



Recommendation 5.1: Educate State and Local Public Health Staff about Evidence-Based Strategies

- a) **State public health staff, in partnership with other state agencies, the National Implementation Research Network (NIRN), the North Carolina Institute for Public Health (NCIPH), the Center for Training and Research Translation (Center TRT) at the University of North Carolina at Chapel Hill, the North Carolina Center for Public Health Quality (NC CPHQ), and other appropriate partners should identify or, if necessary, develop generic trainings about evidence-based strategies (EBSs), and offer these trainings in multiple settings, including but not limited to existing state and regional public health meetings, Area Health Education Centers (AHECs), and online. These generic trainings should focus on the reasons for and importance of implementing evidence-based strategies. These trainings should include information on national compendiums of evidence-based strategies; how specific programs, policies, and clinical interventions are evaluated by different organizations to determine whether they are evidence-based; the importance of selecting appropriate strategies to meet the communities' needs; implementing EBSs with fidelity; and the need to include monitoring and feedback loops to ensure that the EBS is achieving its desired goals. The trainings should also highlight examples of successful EBSs that have been implemented in North Carolina.**
- b) **The Division of Public Health should ensure that appropriate state (including regional) staff receive EBS training. Specifically, all Division directors, management, and key program staff should attend or participate in the generic EBS training to understand the importance of implementing EBSs and gain a basic understanding of what is needed to ensure that EBSs are implemented with fidelity.**
- c) **Local health department directors should ensure that appropriate staff receive EBS training. Specifically, all members of the local health department leadership and senior management, those involved in selecting EBSs, and other relevant staff should attend or participate in the generic EBS training to understand the importance of implementing EBSs and gain a basic understanding of what is needed to ensure that EBSs are implemented with fidelity.**
- d) **Partner organizations, including but not limited to the Center for Healthy North Carolina, NCIPH, Center TRT, NIRN, NC CPHQ, the Department of Public Health at East Carolina University, the North Carolina Center**

for Health and Wellness at the University of North Carolina at Asheville, and the Family and Consumer Sciences Department at North Carolina State University, should disseminate information about the reason to implement evidence-based strategies, as well as examples of successful implementation and impact on health outcomes.

Recommendation 5.2: Select Appropriate Evidence-Based Strategies

- a) To support the selection of appropriate evidence-based strategies (EBSs) at the local level, the Division of Public Health (DPH) should, to the extent possible:
 - 1) Work with local health directors, academic institutions, and partnering organizations to identify two EBSs for ten HNC 2020 objectives identified as priorities in the action plans submitted to DPH by local health departments (LHDs). DPH should identify these state-selected EBSs no later than July 1, 2013. To the extent possible, DPH should focus on EBSs that would meet the standards for best or leading practices. DPH and collaborating partners should also try to identify a mix of evidence-based policies, programs, and clinical interventions, and should focus on those EBSs that, based on prior evaluation evidence, would have the best chance of having a positive health impact in communities throughout North Carolina.
 - 2) Identify at least one expert within DPH, or another appropriate state agency, academic institution, or partnering organization for each of the selected EBSs. Each EBS expert should be able to provide information about the populations targeted, strength of the evidence and, to the extent possible, the expected impact; costs, staffing requirements, and other necessary implementation resources; implementation barriers; the availability of implementation and evaluation resources including training, technical assistance, coaching, and evaluation tools; any potential funding sources (if known); and information about any other communities in North Carolina that have implemented the same EBS.
- b) The Center for Healthy North Carolina should maintain a website with information about EBSs. The information maintained in the Center for Healthy North Carolina's website should be linked to other state websites, including HealthStats for North Carolina and the North Carolina Center for Public Health Quality. Specifically, the website should include:
 - 1) Detailed information about each of the EBSs identified by DPH, along with a DPH or other expert for each of the selected EBSs.

- 2) **Information about other EBSs being supported by DPH.**
 - 3) **Information about communities in North Carolina that are implementing each of the selected strategies.**
 - 4) **Links to national compendiums of EBSs to assist communities in selecting other appropriate strategies.**
 - 5) **A search or sorting mechanism so that LHDs can easily identify sources of EBSs with potentially appropriate program, clinical, and policy strategies by HNC 2020 objectives.**
 - 6) **Links to organizations that provide information and/or assistance with implementing EBSs including, but not limited to, the National Implementation Research Network.**
 - 7) **Archived webinars on the importance of implementing EBSs (basic training), as well as more detailed training, if available, about those EBSs being supported by DPH.**
- c) **DPH should select EBSs and assist in statewide roll-out when implementation of a specific EBS is required as part of state or federal law, or supported by changes in clinical standards of care.**

Recommendation 5.3: Implement Evidence-Based Strategies

- a) **The Division of Public Health (DPH) should build state and local staff capacity around implementation science, coaching, and quality improvement methods.**
- 1) **DPH should identify champions for EBSs in each Branch and within regional staff. These champions should be trained in implementation science and quality improvement to understand the necessary steps to ensure that evidence-based programs, policies, and clinical interventions are implemented with fidelity. These champions should be able to assist the state and local health departments to support a broad array of EBSs, rather than focus on implementation of a specific EBS.**
 - 2) **Provide training to state, regional, and local public health staff—through the North Carolina Center for Public Health Quality and other partners—about quality improvement methods, including rapid cycle testing (PDSA cycles), monitoring, and feedback loops to ensure successful implementation.**

- 3) Disseminate information on grant writing trainings.**
- b) For each of the state-selected evidence-based strategies (EBSs), the Division of Public Health (DPH) should:**
- 1) Disseminate information on funding opportunities when available.**
 - 2) Promote collaborative learning approaches among local health departments (LHDs) and regional staff who are working on implementing similar EBSs.**
 - 3) Celebrate implementation successes and distribute information about successes to other health departments across the state.**
- c) When leading a statewide or multi-county implementation of an EBS, DPH should:**
- 1) Pursue funding opportunities when needed to support statewide or multi-county implementation of EBSs. Select a mix of different LHDs to pilot a statewide roll-out of an EBS, or when funding is only available to support implementation in a small number of counties. The LHD partners should be selected with the goal of ensuring successful implementation. Selection criteria should include, but not be limited to: need, leadership support, past history of successful implementation of EBSs, staffing and resource capacity, and commitment to success. To the extent possible, DPH should select a cross-section of LHDs that is broadly representative of the state including rural and urban health departments in different geographic areas of the state, those covering Tier 1 low-resource communities, and single county and district health departments.**
 - 2) Partner with LHDs and other organizations early in the implementation process in order to include the important knowledge and perspectives these groups bring as well as to improve the likelihood of a successful spread of the EBS across the state.**
 - 3) Use a quality improvement rather than a quality control approach to collaborative partnerships with LHDs.**
 - 4) Provide training, technical assistance, and coaching, or ensure that these resources are available through national program staff, or other partnering organizations. This training, technical assistance, and coaching should be available to all LHDs that are seeking to implement the specific EBS (whether funded through the state or not), unless directly prohibited by national program rules, or the state lacks**

sufficient resources to assist all LHDs that request help. If resources are limited, DPH staff can phase-in the technical assistance on a rollout basis. Training should be experientially based to give participants the skills needed to implement the EBS in their own communities. To the extent possible, LHD staff should be involved in the trainings so that they can explain how they addressed implementation barriers to those interested in implementing a similar strategy.

- d) To support successful implementation at the local level, LHD leadership should:**
- 1) Serve as champions within their own LHDs to implement EBSs to address priority community health objectives.**
 - 2) Create teams of trained staff who can help support implementation of specific evidence-based strategies in the LHD. Ensure that every staff member who is involved in the implementation of an EBS receives appropriate training.**
 - 3) Engage community partners as necessary to the success of the EBS.**
 - 4) Serve as a resource to other local health departments who are interested in implementing a similar EBS in their community.**

Recommendation 5.4: Monitor and Evaluate Process and Outcomes

- a) To evaluate the effectiveness of state-selected evidence-based strategies (EBSs) being implemented in North Carolina, the Division of Public Health (DPH) and local health departments (LHDs) should, in collaboration with academic institutions and other partner organizations:**
- 1) Identify or develop an evaluation design and data collection tools for each state-selected EBS appropriate to the level of evidence-base that already exists.**
 - 2) Provide training and coaching to local staff to enable them to collect the appropriate data.**
 - 3) Gather data from LHDs and analyze process and outcome measures at the state level to determine impact of EBSs for the state and local counties.**
 - 4) Assist with dissemination of program results.**

- b) To ensure that state-selected EBSs are implemented with fidelity and that the program can be properly evaluated, LHDs should:**
 - 1) Ensure staff receive necessary training on collecting data on EBSs.**
 - 2) Collect requisite process and outcome data and submit to the state for analysis.**
 - 3) Review local process and outcome measures and make necessary changes in the program implementation to ensure fidelity to key program components.**
- c) If a LHD chooses to implement an EBS that is not state-selected but that is considered best or leading the LHD should work with the national program office to identify the information needed to ensure that the program has been implemented with fidelity, and collect the appropriate data.**
- d) If a LHD chooses to implement an EBS that is promising or emerging, then the LHD should develop a more thorough evaluation plan that captures both process and outcomes measures.**

Recommendation 5.5: Revise the Consolidated Agreement

- a) If the Division of Public Health (DPH) provides the necessary support as reflected in Recommendations 5.1-5.4, DPH should revise the 2013 Consolidated Agreement to reflect a new requirement that local health departments (LHDs) implement two new evidence-based strategies (EBSs) (or expand an existing EBS to a new target population) to address at least two HNC 2020 priority objectives identified through the community health assessment and articulated in the LHD action plans. The priority objectives should be selected from at least two of the HNC 2020 focus areas.**
- b) DPH should change the community action plans to require LHDs to identify the EBSs that they have selected, along with a staffing, training, implementation, and monitoring/evaluation plan.**

Recommendation 5.6: Collaborate with Partner Organizations

- a) **The Center for Training and Research Translation (Center TRT), within the University of North Carolina at Chapel Hill, should convene academic and other appropriate organizations to work with the Division of Public Health and local health departments in implementing evidence-based strategies to address the Healthy North Carolina (HNC 2020) objectives. Some of the other academic or community partners may include, but not be limited to: the North Carolina Institute of Public Health (NCIPH), the North Carolina Center for Public Health Quality, the National Implementation Research Network (NIRN), the Department of Public Health at East Carolina University, North Carolina Center for Health and Wellness, the Family and Consumer Sciences Department at North Carolina State University, and the Center for Healthy North Carolina.**
- b) **To the extent possible within existing funding, these academic and nonprofit organizations should:**
 - 1) **Assist the state in identifying appropriate EBSs to address priority HNC 2020 objectives.**
 - 2) **Provide implementation support such as training, coaching, or other technical assistance.**
 - 3) **Assist the state in developing appropriate data collection instruments needed for evaluation, or help communities develop implementation plans (if the EBS is not one of the state-selected EBSs).**
 - 4) **Assist with the collection and analysis of evaluation data.**