



TASK FORCE ON IMPLEMENTING EVIDENCE-BASED STRATEGIES IN PUBLIC HEALTH

June 8, 2012

North Carolina Institute of Medicine, Morrisville

10:00-3:00 pm

Attendees

Members: Alice Ammerman (co-chair), Laura Gerald (co-chair), Monique Bethell, Bob Blackburn, Carolyn Dunn, Jacquie Halladay, Eleanor Howell, John Morrow, Marilyn Pearson, Rebecca Reeve, Kevin Ryan, Meka Sales, Anna Schenck, Cappie Stanley

Steering Committee and NCIOM Staff: Krutika Amin, Libby Betts, Colleen Bridger, Lisa Macon Harrison, Greg Randolph, Mike Steiner, Pam Silberman, Anne Williams, Berkeley Yorkery

Interested Persons: Jim Martin, Joy Reed, Anne Thomas

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 called the meeting to order and welcomed everyone.

LOCAL HEALTH DEPARTMENT SURVEY RESULTS

Anne Williams

Research Assistant

North Carolina Institute of Medicine

Ms. Williams presented the results of the survey of local health departments (LHD). The survey targeted LHD awareness and current use of evidence-based strategies (EBS), the barriers they face in implementing EBS, the partners and resources available for assistance in implementing EBS, and their local health priorities. The survey results are available here: [Survey Results](#); and a copy of Ms. Williams' presentation is available here: [Survey Summary](#).

Selected Questions and Comments:

- C: A lot of the barriers that come up in the survey link well to topics we have been discussing in these meetings.

- C: The social determinants of health Healthy North Carolina 2020 (HNC 2020) area does not map well to a health department program area. However, many programs that address social determinants of health also have health benefits. More guidance may need to be provided about the relationship between EBS to improve social determinants and health outcomes to encourage LHD to look at a broader range of programs.

ANALYSIS OF EVIDENCE-BASED REGISTRIES

Libby Betts

Intern

North Carolina Institute of Medicine

Berkeley Yorkery, MPP

Project Director

North Carolina Institute of Medicine

Ms. Betts gave the task force an overview of the index of EBS registries and resources she has drafted thus far. The index notes the types of information each registry provides for EBS in each of the top seven priority HNC 2020 focus areas as determined by the LHD survey. Noting that it is a work in progress, she welcomed suggestions for additional websites to include. A copy of the document is available here: [EBS Resources](#).

Ms. Betts also introduced the Colorado Center for the Study and Prevention of Violence matrix of programs which outlines the effectiveness ratings various federal and private agencies have assigned to prevention programs. The matrix is available here: [Matrix of Programs](#).

Ms. Yorkery gave the task force a brief overview of the information provided by the Washington State Institute for Public Policy's (WSIPP) report "Return on Investment: Evidence-Based Options to Improve Statewide Outcomes." A copy of the full report is available here: [WSIPP Report](#).

Selected Questions and Comments:

- Q: Is WSIPP doing similar return on investment analysis for clinical interventions? A: Have not seen that they are doing analysis of clinical interventions.
- Q: How specific to Washington's financial structure is their analysis? Could the same methodologies be applied by a North Carolina research team? A: The methodology is still being refined and thus the numbers change. The relative comparisons should hold true in other locations, but NC specific data would be better for reaching the general assembly.

GROUP DISCUSSION OF POTENTIAL RECOMMENDATIONS

Pam Silberman, JD, DrPH

President & CEO

North Carolina Institute of Medicine

Selected Discussion:

- Assumptions:
 - We should implement EBS to the extent possible in order to maximize positive health impacts.
 - LHD and the state are unlikely to obtain new resources to implement EBS over the next 2-5 years. We need to think about how we can implement EBS in existing policies, programs, and clinical services.
 - The state and LHD have reciprocal obligations in order to implement EBS. For each step, selection, implementation, and evaluation that the LHD is responsible for completing, the state has corresponding responsibilities to support the LHD.
- Three ways to implement EBS within LHD:
 - Enhancing existing efforts—which current practices can be transitioned to be more evidence-based and what are new EBS that can be implemented?
 - Shifting existing resources—consider the opportunity costs of shifting resources. Incentives to do EBS may help offset opportunity costs of shifting resources from revenue generating to non-revenue-generating programs.
 - New resources—new types of collaborations and partnerships with funders, businesses and non profits.
- Balancing state support and statewide implementation of EBS and local priorities and flexibility:
 - The state and LHD will partner to implement EBS. The state will identify and support EBS from which the LHD can select appropriate programs. LHD will also have the freedom to research and select other EBS to meet individual community needs.
 - How many EBS can the state realistically support?
 - State should look at county action plans to see which two objectives and which 2-3 EBS the LHD have identified. The state should perform a gap analysis of EBS supported for the top 7 priority focus areas and identify which focus areas do not already have 2-3 identified and supported EBS and support EBS for each of the 7 top priority focus areas: by July 1, 2013.
 - EBS that are currently being supported that are not in one of the top 7 priority areas or are in addition to the suggested 2-3 should be continued.
 - What types of support should the state provide for identified EBS?
 - Selection Assistance
 - Implementation Tools & Resources
 - Technical assistance with Evaluation
 - Training, Coaching, and Dissemination of Information
 - There are currently Health Stats, CPHQ, and HNC2020 websites that provide information on EBS. They should collaborate, but the Task Force agreed that the Center for Healthy NC should be the organizational home for a web resource and responsible for updates.
 - Have an EBS champion in each division and branch.

- State trainers will need a preparatory overview of EB training strategies.
- Have early adopters become the champions and cultivate peer messengers. Match the most effective messenger to the message. Encourage peer connectivity and mentoring.
- Highlight success stories from LDH that have implemented strategies and celebrate and map successes to emphasize the cumulative impact and provide visual networking cues at the state and local levels.
- Training to build awareness and buy-in can be done at LHD meetings, but they are not the right setting for training to develop practical skills. Some task force members expressed a preference for online training materials that can be archived and revisited, although others cautioned that webinars do not gather the full audience alone.
- Reciprocal obligations for LHDs?
 - Currently, LHD are required for their community action plans to identify at least 2 new HNC2020 objectives, and list 3-5 EBS considered to address each objective.
 - LHD should obligated to be the lead agency in the implementation of an EBS for each of the 2 HNC 2020 objectives with fidelity and capture and report evaluation data EBS.
- Other Concerns:
 - System should allow for moving quickly to take advantage of new funding opportunities as they become available.
 - Paradigm Shift from QA to more collaborative QI.

NEXT STEPS

The next meeting will be held Wednesday, August 8, 2012.