

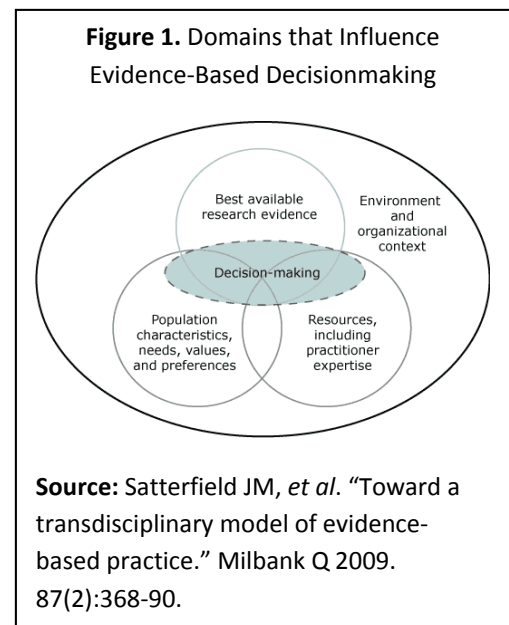
New York Integrates Evidence-Based Public Health into Department of Health Planning and Workforce Development

"Creating an effective public health strategy requires setting clear goals, promoting active collaborations, and demonstrating an unwavering commitment to address factors that affect the health of individuals, families and communities."

— Nirav R. Shah, MD, MPH, Commissioner, New York State Department of Health

According to the 2012 report, "Tools for Implementing an Evidence-based Approach in Public Health Practice,"¹ evidence-based decisionmaking integrates three components: best available research evidence, practitioner expertise, and community needs and preferences (Figure 1). Armed with data about community health needs and preferences (presented in the form of a community health assessment), public health officials and policymakers can make informed decisions about where to focus resources and interventions for maximum gain.

New York offers a compelling and practical example of evidence-based decisionmaking. The state-level "Prevention Agenda 2013-2017"—a five-year health improvement plan grounded in evidence-based research—combined with community-level planning and workforce training offers a multi-faceted approach for implementing evidence-based policies and practices. This case study summarizes overarching state health policies and plans that formalize an evidence-based approach, as well as recent efforts to train the public health workforce to implement evidence-based strategies and programs.



New York Prevention Agenda Supports Evidence-Based Decisionmaking

The "Prevention Agenda 2013-2017" provides state and local health officials with a blueprint for improving New Yorkers' health and addressing health disparities. "Creating an effective public health strategy requires setting clear goals, promoting active collaborations, and demonstrating an unwavering commitment to address factors that affect the health of individuals, families and communities," says New York State Health Commissioner Nirav R. Shah, MD, MPH. "The Prevention Agenda establishes a strong course of action, including measurable goals and evidenced-based interventions, to improve

¹ Jacobs JA, Jones E, Gabella BA, Spring B, Brownson RC. "Tools for Implementing an Evidence-Based Approach in Public Health Practice." *Prev Chronic Dis*. 2012. 9:110324. Available at <http://dx.doi.org/10.5888/pcd9.110324>. Accessed 3-19-2013.

public health; we look forward to working with our partners to make New York the healthiest state in the nation." Underlying the Prevention Agenda is a strong emphasis on utilizing evidence-based interventions—contained in resources such as The Community Guide to Preventive Services (The Community Guide)—to address five priority public health areas (see right).

For each of the five priorities, the Prevention Agenda establishes goals, indicators to measure progress, and evidence-based interventions. The agenda links to program-level planning and programming as outlined in action plans to address the five priorities. For example, the "[Preventing Chronic Diseases Action Plan](#)" recommends evidence-based interventions—contained in The Community Guide and other resources—to combat adult obesity, reduce tobacco use and secondhand smoke exposure, and manage chronic diseases.

The Prevention Agenda 2013-2017 Priority Areas

1. Prevent chronic diseases.
2. Promote healthy and safe environments.
3. Promote healthy women, infants, and children.
4. Promote mental health and prevent substance abuse.
5. Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections.

Source: NY Department of Health. "The Prevention Agenda 2013-2017."

The Prevention Agenda's focus on evidence extends beyond state programs to local community health assessments and improvement plans. As prescribed in guidance to local health departments (LHDs) and hospitals, LHDs are required to collaborate with local hospitals and other community partners to develop community health assessments that include community health improvement plans for 2014-2017. Hospitals are required to complete community service plans in coordination with local health departments and other partners. The plans that are developed must identify two priorities from the Prevention Agenda, including one that addresses a health disparity, and the plans must contain goals, objectives, and evidence-based improvement strategies or promising practices. In sum, the Prevention Agenda supports state and local implementation of effective programs and policies.

Case in Point: Applying Evidence-Based Approach for Pregnancy Prevention

Adolescent pregnancy prevention is a goal of the "Prevention Agenda 2013-2017" and its supporting "[Promoting Healthy Women, Infants and Children Action Plan](#)." To support the transition to evidence-based adolescent sexual health programs as outlined in the Prevention Agenda, the New York Bureau of Maternal and Child Health partnered with the department-funded ACT for Youth Center of Excellence. Partners convened an adolescent sexual health symposium in 2009 and developed an adolescent sexual health needs index to identify areas with the largest burden of adverse outcomes.

The Comprehensive Adolescent Pregnancy Prevention program (CAPP) integrated two previous initiatives into one comprehensive, community-based adolescent sexual health initiative. Community-based programs were required to implement evidence-based programs from nationally-published lists as a requirement for funding. Programs that did not have evidence of effectiveness were discontinued. The Center of Excellence and New York State Department of Health provided support and training to assist with the transition to evidence-based programs, including support with implementation and program evaluation.

New York Trainers Target EBPH Training to Meet Staff Needs

New York’s strong emphasis on applying an evidence-based public health (EBPH) framework as outlined in the Prevention Agenda requires training and education for public health professionals. To meet these training needs, the New York State Department of Health forged partnerships with national experts and the School of Public Health at the State University of New York at Albany (“University of Albany”) to train state and local health practitioners. In July 2012, the department participated in the National Association of Chronic Disease Directors’ EBPH training at the University of Albany. Approximately 30 staff members representing different bureaus within the New York State Division of Chronic Disease Prevention—including tobacco control, community chronic disease prevention, chronic disease control, cancer epidemiology, and chronic disease evaluation—attended the four-day training.

Utilizing a “train the trainer” model, faculty from the Prevention Research Center in St. Louis trained a group of New York public health professionals on the EBPH framework (Figure 1) and its application in state and local public health practice. Working through the framework requires assessing community needs, quantifying the issue, determining what is known about effective interventions (derived through resources such as The Community Guide), prioritizing program and policy options, implementing the action plan, and evaluating programs.



The Prevention Research Center’s [State-Based Train-the-Trainer Course Planning Guide](#) assists states like New York with planning and implementing the state-based course. The guide instructs states to engage a planning group—including potential trainers—to develop an action plan for replicating the course. Stakeholders can consider adapting several course features to meet state and local needs, including changing the scope of training, integrating state and local data sources, programs and policy examples, and refining competencies to meet workforce needs.

Accordingly, a core group of chronic disease staff began planning to replicate the course for state and local professionals. The first training is scheduled to occur at the University of Albany School of Public Health in June 2013. According to Dara Shapiro, manager of coordinated chronic disease activities in the New York State Division of Chronic Disease Prevention, a planning team has met to plan and replicate the course to address the division’s unique programmatic and workforce needs.

To pinpoint training needs and employee preferences, the division disseminated a coordinated chronic disease training assessment survey in fall 2012. The survey assessed employee knowledge and confidence with a wide range of public health competencies, including the following public health functions:

- Applying relevant scientific evidence in order to choose among best practices for chronic disease interventions.
- Applying a cost-benefit analysis to a public health intervention.
- Identifying key community stakeholders.
- Finding, analyzing, and using public health data to understand the burden of chronic disease and inform progress on chronic disease interventions.
- Building evaluation planning into chronic disease interventions.
- Using evaluation findings to improve public health programs.

The employee survey data is being used to inform the state-based EBPH training. According to Shapiro, the staff survey highlighted training needs in specific public health competencies, such as program evaluation and cost-benefit analysis. As a result of employee feedback, Shapiro says that training will be offered to suit employee needs and preferences. The complete training will benefit some staff members, while others may opt for a stand-alone course to build specific skills and competencies.

Challenges, Lessons, and Opportunities

The current Prevention Agenda builds upon a previous program for 2008-2012 that was extensively evaluated and has shown achievement. Dr. Shah summarizes what was learned from the Prevention Agenda 2008-12, "Success comes with sharing and collaboration and focusing on a smaller set of priorities and programs where the evidence is the greatest." The current Prevention Agenda brought together over 140 organizations (including hospitals, local health departments, health providers, health plans, employers and schools) that identified key priorities to advance a "health in all policies" approach. The Prevention Agenda aims to strengthen public health infrastructure in order to help the state reach its goal of improving the health status of all New Yorkers.

Strengthening the public health infrastructure requires a skilled and adaptable workforce. The most daunting challenges related to workforce training involve lack of time and resources to plan, implement, and participate in EBPH courses. "People want to go," Shapiro says, "but they feel very busy in their day-to-day work." In response, Shapiro says it is important to offer alternatives to the comprehensive four-day training, which may not be an option for some staff members. "That's why we're going to offer it as a whole, and also in pieces, to let them select what works for them," she says. The same time and funding constraints that affect participants also affect trainers who will take on training in addition to their regular responsibilities. "All the replication is using our own workforce," Shapiro says. In this context, partnerships—with the University of Albany School of Public Health, Prevention Research Center in St. Louis, and ACT Center for Youth Excellence—maximize program resources to deliver training and support the implementation of evidence-based practices. For example, partnering with the University of Albany School of Public and with other divisions within the Department of Health for EBPH training offers access to trainers with expertise in economics, evaluation and other related fields.

Shapiro says that implementing the evidence-based framework, which crosses traditional chronic disease program lines, supports agency efforts to shift from disease-specific programming toward a

more comprehensive and integrated approach. “The evidence-based approach works well with a coordinated, cross-cutting chronic disease approach,” Shapiro says.

For more information on evidence-based public health in New York:

Prevention Agenda 2013-2017: New York State’s Health Improvement Plan for 2013-2017

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/.

New York State Prevention Agenda, Preventing Chronic Diseases Action Plan

http://www.health.ny.gov/prevention/prevention_agenda/20132017/docs/prevent_chronic_diseases.pdf

Local Health Department Community Health Assessment and Improvement Plan and Hospital Community Service Plan Guidance, 2013

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/planning_guidance.pdf

Evidence-Based Public Health Training Program Course Handouts

<http://www.albany.edu/sph/prcEBPHhandout.php>

Prevention Research Center, Evidence-Based Public Health: State Based Train-the-Trainer Course Planning Guide

http://www.nacddarchive.org/professional-development/evidence-based-public-health-1/EBPH_Course_Plan_Coord_Mar2011.pdf

New York Department of Health, Evidence Based Public Health Resources

<http://www.health.ny.gov/statistics/chac/evidence.htm>

Empire State Public Health Training Center, Evidence Based Public Health Resources

<http://www.empirestatephetc.org/resources/res-ebph.cfm>

Evidence-based Public Health Training Programs, State University at Albany

http://www.albany.edu/outreach/Evidence-based_Public_Health_Training.php