

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 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. 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 to prevent cardiovascular disease. ^{PSR, CG}
3. Promote team-based care to improve blood pressure control. ^{PSR}
4. Use self-measured blood pressure monitoring interventions for improved blood pressure control when used alone and when combined with additional support.^{CG}
5. Use interactive digital interventions for blood pressure self-management to reduce cardiovascular disease.^{CG}
6. Use mobile health interventions to improve treatment adherence among patients recently diagnosed with cardiovascular disease.^{CG}
7. Use text messaging interventions to increase medication adherence among patients with chronic medical conditions.^{CG}
8. Use tailored pharmacy-based adherence interventions for CVD prevention. ^{CG}
9. Reduce cardiovascular risk among people with Type 2 diabetes through intensive (6 months or longer) lifestyle interventions.^{CG}
10. Offer or refer adults with CVD risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. ^{PSR}
11. Implement meaningful use of certified electronic health records. ^{CDC, PSR}
12. 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.
13. Establish state collaborative drug therapy management (CDTM) policies that authorize pharmacists to provide certain patient services. ^{CDC, PSR}
14. Support the implementation and maintenance of school-based health centers in low-income communities to improve health outcomes (preventive services). ^{CG}
15. Promote reimbursement for obesity prevention and management services. ^{PSR}
16. Reduce sodium in the US food supply ^{CDC}
17. 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. Use meal interventions and fruit and vegetable snack interventions to increase the availability of healthier foods and beverages provided by schools.^{CG}
3. Use multicomponent interventions (meal or fruit and vegetable snack interventions in combination with healthier snack foods and beverages) to increase availability of healthier foods and beverages in schools. ^{CG}
4. Use meal or fruit and vegetable snack interventions combined with physical activity interventions in schools. ^{CG}
5. Implement nutrition standards for foods and beverages sold on government property. ^{PSR}
6. Include obesity prevention standards in state regulations of licensed childcare facilities. ^{PSR}

7. Offer free, nutritious meals to all students in a qualifying school regardless of household income all through Healthy School Meals for All. ^{CG}
8. Support enhanced school-based physical education. ^{CG}
9. Use classroom-based physical activity break interventions to increase physical activity among primary school students. ^{CG}
10. Use classroom-based physically active lesson interventions to increase physical activity and improve educational outcomes. ^{CG}
11. Promote evidence-based practices that support breastfeeding in hospitals and birth centers. ^{PSR}
12. Use comprehensive telehealth interventions to improve diet among patients with chronic diseases. ^{CG}
13. Use behavioral interventions that aim to reduce recreational sedentary screen time among children. ^{CG}
14. Support interventions to increase active travel to school to increase walking among students. ^{CG}
15. Use worksite programs intended to improve diet and/or physical activity behaviors for reducing weight among employees. ^{CG}
16. 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}
17. Use interventions that include activity monitors to increase physical activity in adults with overweight or obesity. ^{CG}
18. Use individually-adapted health behavior change programs to increase physical activity. ^{CG}
19. Use tailored digital health interventions (web, telephone, text, apps) for adults 55 years and older to increase physical activity. ^{CG}
20. Use digital health and telephone interventions that are implemented in community settings and focus on improving healthy eating and physical activity among adults interested in improving these behaviors. ^{CG}
21. Use digital health and telephone interventions to increase healthy eating and physical activity among adults interested in improving these behaviors in worksite settings and among students interested in improving these behaviors attending institutions of higher education. ^{CG}
22. Use digital health interventions to assist adolescents with overweight or obesity with weight management. ^{CG}
23. Use exercise programs to prevent gestational hypertension. ^{CG}
24. Use social support interventions for physical activity in community settings. ^{CG}
25. Use community-wide campaigns to increase physical activity. ^{CG}
26. Use health communication campaigns that use multiple channels, one of which must be mass media, combined with the distribution of free or reduced-price health-related products. ^{CG}
27. Create or enhance access to places for physical activity combined with informational outreach activities. ^{CG}
28. Use point-of-decision prompts to encourage use of stairs. ^{CG}
29. Use family-based interventions that combine activities to build family support with health education to increase physical activity among children. ^{CG}
30. Use built environment strategies that combine one or more interventions to improve pedestrian or bicycle transportation systems with one or more land use and environmental design interventions to increase physical activity. ^{CG}
31. Use multicomponent interventions that combine park, trail, or greenway infrastructure improvements with one or more additional interventions to increase physical activity and infrastructure use. Additional interventions may engage the community, increase awareness, expand programs, or enhance access. ^{CG} In addition, the economic benefits exceed the cost for park, trail, and greenway infrastructure interventions to increase physical activity and use. ^{PSR}
32. Use community-wide campaigns to increase physical activity. ^{CG}
33. Use clinician-provided or referral of adults with BMI of 30 or higher to intensive, multicomponent behavioral interventions that help people make healthy eating choices, encourage increased physical activity, and help people monitor their own weight. ^{PSR}

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 text messaging interventions for tobacco smoking cessation to increase the number of adults who successfully quit.^{CG}
11. Use internet-based interventions to increase tobacco use cessation.^{CG}
12. Use assessments of health risks with feedback (AHRF) when combined with health education programs, with or without additional interventions, to change employees' health.^{CG}

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