



Evidence-Based Strategies

Evidence-based programs and policies have been scientifically evaluated and proven to work. The practice of evidence-based public health (EBPH) is an integration of science-based interventions with community preferences for improving population health. Scholars agree that the evidence-based decision-making process integrates 1) best available research evidence; 2) practitioner expertise and other available resources; and 3) the characteristics, needs, values, and preferences of those who will be affected by the intervention.¹

The following list includes evidence-based strategies by topic area. All strategies listed are evidence-based. The color fonts represent the ratings given to North Carolina after evaluation by the CDC Prevention Status Reports (PSR). The colors show the extent to which the state has implemented the policy or practice (i.e., green indicates good progress, yellow indicates some progress, and red indicates little progress).

Heart Disease and Stroke^{PSR}/CVD Prevention and Control^{CG}

1. Reduce out-of-pocket costs for cardiovascular disease preventive services (medications, behavioral counseling and support) for patients with high blood pressure and high cholesterol.^{CG}
2. Use interventions that engage community health workers.^{PSR, CG}
3. Promote team-based care^{PSR}; the Community Preventive Services Task Force recommends team-based care to improve blood pressure control.
4. Use self-measured blood pressure monitoring interventions for improved blood pressure control when used alone and when combined with additional support.^{CG}
5. Implement meaningful use of certified electronic health records.^{CDC, PSR}
6. Implement clinical decision-support systems, used in EHR technology, for prevention of cardiovascular disease,^{PSR} CG recommends clinical decision-support systems (CDSS) computer-based information systems designed to assist healthcare providers in implementing clinical guidelines at the point of care.
7. Establish state collaborative drug therapy management (CDTM) policies that authorize pharmacists to provide certain patient services.^{CDC, PSR}
8. Promote reimbursement for obesity prevention and management services.^{PSR}
9. Reduce sodium in the US food supply.^{CDC}
10. Reduce sodium consumption at the community level.^{PSR}

Nutrition, Physical Activity and Obesity^{PSR}/Obesity Prevention and Control^{CG}

1. Limit the availability of less nutritious foods and beverages in schools.^{PSR}
2. Implement nutrition standards for foods and beverages sold on government property.^{PSR}
3. Include obesity prevention standards in state regulations of licensed childcare facilities.^{PSR}
4. Support enhanced school-based physical education.^{CG}
5. Promote evidence-based practices that support breastfeeding in hospitals and birth centers.^{PSR}
6. Use behavioral interventions that aim to reduce recreational sedentary screen time among children.^{CG}

7. Worksite programs intended to improve diet and/or physical activity behaviors for reducing weight among employees.^{CG}
8. Use technology-supported multicomponent coaching or counseling interventions to facilitate or mediate interactions between a coach or counselor and an individual or group with a goal of reducing weight and maintaining weight loss.^{CG}
9. Use individually-adapted health behavior change programs to increase physical activity.^{CG}
10. Use social support interventions for physical activity in community settings.^{CG}
11. Use community-wide campaigns to increase physical activity.^{CG}
12. Use community-scale urban design and land use policies to increase physical activity.
13. Create or enhance access to places for physical activity combined with informational outreach activities.^{CG}
14. Use point-of-decision prompts to encourage use of stairs.^{CG}

Tobacco Use ^{PSR, CG}

1. Increase the price of tobacco products, such as through state cigarette excise taxes;^{PSR} use interventions to increase the unit price for tobacco products.^{CG}
2. Establish comprehensive, statewide smoke-free policies to protect all nonsmokers from exposure to secondhand smoke.^{PSR, CG}
3. Sustain comprehensive tobacco control program funding;^{PSR} support comprehensive tobacco control programs.^{CG}
4. Use incentives and competitions to increase smoking cessation among workers.^{CG}
5. Reduce out-of-pocket costs for evidence-based cessation treatments.^{CG}
6. Support community mobilization with additional interventions to restrict minors' access to tobacco products including active enforcement of retailer sales laws.^{CG}
7. Support Quitline interventions.^{CG}
8. Other strategies include hard-hitting media campaigns and systemic changes to increase access to and use of cessation services.^{PSR}
9. Use mass-reach health communication interventions to decrease prevalence, increase cessation and decrease initiation of tobacco use.^{CG}
10. Use mobile phone-based cessation interventions.^{CG}
11. Use assessments of health risks with feedback (AHRF) when combined with health education programs, with or without additional interventions, to change employees' health.^{CG}

References

¹Jacobs JA, Jones E, Gabella BA, Spring B, Brownson RC. Tools for Implementing an Evidence-Based Approach in Public Health Practice. *Prev Chronic Dis* 2012;9:110324. DOI: <http://dx.doi.org/10.5888/pcd9.110324>

^{PSR} CDC Prevention Status Reports www.cdc.gov/psr/

^{CG} Community Guide www.thecommunityguide.org