

**N**orth Carolina has made significant progress in improving the health of its population over the last five years.<sup>1,2</sup> This improvement is due to a number of factors, including an increased focus within North Carolina's Division of Public Health (DPH) on investing in the kinds of evidence-based population-, community-, and clinical-level strategies and interventions that can help keep people as healthy as possible. In 2007, North Carolina was ranked as the 37th healthiest state by the United Health Foundation (with the healthiest state ranked as number 1).<sup>1</sup> By 2011, the state ranked 32nd, demonstrating considerable progress.<sup>2</sup> Continued progress will require an even more concerted effort between DPH, local health departments (LHDs), and numerous community partners.

Over the past few years, the North Carolina Institute of Medicine (NCIOM) has worked with DPH and many state partners to develop a vision and roadmap for improving public health efforts to save lives, reduce disability, improve quality of life, and, potentially, decrease costs. The Task Force on Implementing Evidence-Based Strategies in Public Health grew out of these previous collaborations between the North Carolina Institute of Medicine, DPH, and other partners. In 2008, NCIOM and DPH convened a task force to develop a comprehensive prevention plan for the state. Released in October 2009, *Prevention for the Health of North Carolina: Prevention Action Plan* included evidence-based strategies (EBSs) to improve population health.<sup>3</sup> Due to the NCIOM's work on developing the state's *Prevention Action Plan*, the Governor's Task Force for Healthy Carolinians asked the NCIOM to facilitate the development of the Healthy North Carolina 2020 (HNC 2020) objectives, in collaboration with the Governor's Task Force for Healthy Carolinians and DPH. *Healthy North Carolina 2020: A Better State of Health* includes 40 health objectives in 13 focus areas: tobacco use, physical activity and nutrition, sexually transmitted diseases and unintended pregnancy, substance abuse, environmental health, injury and violence, infectious disease and food-borne illness, mental health, and social determinants of health (all originally identified in the *Prevention Action Plan*), as well as maternal and infant health, oral health, chronic disease, and a cross-cutting focus area.<sup>4</sup> For each of the 40 health objectives, HNC 2020 includes a 2020 health target. Targets were set at levels to achieve ambitious yet attainable improvements in health. Together, these projects have provided the vision and goals for improving the health of North Carolinians, as well as an evidence-based roadmap for how to get there.

The Task Force on Implementing Evidence-Based Strategies in Public Health builds on these previous task forces by focusing on what can be done at the local level to improve outcomes for the HNC 2020 objectives. DPH is working to increase the focus on HNC 2020 objectives and the use of EBSs both at the state and community level. EBSs, including programs, clinical interventions, and policies, are those that have been evaluated and shown to produce positive outcomes. EBSs cover a continuum of strategies with various levels of



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evaluation and evidence behind them. DPH has used a number of methods to either encourage or, at times, mandate the use of EBSs targeting the HNC 2020 objectives. For example, through changes to the Community Health Assessment and Community Health Action Plans, DPH is encouraging LHDs to focus on HNC 2020 objectives and to think about how EBSs could be used to positively impact community health outcomes.

Every LHD must conduct a Community Health Assessment every four years.<sup>5</sup> The Community Health Assessment is intended to be a collaborative effort between the LHD and local partners such as hospitals and community partnerships. The Community Health Assessment team collects primary data at the county level and secondary data from the state and other sources to document the health concerns of the area served by the LHD. Using data collected for the Community Health Assessment, the LHD and partners are required to identify and prioritize a list of community health issues. LHDs are then required to develop action plans to address each of the issues listed as priorities. Beginning in 2012, DPH is requiring that LHDs include a minimum of two HNC 2020 objectives be addressed in their action plans. The two HNC 2020 objectives must come from two different focus areas.

To encourage LHDs to consider the use of EBSs to address prioritized community health problems, the Community Health Action Plan now requires LHDs to “list the 3-5 evidence-based interventions (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group.”<sup>5</sup> However, there is no requirement for LHDs to implement EBSs identified in the Action Plan. LHDs must also list interventions currently supported in the community.

To further facilitate the adoption or expansion of EBSs by LHDs, the Task Force on Implementing Evidence-Based Strategies in Public Health examined LHDs current capacity for implementing EBSs, LHDs training and support needs, and DPH’s role in providing support to LHDs. The Task Force focused on developing strategies to help LHDs implement more evidence-based programs, policies, and clinical practices, with the goal of improving HNC 2020 health outcomes in local communities. With the *Prevention Action Plan* in 2009, DPH began to make concerted efforts to move towards evidence-based prevention strategies to improve health. The recommendations developed by this Task Force provide a framework for how to support the expansion of EBSs at the community level through LHDs. *Improving North Carolina’s Health: Applying Evidence for Success* lays out a framework for how DPH and LHDs, with help from other partners, can support each other to increase the use of EBSs at the community level.

### **Task Force Charge**

The North Carolina Institute of Medicine, in collaboration with the North Carolina Center for Public Health Quality, the Center for Healthy North Carolina, and the North Carolina Division of Public Health, convened the Task Force in the spring of 2012. The Task Force was chaired by Alice Ammerman,

DrPH, director, Center for Health Promotion and Disease Prevention, professor, Department of Nutrition, Gillings School of Global Public Health, University of North Carolina (UNC) at Chapel Hill; Laura Gerald, MD, MPH, state health director, Division of Public Health, North Carolina Department of Health and Human Services; and Gibbie Harris, health director, Buncombe County Department of Health. In addition to the co-chairs, the Task Force had 30 additional members including representatives of state and local agencies, key health care leaders, public health experts, foundation leaders, and other interested individuals. A Steering Committee of four individuals guided the work of the Task Force. (See pages 7-9 for a complete listing of Task Force and Steering Committee members.)

The Task Force was funded by the Centers for Disease Control and Prevention's National Public Health Improvement Initiative, which provides grant funding to state, tribal, local, and territorial health departments to enhance the nation's public health infrastructure and strengthen the public health workforce. The National Public Health Improvement Initiative is designed to encourage health departments to improve the delivery and impact of the public health services they provide by improving how they track the performance of their programs; fostering the identification, dissemination, and adoption of public health's best and most promising practices; building a network of performance improvement managers across the country that share strategies for improving the public health system; and maximizing cohesion across states' and communities' public health systems to ensure seamless and coordinated services for residents.

Specifically, the NCIOM Task Force on Implementing Evidence-Based Strategies in Public Health was charged with developing recommendations to assist public health professionals in the identification and implementation of evidence-based strategies within their communities in order to improve population health. To accomplish this goal, the Task Force was asked to do the following:

- Identify how widely EBSs are being applied in local health departments, as well as the reasons why EBSs are not always utilized.
- Provide recommendations as to how DPH can assist health departments in increasing access to and adoption of EBSs for prevention and wellness.
- Provide information about easy-to-access and user-friendly resources to assist local health departments and community partners in the application of evidence-based public health strategies.
- Identify areas where cross-jurisdictional efforts could increase the development, identification, implementation, and dissemination of EBSs.

The Task Force met six times between March and September of 2012. *Improving North Carolina's Health: Applying Evidence for Success* contains six chapters, with this chapter being an introduction to the work of the Task Force and evidence-

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based strategies. Chapter 2 reviews the role of evidence-based strategies in public health. Chapter 3 provides an overview of the steps for implementing evidence-based public health strategies. Chapter 4 focuses on what local health departments need in order to implement evidence-based strategies. Chapter 5 reviews the Task Force recommendations for selecting, implementing, and evaluating EBSs in public health. Chapter 6 summarizes the findings and recommendations of the Task Force and includes a chart of all the recommendations along with the organizations with responsibility for implementing the recommendations of the Task Force. The report also contains three indices: Appendix A presents the full recommendations, Appendix B provides an overview of a selection of evidence-based registries, and Appendix C presents the results of the survey that was distributed to directors of health departments throughout the state (discussed at length in Chapter 4). *Improving North Carolina's Health: Applying Evidence for Success* presents a way to improve the health of North Carolinians that can occur if DPH and LHDs, as well as other state partners, work together collaboratively to effectively select, implement, and evaluate evidence-based strategies.

**References**

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