

Background

In February 2014, Dr. Eleanor Fleming, CDC Epidemiologist with the Chronic Disease and Injury (CDI) Section of the North Carolina Division of Public Health (DPH), conducted an analysis to determine the most common priorities in the Community Health Assessments (CHAs) submitted by all North Carolina local health departments during the last three cycles. The top three health priorities – cardiovascular/hypertension, obesity and diabetes - were shared with the local health directors.

At their February 20, 2014 meeting, local health directors on the Community Health Improvement (CHI) Committee agreed that counties that had identified cardiovascular/hypertension, obesity and/or diabetes as priorities in their CHAs would decide on one evidence-based strategy (EBS) to implement for each of the three priority areas.

The EBS chosen by the group of health directors will be considered a collaborative target for those health departments that select one of the three priority areas but will not limit the inclusion of any other evidence-based activities at the local level. Also at the the February 20, 2014 meeting, the local health directors agreed that implementing the selected strategies will allow the state to assess the long-term collective impact of evidence-based strategy implementation while supporting the NC Institute of Medicine's recommendations in "Improving North Carolina's Health: Applying Evidence for Success."

Process

If local health departments/health directors had selected one of the three priority areas on their CHA, they were invited to participate as a cohort to select one of five EBS (interventions) in each of the following priority areas:

1. Obesity
2. Diabetes
3. Cardiovascular/Hypertension*

*Chronic disease was originally identified as the third priority area, but since diabetes had its own category, a decision was made by the health directors to make cardiovascular/hypertension the third focus.

Joy Reed, Head of Local Technical Assistance and Training Branch and Head of Public Health Nursing with the North Carolina Division of Public Health, facilitated three separate conference calls on each of the three priority areas in April and May of 2014. CDI's Community and Clinical Connections for Prevention and Health (CCCPH) Branch staff identified five potential EBS for each priority area. The strategies for each priority area were sent to each group of health departments prior to the call. CCCPH staff presented the potential strategies for each priority area call. After all five options were presented on each of the three calls, Joy asked for a vote on which EBS was to be selected.

Evidence-Based Strategies by Priority Area

Cardiovascular/Hypertension - April 22, 2014 Call - *Indicates the strategy that was selected

1. NC Blood Pressure Measurement Mini Course for Clinicians and Medical Office Staff
2. Pharmacy-Focused (Pick one)
 - Team Up/Pressure Down
 - Pharmacist-Delivered Self-Management Program for Hypertension and Diabetes (The Asheville Project—now HealthMapRx)
3. Community Health Worker's Sourcebook: Preventing Heart Disease & Stroke (Implement training manual)
4. Implement food service guidelines/nutrition standards where foods and beverages are available
5. **Referral to Living Healthy - Chronic Disease Self-Management Program (CDSMP)***

Obesity - April 30, 2014 Call - *Indicates the strategy that was selected

1. Provide access to farmers' markets
2. Increase physical activity access by supporting walking and biking to school initiatives, developing and/or adopting a pedestrian or transportation master plan
3. **Implement comprehensive early care and education standards and policies for nutrition and physical activity***
4. Make referrals to Eat Smart, Move More Weigh Less
5. Increase access to breastfeeding-friendly environments

Diabetes - May 12, 2014 Call - *Indicates the strategy that was selected

1. **Diabetes Education Recognition Program (DERP)***
2. Diabetes Primary Prevention
3. Road to Health (English/Spanish) (Implement toolkit for community health workers)
4. Referral to Diabetes Self-Management Program (DSMP)
5. Pharmacist-Delivered Self-Management Program for Hypertension and Diabetes (The Asheville Project—now HealthMapRx)

Due to the need for additional information, the health departments did not make a final decision during the cardiovascular/hypertension call, but an e-mail vote was taken once the additional information had been shared. The EBS selected by this group was "Referral to Living Healthy – Chronic Disease Self-Management Program." The process of sending five EBS to the group prior to the call and presenting them during the call was repeated for the other two groups. During the obesity call, a decision was reached to select "Implement comprehensive early care and education (ECE) standards and policies for nutrition and physical activity." The diabetes group was unable to make the final decision during the call due to technical issues. Upon conducting an e-mail vote, the Diabetes Education Recognition Program (DERP) was chosen. Following the selections, Joy Reed extended invitations to local health departments who did not identify obesity, diabetes or cardiovascular/hypertension as a top priority, to join one or more of the efforts. No additional health departments decided to participate.

Implementation

The next steps for local health departments will be to add the new EBS to the:

- Community Health Assessment (due 3/2/15) or Action Plans (due 9/2/15)
- State of the County Health (SOTCH) Report as a new activity (due 3/2/15)

The reviewers of these documents in the Local Technical Assistance and Training (LTAT) Branch for NC DPH will have a list of the counties in each group and will review their documents to ensure that the priority EBS has been added.

NC Division of Public Health will be working with the Community Health Improvement Committee on a plan for implementing the most effective way of providing appropriate technical assistance from LTAT and CDI, the Center for Healthy North Carolina 2020, the Center for Public Health Quality and others. The CHI Committee will also:

- Ensure that community partners engaged in these EBS at the state level are engaging local staff as well
- Determine how progress will be measured
- Discuss with the NC Hospital Association the need for some of the Community Benefit dollars to support the five top HNC2020 objectives.

At the June 18, 2014 Community Health Improvement (CHI) Committee, Joy Reed ask for volunteers to serve on the planning committee that will discuss technical assistance. Chris Szwagiel from Franklin County and Jan Shepard from Madison County volunteered.

Currently, no resources have been identified to support the implementation of these strategies.