



TASK FORCE ON IMPLEMENTING EVIDENCE-BASED PRACTICE IN PUBLIC HEALTH

**Thursday, March 29, 2012
North Carolina Institute of Medicine, Morrisville
10:00 am – 3:00 pm
Meeting Notes**

Attendees

Members: Alice Ammerman (co-chair), Laura Gerald (co-chair), Gibbie Harris (co-chair), Battle Betts, Megan Davies, Carolyn Dunn, Jeff Engel, Cameron Graham, Jacqueline Halladay, Eleanor Howell, Rebecca King, Roxanne Leopper, Michelle Lyn, John Morrow, Sandy Mort, Lloyd Novick, Marilyn Pearson, Janice Petersen, Ruth Petersen, Holly Powell, Rebecca Reeve, Kevin Ryan, Meka Sales, Jeff Spade, Cappie Stanley, Anne Thomas, Melissa Van Dyke

Steering Committee and NCIOM Staff: Colleen Bridger, Laura Edwards, Lisa Macon Harrison, Greg Randolph, Pam Silberman, Anne Williams

Other Interested people: Lydia Dedner, Laura Louison, Oby Nwankwo, Cathy Thomas, Holly Watkins

WELCOME AND INTRODUCTIONS

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 at Chapel Hill

Laura Gerald, MD, State Health Director, North Carolina Division of Public Health

Gibbie Harris, Health Director, Buncombe County Health Director

SUCCESSFULLY IMPLEMENTING EFFECTIVE STRATEGIES IN PUBLIC HEALTH

Melissa Van Dyke, LCSW, MSW, PhD, Candidate, Associate Director, National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill

Ms. Van Dyke presented implementation science to the task force and summarized what local organizations need to know to successfully implement, scale-up, and sustain effective public health strategies. She outlined the need for careful assessment and strategy selection, implementation drivers that result in competence and successful organizational and wide-spread change, and the roles and responsibilities of those involved in strategy implementation such as program developers, purveyors and implementation teams.

Ms. Van Dyke argued that communities are often not able to make choices the way we say they should due to time and resource restraints. The more they are able to use a well-thought out process for selection, the more likely they will make the right choices for our communities. The selection process relies on assessing the needs of the population, identifying interventions

available to meet those health needs, and making a choice informed by the strength of evidence, the fit for the community, and the ability to effectively implement the intervention. Ms. Van Dyke emphasized the importance of quality implementation of interventions that are chosen for their feasibility in the community.

Additionally, Ms. Van Dyke outlined the leadership, capacity builders, and data systems that are key to operationalizing implementation. She highlighted the idea of reciprocity of accountability, which states that for every increment of performance demanded there is an equal responsibility to provide the capacity to meet the expectation.

A copy of Ms. Van Dyke's presentation is available here: [Successfully Implementing Effective Strategies in Public Health](#).

Selected questions and comments:

- Q: How comfortable are the local people in the room with the idea of the state gathering information and doing some pre-screening of interventions and providing a narrowed list of strategy options?
A: There were mixed responses, and members noted that the answer may be different for different groups—some may prefer broader or narrower selections of choices. However, the gap seems to be in the information provided about the options, not the number of options. Receiving a list of 15 strategies to reduce teen pregnancy is not helpful without also being given enough information to make an informed selection.
- C: We don't want to focus this work on only the evidence-based practices that the state has the ability to fund. Local departments need to be able to show the impact of what they're doing.
- C: Sustainability is key, but I would hate for a department to not do a valuable program simply because it will only last five years. You can't get future funding if you don't start the program and demonstrate its value.
R: How can we start with a vision for achieving sustainability?
- C: Who you involve from the beginning in the conversation about what should be done and why is a very important decision.

DPH EXPERIENCE IN SUPPORTING EVIDENCE-BASED PROGRAMS

Kevin Ryan, MD, MPH, Chief, Women's and Children's Health Section, Division of Public Health, North Carolina Department of Health and Human Services

Laura Louison, MSW, MSPH, NC MIECHV Program Director, Women's and Children's Health Section, Division of Public Health, North Carolina Department of Health and Human Services

Ms. Louison gave the task force an overview of the North Carolina Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and some of the day to day challenges DPH faced in trying to implement the program. MIECHV is a home visiting initiative that provides support services to parents to help them feel comfortable and competent beginning with pregnancy and continuing until the child reaches the age of 5.

MIECHV faced a challenging implementation timeline that forced a rushed planning period which meant they were not able to engage people to the extent they would have liked, and was

followed by a significant funding delay. The gap allowed for some extra time to be spent in the installation phase, but a lack of flexibility in the system also impacted the hiring timeline.

Ms. Louison also summarized the challenges MIECHV faces in supporting different programs in different communities. There are different types of home visiting programs in the state with varying types of infrastructure and funding; supporting a broader array of models requires greater infrastructure. She also noted that it is challenging to find the balance between not giving enough support or building adequate infrastructure, and doing too much without allowing the local community to take ownership. In their experience, they have learned that expansion sites need just as much assistance as sites first starting a program.

A copy of Dr. Ryan and Ms. Louison's presentation is available here: [North Carolina & Home Visiting](#).

GROUP DISCUSSION

Pam Silberman, President & CEO, North Carolina Institute of Medicine

Today's task force discussion questions focuses on evidence based programs. Policies and clinical interventions will be considered in future meetings.

- Selection
 - What do LHDs need to ensure successful selection of EBS?
 - Knowing what the available intervention options are
 - Having a clear definition of the community health need helps narrow down the strategy selection. Local health departments know how to assess need. A tool to compare the community needs to the priorities of the strategies would facilitate this.
 - A tool to match EBS to community constraints would also be valuable. Communities need more detailed information about the costs, training specifics, and necessary staff or workforce qualifications for each EBS. For example, which programs provide real, onsite coaching?
 - Need to help community partners understand the importance of implementing EBS with fidelity.
 - Know what the state will fund. Local departments also need to be able to forecast the longevity of funding or potential budget cuts in order to be able to consider sustainability in the selection process in an uncertain political and fiscal environment.
 - What can the state do to help ensure successful selection of EBS?
 - Help direct local communities to appropriate listings of EBS.
 - Help provide the level of information needed to make informed choices—level of evidence, national support, costs, training/coaching needs and supports, funding availability from state and other.
 - HealthStats website provides a place to say what works and where it is already implemented.
 - Identify appropriate selection tools to help communities identify and select appropriate EBS.

- Provide a list of questions that are important for communities to consider when calling the national program office. Local feedback about questions they wished they'd asked is a good resource for developing this list. Overtime the answers could help build a better resource.
 - Connections to federal program offices if they provide technical support.
 - It is important that resources focus not only on the strength of evidence but also on selecting the program that is the best match for the community.
- Implementation
 - What do LHDs need to ensure successful implementation of EBS?
 - Systems change needs to be addressed prior to implementation—government bureaucracy is not easy to change.
 - Getting the staff to change their behavior is challenging. Fidelity falls apart in the absence of good oversight. It can be challenging to implement new programs with existing staff depending on their capacity and expertise.
 - Time and costs of coaching and training need to be built in from the start. Can communities draw on local resources for coaching?
 - Need to create a shared vision of public health practice in order to engage community partners and make sure they are willing to change.
 - Leadership capacity to manage change is critical to success.
 - Need to identify “core elements” to know what aspects are important to implement with fidelity and what can be tailored to local needs.
 - What can the state do to help ensure successful implementation of EBS?
 - Develop a common language about why it is important to use EBS to help provide consistent messages for cultivating community partners.
 - Create practice-policy feedback loop.
 - Model for execution—leadership needs to prioritize the work and alignment of strategic initiatives.
- Performance Evaluation
 - What do LHDs need to ensure successful evaluation of EBS?
 - Staff does not have the expertise for evaluation.
 - There is no funding for evaluation.
 - What can the state do to help ensure successful evaluation of EBS?

Selected questions and comments:

- Q: Are programs different from clinical interventions in the sense of permanence or duration? A: Success of program implementation is affected by whether the practice views it as a project or a transformation.
- Q: How do you distinguish the key elements of a program that cannot be changed from the elements which can be modified to match community needs? A: It is not an exact science. Communities can work with developers to identify core elements. Also, the performance measures and theoretical underpinnings may highlight specific elements.

NEXT STEPS

The discussion of evaluating evidence-based programs will be continued at the next meeting, on Monday, April 30, 2012.

We are waiting on formal IRB exemption before distributing the survey to local health directors.