

# Executive Summary

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**I**n North Carolina, the Division of Public Health (DPH) and the local health departments (LHDs) are charged with “promot[ing] and contribut[ing] to the highest level of health possible for the people of North Carolina.”<sup>a</sup> To fulfill this mission, DPH and LHDs are tasked with 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. To accomplish this with limited financial resources means that public health practitioners must find ways to optimize the impact of their work. Evidence-based public health, the practice of incorporating scientific evidence about what works into management decisions, program implementation, clinical services, and policy development, is one way to do this.<sup>1</sup>

The use of research and evidence to inform public health decision making is gaining momentum across federal, state, and local public health agencies. Using evidence-based strategies (EBSs) in public health yields many benefits including increasing the likelihood that programs, clinical interventions, and policies implemented at the state or local level will be successful, and increasing public resource efficiency.<sup>2</sup> Additionally, using evidence to inform practice can help practitioners avoid implementing programs and policies deemed ineffective or harmful. The state and LHDs have limited resources to meet broad missions and are required to account for the funds they spend.<sup>1</sup> Therefore, investing these limited resources in programs, clinical treatments, and policies that have shown results makes sound economic sense. While implementing EBSs in public health is an appealing concept, there are challenges that DPH and LHDs face in trying to increase the use of EBSs. Selecting, implementing, and evaluating EBSs often requires skills, knowledge, and resources that LHDs may not currently have. Therefore there is a need for education, training, and other support to help LHDs increase the use of EBSs.

Over the past few years, the North Carolina Institute of Medicine (NCIOM), DPH, and other state partners have worked together to develop a vision and roadmap for improving public health efforts to save lives, reduce disability, improve quality of life, and, potentially, decrease costs. The *Prevention Action Plan for North Carolina* included evidence-based strategies to improve population health.<sup>3</sup> *Healthy North Carolina 2020: A Better State of Health* includes 40 objectives to improve population health by 2020 as well as EBSs to help achieve the objectives.<sup>4</sup> Together, the *Prevention Action Plan for North Carolina* and *Healthy North Carolina 2020: A Better State of Health* provided the vision, goals, and an evidence-based roadmap for improving the health of North Carolinians. The Task Force on Implementing Evidence-Based Strategies in Public Health builds on these previous efforts by focusing on what can be



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a NCGA 130A-1.1(b), Session Law 2012-126

**The Task Force on Implementing Evidence-Based Strategies in Public Health focused on what can be done at the local level by health departments to improve health outcomes.**

done at the local level by health departments to improve outcomes for the HNC 2020 objectives. *Improving North Carolina's Health: Applying Evidence for Success* lays out a framework for how DPH and LHDs, with help from other partners, can support each other to increase the use of evidence-based programs, policies, and clinical practices at the local level.

The NCIOM, in collaboration with the North Carolina Center for Public Health Quality, the Center for Healthy North Carolina, and DPH, convened the Task Force in the spring of 2012. The NCIOM Task Force on Implementing Evidence-Based Strategies in Public Health was charged with developing recommendations to assist public health professionals in the identification and implementation of evidence-based strategies within their communities to improve population health. The Task Force was chaired by 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; and Gibbie Harris, health director, Buncombe County Health Department. In addition to the co-chairs, the Task Force had 30 other members including representatives of state and local agencies, key health care leaders, public health experts, foundation leaders, and other interested individuals. A Steering Committee of four individuals guided the work of the Task Force. (See pages 7-9 for a complete listing of Task Force and Steering Committee members.) The Task Force was funded by the Centers for Disease Control and Prevention's National Public Health Improvement Initiative, which provides grant funding to state, tribal, local and territorial health departments to enhance the nation's public health infrastructure and strengthen the public health workforce. The Task Force met six times between March and September of 2012.

The following provides a summary of the recommendations from the Task Force on Implementing Evidence-Based Strategies in Public Health. The summary recommendations are numbered and correspond to the chapter where they are discussed in more detail.

### **Recommendations for Selecting, Implementing, and Evaluating Evidence-Based Strategies in Public Health**

Education is needed to ensure key public health staff understand the importance of focusing limited public health resources on implementing strategies that have been shown to be effective in producing positive health outcomes. 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. More detailed trainings and coaching are needed for people who are charged with implementing specific EBSs.

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

**State public health staff, in partnership with other state agencies and other partners should offer generic trainings on evidence-based strategies to appropriate state, regional, and local staff.**

When selecting an EBS to implement, public health practitioners must weigh all the information obtained—about EBSs themselves, the needs and wants of the population they are serving, and the resources available—and make a decision about what will be the best fit for their organization and community. As part of this analysis, they need more information about the different EBSs including the level of evidence supporting the various EBSs, staffing needs, the costs of implementation, and whether or not the program offers technical assistance and/or coaching to implement the program with fidelity. They also need to consider whether they have, or could obtain, the appropriate staff and/or resources to be able to implement the EBS with fidelity.

### **Recommendation 5.2: Select Appropriate Evidence-Based Strategies**

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

Once an EBS is selected, the LHD must ensure that the program, policy, or clinical intervention is implemented with fidelity. Evidence-based strategies have achieved positive health outcomes by following certain key programmatic, clinical, or policy guidelines. A community cannot expect to achieve the same outcomes unless it follows the core components of an evidence-based program, policy, or clinical intervention. Successful implementation requires leadership, organizational commitment, staff training and coaching, quality improvement efforts, data collection, and performance assessment as well as fidelity to the core implementation components of the selected EBS.

### **Recommendation 5.3: Implement Evidence-Based Strategies**

**The Division of Public Health should create a system that supports and encourages local health departments to implement evidence-based strategies 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.**

Evaluation is also an important component of effective implementation of EBSs in LHDs. Collection of both process and outcome measures is critical. Without knowing if the initiative was implemented with fidelity, it is difficult to interpret the success or failure of a given EBS on changing health outcome measures. LHDs may also need data about program effectiveness to support ongoing funding.

### **Recommendation 5.4: Monitor and Evaluate Process and Outcomes**

**To evaluate the effectiveness of state-selected evidence-based strategies (EBSs) implemented in North Carolina, the Division of Public Health and local health departments (LHDs) should identify or develop evaluation design 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. To ensure that state-selected EBSs are implemented with fidelity and properly evaluated, LHDs should ensure that staff who collect data receive appropriate training, collect and submit to the state requisite process and outcome data, and review local process measures to ensure program fidelity.**

#### **Reciprocal Obligations**

The Task Force identified many ways in which DPH and collaborating partners could assist LHDs in implementing evidence-based programs, policies, and clinical interventions, including education, assistance identifying appropriate EBSs, technical assistance and coaching to ensure EBSs are implemented with fidelity, and evaluation support. If the state provides this assistance, then LHDs have reciprocal obligations to implement evidence-based strategies.

### **Recommendation 5.5: Revise the Consolidated Agreement**

**If the Division of Public Health (DPH) fulfills the obligations outlined in recommendations 5.1-5.4, then DPH should revise the 2013 Consolidated Agreement to require local health departments (LHDs) to identify and implement two new evidence-based strategies (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.**

### **Partnering Organizations**

The Task Force recognized that the Division of Public Health may not have sufficient resources or expertise to support LHDs with selection, implementation, and evaluation for all the state-selected EBSs. Nonetheless, everyone recognized the importance of moving as forcefully as possible towards implementation of EBSs to improve population health. One way to expand DPH's capacity to support LHDs is by working with state and national partners.

### **Recommendation 5.6: Collaborate with Partner Organizations**

**The Center for Training and Research Translation, 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 2020 (HNC 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.**

### **Conclusion**

The Division of Public Health and local health departments can help improve the health and well-being of North Carolinians by increasing efforts to provide evidence-based programs, policies, and clinical interventions. The Task Force on Implementing Evidence-Based Strategies in Public Health developed strategies that provide a roadmap for how DPH, LHDs, and other state and national partners can work together to facilitate the adoption or expansion of EBSs by LHDs, with the goal of improving HNC 2020 health outcomes in local communities. By working together to make such changes, DPH, LHDs, and other partners can help make North Carolina a healthier state.

### References

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