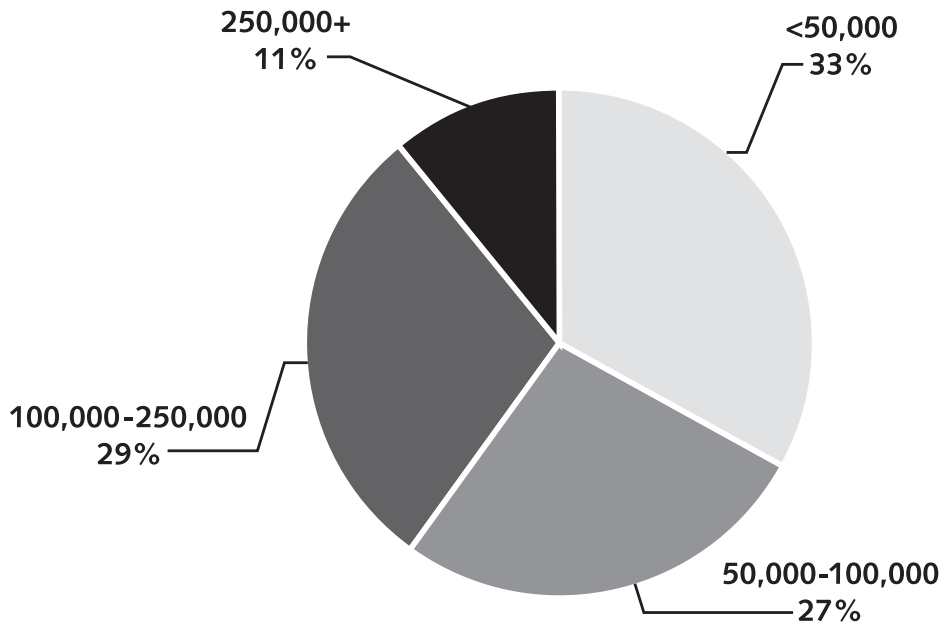
What Local Health Departments Need in Order to Implement Evidence-Based Strategies

Chapter 4

In order to inform their work and better support local leaders in the selection, implementation, and evaluation of evidence-based strategies, the Task Force sought the perspective of local health directors. A brief, 11-question electronic survey was distributed to North Carolina's 85 local health directors to learn what local health departments (LHDs) need from the state in order to successfully meet expectations to increase and improve the implementation of evidence-based strategies (EBSs). The survey was designed to gauge current awareness and implementation of EBSs, community and LHD priorities, the biggest barriers to implementing EBSs, the most valued forms of assistance, and the resources and partners LHDs currently engage. (See Appendix C for the survey questions and a full summary of the responses.)

The survey had a 78% response rate with 66 completed surveys. The completed surveys represent all six LHDs that serve multiple county districts and 60 of the 79 LHDs serving single county districts. LHDs serving Tier 1 counties[a] and those serving Tier 2/Tier 3 counties are evenly represented. Figure 4.1 shows the distribution of LHDs that responded by the population of the area served.

Figure 4.1
Responding Local Health Departments by Population of Area Served



Source: Source: NCIOM Survey of Local Health Directors, 2012.

The survey highlighted the need for a strong partnership between the Division of Public Health and local health departments as they work together to increase the use of evidence-based strategies to improve public health outcomes.

a The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a tier designation. The 40 most distressed counties are designated as Tier 1. (North Carolina Department of Commerce. 2011. County tier designations. http://www.nccommerce.com/research-publications/incentive-reports/2011-county-tier-designations. Accessed September 6, 2012.

Staff Awareness and Current Implementation of Evidence-Based Strategies in Public Health

The survey provides a snapshot of the level of awareness and implementation of EBSs in North Carolina's LHDs. Local health directors were asked to estimate the percent of their staff who are aware of EBSs in public health and rate the extent of current implementation of evidence-based programs, clinical interventions, and policies. More than two-thirds (68%) of responding local health directors reported that half or fewer of their staff are aware of evidence-based strategies in public health. LHDs serving rural and Tier 1 counties were more likely to report a greater percent of staff as being unaware of EBSs. Similarly, LHDs serving rural and Tier 1 counties were less likely to report using EBSs. Local health directors were asked to rate current implementation on a scale from 1-10 for which 1 represents none—no programs or policies currently implemented are based on evidence-based strategies—and 10 signifies that all programs and policies use evidence-based strategies. Over half of the responses fell in the 5-7 range. While this seems high when compared to the low levels of reported staff awareness, the Task Force believes this disproportionately represents clinical interventions rather than programs and policies, and/or that staff are implementing EBSs without being aware of the connection between their work and the evidence.

Community and Department Priority Areas

In order to help the Task Force reflect local community needs and priorities, the survey asked local health directors to select and rank their department's top five priorities using the 13 Healthy North Carolina 2020 (HNC 2020) focus areas: tobacco use, physical activity and nutrition, injury and violence, maternal and infant health, sexually transmitted diseases and unintended pregnancy, substance abuse, mental health, oral health, environmental health, infectious disease and food borne illness, social determinants of health, chronic disease, and cross-cutting measures.[b] The majority of local health directors (over 92%) identified physical activity and nutrition as one of their top five priorities. Though the relative order differs slightly, the top seven priority areas are the same across urban and rural communities and Tier 1 designation.

Top Seven Priority HNC 2020 Focus Areas:

1. Physical activity and nutrition
2. Chronic disease
3. Sexually transmitted diseases and unintended pregnancy
4. Tobacco use
5. Maternal and infant health
6. Substance abuse
7. Social determinants of health

b Nine of the Healthy North Carolina 2020 focus areas cover the major preventable risk factors contributing to the state's leading causes of death and disability. The remaining four (maternal and infant health, oral health, chronic disease, and cross-cutting issues) capture other significant public health problems and summary measures of population health.

Local health directors also identified a similar set of priorities when asked which program areas in their health departments need the most assistance in implementing evidence-based strategies. Promotion of healthy lifestyles and chronic disease education and management, the most identified program areas, align closely with the physical activity and nutrition and chronic disease HNC 2020 focus areas. More than half of local health directors identified promotion of healthy lifestyles as one of the three program areas in their departments requiring the most assistance in the implementation of EBSs. Prenatal and postpartum care and communicable diseases were also noted and are similarly congruous with the HNC 2020 maternal and infant health and sexually transmitted diseases and unintended pregnancy focus areas. The program areas needing the most assistance are those critical to the efforts of LHDs addressing high priority local health needs.

Top Five Health Department Program Areas Needing Assistance:

1. Promotion of healthy lifestyles
2. Chronic disease education and management
3. Child health services[c]
4. Prenatal and postpartum care
5. Communicable diseases

Biggest Barriers to Implementing Evidence-Based Strategies and Important Forms of Assistance

When asked to identify the biggest barriers to implementing EBSs in public health, local health directors identified limited financial resources as the first and foremost concern. Eighty-two percent of local health directors named limited financial resources as one of the top three barriers to implementing EBSs in their health departments. Not surprisingly, obtaining and, to a lesser extent, identifying new funding sources were recognized as important types of assistance the state could offer LHDs. Almost 47% of local health directors reported help with grant writing to obtain funding to implement EBSs as one of the top three forms of valuable assistance the state could offer LHDs. Additionally, 25% selected easy access to information about potential funding sources. (See Appendix C.)

Four Biggest Barriers to Implementing EBSs:

1. Limited financial resources
2. Lack of knowledge and skills about how to test and adapt EBSs or approaches so they work in the LHD's community
3. Availability of ongoing staff training to ensure EBSs can be implemented appropriately/as intended
4. Time required to learn about how to implement a particular EBS

c Child health was not a focus area of HNC 2020, however, child health services are a major component of the work of LHDs.

Four Most Important Types of Assistance:

1. Help with grant writing to obtain funding to implement EBSs
2. Staff training to improve knowledge and skills
3. Good examples of successful EBS implementation
4. Strategies and data to help LHDs demonstrate the impact of EBSs in their communities

Beyond limited financial resources, local health directors' responses to the biggest barriers to implementing EBSs in their departments focus on appropriately implementing EBSs. As discussed in Chapter 3, implementing EBSs with fidelity is critical to achieving the desired outcomes. About one-third of local health directors identified the lack of knowledge and skills to adapt EBSs to their setting, and lack of available ongoing staff training to ensure implementation with fidelity as one of the three biggest barriers to implementing EBSs in their departments. Over one-quarter of local health directors also noted the time required to learn about how to implement a particular EBS as an additional barrier.

Available Evidence-Based Strategies Resources and Community Partnership Opportunities

In addition to awareness of and barriers to implementing EBSs, the survey also aimed to identify which available resources local health directors are currently using, and what types of other community organizations LHDs are partnering with to identify, implement, and evaluate EBSs. The results identified a lack of awareness and/or use of recognized resources for EBSs. However, it is not known to what extent health directors consulted with LHD staff in completing the survey, so the awareness of information sources for EBSs may be greater among the staff involved with direct implementation. The Centers for Disease Control and Prevention Guide to Community Preventive Services was the most recognized and referenced—two-thirds of local health directors were both aware of and used the Guide.

Overall, local health directors reported partnering with other entities in the community most frequently when identifying EBSs, followed by partnerships to implement and evaluate EBSs, respectively. The North Carolina Division of Public Health (DPH) and other LHDs were widely reported as partners along with funders, universities, and law enforcement agencies, all of which were reported as primary partners in the implementation and evaluation of EBSs. LHDs were least likely to report partnering with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, local businesses, municipal planning departments and local management entities/managed care organizations. (See Appendix C.) All of these organizations represent opportunities for future collaboration.

Local Health Departments Need Support to Successfully Implement Evidence-Based Strategies

This survey shows that while LHDs are currently implementing EBSs, they need additional education and support to expand these efforts. LHDs recognize both the difficulty and the importance of implementing EBSs to improve outcomes in the HNC 2020 focus areas. Continued progress will require a concerted effort on the part of DPH, LHDs, and other community partners. There are many organizations in North Carolina whose mission includes working with LHDs to identify and implement EBSs, including those that identify other partner organizations at the state and national level that may be able to assist in this effort.[d] More could be done to connect LHDs with these organizations. The Task Force recognized that neither the state nor LHDs currently have the resources to identify, implement, and support EBSs in all program areas. Thus the Task Force worked to develop realistic recommendations about what could and should be accomplished in the immediate future to identify, implement, and evaluate evidence-based strategies in North Carolina.

d Organizations that may be able to help LHDs identify and implement EBSs include: the Center for Training and Research Translation, the North Carolina Institute for Public Health, the National Implementation Research Network, the Department of Public Health at East Carolina University, the North Carolina Center for Public Health Quality, the Department of Public Health at East Carolina University, the North Carolina Center for Health and Wellness, and the Family and Consumer Sciences Department at North Carolina State University.