

Collaborative Approaches in Chronic Disease Prevention: Factors Affecting Implementation of Evidence-based Practices in Local Public Health Coalitions

Colorado Public Health PBRN

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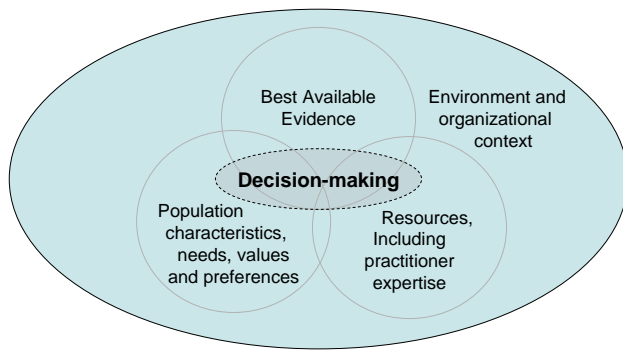
**Colorado School
of Public Health**



Research Question

- *How does the Local PH system influence adoption and implementation of evidence-based public health practices in chronic disease prevention? More specifically,*
 - *How do coalitions based in local public health agencies find, select, and use evidence...? And,*
 - *What is the role of local public health agencies in the coalitions' networks...?*

Domains that influence evidence-based decision making



Key characteristics

- Making decisions using best available peer-reviewed evidence
- Using data & information systems systematically
- Applying program planning frameworks
- Engaging the community in assessment & decision making
- Conducting sound evaluation
- Disseminating what is learned to key stakeholders & decision makers

(Brownson et al ARPH 2009)

Research Design and Methods

- **Project Advisory Committee (PAC)**
- **Phase 1:** *Survey of Chronic Disease Coalitions and their use of evidence-based practice in Colorado (54 LPHAs).*
- **Phase 2:** *Detailed case study based assessment of prevention strategies and coalition network.*
 - Network analysis and key informant interviews

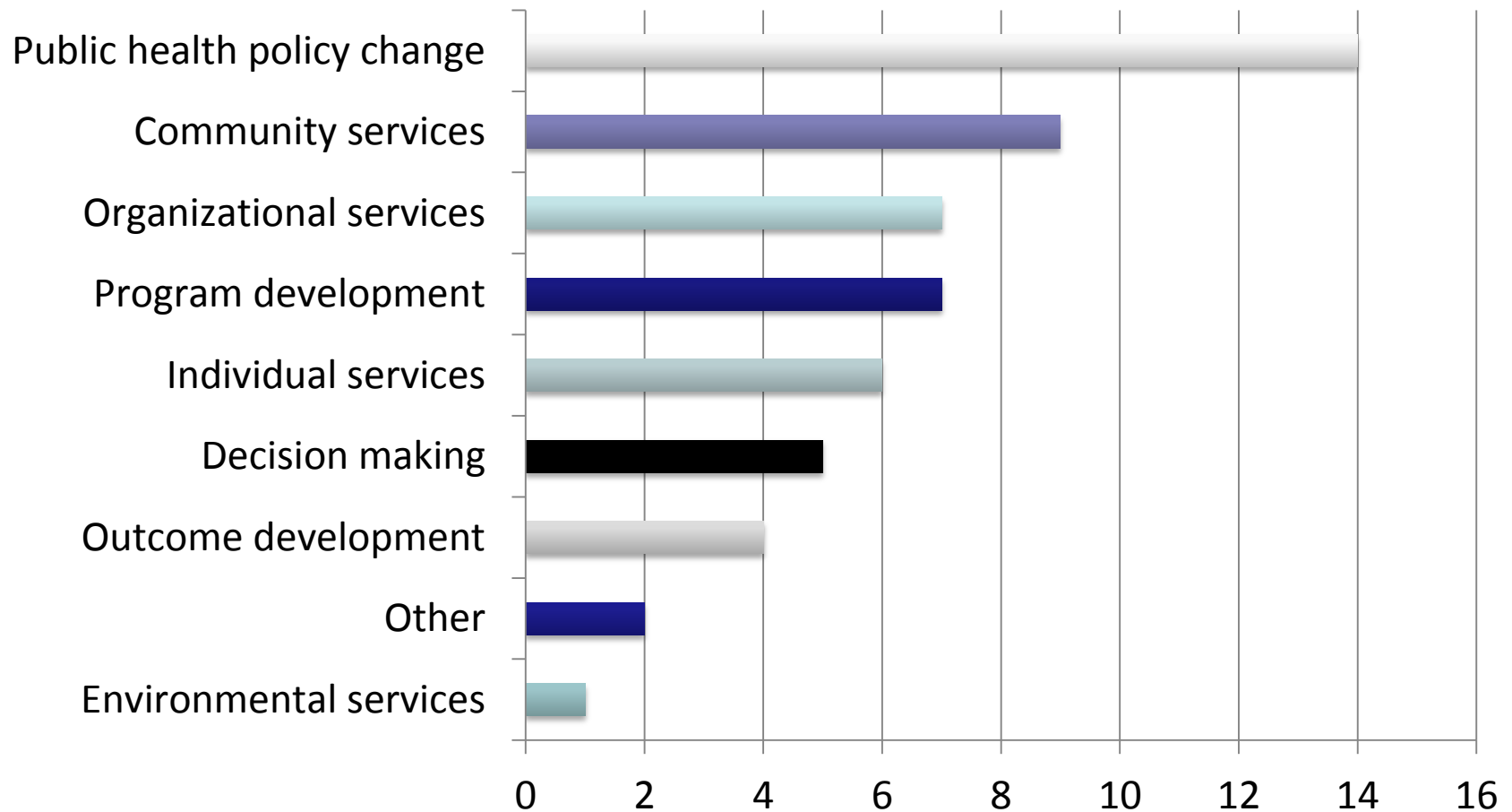
PHASE 1: Collaborations Survey

- Target all chronic disease and related risk factors prevention coalitions with local public health as the lead
 - All LPHA Directors
 - All PAC contacts
 - All CDPHE coalition contacts
- Internet survey
 - Coalition vision/mission, membership, staffing, oversight, funding, communication, planning, activities and upload of workplan, budget, and dissemination materials
 - Use of evidence-based practice

Coalition Survey Results

- General Coalition “Demographics”
 - 20 coalitions completed survey
 - 3 removed – did not fit definition
 - N=17
 - 86% exist as a requirement of funding
 - 65% have dedicated staff (0.8 FTE)
 - Average duration = 5.9 years
 - Average active organizations = 9-10

Coalition Purpose



PHASE 2: Network Analysis, Documents &

Interviews: In-depth study of 8 coalitions

- Characterize use of local data on needs & resources
- Map prevention strategies onto best available evidence
- Characterize coalition network
 - Key players and their organization attributes
 - How information is shared
 - How resources are leveraged, shared, and coordinated
 - Role of early adopters, medium of message and leadership in information diffusion
- Characterize implementation of EB strategies

Colorado Public Health Practice-Based Research Network

Q#	Question
1	Please select your organization/program/department from the list:
2	What is your role in <u>COALITION NAME</u> ? (For example, Voluntary (non-funded) participant representing an organization, Funded participant representing an organization, Citizen member without an organizational affiliation, etc.) Please list as many roles as you play.
3	How long has your organization been a member of COALITION NAME (in months)? (example: 12)
4	Please indicate what your <u>organization/program/department</u> contributes, or can potentially contribute, to COALITION NAME (choose as many as apply).
5	What is your <u>organization's</u> most important contribution to <u>COALITION NAME</u> ?
6	Outcomes of COALITION NAME work include: (choose all that apply).
7	Of those outcomes you selected, please choose the most important outcome of COALITION NAME:
8	How successful has COALITION NAME been at implementing programs/policies that are evidence-based?
9	Which of the following contribute to COALITION NAME's success in implementing interventions/programs/policies? (Choose all that apply)
10	From the list, select <u>organizations/programs/departments</u> with which you have an established relationship (either formal or informal). In subsequent questions you will be asked about your relationships with these <u>organizations/programs/departments</u> in the context of COALITION NAME.

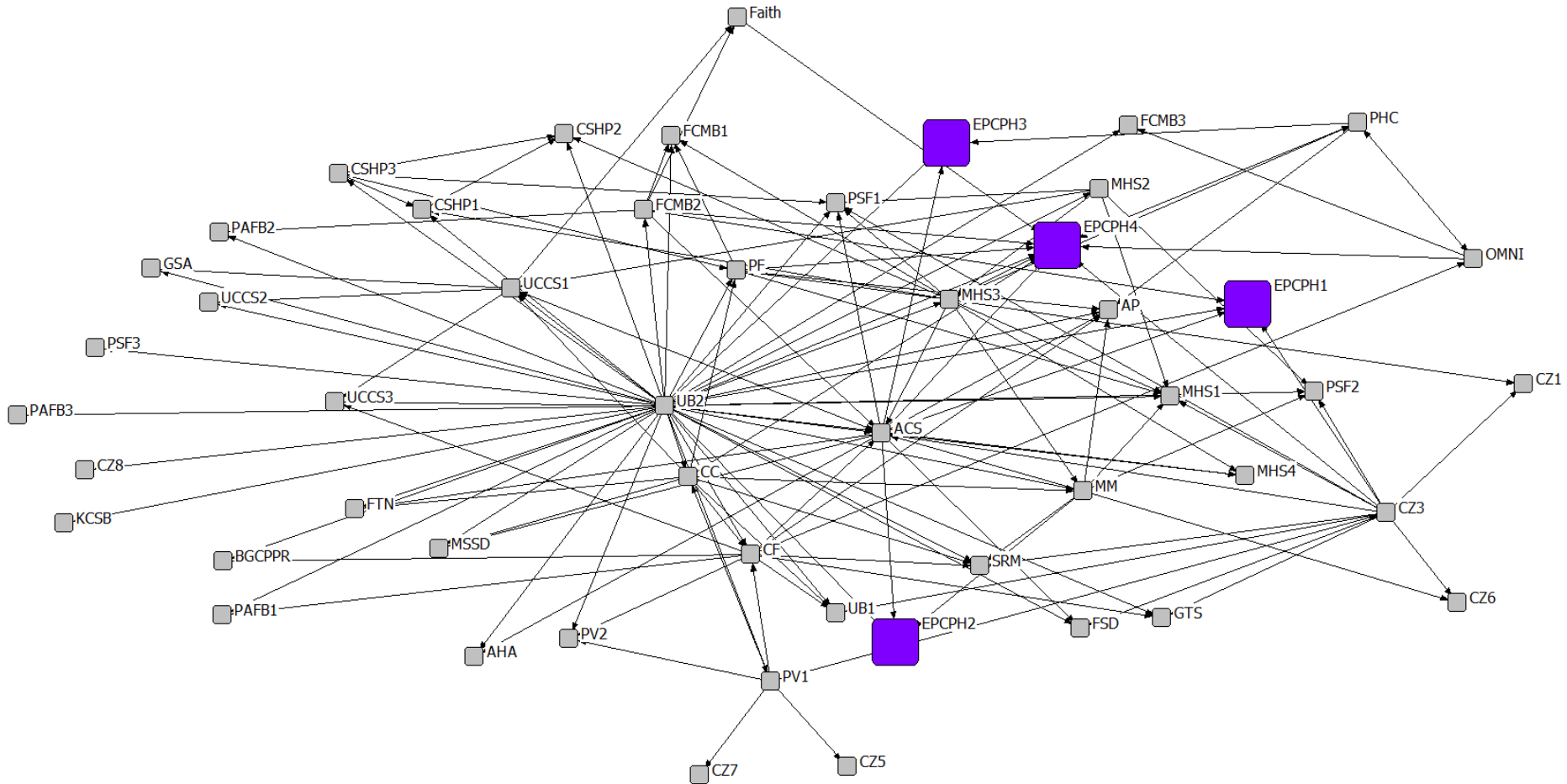
Colorado Public Health Practice-Based Research Network

Q#	Questions
11	How frequently does your <u>organization/program/department</u> work with this <u>organization/program/department</u> on issues related to COALITION NAME's goals?
12	What kinds of activities does your relationship with this <u>organization/program/department</u> entail [note: the responses increase in level of collaboration]?
13	How valuable is this <u>organization/program/department's</u> power and influence to achieving the overall mission of COALITION NAME? *Power/Influence: The organization/program/department holds a prominent position in the community be being powerful, having influence, success as a change agent, and showing leadership.
14	How valuable is this <u>organization/program/department's</u> level of involvement to achieving the overall mission of COALITION NAME? *Level of Involvement: The organization/program/department is strongly committed and active in the partnership and gets things done.
15	How valuable is this <u>organization/program/department/s</u> resource contribution to achieving the overall mission of COALITION NAME? *Contributing Resources: The organization/program/department brings resources to the partnership like funding, information, data, literature, evaluation or other resources.
16	How reliable is the <u>organization/program/department</u> ? *Reliable: this organization/prgoram/department is reliable in terms of following through on commitments.
17	To what extent does the <u>organization/program/department</u> share a mission to implement evidence-based practices with <u>this community collaborative's</u> mission and goals? *Mission Congruence: this organization/program/department shares a common vision of the end goal of implementing evidence-based practices.
18	How open to discussion is the <u>organization/program/department</u> ? *Open to Discussion: this organization/program/department is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization/program/department is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with this organization/program/department in an open, trusting manner.

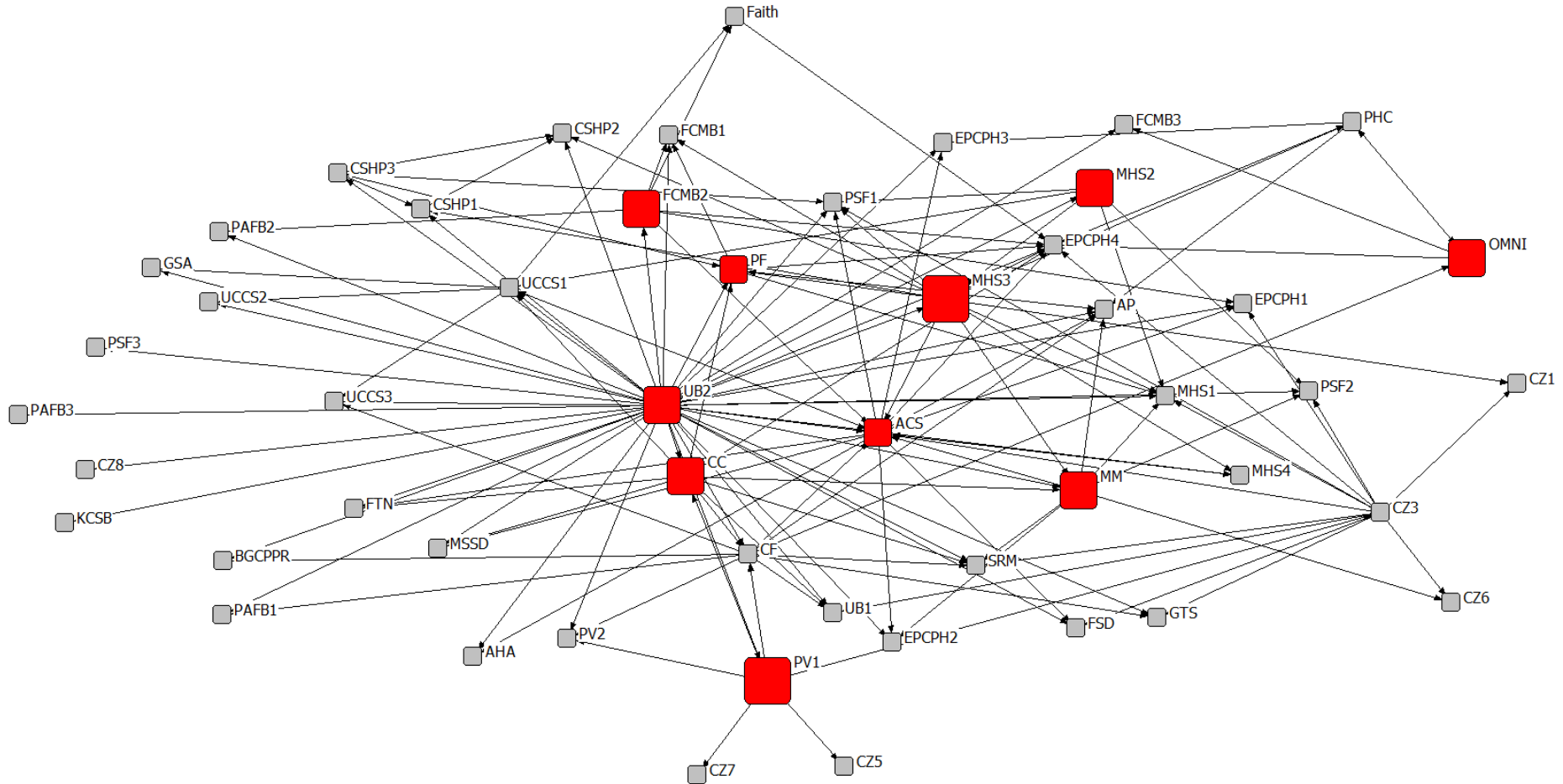
Phase 2: Case Studies

- Coalition 1:
 - **Chronic Disease Focus:** Tobacco
 - **Age of Coalition:** 15 years
 - **Aspects of EBPH used:** Prioritizing issues, Program planning, Developing action plan, Partnerships
 - **Barriers to EBP:** Political Climate; Lack of education on EBPs

Case Studies: Coalition 1 (LPHA Role)



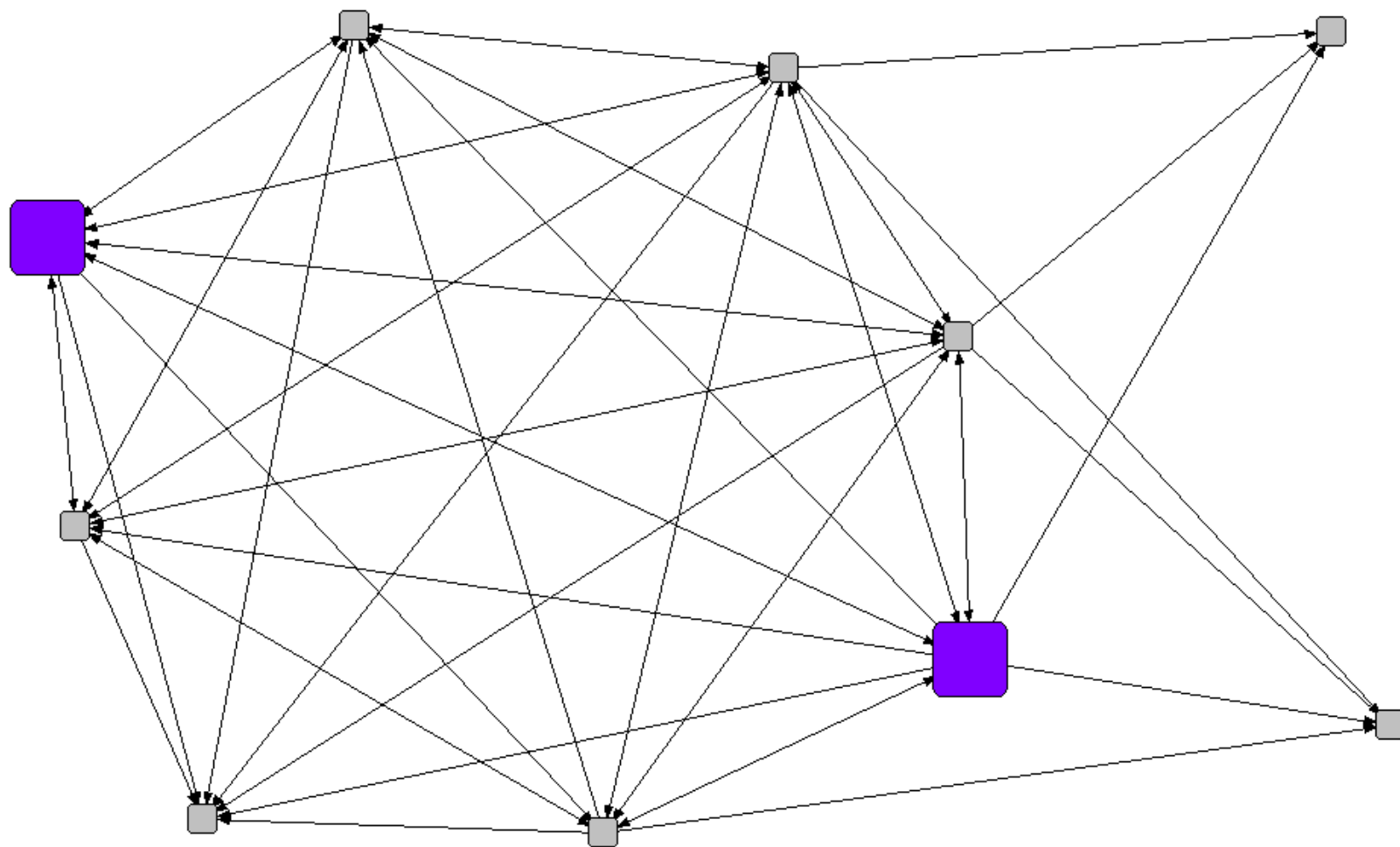
Case Studies: Coalition 1 (EBP)



Phase 2: Case Studies

- Coalition 2:
 - **Chronic Disease Focus:** Healthy Eating/Active Living
 - **Age of Coalition:** 6 years
 - **Aspects of EBPH used:** Prioritizing issues, Evaluation, Developing action plan, Deciding Implementation Strategies
 - **Barriers to EBP:** Evolving evidence available; partners don't think in terms of population-based

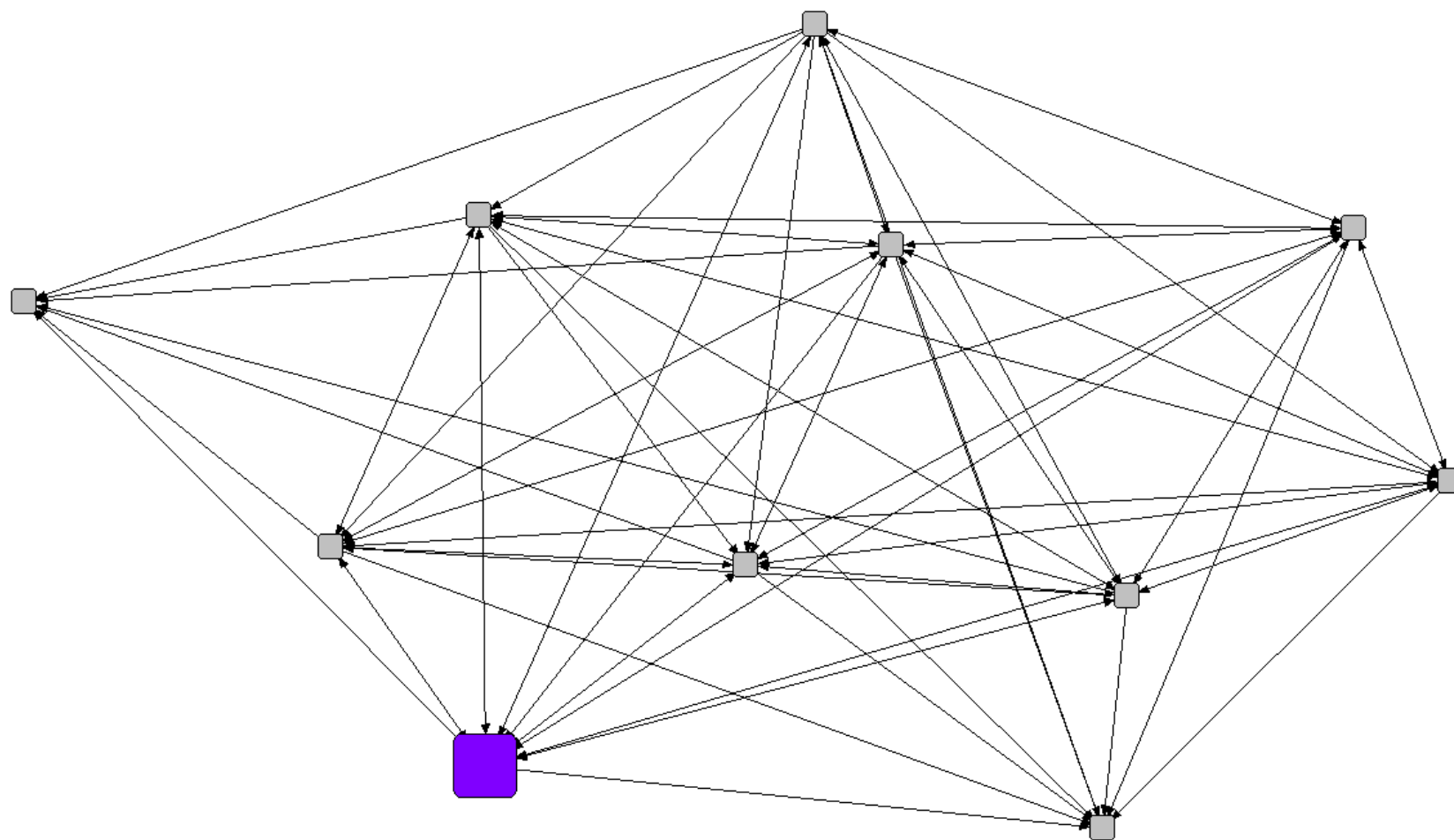
Case Studies: Coalition 2 (LPHA role)



Phase 2: Case Studies

- **Coalition 3:**
 - **Chronic Disease Focus:** Healthy Eating/Active Living
 - **Age of Coalition:** 3 years
 - **Aspects of EBPH used:** Prioritizing issues, Program planning, Developing action plan, Partnerships, Deciding implementation strategies, Dissemination
 - **Barriers to EBP:** Funding

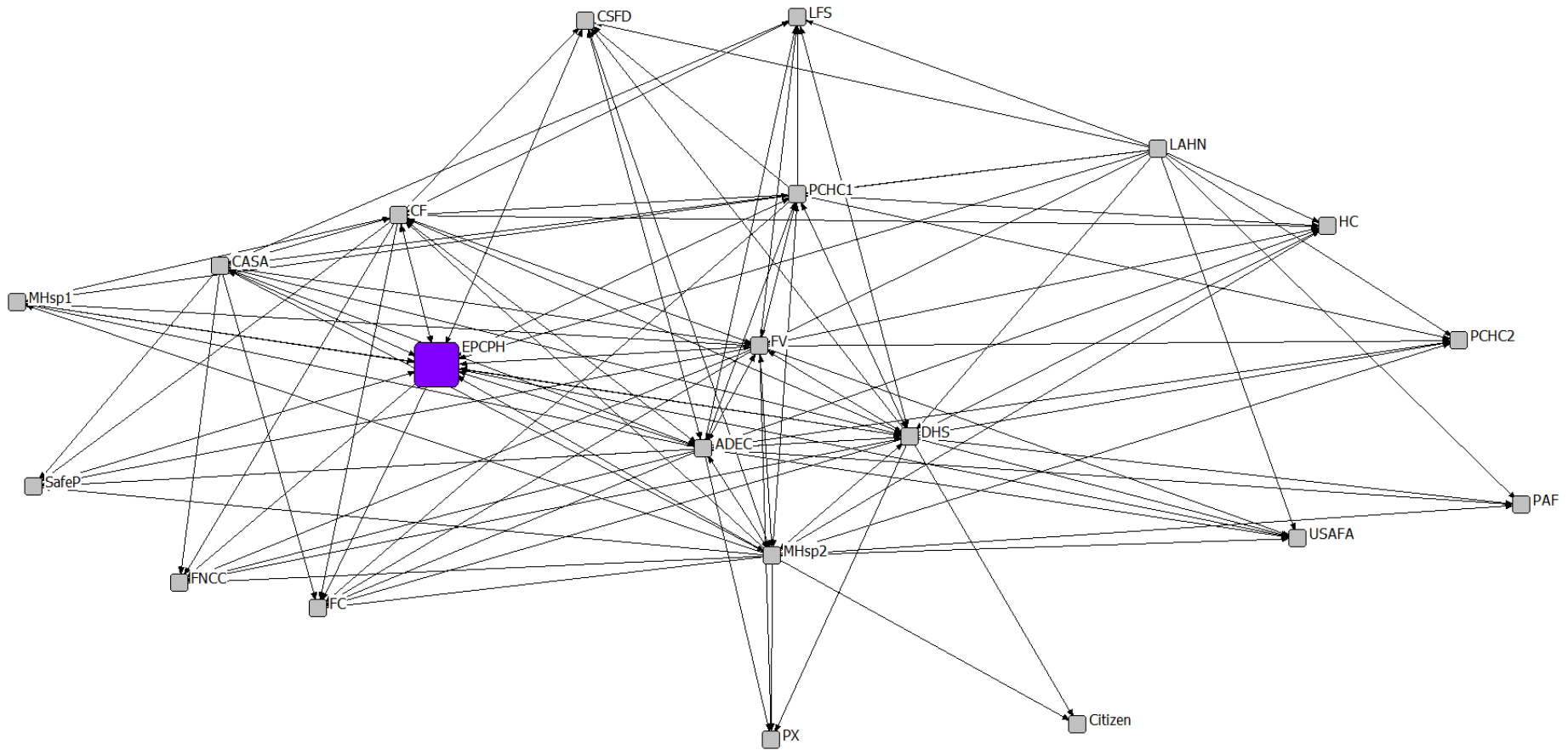
Case Studies: Coalition 3 (LPHA role)



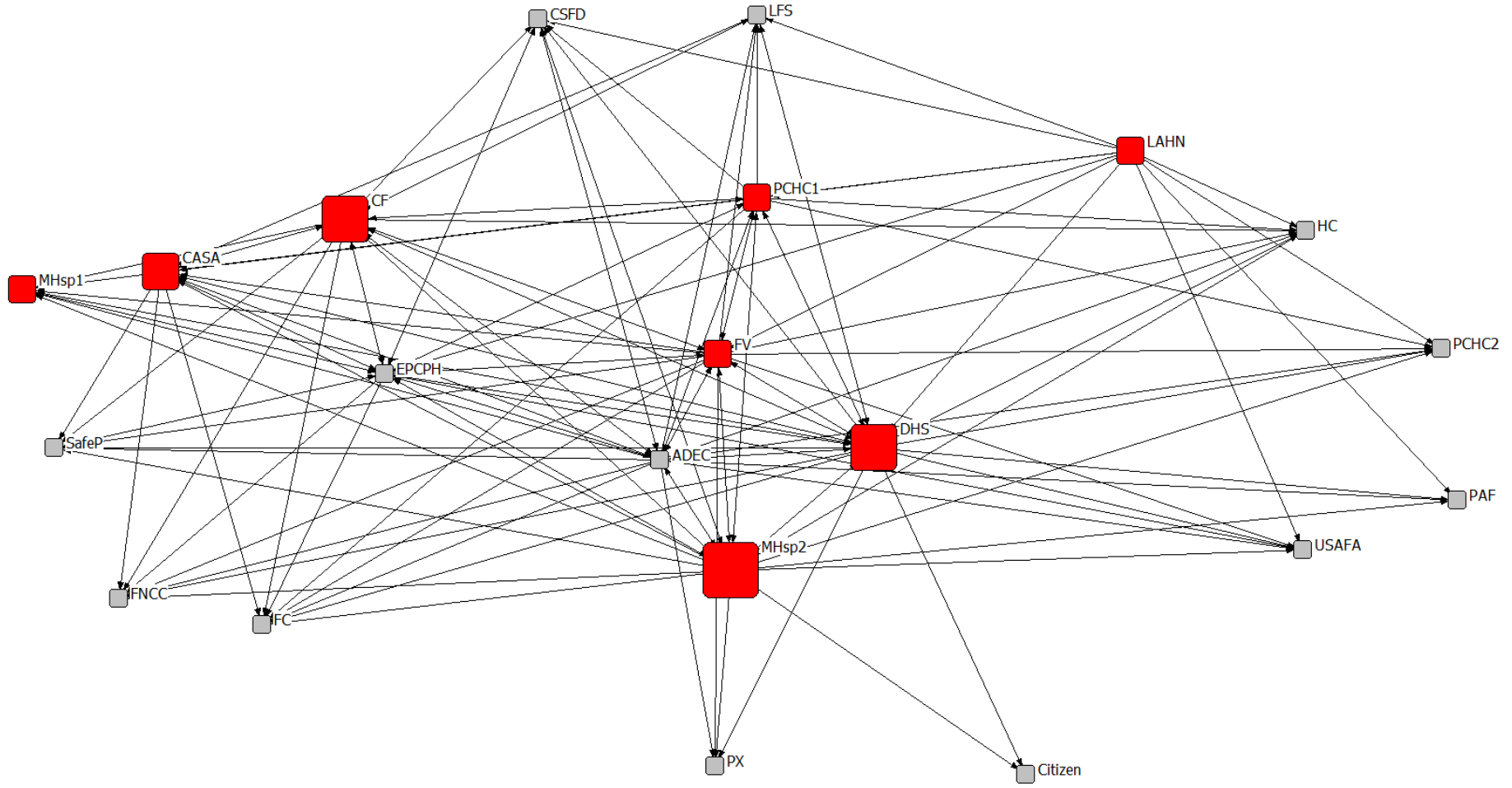
Phase 2: Case Studies

- Coalition 4:
 - **Chronic Disease Focus:** Infant Health
 - **Age of Coalition:** 4 years
 - **Aspects of EBPH used:** Prioritizing issues, Program planning, Developing action plan, Partnerships
 - **Barriers to EBP:** Funding; no data; no clear definition of EBP

Case Studies: Coalition 4 (LPHA role)



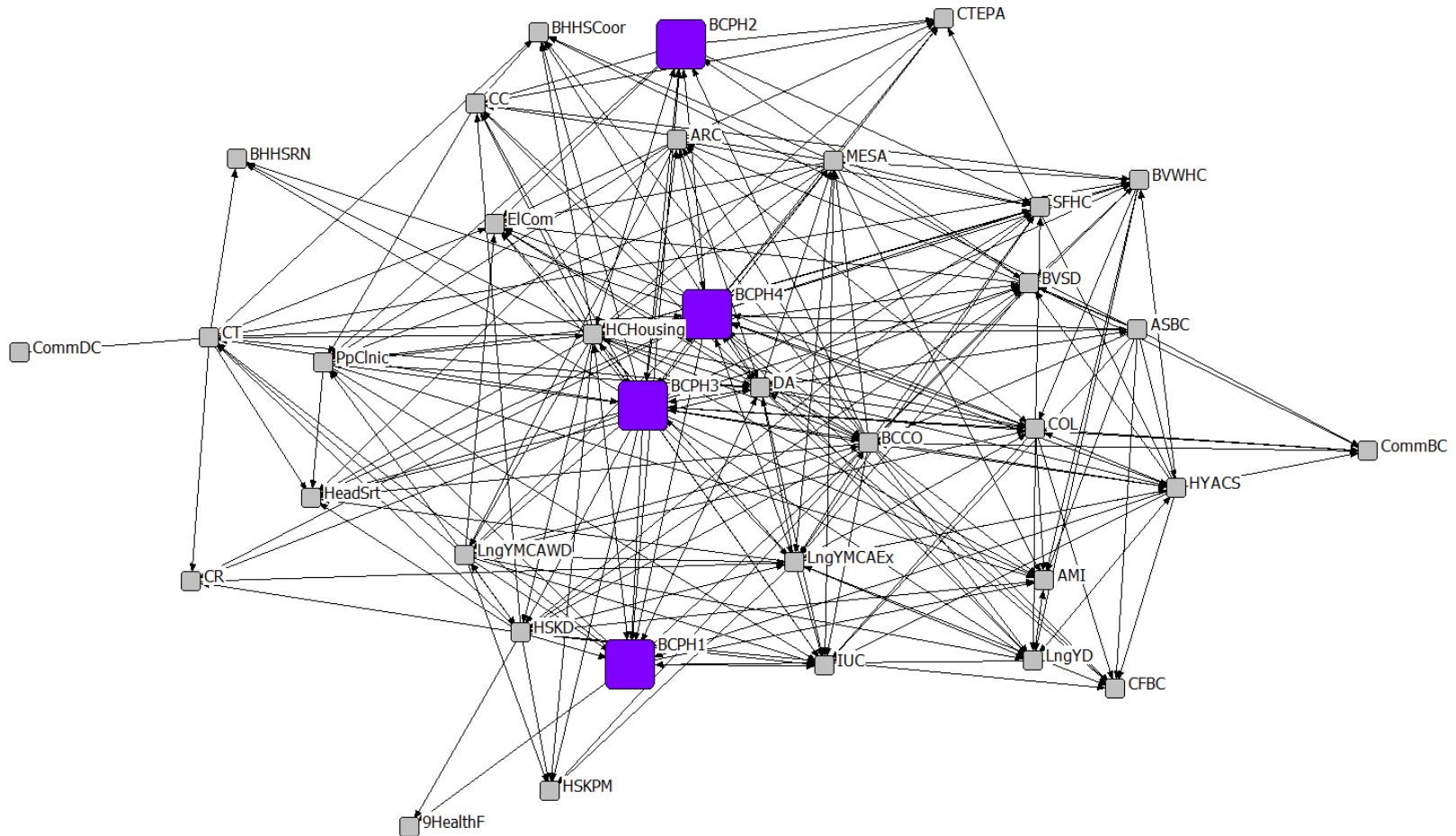
Case Studies: Coalition 4 (EBP)



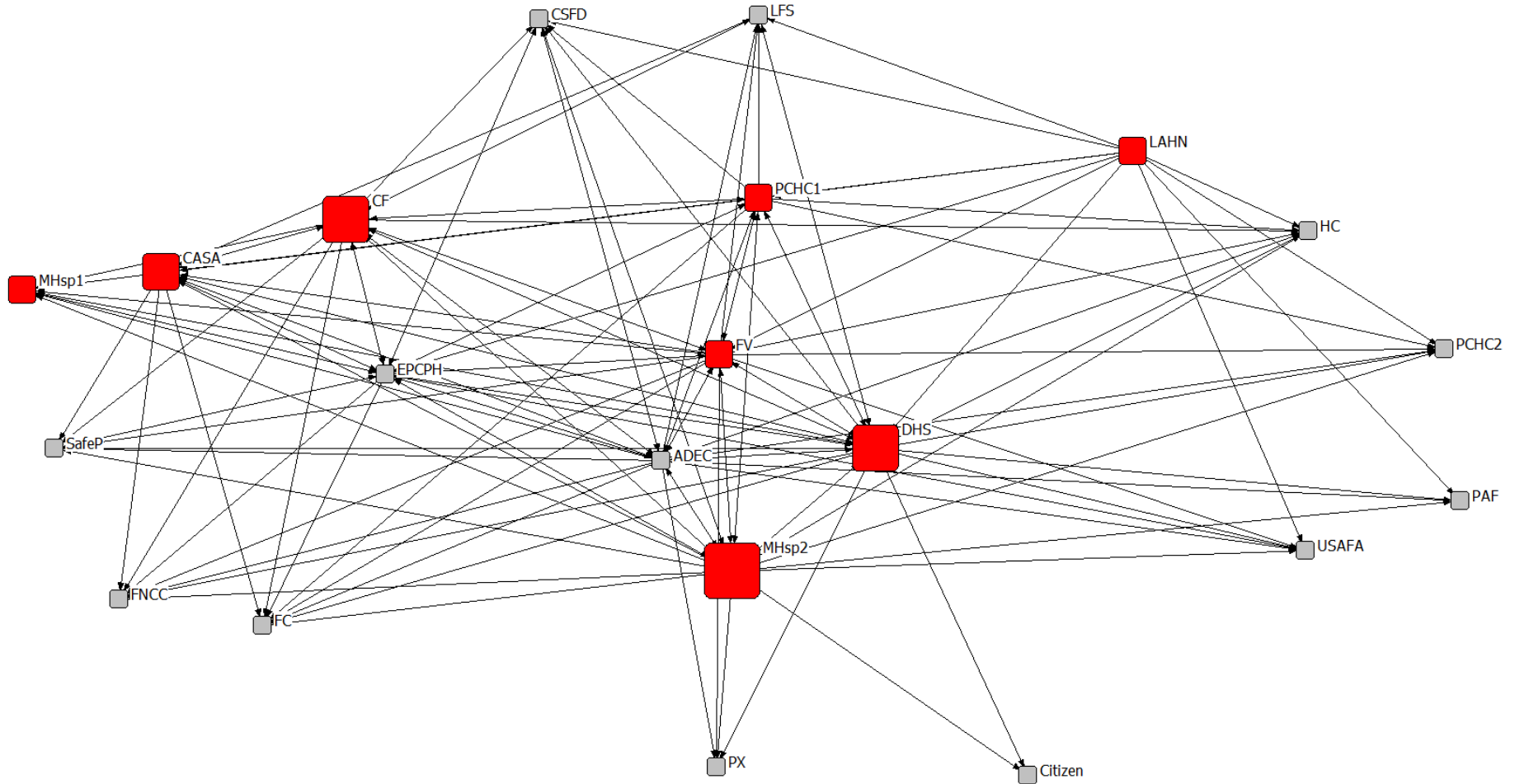
Phase 2: Case Studies

- Coalition 5:
 - **Chronic Disease Focus:** Tobacco/Latino Health
 - **Age of Coalition:** 2 years
 - **Aspects of EBPH used:** Prioritizing issues, Program planning, Developing action plan, Partnerships, Deciding implementation strategies, Dissemination
 - **Barriers to EBP:** No evidence on disparate populations, no data

Case Studies: Coalition 5 (LPHA role)



Case Studies: Coalition 5 (EBP)



Case Studies: All Coalitions SNA

	Coalition 1	Coalition 2	Coalition 3	Coalition 4	Coalition 5
Total Orgs	54	10	11	22	36
Total Resp Orgs (Resp Rate)	33%	70%	82%	60%	64%
Breadth	.16 (low)	.5 (high)	.45 (high)	.32 (moderate)	.22 (moderate)
Density	9.80% (low)	77.80% (high)	94.5% (high)	44.6% (moderate)	35.6% (moderate)
Collaborative Trust Score	40% (low)	79% (high)	89% (high)	80% (high)	65% (moderate)
Centralization	9.9% (low)	7.1% (low)	14.6% (moderate)	21.2% (high)	11.5% (moderate)
EBP Resource Score	.33 (low)	--	--	.52 (moderate)	.62 (high)
Most Contributed Resources	<ul style="list-style-type: none"> 1. Community Connections/ Networking 2. Awareness of community needs/issues 3. Volunteers 	<ul style="list-style-type: none"> 1. Info/Feedback 2. Expertise other than in health; Community Connections/ Networking 3. Advocacy; In-Kind Resources 	<ul style="list-style-type: none"> 1. In-Kind Resources 2. Volunteers; Info/Feedback; Community Connections/ Networking 3. Expertise other than in health; Advocacy 	<ul style="list-style-type: none"> 1. Health Expertise 2. Interventions/Programs based in evidence 3. Funding 	<ul style="list-style-type: none"> 1. Interventions/Programs based in evidence 2. Health Expertise 3. Data Resources; Evidence/ Research/ Literature
Least Contributed Resources	<ul style="list-style-type: none"> 1. Funding 2. Info/Feedback 3. Interventions/ Programs based in evidence; Paid Staff 	<ul style="list-style-type: none"> 1. Funding 2. Volunteers 3. IT/web Resources; Decision Making; Paid Staff 	<ul style="list-style-type: none"> 1. IT/web Resources 2. Decision Making 3. Funding 	<ul style="list-style-type: none"> 1. Evaluation 2. Paid Staff 3. Facilitation/ Leadership 	<ul style="list-style-type: none"> 1. Evaluation 2. Facilitation/ Leadership 3. Paid Staff

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