<ul style="list-style-type: none"> <li>• MEND <a href="https://healthyweightpartnership.org/">https://healthyweightpartnership.org/</a></li> <li>• Healthy Weight and Your Child <a href="https://www.ymca.org/what-we-do/healthy-living/fitness/healthy-weight-and-your-child">https://www.ymca.org/what-we-do/healthy-living/fitness/healthy-weight-and-your-child</a></li> <li>• Bright Bodies <a href="http://www.brightbodies.org/">http://www.brightbodies.org/</a></li> <li>• Healthy Weight Clinic <a href="https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/healthy-weight-clinic/">https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/healthy-weight-clinic/</a></li> <li>• Family-based Behavioral Treatment <a href="https://familybasedbehavioraltreatment.wustl.edu/">https://familybasedbehavioraltreatment.wustl.edu/</a></li> </ul>

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7	<p>Improve healthy food offerings served, sold, and distributed in community settings.</p>	<ul style="list-style-type: none"> <li>• Children</li> <li>• Adolescents</li> <li>• Adults</li> </ul>	<p>A. How can CDC-funded states or communities interested in using food service guidelines (FSG) as an evidence-based intervention improve uptake and evaluation through implementation science frameworks, constructs, or logic models? Implementation constructs of interest include, acceptability, penetration of reaching those most at risk for poor diet and lack of food and nutrition security, cost, and/or maintenance. Specific focus areas include:</p> <ul style="list-style-type: none"> <li>○ Implementation of FSG in individual settings                             <ul style="list-style-type: none"> <li>• Using implementation science models and frameworks to address barriers and facilitators to implementation in individual settings such as a specific hospital or worksite.</li> </ul> </li> <li>○ Implementation of FSG in systems                             <ul style="list-style-type: none"> <li>• Using implementation science models and frameworks to identify barriers and facilitators to participation in systems implementation of FSG – for example multiple organizational settings within a jurisdiction (all state parks, all county park and recreation centers, university system, multiple food pantries within the charitable system).</li> </ul> </li> <li>○ Ensuring more equitable FSG implementation in low resource communities with high rates of chronic disease                             <ul style="list-style-type: none"> <li>• Determining community engagement processes for greater inclusive cultural foods and/or cooking adaptations, diverse coalitions or workgroups, procurement from socially disadvantaged producers that help support acceptability and uptake of FSG that maximize choice and profitability.</li> </ul> </li> </ul>	<p>B. Food Service Guidelines is the evidence-based intervention.  <a href="https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf">https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf</a></p>

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8	<p>Improve the nutrition and physical activity among children (0-5 years) in early childhood education (ECE) settings.</p>	<ul style="list-style-type: none"> <li>• Infants</li> <li>• Children</li> </ul>	<p>A. Spreading the use of evidence-based interventions How can CDC-funded states or communities interested in using an evidence-based intervention (e.g., GO NAP SACC or other evidence-based intervention) improve uptake through implementation science frameworks, constructs or logic models? Areas of interest include:</p> <ul style="list-style-type: none"> <li>○ Penetration, Acceptability, Cost, and/or Maintenance.</li> </ul> <p>B. Using implementation science models and frameworks to determine barriers and facilitators to participation Determining the barriers and facilitators and what ECE programs and providers need to be able to participate/implement an evidence-based intervention in their program.</p> <p>C. Ensuring equitable implementation Determining if there are cultural or linguistic adaptations that need to support uptake. For example, are there populations an applicant might want to focus on to ensure the evidence-based intervention is acceptable?</p>	<ul style="list-style-type: none"> <li>• SNAP ed toolkit Intervention Programs – SNAP-Ed Toolkit (snapedtoolkit.org) - <a href="https://snapedtoolkit.org/interventions/programs/">https://snapedtoolkit.org/interventions/programs/</a> <ul style="list-style-type: none"> <li>○ Brighter Bites</li> <li>○ CATCH Early Childhood</li> <li>○ Child Health Initiative for Lifelong Eating and Exercise (CHILE) Plus (NM PRC)</li> <li>○ Culture of Wellness in Preschools (Rocky Mountain PRC),</li> <li>○ Culture of Wellness in Preschools: Policy, System and Environment Change Process (COWP)</li> <li>○ Cooking Matters</li> <li>○ Eat Well Play Hard in Child Care Settings (EWPHCCS)</li> <li>○ Go NAPSACC – SNAP-Ed Toolkit (<a href="http://www.snapedtoolkit.org">www.snapedtoolkit.org</a>)</li> <li>○ Harvest for Healthy Kids</li> <li>○ Hip Hop to Health Jr.</li> <li>○ Supporting Health and Activity in Preschool Environments (SHAPES)</li> <li>○ The Children’s Healthy Living (CHL) Program</li> <li>○ Together, We Inspire Smart Eating (WISE)</li> <li>○ UCONN Husky Nutrition On-the-Go, Sugary Drink Reduction (SDR)</li> </ul> </li> <li>• Healthy Caregivers/Healthy Children – evidence based ECE intervention with good results - <a href="https://clinicaltrials.gov/ct2/show/NCT01722032">https://clinicaltrials.gov/ct2/show/NCT01722032</a></li> <li>• Preventing Obesity by Design – evidence based work to increase access to high quality outdoor learning spaces and PA - <a href="https://naturalearning.org/pod2">https://naturalearning.org/pod2</a></li> </ul>

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9	<p>Increase physical activity and reduce disparities in physical activity participation.</p> <ul style="list-style-type: none"> <li>• Children</li> <li>• Adolescents</li> <li>• Adults</li> </ul>	<p>A. Accelerating adoption and implementation of community-engaged policies and plans for community design to increase physical activity and reduce health disparities</p> <ul style="list-style-type: none"> <li>○ How can implementation science frameworks, constructs or logic models help CDC-funded states or communities accelerate adoption and implementation of plans and policies to increase physical activity through community design? Areas of interest include: Acceptability, feasibility, and sustainability of changes in policies and plans and their implementation over time.</li> </ul> <p>B. Using implementation science models and frameworks to identify barriers and facilitators to adopting and implementing plans and policies to increase physical activity through community design in priority community and neighborhood contexts</p> <ul style="list-style-type: none"> <li>○ In these contexts, how does presence or absence of factors such as public support, political will, evidence of economic or other co-benefits, or resources or technical expertise such as may be needed to apply for Bipartisan Infrastructure Law grant programs influence adoption or implementation of plans and policies for community design to increase physical activity?</li> </ul> <p>C. Ensuring equitable implementation—what resources, expertise, or facilitation are needed to:</p> <ul style="list-style-type: none"> <li>○ Promote community-engaged implementation in priority communities and neighborhoods?</li> <li>○ Assess and address concerns over possible negative externalities (e.g., threats to community stability or community safety)?</li> <li>○ Consider plans and policies to prevent or mitigate displacement in connection with interventions to increase physical activity through community design?</li> <li>○ Insights on co-benefits of community design for physical activity, such as safety, social cohesion, or economic opportunity which could potentially benefit CDC’s state and local efforts to reduce disparities in implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Activity: Built Environment Approaches   The Community Guide <a href="https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches.html">https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches.html</a></li> <li>• Physical Activity: Park, Trail, Greenway Multicomponent   The Community Guide <a href="https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html">https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html</a></li> </ul>

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10	Prevent and control tooth decay (caries) among youth aged 5 to 18 years in school settings.	<ul style="list-style-type: none"> <li>• Children</li> <li>• Adolescents</li> </ul> <p>A. How can CDC funded states or communities interested in delivering evidence-based preventive dental services in schools improve uptake through implementation science frameworks, constructs or logic models? Areas of interest include: Penetration, acceptability, cost, and/or maintenance.</p> <p>B. Determining the barriers and facilitators and what state and local health departments need to be able to implement a school caries prevention program.</p> <p>C. Determining if there are cultural or linguistic adaptations that need to support uptake. For example, are there populations that school program administrators might want to focus on to ensure the school caries prevention program is acceptable?</p>	<ul style="list-style-type: none"> <li>• Cavities: School-Based Dental Sealant Delivery   The Community Guide - <a href="https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs.html">https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs.html</a></li> <li>• Topical fluoride for caries prevention: Executive summary of the updated clinical recommendations and supporting systematic review - PubMed (<a href="http://www.nih.gov">www.nih.gov</a>) - <a href="https://pubmed.ncbi.nlm.nih.gov/24177407/">https://pubmed.ncbi.nlm.nih.gov/24177407/</a></li> <li>• Fluoride varnishes for preventing dental caries in children and adolescents - Marinho, VCC - 2013   Cochrane Library - <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full</a></li> <li>• Recommendation: Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions   United States Preventive Services Taskforce (<a href="http://www.uspreventiveservicestaskforce.org">www.uspreventiveservicestaskforce.org</a>) - <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1</a></li> </ul>

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11	Increasing communication between older adult patients and providers.	<ul style="list-style-type: none"> <li>• Adults</li> <li>• Older Adults</li> </ul>	<p>A. To determine the barriers and facilitators that contribute to patient and provider communication. Possible topics to explore include:</p> <ul style="list-style-type: none"> <li>○ Assessing whether mistrust in the healthcare system, language, cultural beliefs serve as barriers, particularly among racial and ethnic minority populations.</li> <li>○ Assessing whether cognitive challenges that the patient may be experiencing serve as a barrier in communicating to the provider and their impact on health outcomes.</li> <li>○ What factors would help facilitate communication between patients and health care providers?</li> <li>○ Increasing conversations with providers about their health, including brain health, concerns about memory and physical activity recommendations, and programs for arthritis:               <ul style="list-style-type: none"> <li>i. Why are patients not raising health concerns such as worsening symptoms with their providers? And not raising these concerns earlier/sooner when symptoms appear? How can these conversations be encouraged? Is it stigma or other issues? How can they be reduced?</li> <li>ii. What organizational/system and individual level barriers exist within health care that hinder health care professionals from having these conversations and providing appropriate referrals?</li> <li>iii. What strategies, techniques, tools, and resources are effective at increasing health care provider and patient communication?</li> <li>iv. Providers need to be adequately prepared for those potentially difficult conversations. What skills, training, and tools do providers need to be prepared? How can providers leverage these conversations to be more broadly about maintaining brain health (risk reduction) and also promoting healthy aging?</li> </ul> </li> </ul> <p>B. Expanding the use of evidence-informed communication techniques.</p> <p>C. Increasing equitable implementation</p> <ul style="list-style-type: none"> <li>○ Are implemented communication techniques adaptable for diverse populations – culturally appropriate implementation?</li> </ul>	<ul style="list-style-type: none"> <li>• Communicating with Older Adults - <a href="https://www.geron.org/programs-services/alliances-and-multi-stakeholder-collaborations/communicating-with-older-adults">https://www.geron.org/programs-services/alliances-and-multi-stakeholder-collaborations/communicating-with-older-adults</a></li> <li>• Communicating with Older Adults: An Evidence-Based Review of What Really Works - <a href="https://gerontology.ku.edu/sites/gerontology.drupal.ku.edu/files/docs/GSACommunicating%20with%20Older%20Adults%20low%20Final.pdf">https://gerontology.ku.edu/sites/gerontology.drupal.ku.edu/files/docs/GSACommunicating%20with%20Older%20Adults%20low%20Final.pdf</a></li> <li>• Optimizing geriatric care with the GERIATRIC 5Ms - <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347324/#:~:text=In%202017%2C%20Canadian%20and%20US,matters%20most%20(Table%201).">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347324/#:~:text=In%202017%2C%20Canadian%20and%20US,matters%20most%20(Table%201).</a></li> <li>• The Geriatrics 5M's: A New Way of Communicating What We Do - <a href="https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.14979">https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.14979</a></li> <li>• Physician–patient communication in rheumatology: a systematic review - PMC (<a href="http://www.nih.gov">www.nih.gov</a>) - <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5910487/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5910487/</a></li> <li>• Predictors of perceived higher quality patient-provider communication in patients with rheumatoid arthritis - PubMed (<a href="http://www.nih.gov">www.nih.gov</a>) - <a href="https://pubmed.ncbi.nlm.nih.gov/24510655/">https://pubmed.ncbi.nlm.nih.gov/24510655/</a></li> <li>• An algorithmic approach to reducing unexplained pain disparities in underserved populations   Nature Medicine - <a href="https://www.nature.com/articles/s41591-020-01192-7">https://www.nature.com/articles/s41591-020-01192-7</a></li> <li>• A Primary Care–Focused Intervention to Engage Patients With Osteoarthritis in Physical Activity: A Stakeholder Engagement Qualitative Study (sagepub.com) - <a href="https://doi.org/10.1177/1524839920947690">https://doi.org/10.1177/1524839920947690</a></li> </ul>

**Appendix 1 - Required Chronic Disease Prevention Priority Categories and Elements for the PRC Core Research Project (CRP)**

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)	
12	<p>Improve arthritis management and outcomes.</p>	<ul style="list-style-type: none"> <li>• Adults</li> <li>• Older Adults</li> </ul>	<p>A. Understanding implementation challenges and facilitators of remote delivery for arthritis-appropriate, evidence-based interventions (AAEBIs).</p> <p>B. Are there challenges with implementation when it comes to technology (e.g., technology capacity and infrastructure, digital literacy, access to digital devices and broadband internet, connectivity issues, etc.)?</p> <p>C. Are there factors that facilitate the uptake and implementation of virtual/remotely delivered arthritis-appropriate, evidence-based programs?</p> <p>D. Assessing the dissemination, uptake, and effectiveness of communication campaigns promoting physical activity to manage arthritis among underserved populations (e.g., racial and ethnic minority populations, communities that are underserved, people living in rural areas, older adults with physical health problems, etc.).</p> <p>E. What are the barriers, facilitators, and contextual factors that might influence the implementation of communication campaigns promoting physical activity for arthritis among intended target audiences?</p> <p>F. What is the effectiveness of communication campaigns designed to increase awareness of and participation in physical activity/AAEBIs among intended target audiences?</p> <ul style="list-style-type: none"> <li>○ How can implementation of communication campaigns be improved to achieve desired health outcomes in intended target audiences?</li> </ul> <p>G. Understanding barriers, facilitators, and effective strategies to facilitate health care provider counseling of patients with arthritis about physical activity for arthritis management and referrals to AAEBIs.</p> <p>H. What organizational/system barriers exist within health care that hinder health care professionals from providing physical activity counseling and referral for patients with arthritis?</p> <p>I. What individual-level barriers exist for health care professionals that prevent them from providing physical activity counseling and referrals for patients with arthritis?</p> <p>J. What factors would help facilitate the uptake and implementation of health care provider physical activity counseling and referrals for patients with arthritis?</p> <p>K. What strategies, techniques, tools, and resources are effective at increasing health care provider physical activity counseling and referrals for patients with arthritis?</p> <p>L. Ensuring cultural appropriateness and equitable implementation of arthritis-appropriate, evidence-based interventions and management strategies.</p>	<ul style="list-style-type: none"> <li>• CDC-recognized, lifestyle management programs for arthritis (i.e. AAEBIs) - <a href="https://www.cdc.gov/arthritis/interventions/index.htm">https://www.cdc.gov/arthritis/interventions/index.htm</a></li> <li>• CDC Arthritis Program physical activity health communication campaigns <a href="https://www.cdc.gov/arthritis/interventions/campaigns/index.htm">https://www.cdc.gov/arthritis/interventions/campaigns/index.htm</a> <ul style="list-style-type: none"> <li>○ Physical Activity. The Arthritis Pain Reliever.</li> <li>○ Buenos días, arthritis.</li> </ul> </li> <li>• Health Care Providers - Exercise is Medicine - <a href="https://www.exerciseismedicine.org/eim-in-action/health-care/health-care-providers/">https://www.exerciseismedicine.org/eim-in-action/health-care/health-care-providers/</a></li> <li>• PRA - Nature Prescribed (<a href="http://www.parkrxamerica.org">www.parkrxamerica.org</a>) - <a href="https://parkrxamerica.org/providers/case-for-nature-prescriptions.php">https://parkrxamerica.org/providers/case-for-nature-prescriptions.php</a></li> </ul>

**Appendix 1 - Required Chronic Disease Prevention Priority Categories and Elements for the PRC Core Research Project (CRP)**

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		<ul style="list-style-type: none"> <li>M. What are the implementation challenges/facilitators in underserved/disproportionately impacted populations and/or diverse communities?</li> <li>N. What are potential adaptations (e.g., settings, cultural approaches, language, messaging, etc.) that may enhance implementation and participation in underserved/disproportionately impacted populations and/or diverse communities?</li> <li>O. Assessing and understanding the cost effectiveness/benefit and added value of arthritis-appropriate, evidence-based interventions and management strategies, including Return on Investment (ROI) and Value on Investment (VOI).</li> <li>P. What are the initial and ongoing costs (direct and in-kind) associated with implementing AAEBIs or integrating physical activity counseling and referral for people with arthritis into health care visits, including total cost and cost per participant/patient?</li> <li>Q. How do costs compare to outcomes and potential future costs averted?</li> <li>R. How do costs compare to potential participant/patient benefits, such as enhanced quality of life, improved mood, reduced activity/work limitations, reduced social isolation, etc.?</li> <li>S. How do costs compare to other assets that add value to an organization's/health care provider's performance (e.g., patient, provider, care team satisfaction, etc.)?</li> </ul>	

**Appendix 1 - Required Chronic Disease Prevention Priority Categories and Elements for the PRC Core Research Project (CRP)**

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
13	<p>Improve social connectedness in at-risk populations.</p>	<ul style="list-style-type: none"> <li>• Adults</li> <li>• Older Adults</li> </ul> <p>A. Given the significant gap between evidence-based knowledge and its application, it is imperative to guide future research, intervention, practice, and policy to promote social connectedness and health from a public health approach. Systematic approaches to identifying opportunities to address gaps in the evidence and applying the evidence to practice, across levels and sectors, will accelerate progress in addressing social connection within public health.</p> <ul style="list-style-type: none"> <li>○ The best practices of implementation science will need to be used to target underlying causes, including the intersectionality of risk and protective factors associated with social isolation and loneliness (SIL).</li> <li>○ Better dissemination is needed regarding the evidence of the health impacts of SIL.</li> <li>○ The strategy should identify opportunities to ensure that the targeted settings have access to and can adopt evidence-based practices more quickly.</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological therapies: Psychotherapy, cognitive-behavioral therapy, mindfulness-based practices; group reminiscence therapy <ul style="list-style-type: none"> <li>○ <a href="https://link.springer.com/article/10.1007/s00127-017-1392-y">https://link.springer.com/article/10.1007/s00127-017-1392-y</a></li> <li>○ <a href="https://www.pnas.org/doi/10.1073/pnas.1813588116">https://www.pnas.org/doi/10.1073/pnas.1813588116</a></li> <li>○ <a href="https://www.sciencedirect.com/science/article/abs/pii/S0197457215002207?via%3Dihub">https://www.sciencedirect.com/science/article/abs/pii/S0197457215002207?via%3Dihub</a></li> <li>○ <a href="https://link.springer.com/content/pdf/10.1007/s00127-021-02191-w.pdf?pdf=button">https://link.springer.com/content/pdf/10.1007/s00127-021-02191-w.pdf?pdf=button</a></li> </ul> </li> <li>• Community-based exercise and physical activity: Exercise; exercise plus leisure <ul style="list-style-type: none"> <li>○ <a href="https://www.cdc.gov/pcd/issues/2022/21_0283.htm">https://www.cdc.gov/pcd/issues/2022/21_0283.htm</a></li> <li>○ <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7563028/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7563028/</a></li> </ul> </li> <li>• Technology and phone-based tools: Companionship weekly phone calls; social media video messaging, smart technologies; internet support sites; virtual connections <ul style="list-style-type: none"> <li>○ <a href="https://coresonline.org/resources/social-connectedness-and-engagement-technology-tool">https://coresonline.org/resources/social-connectedness-and-engagement-technology-tool</a></li> <li>○ <a href="https://www.listocalifornia.org/community-projects/social-bridging-project/">https://www.listocalifornia.org/community-projects/social-bridging-project/</a></li> <li>○ <a href="https://www.ioaging.org/services/friendship-line">https://www.ioaging.org/services/friendship-line</a></li> <li>○ <a href="https://www.circleofcare.com/phone-pals/">https://www.circleofcare.com/phone-pals/</a></li> </ul> </li> <li>• Psychoeducation, skill development, and peer support: Social skills training, conflict resolution; peer-delivered services, &amp; support groups <ul style="list-style-type: none"> <li>○ <a href="https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17450">https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17450</a></li> <li>○ <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865701/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865701/</a></li> </ul> </li> <li>• Intergenerational connections, that support the development and maintenance of relationships between youth and older adults <ul style="list-style-type: none"> <li>○ <a href="https://committtoconnect.org/wp-content/uploads/2022/06/ACL-Literature-Review-summary-only-062322-JVL-MCH-SJ.pdf">https://committtoconnect.org/wp-content/uploads/2022/06/ACL-Literature-Review-summary-only-062322-JVL-MCH-SJ.pdf</a></li> </ul> </li> <li>• Animal therapy: Live animal visits, pet therapy, robotic dogs <ul style="list-style-type: none"> <li>○ <a href="https://onlinelibrary.wiley.com/doi/10.1111/opn.12320">https://onlinelibrary.wiley.com/doi/10.1111/opn.12320</a></li> <li>○ <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797399">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797399</a></li> </ul> </li> </ul>

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CRP Categories		Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
14	Reduce excessive alcohol use and alcohol-related harm.	<ul style="list-style-type: none"> <li>• Adults</li> <li>• American Indian or Alaska Native</li> <li>• Black or African American</li> </ul>	<p>A. Using implementation science models and frameworks to determine barriers and facilitators to implementing an evidence-based intervention (e.g., regulating alcohol outlet density, or other strategy recommended by the Community Preventive Services Task Force for preventing excessive alcohol use) among various stakeholders (e.g., community coalitions, state and local officials, law enforcement personnel).</p> <p>B. Increasing the use of evidence-based population level alcohol policies: How can CDC-funded states or communities interested in using an evidence-based intervention (e.g., regulating alcohol outlet density, or other strategy recommended by the Community Preventive Services Task Force for preventing excessive alcohol use) reduce barriers and increase facilitators that exist to implementation of the intervention?</p> <p>C. Ensuring implementation that reduces health disparities in alcohol-related harm.</p> <p>D. Determining how planning for successful dissemination and implementation of the intervention needs tailoring based on community characteristics and community expressions of the problem they are interested in addressing (e.g., excessive drinking, crime, safety, nighttime noise, schools or places of worship near alcohol outlets, alcohol-related health conditions, economy) with the intervention.</p>	<ul style="list-style-type: none"> <li>• CDC’s Factsheet on Preventing Excessive Alcohol Use - <a href="https://www.cdc.gov/alcohol/fact-sheets/prevention.htm">https://www.cdc.gov/alcohol/fact-sheets/prevention.htm</a></li> <li>• Alcohol Excessive Use: Outlet Density   The Community Guide - <a href="https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-regulation-alcohol-outlet-density.html">https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-regulation-alcohol-outlet-density.html</a></li> <li>• SAMHSA’s Implementing Community-Level Policies to Prevent Alcohol Misuse Guide - <a href="https://www.samhsa.gov/resource/ebp/implementing-community-level-policies-prevent-alcohol-misuse">https://www.samhsa.gov/resource/ebp/implementing-community-level-policies-prevent-alcohol-misuse</a></li> <li>• Surgeon General’s Report on Alcohol, Drugs, and Health, 2016 - <a href="https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf">https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf</a></li> </ul>

**Appendix 1 - Required Chronic Disease Prevention Priority Categories and Elements for the PRC Core Research Project (CRP)**

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)	
15	Managing chronic health conditions for persons with Alzheimer’s disease and related dementias (ADRD).	<ul style="list-style-type: none"> <li>• Older Adults</li> <li>• Hispanic/Latino</li> <li>• Black or African American</li> </ul>	<ul style="list-style-type: none"> <li>• Management of chronic health conditions of persons with ADRD to reduce preventable hospitalizations.               <ul style="list-style-type: none"> <li>○ Providers of persons living with ADRD need to be adequately prepared for conversations about the importance of managing other co-morbid conditions. What skills, training, tools do providers need to be prepared? How can providers leverage these conversations to be more broadly about maintaining quality of life? Is stigma of ADRD the barrier? How can barriers be reduced?</li> <li>○ Lack of chronic disease management programs focused on persons with ADRD. Most programs are focused on the general population and do not have options tailored for persons living with ADRD, have not had the program’s fidelity evaluated among persons with ADRD, or lack guidance on when the program is or is not appropriate for this population.</li> <li>○ To what extent are caregivers included in conversations about managing other co-morbid conditions? Do caregivers have the necessary knowledge to manage these conditions? How does caregivers’ involvement improve compliance and health outcomes? Does managing the person living with ADRD and co-morbid conditions lead to benefits in the health and well-being of the caregiver?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A 2- year multidomain intervention of diet, exercise, cognitive training, and vascular risk monitoring versus control to prevent cognitive decline in at-risk elderly people (FINGER): a randomised controlled trial - <a href="https://doi.org/10.1016/S0140-6736(15)60461-5">https://doi.org/10.1016/S0140-6736(15)60461-5</a></li> <li>• Effect of Intensive vs Standard Blood Pressure Control on Probable Dementia (SPRINT-MIND Study) - <a href="https://jamanetwork.com/journals/jama/fullarticle/2723256">https://jamanetwork.com/journals/jama/fullarticle/2723256</a></li> <li>• Care Interventions for People Living With Dementia and Their Caregivers - <a href="https://effectivehealthcare.ahrq.gov/products/care-interventions-pwd/report">https://effectivehealthcare.ahrq.gov/products/care-interventions-pwd/report</a></li> <li>• Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers - <a href="https://nap.nationalacademies.org/catalog/26026/meeting-the-challenge-of-caring-for-persons-living-with-dementia-and-their-care-partners-and-caregivers">https://nap.nationalacademies.org/catalog/26026/meeting-the-challenge-of-caring-for-persons-living-with-dementia-and-their-care-partners-and-caregivers</a></li> <li>• Reducing the Impact of Dementia in America - <a href="https://nap.nationalacademies.org/catalog/26175/reducing-the-impact-of-dementia-in-america-a-decadal-survey">https://nap.nationalacademies.org/catalog/26175/reducing-the-impact-of-dementia-in-america-a-decadal-survey</a></li> <li>• Preventing Cognitive Decline and Dementia: A Way Forward - <a href="https://nap.nationalacademies.org/catalog/24782/preventing-cognitive-decline-and-dementia-a-way-forward">https://nap.nationalacademies.org/catalog/24782/preventing-cognitive-decline-and-dementia-a-way-forward</a></li> </ul>

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<b>CRP Categories</b>		<b>Population</b>	<b>Implementation Science Gaps</b>	<b>Evidence-Base Interventions (EBIs)</b>
16	Prevent and reduce disparities in sudden unexpected infant death (SUID).	<ul style="list-style-type: none"> <li>• Infants</li> <li>• Adults</li> </ul>	<p>A. Using implementation science models and frameworks to develop implementation strategies, increase uptake of evidence-based interventions to improve safe sleep practices, including addressing barriers, and enhancing facilitators.</p> <ul style="list-style-type: none"> <li>○ Implementation outcomes of interest include: Acceptability, appropriateness, feasibility, cost, and/or sustainability.</li> </ul> <p>B. Using implementation science models and frameworks to ensure that disproportionately impacted communities are reached by implementation strategies, and that the interventions are acceptable, appropriate, feasible, and/or sustainable in disproportionately impacted communities.</p> <ul style="list-style-type: none"> <li>○ Engagement from disproportionately impacted populations are required in all stages of implementation and evaluation, including planning of intervention and resource development, and determining if there are cultural or linguistic adaptations to support uptake.</li> </ul> <p>C. Assessing impacts of increasing safe sleep practices on SUID rates with a focus on reducing disparities in SUID death rates among disproportionately impacted populations.</p>	<ul style="list-style-type: none"> <li>• Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths   Pediatrics   American Academy of Pediatrics (aap.org) – <a href="https://doi.org/10.1542/peds.2022-057991">https://doi.org/10.1542/peds.2022-057991</a>).</li> </ul> <p>Interventions include:</p> <ul style="list-style-type: none"> <li>○ Developing health messages and educational tools for caregivers</li> <li>○ Educating health and childcare professionals on safe sleep practices</li> <li>○ Removing known barriers to safe sleep practices (e.g., providing free or reduced cost cribs for families)</li> <li>○ Identifying and addressing cultural and social practices that are unsafe (e.g., by holding safe-sleep baby showers)</li> <li>○ Implementing legislative and regulatory supports (e.g., requiring SIDS risk reduction training for licensed childcare providers)</li> <li>○ Communication campaigns</li> <li>○ Messaging delivered during WIC program visits and home-visiting programs</li> <li>○ Hospital-based quality improvement initiatives and collaboratives</li> </ul>

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CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
17	<p>Increase commercial tobacco cessation among person living in the United States who currently use commercial tobacco products.</p>	<p>American Indian (AI)/Alaskan Native (AN) adults</p> <p>LGBTQIA+ youth and young adults.</p> <ul style="list-style-type: none"> <li>• Using implementation science framework and models to identify the cessation needs of the AI/AN adult community and implementation of culturally appropriate cessation service/program specific to AI/AN adults 18 years old or older</li> <li>• Implementation of evidenced-based cessation program/interventions adapted or tailored for AI/AN adults who use commercial tobacco products.</li> <li>• Using implementation science models and frameworks to develop implementation strategies that will increase uptake of evidence-based interventions and enhance facilitators for the prevention and cessation of commercial tobacco products among LGTBQIA+ youth and young adults. <ul style="list-style-type: none"> <li>○ Strategies to facilitate barrier-free, affirming, and culturally tailored care that prevents initiation of commercial tobacco products and increased access to cessation services.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Department of Health and Human Services. <i>Smoking Cessation. A Report of the Surgeon General.</i> Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. <a href="#">Smoking Cessation: A Report of the Surgeon General (hhs.gov)</a></li> <li>• <a href="#">Reducing Tobacco Use   The Community Guide</a></li> <li>• <a href="#">Tobacco Control Interventions   Health Impact in 5 Years   Health System Transformation   AD for Policy   CDC</a></li> <li>• Cessation access strategies, such as comprehensive insurance coverage for evidence-based cessation treatments; integration of tobacco screening and treatment into routine clinical care; and quitlines, which are highly cost-effective. For more information on cessation access, please see <a href="#">Reduce Tobacco Use   6 18 Initiative   CDC</a>.</li> <li>• <a href="#">Evidence-Based Programs Listing   Evidence-Based Cancer Control Programs (EBCCP)</a></li> <li>• <a href="#">LGBTQIA+   Smoking Cessation Leadership Center (ucsf.edu)</a></li> <li>• <a href="#">Truth Initiative – Tobacco Use in LGBT Communities</a></li> <li>• <a href="#">SAMHSA – The Center of Excellence on LGBTQ+ Behavioral Health Equity</a></li> <li>• <a href="#">Campaign for Tobacco-Free Kids – Tobacco use in Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities</a></li> <li>• <a href="#">NASW Podcast – How Social Workers Can Help People Who Are LGBTQIA+ Overcome Addiction</a></li> <li>• <a href="#">Addiction Resources for LGBTQIA</a></li> <li>• <a href="#">Why Substance Abuse is Worse in the LGBTQ Community</a></li> <li>• <a href="#">LGBTQ+ Tobacco Cessation (wv.gov)</a></li> </ul>