

# *How do I build an evidence-based health department?*

Tennessee Public Health Association  
Annual Conference

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Washington University in St. Louis

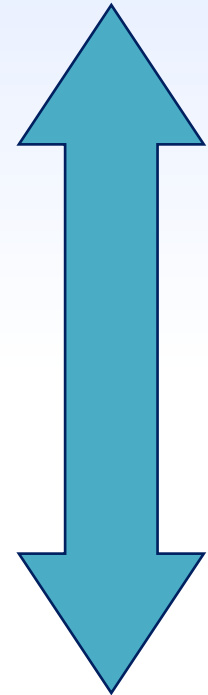
# *Questions to ponder...*

1. What is evidence?
2. What makes for an evidence-based health department?
3. What are the challenges and barriers?
4. How do I make this happen?
5. How do I know if it works?

# What is “Evidence”?

- Scientific literature in systematic reviews
- Scientific literature in one or more journal articles
- Public health surveillance data
- Program evaluation data
- Qualitative data
  - Community members
  - Other stakeholders
- Professional judgment
- Media/marketing data
- Word of mouth
- Personal experience

Objective



Subjective

*Like beauty, it's in the eye of the beholder...*

# What are we trying to achieve?

“Evidence-based public health is the process of integrating science-based interventions with community preferences to improve the health of populations.”



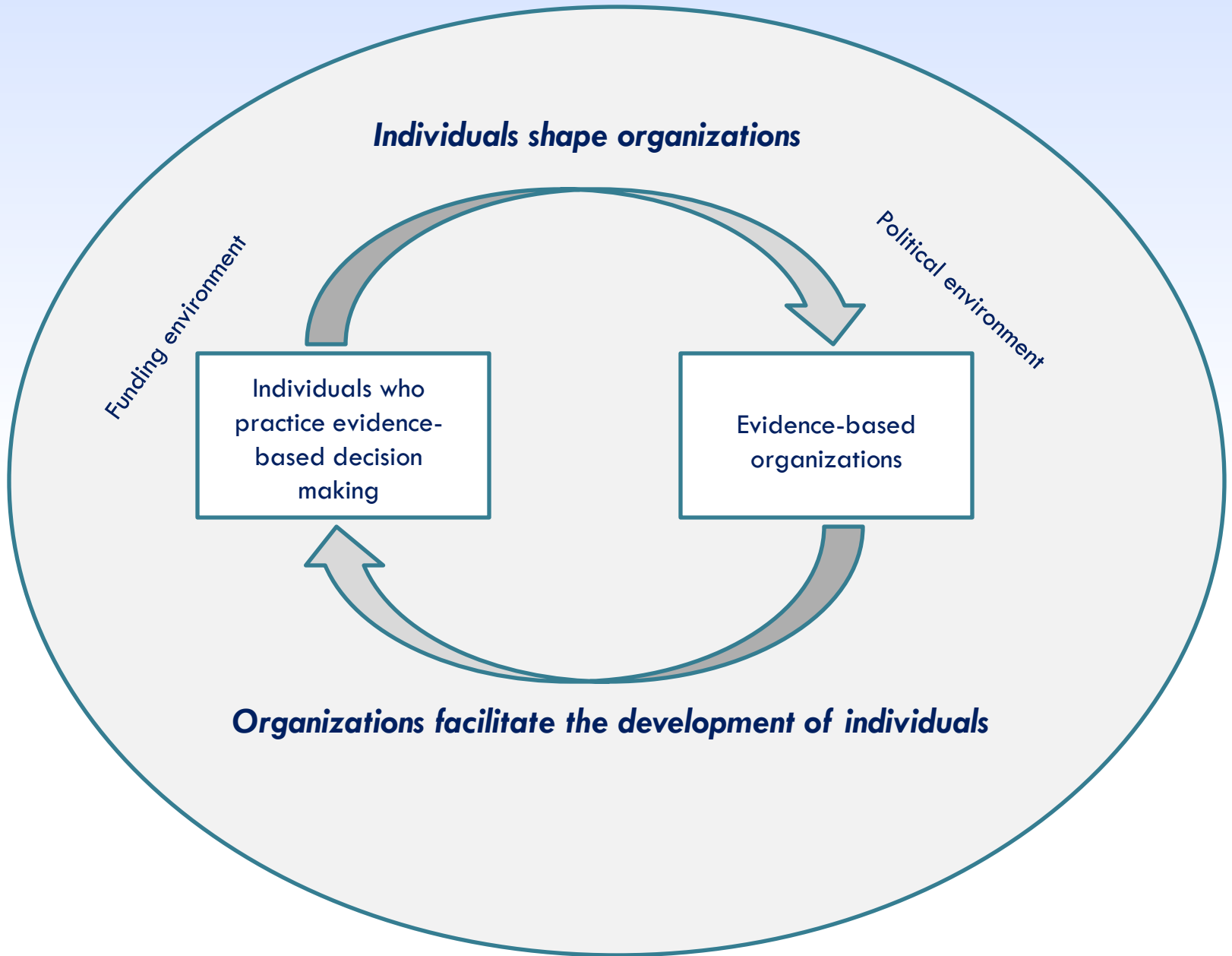
'Got an elbow joint?'

Evidence

Problems

But, more than interventions... from organizational research, administrative evidence-based practices (A-EBPs)

- Agency (health department)-level structures and activities that are positively associated with performance measures (e.g., achieving core public health functions, carrying out evidence-based interventions).
- Developed based on literature from US state and local health departments



Many of you need to  
actively connect to policy  
settings...



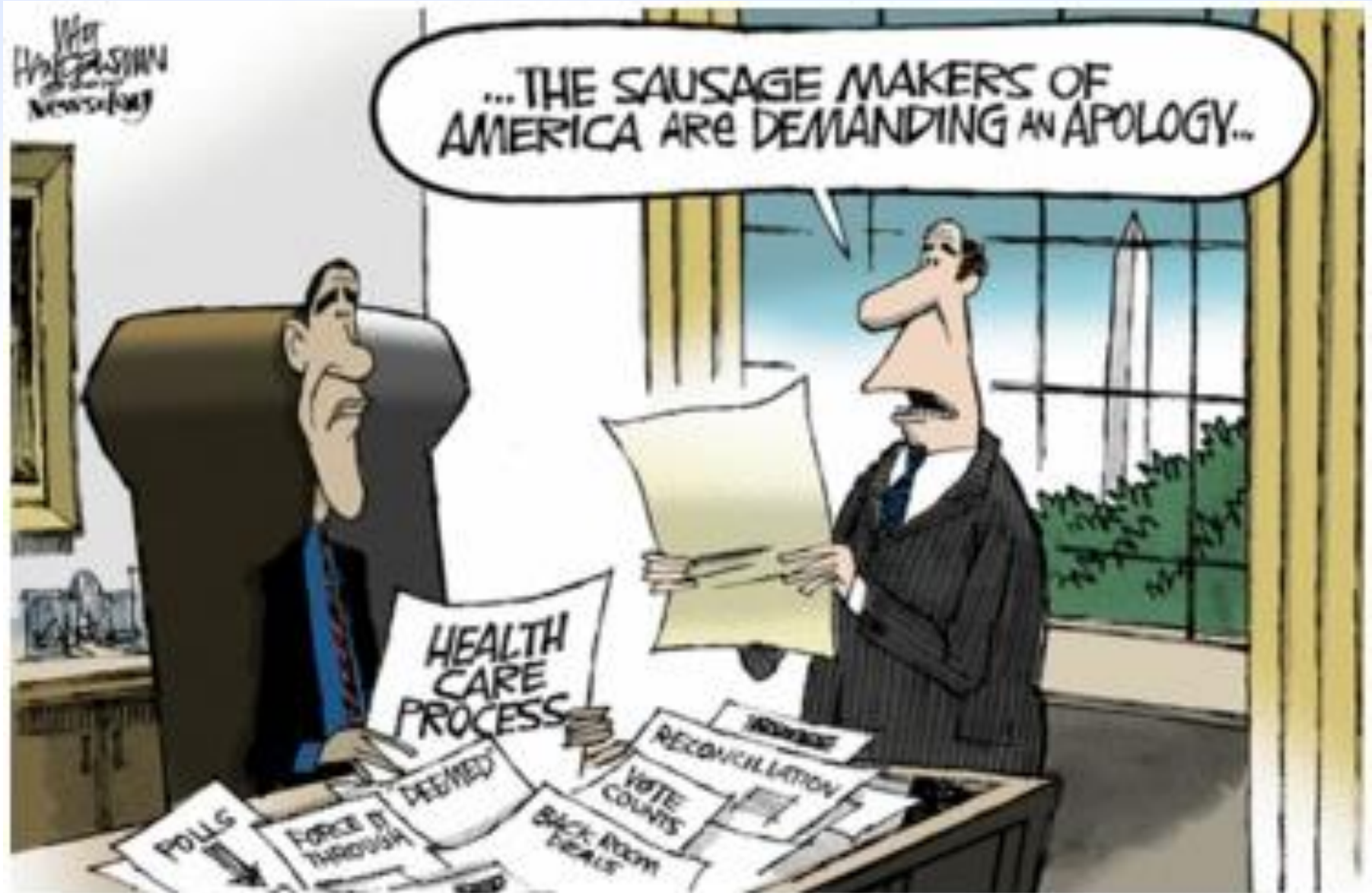
# Policy process is messy



*“If you like laws and sausages, you should never watch either one of them being made”*

– Otto von Bismark (1815-1898)

# Making sausage



# Multi-level, Policy Challenges

- “Upstream” causes that are multilevel, interrelated and closely linked with social determinants (health equity)
- Inverse evidence law
- New skills: systems thinking, new methods of communication, policy analysis

# Why are A-EBPs relevant for HDs?

- Clearly linked to performance
- Domain 10 of Public Health Accreditation Board [PHAB] Standards: “Contribute to and apply the evidence base of public health”

# The *WHAT*, A-EBPs (*micro-level*)

# A-EBP Domains

Domains: workforce development, leadership, organizational culture and climate, financial practices, relationships and partnerships

- Workforce development
  - Training, access to technical assistance
- Leadership
  - Skills and background of leaders, values and expectations of leaders, participatory decision-making

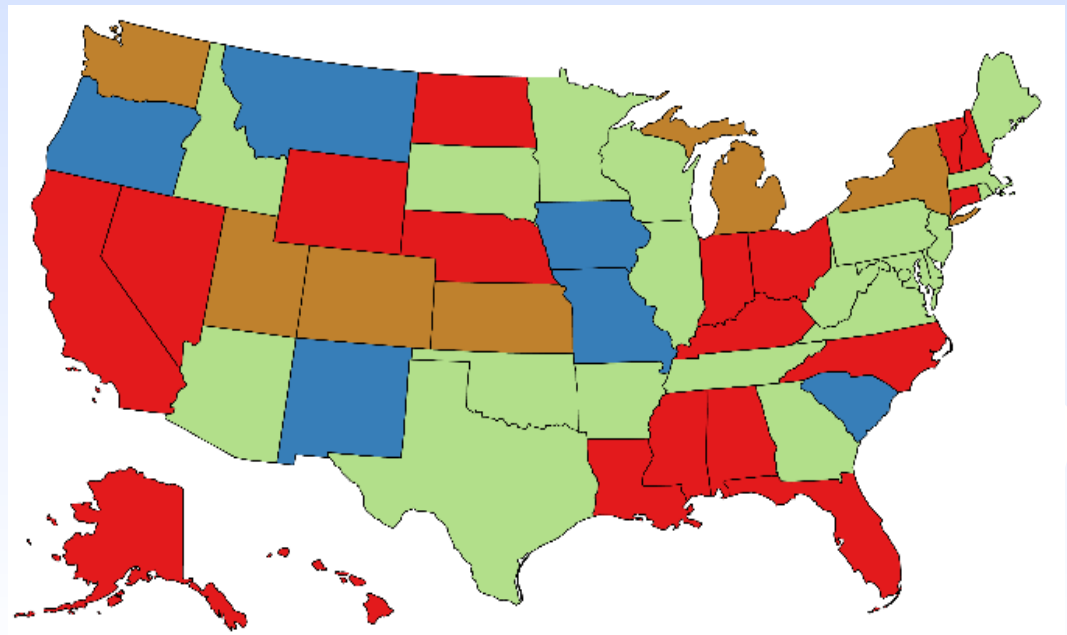
# A-EBP Domains

- Financial practices
  - Allocation and expenditure of resources
- Organizational culture and climate
  - Access and free flow of information, support of innovation and new methods, learning orientation
- Relationships and partnerships
  - Interorganizational relationships, vision and mission of partnerships

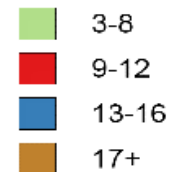


# Methods

- A sample of practitioners working in state health departments was sent an online survey in early 2016.
- 943 eligible invitees
  - 571 participated in the survey (a 60.6% response rate)



Number of Participants





# Administrative Evidence-Based Practice

## Workforce Development

- At least 60% of all participants indicated access to training in quality improvement, performance assessment, EBDM, and effective management practices.

## Work Unit Leadership

- 64% agreed that their work units had quality leaders.
- Only 12% indicated that their work unit had a plan to replace employees when they retire or move to a different work unit.

## Financial Management

- 32% indicated that their work unit used economic evaluation in its decision making about programs and policies
- 28% indicated that their work unit had a variety of flexible, stable funding sources.

# Administrative Evidence-Based Practices

## Organizational climate/culture

- About half (46%) of participants indicated that their work unit strived to create an innovative environment
- Almost two-thirds of participants indicated that their work unit had access to current research evidence.

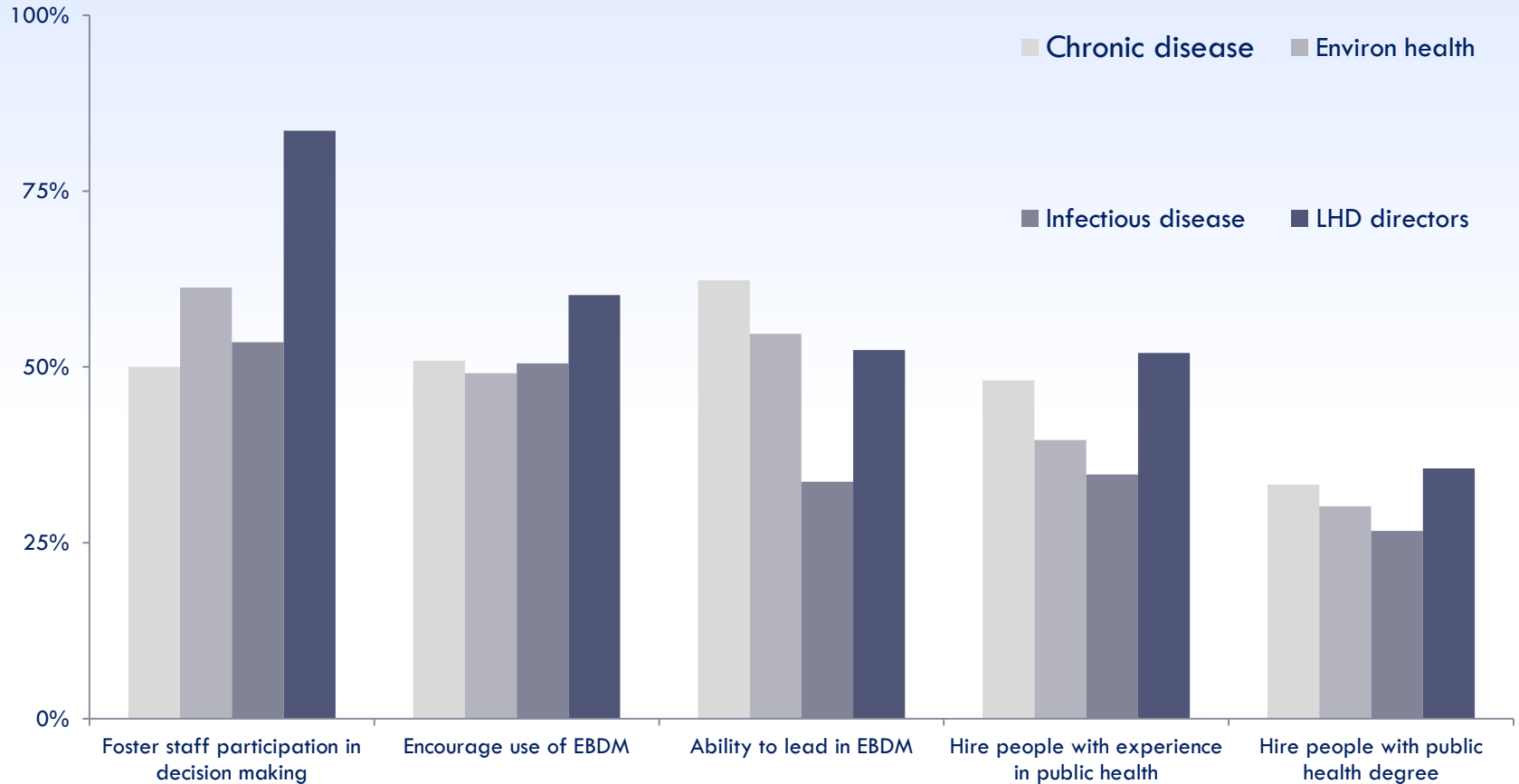
## Partnerships and collaborations

- 74% agreed that collaborative partnerships have missions that align with their work units
- 30% indicated that their work unit collaborated effectively with health plans such as Medicaid or insurers.

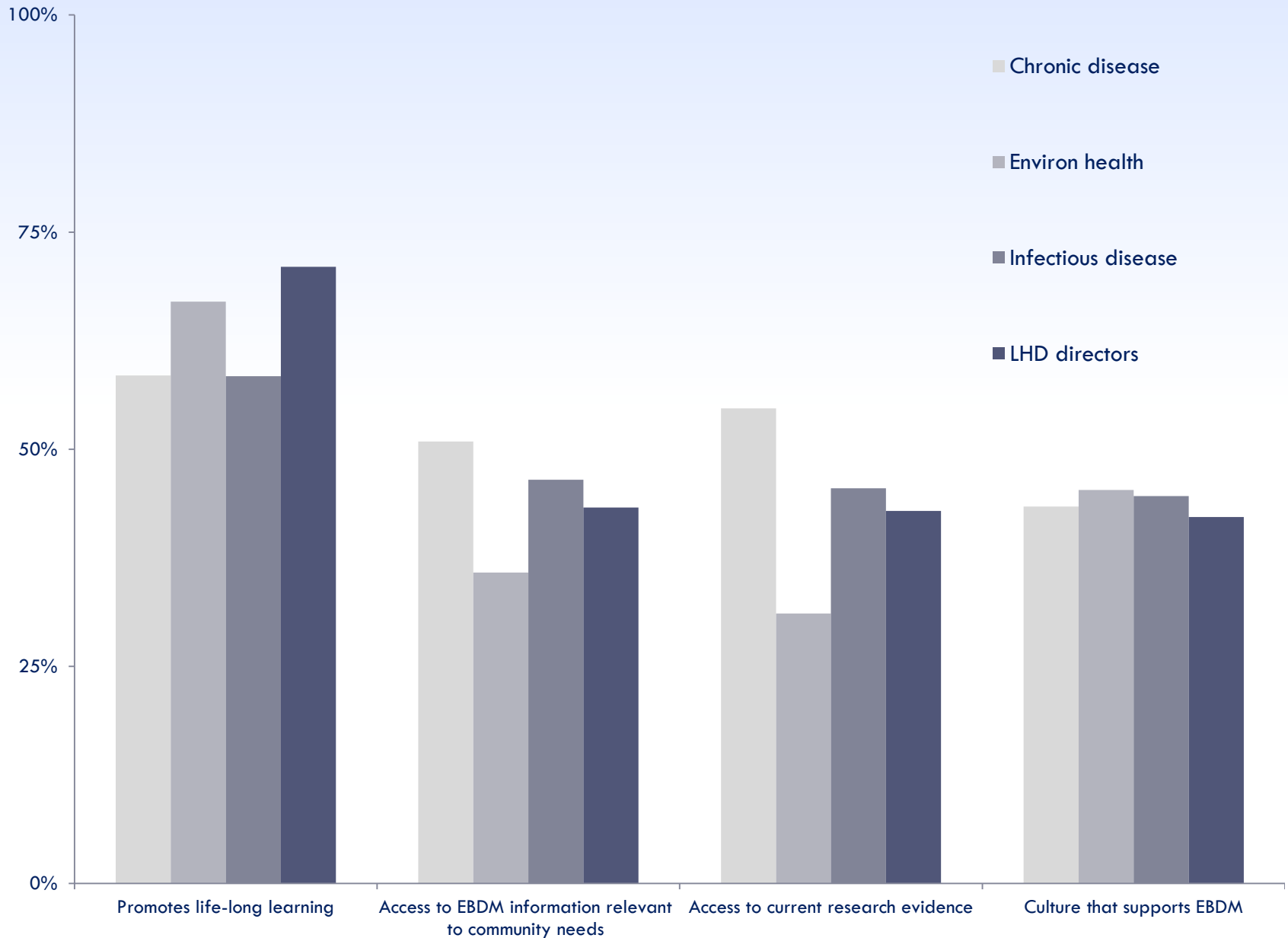
# Local level data, variation by content area

- Stratified random sample of US local health departments (LHDs) (n=967)
  - Drawn from NACCHO database
  - Stratified by jurisdiction size
  - 517 completed surveys (54% response rate)

# Leadership Domain



# Organizational Domain



# Qualitative Data

# Workforce Development

- **High-capacity: importance of training, using staff meetings for on-site trainings**

“There is a line item for education or continuing education [for] our staff. So if people need a certain type of training [....] we have that and we provide that to our employees to make sure they’re all certified.”

- **Low-capacity: funding constraints, travel restrictions**

“We can go to [one specific conference], but anything else, we do on our own. It hasn’t always been like that, but it has the last several years.”

# Organizational Climate & Culture

- The culture at high-capacity LHDs encourages new ideas and is open to changes that would improve local PH practice.

“Always try to improve things, try new things, that’s fine. And if you make a mistake doing that, you’re not going to be fired for that, you’re not going to be reprimanded for that. You’re going to try something new, something different.”

“one of the things that we have done an exceptional job at doing is breaking down silos [...] we have more of a global approach, an open approach, that allows us to get things done and get things done fairly efficiently.”



# Relationships and Partnerships

- Both high-capacity and low-capacity LHDs highlight the importance of partnerships
  - “We have to have collaborative people in there. Without them, we just couldn't achieve a third of what we achieve”
  - “You have to have the community partners. Because if it's community, then that means that you don't do it by yourself.”
- High-capacity LHDs more likely to mention relationships with universities, more collaboration

# The *HOW*, A-EBPs

# How to build an evidence-based health department

- Need to understand the “push” vs. “pull” mismatch



**“Yes, a trival observation, but fodder for at least five papers.”**

# Preferred Methods for Disseminating or Learning about the Latest Research-based Evidence

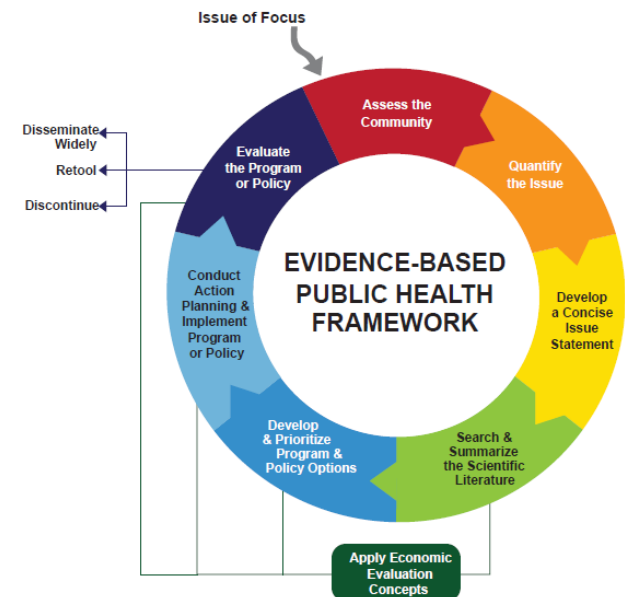
<b>Method</b>	<b>Researchers % (rank)</b>	<b>Local practitioners % (rank)</b>	<b>State practitioners % (rank)</b>
<b>Academic journals</b>	<b>100 (1)</b>	<b>33 (4)</b>	<b>50 (2)</b>
<b>Academic conferences</b>	<b>92.5 (2)</b>	<b>22 (5)</b>	<b>17.5 (6)</b>
<b>Reports to funders</b>	<b>68 (3)</b>	<b>--</b>	<b>--</b>
<b>Press releases</b>	<b>62 (4)</b>	<b>12.5 (7)</b>	<b>--</b>
<b>Seminars or workshops</b>	<b>61 (5)</b>	<b>53 (1)</b>	<b>59 (1)</b>
<b>Face-to-face meetings with stakeholders</b>	<b>53 (6)</b>	<b>11 (6)</b>	<b>15 (7)</b>
<b>Media interviews</b>	<b>51 (7)</b>	<b>1 (9)</b>	<b>--</b>
<b>Policy briefs</b>	<b>26 (8)</b>	<b>17 (6)</b>	<b>30 (4)</b>
<b>Email alerts</b>	<b>22 (9)</b>	<b>34 (3)</b>	<b>40 (3)</b>
<b>Professional associations</b>	<b>--</b>	<b>48 (2)</b>	<b>24.5 (5)</b>

# How to build an evidence-based health department

## 1. Training involves organized education or skill-building sessions to a group of practitioners

### Evaluating a train-the-trainer approach for improving capacity for evidence-based decision making in public health

Laura Yarber<sup>1</sup>, Carol A. Brownson<sup>2</sup>, Rebekah R. Jacob<sup>2</sup>, Elizabeth A. Baker<sup>1</sup>, Elen Jones<sup>2,4</sup>, Carsten Baumann<sup>2</sup>, Anjali D. Deshpande<sup>6</sup>, Kathleen N. Gillespie<sup>1</sup>, Darcell P. Schaff<sup>1</sup> and Ross C. Brownson<sup>2,7\*</sup>



# How to build an evidence-based health department

2. Tools are media or technology resources for use in planning, implementing, and evaluating EBPH-related activities



**Determining Essential Core Competencies for Job Positions  
(Archived Webinar)**

June 22, 2017

HOME

FOCUS AREAS

Home >> Resources & Tools

# How to build an evidence-based health department

3. Assessment and feedback involves providing data-based feedback on EBPH-related performance

*“what gets measured, gets done”*



ON

## PHSSR Translational Toolbox

The Public Health Services and Systems Research (PHSSR) Translational Toolbox contains easy to use and offer immediate results to help guide quality improvement initiatives, assess community health improvement planning processes, and estimate the cost of delivering services, among others. These digital tools are readily accessible to public health practitioners, policymakers, and researchers.

### **Administrative Evidence-Based Practices Assessment Tool**

This tool helps managers and practitioners at local and state public health departments assess the extent to which their departments utilize administrative evidence-based practices (A-EBPs), leading to improved efficiency and public health outcomes, and building competency for accreditation.

[About](#)[Tool](#)[Print](#)

<http://tools.publichealthsystems.org/tools/tool?name=AdministrativeEvidence-BasedPracticesAssessmentTool&view=about&id=134>



# Program Sustainability Framework



## Sample Program Sustainability Report

01/23/2014

> [Go to Next Steps](#)

Many factors can affect sustainability, such as financial and political climates, organizational characteristics, and elements of evaluation and communication. The Program Sustainability Assessment Tool allows stakeholders to rate their programs on the extent to which they have processes and structures in place that will increase the likelihood of sustainability. Assessment results can then be used to identify next steps in building program capacity for sustainability in order to position efforts for long term success.

### Interpreting the Results:

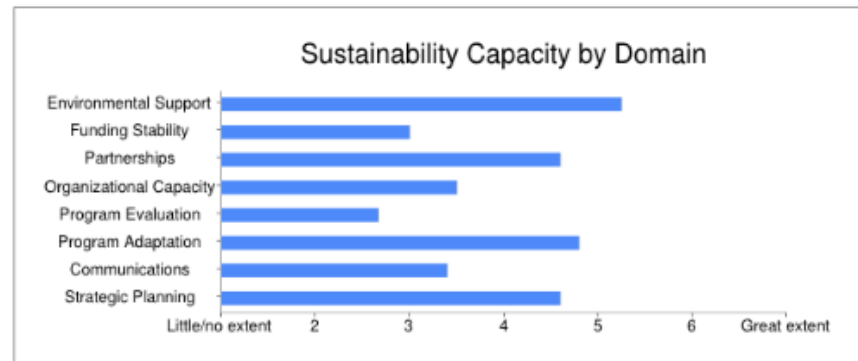
The table presents the average rating for each sustainability domain based on the responses that you provided. The remainder of the document presents the ratings for indicators within each domain. There is no minimum rating that guarantees the sustainability of your program. However, lower ratings do indicate opportunities for improvement that you may want to focus on when developing a plan for sustainability.

### Next Steps:

- These results can be used to guide sustainability planning for your efforts.
- Areas with lower ratings indicate that there is room for improvement.
- Address domains that are most modifiable, quicker to change, and have data available to support the needed changes.
- Develop strategies to tackle the domains that may be more difficult to modify.
- Make plans to assess the sustainability of your efforts on an ongoing basis to monitor changes as you strive for an ongoing impact.

Overall Capacity for Sustainability	4.0
Environmental Support	5.3
Funding Stability	3.0
Partnerships	4.6
Organizational Capacity	3.5
Program Evaluation	2.7
Program Adaptation	4.8
Communications	3.4
Strategic Planning	4.6

1 = to little or no extent / 7 = to a great extent



# How to build an evidence-based health department

4. Technical assistance is the provision of interactive, individualized education and skill building, often seeking to solve a specific problem

Original Research

**Knowledge brokering in public health: a tale of two studies**

*R. Traynor, K. DeCorby, M. Dobbins\**

# How to build an evidence-based health department

## 5. Peer networking involves bringing practitioners together to learn from each other via in-person or distance methods

### Getting to Uptake: Do Communities of Practice Support the Implementation of Evidence-Based Practice?

Melanie A. Barwick PhD, CPsych<sup>1,2</sup>; Julia Peters MA<sup>1</sup>; Katherine Boydell PhD<sup>1,2</sup>



[http://www.chronicdisease.org/page/h\\_leadership\\_develop](http://www.chronicdisease.org/page/h_leadership_develop)

Generate, Educate, Activate, Respond (GEAR) Groups

# How to build an evidence-based health department

6. Incentives are financial compensation and in-kind resources to encourage progress or build capacity in EBPH

## **Criteria-Based Resource Allocation: A Tool to Improve Public Health Impact**

J. Ross Graham, MSc, CHE; Christopher Mackie, MD, MHSc, FRCPC

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# Other resources



**PREVENTION  
RESEARCH CENTER** *in St. Louis*  
*Promoting Healthy Communities*

## — Issue Briefs

### **OVERVIEW**

First Issue brief in a series of briefs that are being used to disseminate information about administrative evidence based practices that can be implemented in local health departments to help improve performance. The series of issue briefs will provide practical solutions that can be put into practice within a short time period.

### **WORKFORCE DEVELOPMENT**

This brief provides information on workplace development including administrative practices, core competencies, tools, and resources.

### **LEADERSHIP**

This brief provides information on enhancing leadership, including values and expectations to promote and participatory decision making.

**Could you envision some  
next steps?**

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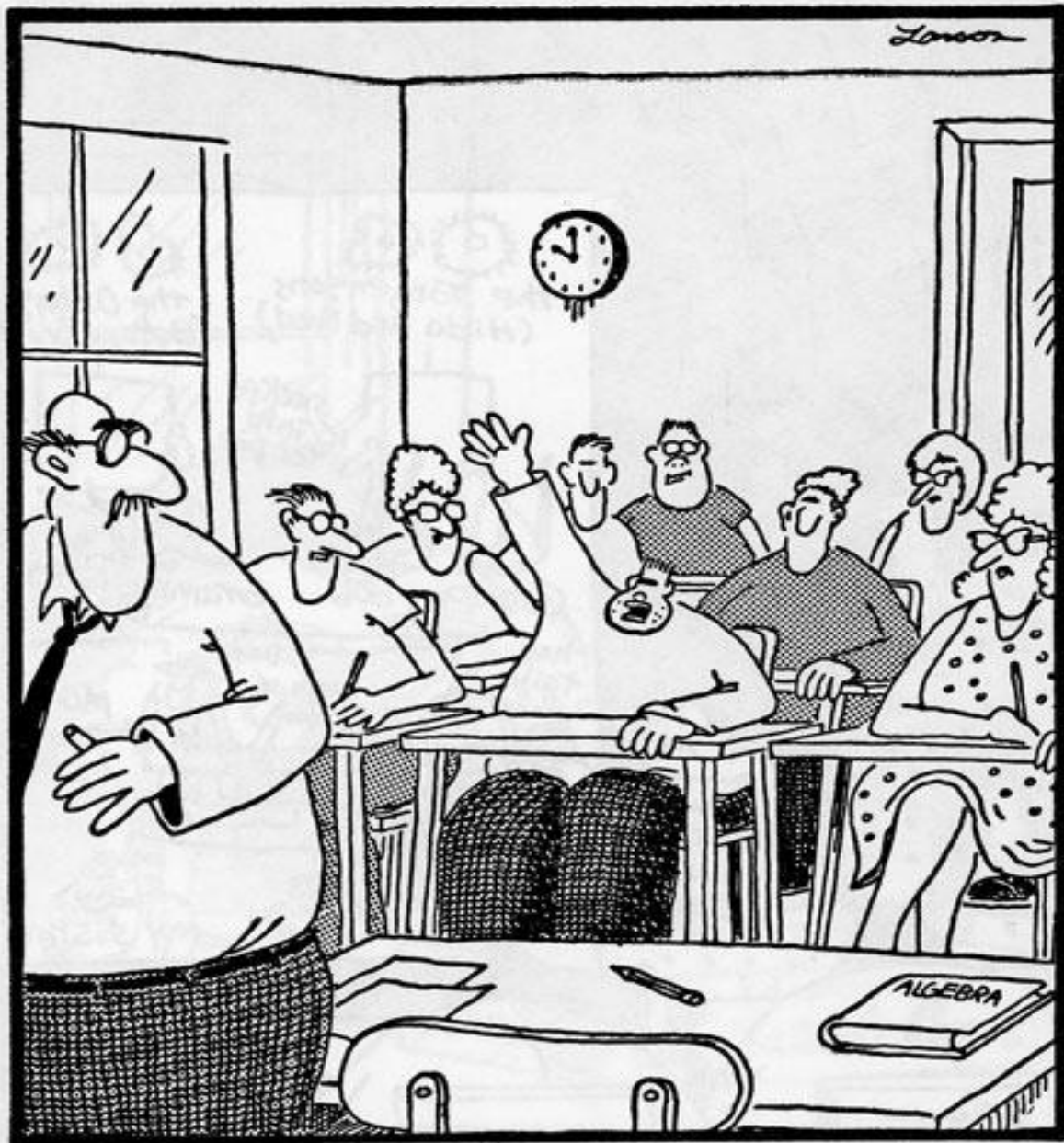
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# Follow-up

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**"Mr. Osborne, may I be excused? My brain is full."**