

Evidence-based decision making in LHDs increases from 2010 to 2013

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Disclosure

- Neither we, nor our spouses, have had a financial, professional or personal relationship that might potentially bias and/or impact the content of the educational activity/session.
 - Kay Lovelace, Gulzar Shah, Carolyn Leep, and Robert Aronson



Gap

- LHDs are expected to use an evidence-based approach to effectively address the gap between population health goals in the United States and current morbidity and mortality rates.
- Critical to know the extent to which LHDs use evidence-based approaches and how their use of these approaches has changed over time



Presentation objectives

- To identify indicators of evidence-based decision making (EBDM) practices in the NACCHO Profile surveys
- To identify changes in EBDM practices in US local health departments from 2010 to 2013
- To assess the implications for research and practice



Background

- National movement and training programs to increase evidence-based decision making and evidence-based public health practices in LHDs
- Focus on QI
- Practice-based research networks that include LHDs and academic institutions
- Mandatory local public health accreditation in some states and national voluntary accreditation



Evidence from research on LHD's use of EBDM practices in 2010

- Governance matters – LHDs with local, compared to state governance, use more EBDM practices
- Size matters – LHDs in larger jurisdictions use more EBDM practices
- Resources matter – LHDs with expenditures in the middle and top tertile use more EBDM practices
 - Lovelace, Aronson, Rulison, Labban, Shah, Smith (2014)



Evidence from 2010 Profile suggests that:

- Workforce matters – LHDs with
 - a LHD director with a public health degree,
 - an epidemiologist,
 - a health educator, and/or
 - preparedness staff use more EBDM practices
- Lovelace, Aronson, Rulison, Labban, Shah, Smith (2014)



Our research questions

- How has the extent to which LHDs use evidence-based decision making practices changed from 2010 to 2013?
- What do we know about evidence-based decision making practices in local public health in 2013?



Methods:

Compared weighted samples of all LHDs in country from 2010 to 2013

- NACCHO 2010 Profile of LHDs Study
- NACCHO 2013 Profile of LHDs Study



Methods: Samples

2010

- 516 LHDs that completed both Core Module and Module 2
 - 83% response rate for LHDs that received Module 2
 - Almost $\frac{1}{4}$ of all the LHDs in the country
 - Representing 47 states

2013

- 490 LHDs that completed both Core Module and Module 1
 - 79% response rate for LHDs that received Module 1
 - Almost $\frac{1}{4}$ of all LHDs in the country
 - Representing 45 states



Methods: Procedure

For the outcome measure:

- Consulted with expert panel (n=14)
- Selected questions to measure evidence-based decision making and its potential predictors
- Assessed content validity through survey of subsample of expert panel (n = 10)



Outcome measure: Evidence-based decision making

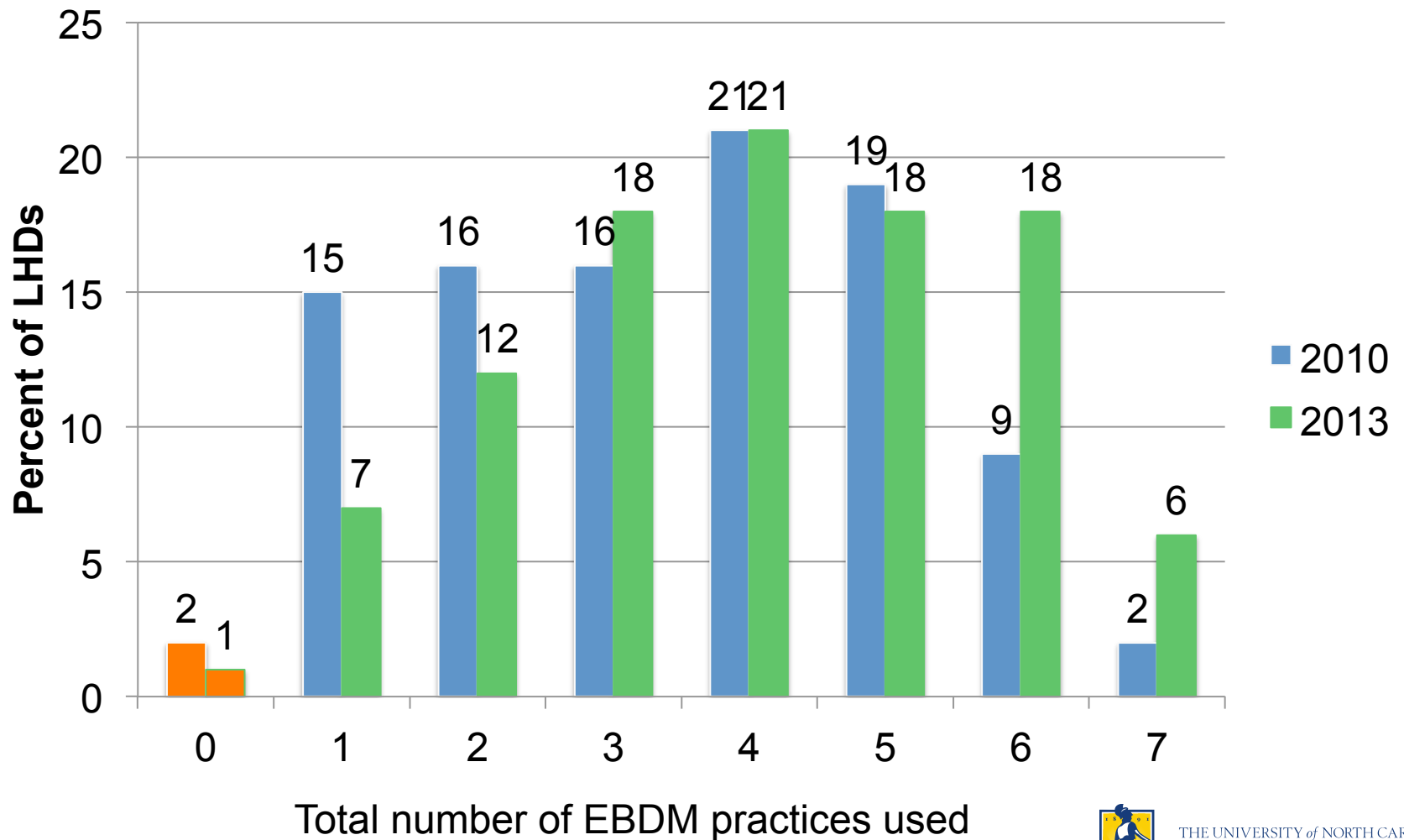
- **Performed directly surveillance and epidemiology (1-2 points)**
 - No surveillance/epidemiology= 0 points;
 - 1-3 types=1 point;
 - 4-7 types=2 points
- **Conducted a community health assessment within the last 5 years (1 point)**
- **Developed a community health improvement plan (1 point)**
- **Applied research findings to practices within the LHD (1 point)**
- **Used County Health Rankings to increase awareness of the multiple determinants of health with public, policymakers, or media (1 point)**
- **Used The Guide to Community Preventive Services in a few, many, or all relevant program areas (1 point)**



RESULTS



Percent of LHDs performing 5-7 EBDM practices increased



**What drives changes in
the numbers of LHDs
using more EBDM
practices?**



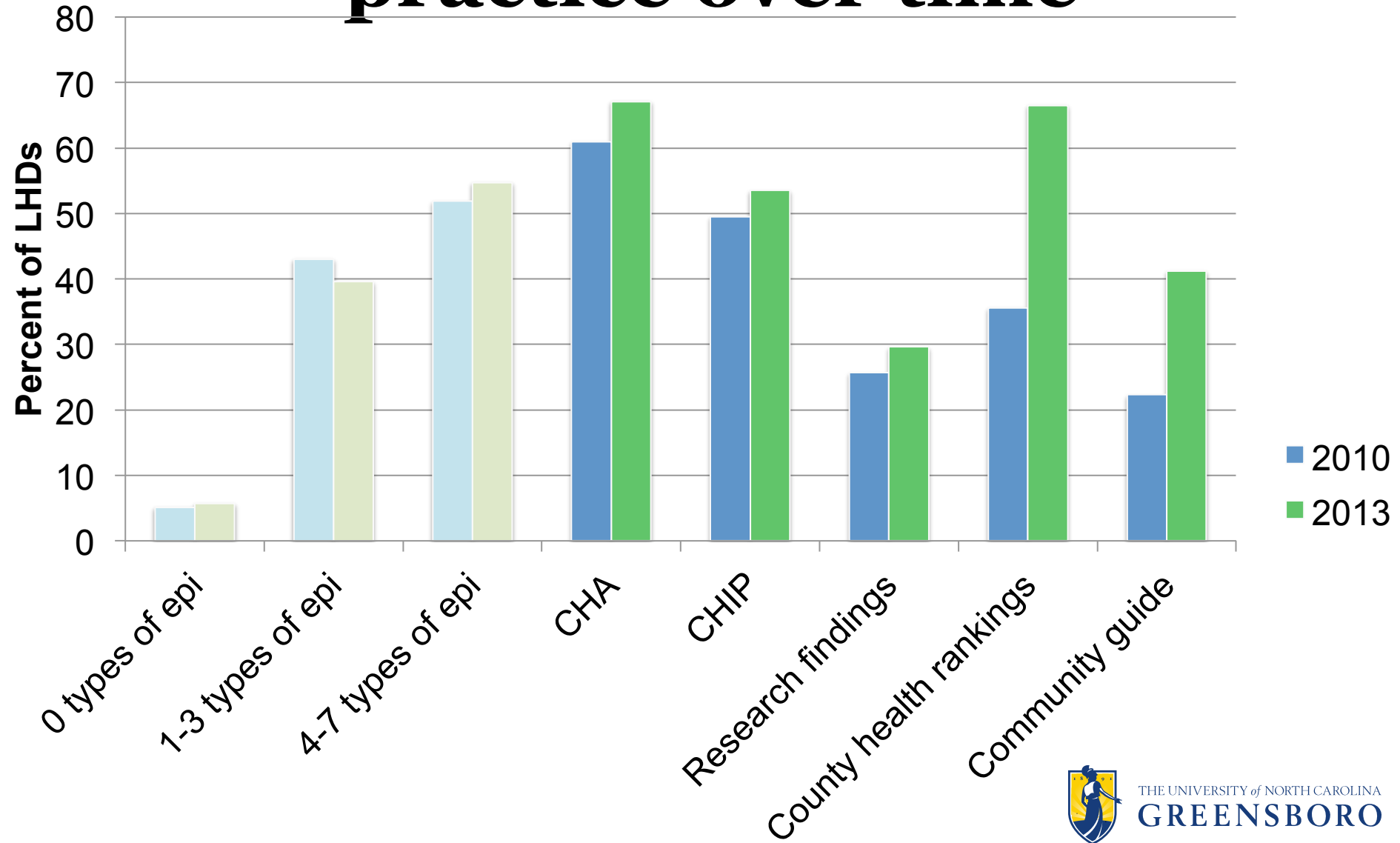
Bottom line

More LHDs used:

- Epidemiology and Surveillance
- Community Health Assessments
- Community Health Improvement Plans
- Research findings
- County Health Rankings
- The Community Guide



More LHDs use each EBDM practice over time



Increases in components EBDM Index from 2010-2013

- 6% ↑ Community Health Assessments
- 4% ↑ Community Health Improvement Plans
- 4% ↑ Research findings
- 31% ↑ County Health Rankings
- 19% ↑ The Community Guide



DISCUSSION



Uptake of the County Health Rankings:

The image shows the top portion of a website. The header is split into an orange section on the left and a dark blue section on the right. The orange section contains the text 'County Health Rankings & Roadmaps' and 'Building a Culture of Health, County by County'. The dark blue section contains 'A Robert Wood Johnson Foundation program' and a stylized sunburst graphic. Below the header is a navigation bar with 'Rankings' and 'Roadmaps' as dropdown menus, followed by 'TOOLS & RESOURCES', 'WEBINARS', and 'BLOG'. A search bar with the placeholder 'Search site' and a magnifying glass icon is also present, along with 'ABOUT' and 'FAQ' links. The main banner features a photograph of six children running happily in a grassy field. Overlaid on the banner is the text: 'We're celebrating 5 years of working together to make our nation healthier. Learn what's new and join in!'. At the bottom of the banner, there is a paragraph: 'The *County Health Rankings* show how we're doing and where we can improve on health. The *Roadmaps* show what we can do to create healthier places to live, learn, work and play.' and a red 'Learn More' button with a right-pointing arrow.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Rankings ▾ Roadmaps ▾ TOOLS & RESOURCES WEBINARS BLOG Search site 🔍 ABOUT FAQ


We're celebrating 5 years of working together to make our nation healthier.
Learn what's new and join in!

The *County Health Rankings* show how we're doing and where we can improve on health.
The *Roadmaps* show what we can do to create healthier places to live, learn, work and play.

Learn More >




Uptake of The Community Guide



The Guide to Community Preventive Services
THE COMMUNITY GUIDE
What Works to Promote Health

www.thecommunityguide.org
THE COMMUNITY GUIDE *IN ACTION*

Maricopa County's Journey Toward Public Health Accreditation



Arizona

The Maricopa County Department of Public Health (MCDPH) serves over 3.8 million people, making it responsible for one of the largest territories of any local health department in the country.¹ The county covers residents from the sprawling Phoenix metropolitan area to isolated rural communities, giving MCDPH the responsibility for meeting the needs of a diverse population. To ensure it is effectively meeting those needs and improving health across the community, MCDPH's Office of Performance Improvement draws from the National Prevention Strategy² and Arizona's Chronic Disease Strategic Plan³ to guide its work. MCDPH continuously promotes the use of evidence-based approaches throughout the health department. In one of the largest improvement efforts yet, MCDPH used The Guide to Community Preventive Services (The Community Guide) to identify evidence-based programs, services, and policies in preparation for national public health department accreditation.



Increase in Percent of LHDs conducting Community Health Assessments



ABOUT US HOW WE WORK INITIATIVES & ISSUES NEWS BLOG RESOURCES

Initiatives & Issues > Community Benefit and Community Engagement

Ensuring hospitals meet community needs

Community Catalyst works to ensure hospitals are engaging the communities they serve—particularly the most vulnerable and disenfranchised—in efforts to improve community health.

READ MORE



WHAT'S NEW
RESOURCES

Jan 06, 2014 **Hospitals and Economic Development: Introducing Core Concepts** [POST]

Oct 31, 2013 **The Bend Bulletin: Medical Debt is Heavy Burden**
Jessica Curtis, Hospital Accountability Project director, explains the importance of clear hospital charity care requirements under the Affordable Care Act. [News Clip]

DID YOU KNOW?

Community benefit proposed rules now require non-profit hospitals to consult with community and public health partners and encourage them to focus on addressing health disparities. Find out what your local hospital is doing!



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The context LHDs face in 2013

- Budget cuts make efficiency and effectiveness even more important
 - 57% of LHDs had cuts in at least one program area in 2011; 47% had cuts in 2012
 - 10,600 job losses in 2011; 4,300 losses in 2012
 - 41% of LHDs had lower budgets than the previous year in 2012; 27% in 2011



The context of LHDs in 2013

- Call for:
 - Resource sharing
 - Economies of scale
 - Partnering
 - Use of Information Technology
 - Collaboration with non-profit hospitals under the community benefit provisions of the Affordable Care Act



Limitations

- Outcome measure is limited to available items in the datasets.
- LHDs that report using similar EBDM may actually vary widely in the quantity and quality of the use of these practices.
- Cross-sectional analysis, not comparing the same LHDs.
- The surveys are self-report and the data are not independently verified.
- Some survey respondents may not have knowledge of the entire LHD.



Future directions

- Determine if different combinations of EBDM strategies are more important than others
- Determine if same factors predict EBDM in LHDs that completed 2013 NACCHO Profile Survey
- Complete more work on contextual factors associated with LHDs' use of EBDM
 - Does resource sharing among LHDs increase EBDM?
 - What is the impact of LHD-non profit hospital partnerships on EBDM?
- Does EBDM lead to better LHD and community health outcomes?



Thank you!

- Robert Wood Johnson Foundation
- National Network of Public Health Institutes
- NACCHO
- Centers for Disease Control and Prevention

