



# NCIOM Task Force on Implementing Evidence- Based Strategies

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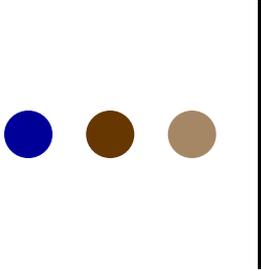


# Implementing Evidence-Based Strategies

- Multiple steps that LHDs must take to implement EBS, including:
  - Selection
  - Implementation with fidelity
  - Evaluation and modification
- State has reciprocity of obligation if it wants LHD to implement EBS

# Implementing EBS: Basic Assumptions Moving Forward

- Task Force believes that we should implement EBS to extent possible in order to maximize positive health impacts
- State and LHD unlikely to have significant new resources to implement EBS over the next 2-5 years
  - There may be some new grant opportunities, but no major increases in governmental funding
  - We need to think about how we can implement EBS in existing policies, programs, and clinical services

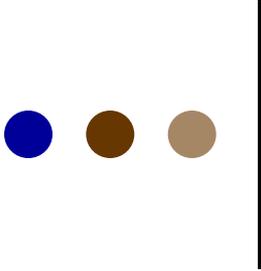


# Potential Structure to Think about “Next Steps”

- Three ways to implement evidence-based strategies within LHD:
  - 1) *Enhancing existing efforts*: Staff continue doing what doing, but through additional training, coaching, and supervision could be done in a more evidence-based way
    - Example: Bright Futures, motivational interviewing
    - Doesn't require new staffing or major new funding
    - All health departments could do this.
    - State could take the lead in identifying these types of EBS that could be implemented statewide to improve services provided by all LHD

# Potential Structure to Think about “Next Steps”

- Three ways to implement evidence-based strategies within LHD:
  - 2) *Shifting existing resources*: Examine existing staff, and see if they could be moved from implementing existing programs that are not evidence-based, into EBS.
    - Encourage LHD Directors to examine existing resources and shift to EBS.
    - State could examine ways to shift existing resources to support LHD implementation efforts
      - ex. QA to QI



# Potential Structure to Think about “Next Steps”

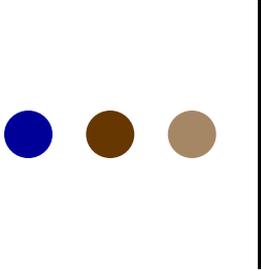
- Three ways to implement evidence-based strategies within LHD:
  - 3) *New resources*: Pursue new funding to implement evidence-based strategies. (Examples: MIECHV, Nurse Family Partnership, etc.)

# Selecting EBS: Reciprocal Obligations (*Examples*)

Local Health Departments	Division of Public Health
<ul style="list-style-type: none"><li>• Identify needs through community health assessments (CHA)</li><li>• Set priorities (including community engagement)</li><li>• Identify available EBS to address priorities</li><li>• Select EBS</li></ul>	<ul style="list-style-type: none"><li>• Align CHA requirements to support implementation of EBS</li><li>• Identify sources of EBS for 13 focus areas</li><li>• Identify 2-3 EBS per 13 HNC2020 focus areas that could be implemented in NC and provide more detailed information to counties</li><li>• Develop list of questions for counties to consider in selecting EBS</li><li>• Identify other counties that have already implemented similar EBS</li></ul>

# Implementing EBS: Reciprocal Obligations (*Examples*)

Local Health Departments	Division of Public Health
<ul style="list-style-type: none"><li>• Identify leadership at LHD to support implementation of EBS</li><li>• Staff selection and training</li><li>• Engaging community partners</li><li>• Identify internal coaches who can help maintain momentum and internal training/coaching to implement EBS</li></ul>	<ul style="list-style-type: none"><li>• Provide training on how and why to implement EBS (generic training)</li><li>• Provide or arrange for training and coaching around 2-3 EBS per focus area that state is supporting</li><li>• Support learning collaboratives among LHDs implementing similar EBS</li><li>• Retrain existing regional/state staff to provide coaching, rather than oversight monitoring (eg, QA to QI)</li></ul>

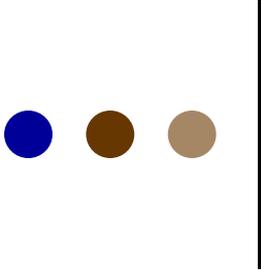


# Evaluate EBS: Reciprocal Obligations (*Examples*)

Local Health Departments	Division of Public Health
<ul style="list-style-type: none"><li>• Build local capacity to monitor implementation to ensure fidelity to program design (and allowable variations)</li><li>• Collect and monitor necessary program evaluation (process and outcome), review, and make necessary changes</li></ul>	<ul style="list-style-type: none"><li>• Develop evaluation design and data collection tools (electronic) for 2-3 EBS state supporting (per focus area)</li><li>• Provide training and coaching to local staff on evaluation/data monitoring</li><li>• Collect and analyze data at state level to determine ROI for state and local counties</li></ul>

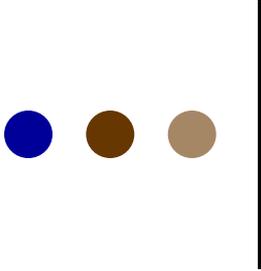
# State Support—Statewide vs. Local Priorities

- 2) Do we want state to support:
  - Statewide implementation of EBS (Example: Bright Futures)
  - Local flexibility (Examples: MIECHV, teen pregnancy prevention)
  - Both?



# How Many EBS Can State Support?

- If local flexibility, what can we realistically ask DPH to do?
  - Identify and support 2-3 EBS per 13 focus areas? 7 priority focus areas? 5 priority focus areas?
    - Note: Top 7 priority focus areas include physical activity and nutrition, chronic diseases, STD/unintended pregnancy, tobacco use, maternal and infant health, *substance abuse*, *social determinants of health*
    - Do we want to phase in of support for different EBS across focus areas?
    - Should we ask DPH to identify mixture of clinical, program, and policy options?

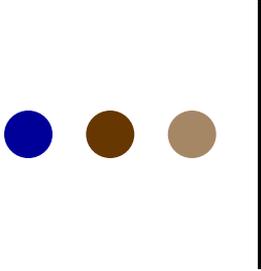


# Priority Areas for State Support

- LHD identified following needs for state support
  - Help with grant writing to fund EBS (31 respondents)
  - Staff training to improve knowledge and skills (26)
  - Good examples of successful implementation of EBS (24)
  - Data to help demonstrate the impact of EBS in the community (evaluation) (22)
  - Assistance in selecting EBS (18)
  - Easy access to information about potential funding sources (17)
  - Assistance with implementation (15)
  - Creation of peer support network (13)
  - Evaluation assistance (10)
  - Help recruiting and retaining qualified staff (10)

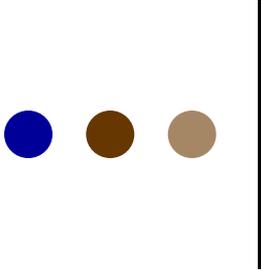
# Priority Areas for State Support

- What are the **priority areas** of support the state should provide LHDs for identified EBS?
- How do we accomplish this with limited or no new funding?
  - Eg, at both the state and local levels, we need to think about deploying existing staff/resources differently
  - Refocus existing state staff, move from QA (monitoring, accountability) focus to QI (coaching, collaborative effort)



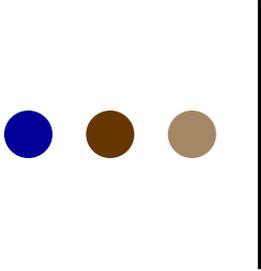
# Disseminating Information about EBS

- Web
- Trainings
- Coaching/mentoring
- Learning collaboratives
- Other?



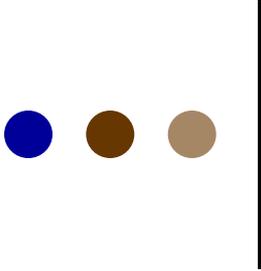
# How Can DPH Make Web Access to EBS Easier?

- What information should be posted on the web?
  - Examples: DPH contact people for specific EBS, Information about which health departments implementing EBS, information about available EBS compilations
  - Who should take the lead on maintaining website? (Center for Healthy North Carolinians, Health Stats, Center for Public Health Quality?)



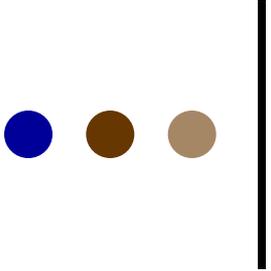
# Training Events to Disseminate EBS

- How can DPH use existing conferences/training events to disseminate EBS more effectively?
  - State Health Directors meeting (Jan), regional HD meetings, health educators, nurses, etc. meetings
  - Training on generic EBS information (why, how) or training on implementing specific EBS, or both?
  - Who will take the lead on making sure this occurs?



# What are Reciprocal Obligations for LHDs?

- If DPH provides support to implement EBS, what can we expect from LHDs in absence of new funds?



# July-August

- Wednesday, July 18<sup>th</sup>
  - Discussion of Potential Recommendations
  
- Wednesday, August 8<sup>th</sup>