

NCIOM Task Force on Implementing Evidence- Based Strategies

Overview of the Task Force Process

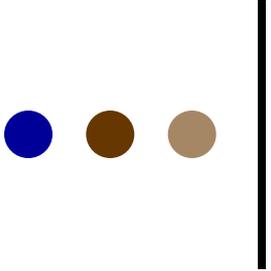
Pam Silberman, JD, DrPH

President & CEO

North Carolina Institute of Medicine

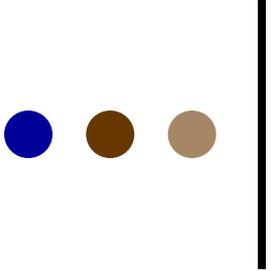
March 2, 2012





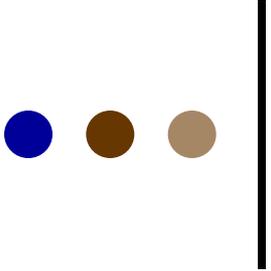
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- Background on the North Carolina Institute of Medicine
- Typical Task Force Process
- Background Leading Up to This Task Force
- Current Task Force Process



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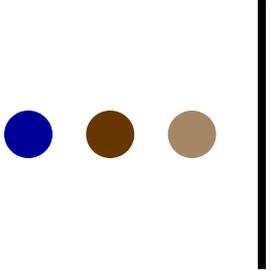
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NC Institute of Medicine

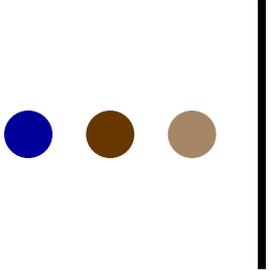
- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - Be concerned with the health of the people of North Carolina
 - Monitor and study health matters
 - Respond authoritatively when found advisable
 - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS 90-470



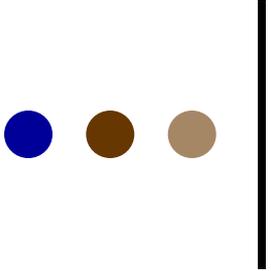
NCIOM Membership

- Members appointed by the Governor for 5-year terms
 - Includes representatives from government; the health professions; business and industry; the hospital, nursing facility, and insurance industries; the voluntary sector; faith communities; and the public at-large
- Governed by 28 member board
 - Includes representatives from the health professions; academic health centers; NC AHEC Program; NC Hospital Association; NC Medical Society; NC Health Care Facilities Association; BCBSNC; NC Department of Health and Human Services; and other community and business organizations



NCIOM Studies

- NCIOM studies issues at the request of:
 - North Carolina General Assembly
 - North Carolina state agencies
 - Health professional organizations
 - NCIOM Board of Directors
- Often work in partnership with other organizations to study health issues



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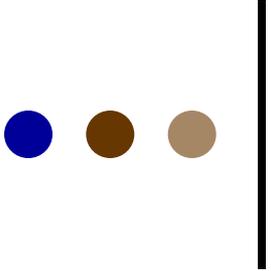
● ● ● | Typical Task Force Process

- NCIOM creates broad-based task forces to study health issues facing the state
 - Task Forces generally comprised of between 20-60 people
 - Task Forces are guided by co-chairs who run the meetings
 - Task Force members typically include representatives of state and local policy makers and agency officials, health professionals, insurers, business and community leaders, consumers and other interested individuals
 - Meetings are open to the public

Typical Task Force Process

(cont'd)

- Task Force work guided by a smaller steering committee
 - People with expertise or knowledge of the issue
 - Help shape the agenda and identify potential speakers
- Presentations
 - May include research summaries and/or statistics, descriptions of programs, challenges or barriers to best practices, national developments
 - Presenters may include task force members, researchers, national or state leaders, state health care professionals, consumers, or NCIOM staff

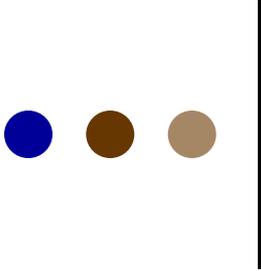


Typical Task Force Process

(cont'd)

- NCIOM staff

- NCIOM staff will prepare agendas, invite speakers, gather information, and identify evidence-based studies (when available) to inform the Task Force's work
- Staff write first draft of the report



Typical Task Force Process

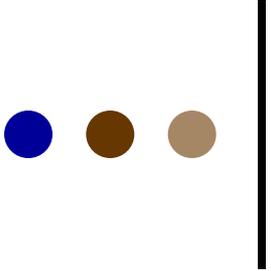
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- Task Forces generally run from 6-18 months
 - Approximately first two-thirds of meetings are for fact-finding, to identify the problem and identify potential solutions
 - Last third of meetings are to discuss and refine recommendations, review draft copies of the report
 - ***Task Force and Steering Committee members are encouraged to comment on written materials and recommendations throughout the process***

Typical Task Force Process

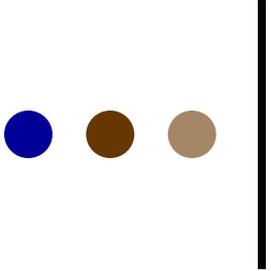
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- Task Force report
 - Report is circulated several times before being finalized
 - Task Force members may be asked to prioritize recommendations
 - Task Force members will take final vote on the recommendations and report
- NCIOM Board of Directors
 - Board members must review and approve the report before finalized
- Reports distributed widely



NCMJ

- NCIOM also publishes the *NCMJ*
 - Each issue contains a special focus area with articles and commentaries discussing specific health issues
 - One of the issues of the *NCMJ* will include an issue brief (7-10 pages) about the Task Force's work and recommendations
 - *NC Medical Journal* circulated to more than 30,000 people across the state

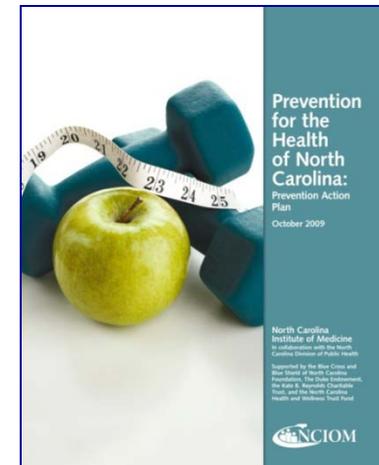


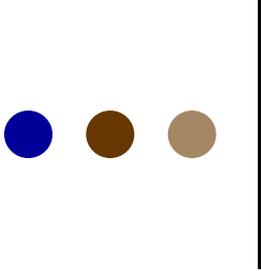
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NC Prevention Action Plan

- NCIOM was charged with developing a prevention action plan for the state.
- Initiated at the request of leading health foundations: the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, the North Carolina Health and Wellness Trust Fund, and the Kate B. Reynolds Charitable Trust.
- Task Force done in collaboration with the NC Division of Public Health (DPH) (April 2008-August 2009).

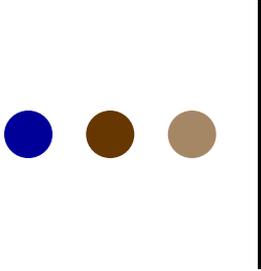




Developing the Prevention Action Plan

To develop the Prevention Action Plan, the Task Force identified:

- 1) The diseases and health conditions with the greatest impact on death and disability.
- 2) The underlying preventable risk factors that contribute to the leading causes of death and disability.
- 3) Evidence-based strategies that can prevent or reduce the risk factors.
- 4) Multi-level interventions based on the socioecological model of health behavior to include in recommendations.

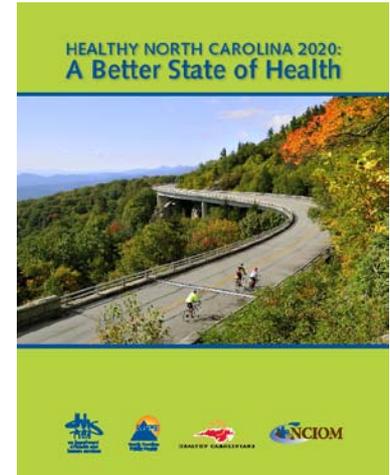


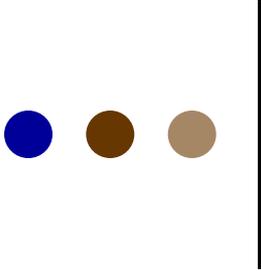
Underlying Preventable Risk Factor Areas

- Tobacco use
- Diet, physical inactivity, overweight/obesity
- Risky sexual behavior
- Alcohol and drug use
- Emotional and psychological factors
- Exposure to chemical and environmental pollutants
- Unintentional and intentional injuries
- Infectious agents
- Racial and ethnic disparities
- Socioeconomic factors

Healthy North Carolina 2020

- The Governor's Task Force for Healthy Carolinians asked the NCIOM to partner with them to develop the state's 2020 objectives and targets. This project was called Healthy NC 2020.
 - Used an expert-based, consensus-driven process to identify “aspirational, yet achievable” objectives and targets.
 - Goal was to have a limited number of objectives for the year 2020.
- Used the work of the NCIOM Prevention Task Force to develop the framework for developing the objectives.





Healthy North Carolina 2020 Development Process

- Three main steps in developing the HNC 2020 objectives and targets:

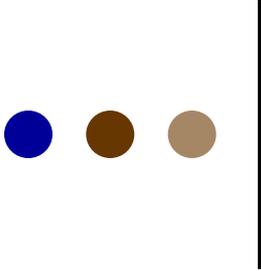
Step 1: Identify appropriate focus areas (e.g., tobacco use, injury, substance use, etc.) in which to develop objectives, building off Prevention Action Plan.

Step 2: Identify limited number of objectives in each focus area (e.g., reduce percentage of adults who smoke).

Step 3: Identify appropriate target for each objective (e.g., reduce percentage of adults who smoke by XX% by the year 2020).

Focus Areas Based on Risk Factor Areas from Prevention Action Plan

- Tobacco Use
- Physical Activity & Nutrition
- Injury & Violence
- Sexually Transmitted Diseases/Unintended Pregnancy
- Substance Abuse
- Mental Health
- Environmental Health
- Infectious Disease & Foodborne Illness
- Social Determinants of Health
- **Oral Health**
- **Maternal and Infant Health**
- **Chronic Disease**
- **Cross-cutting measures**



Healthy North Carolina 2020 Development Process

- Healthy NC 2020 includes 40 objectives in 13 focus areas.
- Development of the 2020 objectives and targets was an inclusive process and included input from various stakeholder groups and more than 150 people.
- The State Health Director will produce an annual report showing progress, or lack thereof, on the 40 objectives.

Recommendations to Implement Evidence-Based Strategies

- Most of the recent NCIOM Task Forces include recommendations for state, local, and community organizations to implement evidence-based strategies to improve population health through clinical care and community based interventions
 - Healthy NC 2020 includes examples of evidence-based or evidence-informed strategies to improve population health in the 13 different focus areas
 - Prevention Action Plan also includes evidence-based or evidence-informed strategies and organizational websites that collect and evaluate evidence-based strategies/programs

2020: A Better State of Health



Healthy North Carolina
A Better State of Health 2020

METHODS



Evidence-based Interventions and Technical Assistance



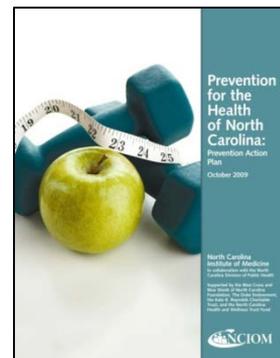
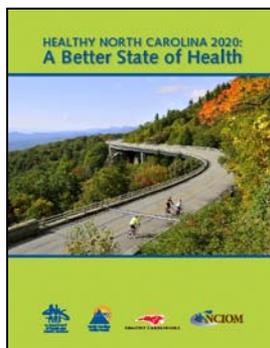
Epidemiology, Surveillance, and Monitoring

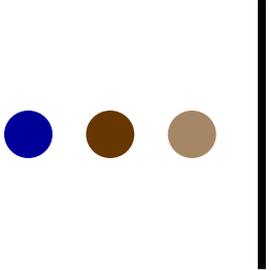


Quality Improvement



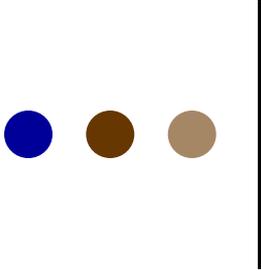
Public-Private Partnership Support





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NCIOM Task Force on Implementing Evidence-Based Strategies in Public Health

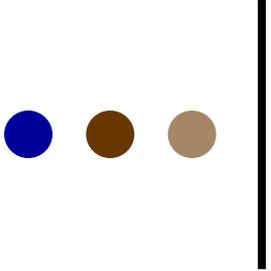
- The Task Force is charged to develop recommendations to assist public health professionals in the identification and implementation of evidence-based strategies within their communities to improve population health.
- This project is a collaborative effort with the North Carolina Division of Prevention, Access and Public Health Services and the North Carolina Center for Public Health Quality and is being supported by National Public Health Improvement Initiative funding from the Affordable Care Act.

NCIOM Task Force on Implementing Evidence-Based Strategies in Public Health

- Task Force comprised of 33 members
- Task Force will meet 6 times
 - Friday, March 2nd from 10-3 at the NCIOM
 - Thursday, March 29th from 10-3 at the NCIOM
 - Monday, April 30th from 10-3 at the NCIOM
 - Thursday, May 17th from 10-3 at the NCIOM
 - Friday, June 8th from 10-3 at the NCIOM
 - Thursday, July 7th from 10-3 at the NCIOM

Meeting Materials on NCIOM Website

- We know that Task Force members may have conflicts for some of the meetings
 - We host webinars and conference calls for each meeting so that you can follow online or participate over the phone
 - We post meeting summaries and all meeting presentations on our website:
<http://www.nciom.org/task-forces-and-projects/?task-force-on-evidence-based-practice>
 - Calendar and directions also available on the NCIOM website



For More Information

- Websites: www.nciom.org
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- Key contacts:
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