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

North Carolina 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

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

- Over the past few years, the NCIOM, the Division of Public Health (DPH), and other state partners have worked together to develop a vision and roadmap for improving population health.
  - *Prevention Action Plan for North Carolina* included evidence-based strategies to improve population health
  - *Healthy North Carolina 2020: A Better State of Health* includes 40 objectives to improve population health by 2020 as well as evidence-based strategies to help achieve the objectives.

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

- NCIOM, in collaboration with the North Carolina Center for Public Health Quality, the Center for Healthy North Carolina, and DPH convened the Task Force on Implementing Evidence-Based Strategies in Public Health
  - Built on the prior work to improve population health
  - Focused on what can be done at the state and local level to improve outcomes for the HNC 2020 objectives
  - Met six times between March and September of 2012
  - Funded by the Centers for Disease Control and Prevention's National Public Health Improvement Initiative

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

- Co-chairs
  - **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 (UNC) at Chapel Hill
  - **Laura Gerald, MD**, state health director, Division of Public Health, North Carolina Department of Health and Human Services
  - **Gibbie Harris**, Health Director, Buncombe County Health Department
- There were 37 additional Task Force and Steering Committee members

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Background: Role of DPH and LHDs

- In North Carolina, the Division of Public Health (DPH) and the local health departments (LHDs) are charged with working in partnership to "promote and contribute to the highest level of health possible for the people of North Carolina" by:
  - Preventing health risks and disease
  - Promoting healthy lifestyles
  - Promoting a safe and healthful environment
  - Promoting the availability and accessibility of quality health care services through the private sector or directly if not otherwise available

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Background: Why Evidence-Based Strategies

- To accomplish their mission with limited financial resources, DPH and LHD must find ways to optimize the impact of their work
- Evidence-based strategies (EBS) offer a way to do this by incorporating scientific evidence about what works into management decisions, program implementation, clinical services, and policy development

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Background: Defining EBS

- Evidence-Based Strategies Continuum
  - ***Promising (P):*** These practices are supported by intervention evaluations without peer review of practice or publication that have evidence of effectiveness, reach, feasibility, sustainability, and transferability.
  - ***Emerging (E)*****:** These practices are supported by field-based summaries or evaluations in progress that have plausible effectiveness, reach, feasibility, sustainability, and transferability.
- Source: Adopted from the Centers for Disease Control and Prevention Best Practices Workgroup

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Background: Defining EBS

- ***Best (B), Proven, or EBP:*** These practices are supported by intervention evaluations or studies with rigorous systematic review that have evidence of effectiveness, reach, feasibility, sustainability, and transferability.
- ***Leading (L):*** These practices are supported by intervention evaluations or studies with peer review of practice that have evidence of effectiveness, reach, feasibility, sustainability, and transferability.
- ***Promising (P):*** These practices are supported by intervention evaluations without peer review of practice or publication that have evidence of effectiveness, reach, feasibility, sustainability, and transferability.
- ***Emerging (E)*****:** These practices are supported by field-based summaries or evaluations in progress that have plausible effectiveness, reach, feasibility, sustainability, and transferability.

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Source: Adopted from the Centers for Disease Control and Prevention Best Practices Workgroup

Background: Defining EBS

Evidence of Effectiveness

Greater Evidence ⟷ **Less Evidence**

Best (B) or Proven | **Leading (L)** | **Promising (P)** | **Emerging (E)**

- The Task Force emphasized the need to encourage LHDs to implement EBS that are Best (B) or Leading (L) because of the weight of evidence supporting these strategies.

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Selection, Implementation, and Evaluation

- When selecting an EBS, LHDs must look at available research and weigh information about potential EBSs, the needs and wants of the population, and the resources available
  - Should be targeted to the community health priorities identified through needs assessment
- Strategy must be implemented with fidelity to the original model program, clinical intervention, or policy
- Effective evaluation requires the collection of process and outcome measures

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Task Force Vision

- Selecting, implementing, and evaluating EBSs often requires skills, knowledge, and resources that LHDs may not currently have
- *Improving North Carolina's Health: Applying Evidence for Success* provides the vision of the Task Force for how to improve the health of North Carolinians through a strong partnership between DPH and LHDs, as well as other state partners, working collaboratively to effectively select, implement, and evaluate EBSs.

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Working Collaboratively

- Collaborative leadership, built on a foundation of reciprocal accountability that recognizes and builds on the responsibilities, assets, and strengths of DPH and LHDs, is critical
  - For every increment of performance demanded from LHDs, DPH has an equal responsibility to provide LHDs with the capacity to meet those expectations
  - Recommendations include steps that both DPH and LHDs should take

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Recommendation: Education

- DPH and LHD staff need a basic understanding of what EBSs are, why it is important to implement EBSs, and the need to implement these strategies with fidelity to their tested design
  - **Recommendation 5.1: Educate LHDs about Evidence-based Strategies and Implementation Science**: State public health staff, in partnership with other state agencies and other partners, should offer trainings on EBS to appropriate state, regional, and local staff.

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Recommendation: Selection

- LHDs need more information about the different EBSs including
  - Level of evidence supporting the various EBSs
  - Staffing needs
  - The costs of implementation
  - Whether or not the program offers technical assistance and/or coaching to implement the program with fidelity

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Recommendation: Selection

- **Recommendation 5.2: Select Appropriate Evidence-Based Strategies:** The Division of Public Health should provide guidance to LHDs around selecting appropriate evidence-based strategies. As part of this effort, DPH should work with local health directors, academic institutions, and partnering organizations to identify 2 state-supported EBSs for 10 of the priority HNC 2020 objectives identified by LHD action plans, and at least one expert contact for each selected EBS.

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Recommendation: Implementation

- Need to ensure LHDs have training and expertise needed to implement chosen EBSs with fidelity
  - **Recommendation 5.3: Implement Evidence-Based Strategies:** DPH should create a system that supports and encourages LHDs to implement EBSs with fidelity through utilizing a quality improvement approach; pursuing and publicizing funding opportunities; promoting learning collaboratives; and providing training, technical assistance, and coaching to the extent possible.

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Recommendation: Evaluation

- Collecting process and outcome measures is critical for evaluating the effectiveness of the EBS
  - **Recommendation 5.4: Monitor and Evaluate Process and Outcomes:** DPH should identify or develop evaluation and data collection tools for each state-selected EBS and provide training and coaching to local staff to enable them to collect the appropriate data. LHDs should ensure staff receive necessary training to collect requisite process and outcome data.

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Recommendation: Reciprocal Obligation

- **Recommendation 5.5: Revise the Consolidated Agreement:** If DPH fulfills the obligations outlined in recommendations 5.1-5.4, then DPH should revise the 2013 Consolidated Agreement to require LHDs to identify and implement two new EBSs to address HNC 2020 priority objectives from different HNC 2020 focus areas as identified through the community health assessment. The LHD action plans should articulate the selected EBSs, and plans for staffing, training, implementation, and evaluation.

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Recommendation: Evaluation

- Expand reach of DPH by partnering with state and national partners
  - **Recommendation 5.6: Collaborate with Partner Organizations:** The Center for Training and Research Translation within UNC-CH, should convene academic and other appropriate organizations to work with DPH and LHDs in implementing evidence-based strategies to address the Healthy North Carolina 2020 objectives. These organizations should, to the extent possible, assist the state in identifying appropriate EBSs to address priority HNC 2020 objectives; provide implementation support; assist with the collection and analysis of data.

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For More Information

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