TASK FORCE ON IMPLEMENTING EVIDENCE-BASED STRATEGIES

Friday, March 2, 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), Bob Blackburn, Kellan Chapin, Megan Davies, Jeff Engel, Cameron Graham, Jacqueline Halladay, Eleanor Howell, Rebecca King, Roxanne Leopper, Michelle Lyn, John Morrow, Sandy Mort, Lloyd Novick, Marilyn Pearson, Janice Petersen, Rebecca Reeve, Kevin Ryan, Anna Schenck, Cappie Stanley, Anne Thomas, Melissa VanDyke

Steering Committee and NCIOM Staff: Krutika Amin, Laura Edwards, Thalia Fuller, Lisa Macon Harrison, Greg Randolph, Mike Steiner, Pam Silberman, Anne Williams, Berkeley Yorkery

Other Interested people: Colleen DiLiddo

WELCOME AND INTRODUCTIONS

Alice Ammerman, DrPH, RD
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
Co-Chair

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

Gibbie Harris
Health Director
Buncombe County Health Department
Co-Chair

Dr. Ammerman, Dr. Gerald, and Ms. Harris welcomed everyone to the Task Force's first meeting and asked people to introduce themselves.

CHARGE TO THE TASK FORCE AND NCIOM OVERVIEW

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

Dr. Silberman gave the task force an overview of the NCIOM, the task force process, the background leading up to the task force, and the charge to the task force. In 2008-2009, NCIOM collaborated with the NC Division of Public Health (DPH) to develop the NC Prevention Action Plan. This work was used in the development of the thirteen Healthy North Carolina 2020 focus

areas. Most of the recent NCIOM Task Forces include recommendations for state, local, and community organizations to implement evidence-based or evidence-informed strategies to improve population health. The Task Force on Implementing Evidence-Based Strategies in Public Health 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.

Dr. Silberman's presentation is available here: Overview of the Task Force Process.

NATIONAL PUBLIC HEALTH IMPROVEMENT INITIATIVE FUNDING IN NORTH CAROLINA AND ROLE OF THE NC CENTER FOR PUBLIC HEALTH QUALITY

Lisa Harrison, MPH
Senior Program Director, Performance Improvement
North Carolina Center for Public Health Quality
North Carolina Division of Public Health

Greg Randolph, MD, MPH
Director
North Carolina Center for Public Health Quality
North Carolina Division of Public Health

Ms. Harrison and Dr. Randolph gave the task force an overview of the goals of the National Public Health Improvement Initiative (NPHII) grant, and the role of the North Carolina Center for Public Health Quality (NCCPHQ). Ms. Harrison presented a framework for translating research into public health action and emphasized that the focus of the task force is application of evidence-based strategies, which follows discovery, translation, and dissemination. Dr. Randolph identified the top barriers to implementation/execution of EBS, including time, resistance to organizational change, unintended consequences/risk, and competency in effecting change or managing the change process. Ms. Harrison and Dr. Randolph also highlighted primary resources available to local health departments such as the community guide, the promising practices network, and the division sections that are charged with providing resources at technical assistance for communities.

Ms. Harrison and Dr. Randolph's presentation is available here: Affecting Quality and Applying Evidence-Based Practice in Public Health.

Selected questions and comments:

- C: Don't forget that cost is a significant barrier to implementation. Often the costs are in personnel which may also be reflected in time, but true cost is also a barrier. Some of the national resources that describe EBS also provide information about the implementation costs.
- C: The task force will need to wrestle with the tension between implementing with fidelity and adapting to the community context. How hard do we want to push people to implement practices exactly as they were designed or allow communities to take into account local differences?
- Q: What are the winnable battle areas? A: CDC has a list of "winnable battles" which are based on the "magnitude of the health problem and our ability to make significant progress in improving outcomes." These include: Food Safety; Global Immunization; Health-care associated infections; HIV in the US; Lymphatic Filariasis in the Americas; Motor Vehicle Injuries; Nutrition, Physical Activity, and Obesity; Mother-to-Child Transmission of HIV and Syphilis Globally; Teen Pregnancy; and Tobacco.

COMMUNITY HEALTH ASSESSMENT
Eleanor Howell
Manager
Data Dissemination Unit
State Center for Health Statistics

Ms. Howell outlined the types of data collected as part of the community health assessments that local health departments (LHD) complete every three to four years. LHD collect primary data, and conduct community health opinion surveys or small group discussions. Ms. Howell summarized the resources available to LHD to find secondary data, including the County Health Data Book and HealthStats. Ms. Howell gave the task force a tour of the new HealthStats website, on which local health directors can access county level data categorized by the thirteen Healthy North Carolina 2020 focus areas or demographic indicators, as well as resources and guides.

A copy of Ms. Howell's presentation is available here: Data Available for Community Health Assessments.

Selected questions and comments:

- Q: Does the site identify somewhere what criteria are used to identify what resources will be listed on the site? A: The HealthStats website depends on the state branches to identify appropriate resources.
- Q: Does the query system allow you to select multiple counties? A: Yes. You can select whether to see data listed for multiple counties or to be calculated across a multi-county region.

HEALTHY NORTH CAROLINA 2020
Laura Edwards
Director
Center for Healthy North Carolina

Ms. Edwards presented an overview of Healthy North Carolina 2020 (HNC 2020). The report has thirteen focus areas which each have three to four objectives. LHD are required to include a minimum of two HNC 2020 objectives from different focus areas in their community health assessment action plans. Ms. Edwards gave the task force a tour of the HNC 2020 website and the resources it makes available to LHD.

Ms. Edward's presentation is available here: Healthy North Carolina 2020.

Selected questions and comments:

- Q: How are you engaging the organizations that have signed the Resolution? A: We are currently working on a communications plan for reaching out to and thanking people who have signed the resolution.
- Q: Is there any way for LHD to see who in their community has indicated interest in which focus areas? A: The website will have organizational information posted, but not individual information. Not all LHD have signed the resolution themselves.

BENEFITS AND CHALLENGES OF EVIDENCE-BASED STRATEGIES
Alice Ammerman, DrPH, RD

Dr. Ammerman summarized some of the terminology, benefits, and challenges regarding the application of evidence-based strategies. Different organizations use different names to designate points on the spectrum of evidence-based practice, such as proven and promising practices; or emerging, promising, leading, and best practices. One challenge Dr. Ammerman identified is the disconnect between those who know the community and researchers. In addition, she highlighted Ross Brownson's four ways in which a public health program may fail: (1) choosing an intervention whose effectiveness is not established, (2) achieving only weak, incomplete implementation or "reach," (3) conducting inadequate evaluation, and (4) inadequate attention to adapting an intervention the specific population and context. A critical question is to what extent to adapt an intervention or approach, and which core concepts or critical characteristics must be retained. Dr. Ammerman presented the task force with three fundamental questions: (1) Is there a problem and what fuels it? (2) Do we know how to fix it? (3) How much will it cost (financially, politically)?

Dr. Ammerman's presentation is available here: Evidence-Based Strategies Benefits and Challenges.

GROUP DISCUSSION
Pam Silberman, JD, DrPH

Dr. Silberman facilitated group discussion on the following questions:

- What terminology does the Task force want to use in our discussions around "evidence-based" or "best practices"?
- Any outstanding questions about the charge to the Task Force?
- Barriers to implementing evidence-based strategies?
- What does the group need in future meetings to facilitate this effort?

Selected Discussion:

- Terminology
    - How is "practice" being used in this context—clinical, individual, or organizational? "Strategies" may be a good approach to incorporate all three clinical, community, and policy.
    - Are the definitions inclusive of policy issues? Some of the language for policies, such as "transferability," is missing.
    - Is having several levels of "evidence-based" practical?
        - It may be too much to sort through for LHDs
        - Health directors push to ensure room for emerging strategies, and continued opportunities for innovation
- Barriers
    - A culture shift is needed to emphasize quality and allow failure to be a source of learning.
    - Leadership and self-management skills are needed to create and sustain change.
    - The decentralized NC system presents its own challenges. There is a wide range of resources, expertise and infrastructure that impact whether a county can implement an EBS. There are also benefits and barriers to collaborative regional efforts across counties.
    - It is difficult to get researchers involved in PDSA cycles.

    - County level data can be irrelevant when it reflects where people reside rather than where they receive care.
    - The time lag for evaluation data is a problem. What kind of indicators could be used to determine if you are moving in the right direction while you wait for five and ten year evaluations? Once a program has been evaluated, the results need to be disseminated so others can benefit.
- Future Meetings
    - The task force members suggested that the future meeting materials and discussions could be organized using the following matrix framework:

	Clinical	Programmatic	Policy
Selection			
Implementation			
Evaluation			

- Local Health Director Survey
    - The task force discussed the survey draft and emphasized the need to keep it brief and easy to read.