

# Gaining Ground

## Domain 10: Evidence-Based Practices Webinar Transcript

### **Webinar Series Overview:**

PHAB accreditation uses an established framework of standards based on twelve domains. The first ten address the Ten Essential Services of Public Health. The last two focus on your health department's infrastructure and governance. This 12-part video series provides information, tips, and resources on how you can use the specific performance measures in each domain to advance the quality and performance of your department. Applying the standards now will help your department reach its strategic goals, even as you consider taking the next steps towards accreditation.

### **Domain 10 Introduction:**

The goal of this presentation is to provide an overview of PHAB Domain 10. Domain 10 provides the PHAB accreditation requirements for the role that health departments play in building and advancing the science of public health.

This presentation was developed by Kevin Grieme, Health Director of Siouxland District Health Department in Sioux City. As the director of a local public health agency, Kevin works with public health staff to sustain, promote, and implement evidence-based practices for improving the health of the residents they serve. In this type of work, innovation and creativity are needed to provide public health services that are appropriate for the local community, as required in Domain 10.

I'm Laurie Walkner with the Midwestern Public Health Training Center, a member of the Iowa Public Health Gaining Ground Coalition. I will be narrating on behalf of Kevin.

There are 12 domains as shown here. This presentation will focus on Domain 10: Evidence-Based Practices. Domain 10 is broken down into two areas called standards. These standards can be broken down further into separate measures. Within the two standards of Domain 10, there are seven measures.

As we all know, public health practices and decisions are backed by scientific recommendations. As you have completed your Community Health Assessment, you have used a data-driven process to identify needs for the populations you serve. With the needs identified, you have also developed Health Improvement Plans (HIP). As you review your plans, pay attention to whether you have included evidence-based programs. As you prepare to work on Domain 10, you might want to complete an inventory of the programs and services that your organization offers.

Evidence-based programs are based on specific requirements and have been evaluated for effectiveness. For example, Early Head Start and Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa are both evidence-based programs. They have gone through intensive evaluations in different geographic areas. It is suggested that you do an inventory of the programs you do offer and carefully review each one to develop a list of those that meet the criteria for Domain 10. For example, if you provide an immunization program that has policies and procedures to comply with the CDC's guidelines for immunizations, this would be an evidence-based practice. If you are a health department that contracts to provide food establishment inspections, by following the food code, this is an evidence-based program.

**Standard 10.1:**

Standard 10.1 is to identify and use the best available evidence for making informed public health practice decisions. Evidence-based practice requires that a health department use the best available evidence in making decisions and in ensuring the effectiveness of processes, programs, and interventions. Evidence-based practice assures that a health department's resources are being used in the most effective manner. Health departments should access information about evidence-based practices and apply that information to their processes, programs, and interventions.

There are two measures under Standard 10.1.

**Measure 10.1.1:**

The purpose of measure 10.1.1 (A) is to assess the health department's use of evidence-based or promising practices in its design of new processes, programs, or interventions, or in revisions to existing programs. The use of evidence-based programs assures that the health department is having the most impact possible. These programs have all been evaluated or researched and proven to be effective. If you are not sure what evidence-based programs are available, sources such as the National Health Rankings and The Guide to Community Preventive Services have comprehensive listings under identified topic headings. There are also suggestions included in the PHAB Manual under Domain 10.1.1.

As a health department, you need to make sure your documentation reflects the sources of your evidence-based programs. You must provide a minimum of two examples from two different program areas, one of which is a chronic disease program. Additional evidence must also be supplied that documents how the evidence-based or promising practice was incorporated into the design of a new or revised program.

You may have identified Obesity as one of the areas in your Community Health Needs Assessment. From this identified need, you worked with a group of community members to develop your Health Improvement Plan. For example, it was the decision of the group that you would focus on youth between ages five and ten. One of your

community partners is a local school district that serves this audience. After a program review process, it was decided that this school district would implement Active Recess, which is an evidenced-based program. The documentation that you would need for this decision includes committee meeting minutes, public education materials, and internal memos that support the role that your health department played in the implementation of this program. This documentation would then be followed with data on the impact this program has had on participants.

There is a limited availability for evidence-based practices or promising practices in tribal communities. Tribal communities would then document how they had adapted evidence-based programs or promising practices to integrate cultural values, beliefs and traditional healing practices of the tribe.

**Measure 10.1.2:**

Measure 10.1.2 (T/S) applies to tribal and state health departments and assesses their efforts to promote and support innovations in public health practice and research. There are two main areas of documentation required. The first is the assurance that both the tribal and state departments have a relationship with academic institutions and research centers. This relationship can be formal such as a contract or MOU/MOA, or it may be less formal. If the relationship is less formal, then copies of meeting minutes, emails or a meeting agenda can be used. Any reports or other documents could also be used.

The second component is that both tribal and state health departments be engaged with the work of the research community. This involves the demonstration of involvement in the development of the research agenda.

**Standard 10.2:**

It has often been said that public health is one of the best-kept secrets around and the general public only knows about us if there is some sort of emergency. Standard 10.2 focuses on the use of research in public health practice. This standard works to assure that no matter what level or setting of public health you are engaged in, you are supporting the integration of research and building a broader base for public health practice. There has often been the feeling of a gap between public health researchers and public health practitioners. There are also gaps in understanding between public health departments and the general public. Communication can help bridge this gap and strengthen the relationships among public health's many partners. This communication should help to support partners, governing entities, elected officials and other audiences to become advocates for research and the value of the science of public health.

**Measure 10.2.1:**

Measure 10.2.1 is Protection of human subjects when the health department is involved in or supports research activities. Formal public health research uses human subjects to conduct studies on the impacts of programs delivered by health

departments. For those programs that receive governmental funds for research involving human subjects, it must be approved by a registered institutional review board (IRB) to ensure that subjects are treated ethically. This ethical treatment is meant to protect the rights, welfare, and well-being of research subjects. Many times this type of formal research is being conducted in cooperation with an academic institution. If this is the case, then you should have a copy of any signed agreements with that institution. It's also important that you have a policy for your organization to show that when you participate in this kind of research, you will request and maintain a copy of the research institution's Institutional Review Board policy and will comply with it. If you have contracted to conduct research directly, then you will need to develop and maintain your own Institutional Review Board policy and process.

It is also recommended that for any program evaluations or customer satisfaction surveys you conduct, you have a policy that protects the identity of the individual and removes any information prior to publishing results that could be directly linked back to an individual or small group of individuals.

If your department does not participate in research involving human subjects then you must have a document stating that.

**Measure 10.2.2:**

Accessing research is one thing, but reviewing the research and interpreting it is another. Public health agencies need to have the internal capacity to access research, provide expert review and interpret research findings. You must be able to interpret the research findings so that you are able to link it to any adjustments or changes in the services that you provide. If you serve in an agency where you are not able to document the internal ability to successfully perform this type of work, then you will need to identify how you access this from an external source.

You also need to be aware that in addition to accessing and using research findings, what ability do you have to educate stakeholders, partners and the public? Are you able to disseminate this in a regular fashion, and how do you document this? When you speak to service organizations or other partners, is your presentation based on public health science and research?

**Measure 10.2.3:**

Accessing research information is step one, interpreting it is step two, and the next step is sharing or disseminating the information. Do you have regular channels in which you send out information? If you are feeling like you are unable to meet a measure such as this, think of some of the things that might be more simple in nature. Most public health agencies receive regular information on disease prevention and investigations from some source. Sources might be the state health department or others. With this information, identify within your area of service entities that would see some value in receiving this kind of information – such as local providers, school districts, employers and in many cases the general public and possibly the media.

Create a regular distribution process for sending this information out. You also have the option to enhance the information with more localized details if necessary. If you are seeing an increase in GI illnesses, for example, it may serve you well to include this from a local perspective also. If you want to educate about an issue such as the difference between trivalent and quadrivalent flu vaccines, you could. What this measure is really looking for is how you will share and distribute information related to public health practice to the population you serve.

**Measure 10.2.4 (S):**

Measure 10.2.4 (S) is focused on the work of the state health department and its ability to provide assistance to tribal and local health departments on the application of research. What is involved with the measure is documentation on how they provide this assistance. This assistance must all be linked to evidence-based or promising practices. The focus of their documentation cannot include examples of providing assistance to program divisions within the state health department.

**Measure 10.2.4 (T):**

Measure 10.2.4 (T) is identical to the previous one, but a requirement and focus for tribal health departments. This measure outlines the responsibility that tribal health departments have to provide assistance to the state and local health departments and other tribal health departments on the application of relevant research results and evidence-based or promising practices. Tribal health departments are best positioned to help other health departments by sharing how they could adapt their programs to be more culturally relevant or to use the most appropriate approaches.

**Conclusion:**

Domain 10 may appear to provide many challenges to health departments at all levels. When we begin to talk about evidence-based programs, many public health employees may not immediately link what they do to this type of work. It has been in the last 15 years that evidence-based or promising practices have been more widely adopted in the prevention community. In the late 1990s, the Siouxland community began to discuss what this meant to them. The original discussions were quite dynamic, with some organizations feeling this was a threat to the services they provided and would reduce the funding they were able to access. Over time, many of these organizations began to realize this was not the case. As funders moved towards requiring evidence-based programs, the climate began to change. When we use these programs to address community needs, we are better able to share what positive impacts they have on the communities we serve.

The challenge many local health agencies may have is in their ability to identify which evidence-based practices they engage in. However as they work to educate about the impact their services are having on their residents, this work is invaluable.

This concludes our presentation on Domain 10: Contribute to and Apply the Evidence Base of Public Health. We hope this overview is helpful. Here are a few prominent resources:

- National Health Rankings: <http://www.countyhealthrankings.org/>
- The Community Guide: <http://www.thecommunityguide.org/index.html>
- NACCHO: <http://naccho.org/programs>

Please help us by providing your feedback regarding this video. You can do this by clicking on [the link below \[the video\]](#) and answering three questions.

On behalf of the Iowa Public Health Gaining Ground Coalition, thank you for joining us today.