



TASK FORCE ON IMPLEMENTING EVIDENCE-BASED STRATEGIES IN PUBLIC HEALTH
Monday, April 30, 2012
North Carolina Institute of Medicine, Morrisville
10:00am – 3:00pm
Meeting Summary

Attendees

Members: Alice Ammerman (co-chair), Laura Gerald (co-chair), Gibbie Harris (co-chair), Monique Bethell, Battle Betts, Bob Blackburn, Megan Davies, Carolyn Dunn, Jeff Engel, Jacqueline Halladay, Eleanor Howell, John Morrow, Marilyn Pearson, Janice Petersen, Ruth Petersen, Joy Reed, Rebecca Reeve, Kevin Ryan, Meka Sales, Anna Schenck, Anne Thomas, Melissa VanDyke

Steering Committee and NCIOM Staff: Colleen Bridger, Laura Edwards, Lisa Harrison, Pam Silberman, Anne Williams, Berkeley Yorkery

Other Interested people: Sally Herndon, April Reese, Jean Spratt

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

Dr. Gerald and Dr. Ammerman welcomed everyone to the task force meeting and asked people to introduce themselves.

TASK FORCE UPDATE

Pam Silberman

President & CEO

North Carolina Institute of Medicine

Dr. Silberman reviewed the charge to the task force and updated the task force on the process and the framework for upcoming meeting discussions. The task force's discussion will examine what happens at the state and local levels during the selection, implementation, and evaluation of evidence-based programming, policy, and clinical strategies. The task force will then review the local health director survey results and discuss potential recommendations.

A copy of Dr. Silberman's presentation is available here: [NCIOM Task Force on Implementing Evidence-Based Strategies](#).

IMPLEMENTING EVIDENCE-BASED STRATEGIES DISCUSSION CONTINUED

This discussion wraps up the task force's discussion on evidence-based programs.

- Evaluation
 - What do LHD's need to ensure successful evaluation of EBS?
 - Reframe what we think about evaluation to include both implementation process and local outcomes evaluation. The intervention has been evaluated before. Implementation with fidelity and showing that the intervention is achieving outcomes helps local departments secure sustainable funding.
 - Do evaluation along the way, not all at the end. Evaluation should be included in the planning from the beginning and evaluation support should be maintained throughout the work, not just at the end.
 - Learn a model for evaluation that can be used across ebs.
 - It can be difficult to find affordable resources to perform evaluations.
 - Pick outcomes that are moveable through the intervention so as not to set yourself up for failure.
 - Incorporating the community into the evaluation process helps to build community buy-in and support. Developing evaluation as part of the intervention helps create a sense of community results.
 - Long-term evaluation is challenging because funding runs out before program operates long enough to perform evaluation.
 - Data infrastructure—think ahead about the necessary program specific electronic information systems.
 - It would be helpful to have data systems where partners can add their data directly and LHD don't have to do data entry for all the partners.
 - There is a difference between PDSA (plan, do, study, act) rapid cycle quality improvement approach and evaluation science.
 - What can the state do to help ensure successful implementation of EBS?
 - Have consistent evaluation expectations so that locals can develop a standard evaluation skill set.
 - The state can really help talk about the importance of evaluation, develop a common language around the meaning of evaluation, and build their capacity for evaluation coaching tied to a teachable moment.
 - Help LHDs understand the benefits of evaluation—frame it as doing right by the community members.
 - State cadre of coaches to offer technical assistance around implementation, data systems, and QI process. Looks at the data and coaching should happen monthly.
 - Generic coaches or coaches around specific programs, or both? If there are program/model specific coaches, how many programs/models will the state support? Generic

coaches can help develop a level of proficiency of evaluation.

- The state and its partners could provide assistance on a limited number, starting with Healthy North Carolina 2020 objectives.
- State should supply an updated basic list of evidence-based programs. LHD should be able to research on their own and the state could provide consultation on additional choices if the locals have questions about unlisted interventions.
- Approach training in a “just in time” mentality take an experiential learning approach to time it as part of implementing a particular strategy.
 - Task force members discussed creating data sets that cut across different types of programs, targeted data systems, large multi-functional data systems, and data warehouses.
 - This task force could be good for prioritizing training needs.
 - Keep it simple. People need to be convinced to move towards a new way of thinking, a new process. We need to think purposefully about building local capacity. Where to find help, selection, implementation, and evaluation should be simple.
 - Track policy changes around the state and create a forum for health departments to work together.

SUPPORTING EVIDENCE-BASED POLICIES AT THE LOCAL LEVEL

Sally Herndon

Head

Tobacco Prevention and Control Branch

Division of Public Health

North Carolina Department of Health and Human Services

Ms. Herndon summarized her experience with implementing local smoke-free policies and emphasized the following nine strategic planning questions that she uses regularly as a starting point when working to implement policy changes:

1. What do we want? (Goals)
 - a. Is it an evidence-based policy?
2. Who can give it to us? (Audiences, Key Players, Power-holders)
 - a. Three sides of Influence: Advocacy, Government, Community
 - b. Consider formal and informal leaders
3. What do they need to hear? (Messages)
 - a. Media Advocacy
 - b. Use clear, focused, repeated messages on the benefits of the policy
4. Who do they need to hear it from? (Messengers)
5. How can we get them to hear it? (Delivery)
6. What have we got? (Assets and Resources)

- a. SWOT (Strengths, Weakness, Opportunities, and Threats) Analysis
- 7. What do we need to develop? (Gaps)
- 8. How do we begin? (First Steps)
 - a. Lay out an implementation timeline for all of the pieces. Think ahead and include flexibility for opportunistic events—you need to be ready to jump at open doors and not stay chained to the timeline.
- 9. How do we tell if it's working? (Evaluation)

Ms. Herndon noted that passage of the policy should be celebrated to maintain positive publicity, but is only the beginning—next you have to implement it.

A copy of Ms. Herndon's presentation is available here: [Success! Local Public Health Policy Interventions](#).

Selected questions and comments:

- Q: Where does cost fall in the SWOT analysis? A: In this budget environment, financing is involved throughout and is commonly a threat (or an opportunity, if able to save money).
- Q: Were the evaluation metrics tied to the same timeline as the implementation plan. A: It was all tied together. We were able to show that we were implementing pieces on time according to the plan.

GROUP DISCUSSION

Today's task force discussion questions focus on evidence-based policies. Clinical interventions will be considered at the next meeting.

- Selection
 - What do LHDs need to ensure successful selection of evidence-based policy interventions?
 - This is an emerging research area. Members discussed the need for help understanding what policies mean for a LHD and how it can be applied at the local level.
 - After a need is identified, locals need to know where to find the menu of policies that can achieve outcomes to address the identified need. However, there is less evidence in the area of policy.
 - A community's readiness to change should be considered—could the community be supportive of change?
 - Community goals should be identified in addition to health department, municipal or organizational policy goals. What are the hospital goals, for example?
 - Consider in advance which counties influence each other in addition to how policy changes in one sector impact other systems. Consider both the spread of influence, and potential spillover effects.
 - Perform good environmental scans and take advantage of windows of crisis or opportunity.
 - What can the state do to help ensure successful selection of evidence-based policy interventions?

- Provide resources such as a toolkit with model language. Provide streamlined messages, and technical assistance around messaging and message delivery to help community members realize policy change.
 - Respond to local barriers and work with state agencies to reduce barriers.
 - Design a key informant interview tool for formal and informal leaders to analyze the community’s readiness for change.
 - Translate federal policies and help LHD determine how to implement them at the local level.
 - Support collaborative models between the state and local agencies—incorporate collaborative training opportunities such as leadership academies.
- Implementation
 - What do LHDs need to ensure successful implementation of evidence-based policy interventions?
 - Identify other successful local models and facilitate LHD peer learning.
 - More training is needed for staff that would help implement ebs at the local level—health promotion, and health education staff, LHD management teams and local boards of health.
 - Health department staff needs to help facilitate, educate and coach community change and collaboration.
 - It is important for local leaders to do SWOT analyses for community policies.
 - Advocates need to look at how policies can be passed—municipality referendums, county ordinances, or LHD policies, for example.
 - It is important to reach out to non-traditional partners such as business or commerce leaders or the department of transportation, and involve community coalitions with overlapping interests.
 - What can the state do to help ensure successful implementation of evidence-based policy interventions?
 - Provide technical assistance to help maintain existing EBS, as well as for implementing new EBS.
 - Help set realistic timeframes for successful policy implementation.
 - Promote messages that suggest changes in existing policies are helpful or identify policy as an opportunity for positive change. Help identify messengers and local spokespeople.
 - Work with other state agencies to assist with local change.
 - Coach local communities around health impact assessments and the notion of health in all policies.
 - Make information on successful practices and locally implemented policies available to communities. Include information about the collaborations and partnerships formed in the resource. Economic impact data is often beyond local means.
- Evaluation

- What do LHDs need to ensure successful evaluation of evidence-based policy interventions?
 - Policies need to be monitored to determine if they are being implemented. Compliance is often complaint driven because the resources are not available to inspect every public health policy.
 - LHD face the challenge of navigating the tension between compliance and enforcement of policies and continued collaborative relationships with community members.
 - Identify intermediate impact measures for short-term evaluation. Consider both process and outcome evaluation.
 - Local boards of health have broad rulemaking authority to protect and promote the public health except where preempted by the state. Boards of health could be a “spark plug” in communities because their focus is the health of the community..
- What can the state do to help ensure successful evaluation of evidence-based policy interventions?
 - Offer a place to disseminate shared information or data on implemented policies and evaluation.
 - Offer assistance in evaluation design. Provide coaching or training, or a toolkit for how to evaluate policy implementation. The CDC has a toolkit, and there is a Forecast evaluation model. \
 - The state will be doing a Community Transformation Grant (CTG) needs index including assessment to develop 10 CTG regions across the state.

Selected questions and comments:

- C: Durham CAN (Congregations, Associations, and Neighborhoods) is an organization that holds listening sessions to identify issues for local leaders for the year. This is a fun model that could be implemented elsewhere in the state.
- C: It can be easy to forget that implementing policies takes time. (The tobacco movement started 20 years ago.) It is important to help everyone understand how long success can take with important policy changes.

NEXT STEPS

The May meeting will focus on selecting, implementing, and evaluating evidence-based clinical interventions.