Evidence-Based Strategies in Kentucky Health Department Community Plans

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EXECUTIVE SUMMARY

Evidence-based public health has received attention in the public health field, and is now part of most grant applications, expectations and goals set for public health agencies. Books have been written, courses created and web pages dedicated to promoting and facilitating evidence-based public health.   Even the American Public Health Association conference theme for 2005 is "Evidence-based policy and practice."

We decided to investigate evidence-based public health in Kentucky in order find out the strategies used for selecting evidence-based programs that are included in the Kentucky Community Plan and Budget, which is the basis for all community program interventions conducted in local, district and state health departments in Kentucky.

Based on the background information, we asked the following questions in order to move forward with the project:
- How are evidence-based programs used in Public Health and how do we determine which evidence-based programs to implement within the counties of Kentucky?
- How do the Kentucky Public Health Departments measure the success or failure of the programs they implement within their communities?

We surveyed all Kentucky local and district health department directors, state cost center directors and two other surrounding states electronically (West Virginia and Tennessee). We requested information regarding methodology and tools used for choosing evidenced-based community programs. Also asked what information was needed and desired but not provided to make decisions about community programs. (Appendices A, B and C)

Once compiling the information received, we created a template to be used by both the state cost centers and local and district health departments in order to make evidence-based decisions about community programs. We pilot tested this template with local and district health departments and requested feedback that included an evaluation. (Appendix D)

Based on feedback and evaluation, we created the final template draft (Appendix E) that can be used by both local and district health departments as well as state cost center directors at the Kentucky Department for Public Health.

Three of the 10 Essential Public Health Services were included in our project including:

Essential Service #4 – Mobilize community partnerships to identify and solve health problems.

Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Essential Service #10 – Research for new insights and innovative solutions to health problems.

Health Departments must choose Community Plans for implementation each year in their budgets. The process of choosing which Evidence-based Community Plan to include in their budget provides the opportunity to mobilize community partnerships and collaborate in solving health problems, evaluate effectiveness and conduct research for new insights and innovative solutions to their community's health problems.

52% of the county local/district health departments, two cost center directors and one surrounding state responded to the survey. Results were used to develop a template of questions that would assist local/district health departments in their decision-making process for community based programs. 48% of local/district respondents did not have a tool used to determine what programs to implement. Common methods for decision-making included using "gut" feelings, assessing funding sources, likeability of program and training needs. Respondents requested more communication concerning successes and failures of programs in other local and regional areas, more information about individual programs and are receptive to coalitions and community partner suggestions.

Although there is attention and need for implementing evidence-based public health in Kentucky, we discovered the need for Kentucky to have a protocol/template for selecting evidence-based strategies very early in our project and realized as we continued to research the subject that this need exists not only for Kentucky, but also for other states. We realize that this is a need that extends to the national level and that this is really "cutting-edge" work in the creation of a template that is designed to assist both states and communities in making their selection of strategies and programs.

Evidence-Based Strategies in Kentucky Health Department Community Plans

INTRODUCTION

Evidence-based public health has received attention in the public health field, and is now part of most grant applications, expectations and goals set for public health agencies. Books have been written, courses created and web pages dedicated to promoting and facilitating evidence-based public health.   Even the American Public Health Association conference theme for 2005 is "Evidence-based policy and practice."

We decided to investigate evidence-based public health in Kentucky in order find out the strategies used for selecting evidence-based programs that are included in the Kentucky Community Plan and Budget, which is the basis for all community program interventions conducted in local, district and state health departments in Kentucky.

Our team also conducted background research on the subject of evidence-based public health in order to provide a basis for the project, which included an overview of evidence-based public health and the differences between evidence-based public health and evidence-based medicine.

"What is Evidence-Based Public Health?"   According to the New Hampshire Institute for Health Policy and Practice (1)

Developing, implementing, and evaluating public health programs or public health policies (in public health terms an intervention) that have
- Data demonstrating their effectiveness and
- A grounding in a health behavior theory or ecological model of health.

What are the Characteristics of Evidence-Based Public Health Practice?
- Involves multiple disciplines such as epidemiology, behavioral health, nursing, health economics, anthropology, medicine, etc.
- Uses data to describe the health problem
- Solutions are
   - Grounded in a behavioral science theory or planning model
   - Demonstrated effective in the literature
   - Implemented, evaluated, and results disseminated

Though Evidence-Based Public Health Practice takes its roots in Evidence-Based Medicine, the following important differences exist between these two processes. (1)

Characteristic	Evidence-Based Medicine	Evidence-Based Public Health Practice
Quality of evidence	Stronger study designs	Weaker study designs
Volume of Evidence	Larger	Smaller
Time from Intervention to Outcome	Shorter Internal	Longer Interval
Training of Practitioners	Certification required	No certification required
Decision Maker	Individual (MD)	Group (coalition, program staff)

Table 1: E-Roadmap to Evidence-based Public Health Practice, University of New Hampshire, www.publichealthsolustions.org

The New Hampshire Institute for Health Policy & Practice (1) has developed a step-by-step process for selecting, implementing, and evaluating demonstrated interventions to address an identified public health problem.

Step One: Write a short statement of the problem. This statement should include:
1. The health/safety issue of concern
2. The population affected by the concern
3. The size and scope of the problem
4. Potential solutions (brainstormed, you have not reviewed the literature yet)
5. Potential outcomes of these solutions (the results you hope to happen)

Step Two: Determine what is known in the literature about effective solutions to the problem. In the University of New Hampshire's efforts to help community leaders complete this step of the process they determined a website was needed to help provide the information. So they constructed the following website www.publichealthsolutions.org where you will find:
1. A potential search strategy to locate the best effectiveness evidence available for potential solutions to a public health problem;
2. Resources to build your skills in locating and using effectiveness evidence and
3. Websites containing evidence about the effectiveness of public health interventions.

Step three: Compare your community's health problem to literature findings. The goal is to be able to describe:
1. At-risk populations identified in the literature
2. The magnitude of the problem in your community
3. Probable "causal pathways" of what factor(s) is/are leading to the creation of the problem.
4. Impact of possible policy or programmatic solutions to the problem.

Step Four: Develop and prioritize potential solutions
Based upon the results of the analysis conducted in step three, develop and prioritize a list of the feasible solutions.

Step Five: Develop an action plan to implement the selected solution(s).
Using whatever program planning model you are comfortable with, develop and implement an action plan to apply the selected solution.

Step Six: Evaluate the implemented solution(s)
Develop and implement a comprehensive evaluation plan that includes both performance and outcome measures.
- Performance Measures: Determine that the program is working.
    - Is the intervention being delivered as intended?
    - What aspects of the program are working well or poorly?
    - What can be done now to improve the program?
- Outcome Measures: Determine if the program worked
    - For whom?
    - Under what conditions?
    - Were the benefits worth the cost?
    - What program components were most effective?

Based on the background information, we asked the following questions in order to move forward with the project and the creation of a problem statement:
- How are evidence-based programs used in Public Health and how do we determine which evidence-based programs to implement within the counties of Kentucky?
- How do the Kentucky Public Health Departments measure the success or failure of the programs they implement within their communities?

PROBLEM STATEMENT

"What are the strategies for selecting evidenced-based programs that are included in the Kentucky Community Plan and Budget?"

PROJECT DESCRIPTION, OBJECTIVES and METHODOLOGY

We wanted to determine what method the State Directors/Program Coordinators used for choosing evidence- based programs that are recommended for inclusion in the Community Plan that is distributed to Local Health Departments during budget process.

We also wanted to determine how Kentucky Local Public Health Departments determine which evidence-based Community Programs to choose from the Community Plan or other sources for inclusion in their budgets.

In August 2004, we met with Janet Luttrell at the Kentucky Department for Public Health who is responsible for collecting, compiling and distributing all the community programs chosen by the state cost centers. We also met with Dr. Steve Davis, Director of Adult and Child Health and Dr. William Hacker who is the current commissioner for public health in Kentucky.

In our conversation with Ms. Luttrell, we discovered that the community plan goals are based on Healthy People 2010. Individual state cost center directors develop objectives to meet these goals. They then offer "evidence-based" programs and strategies for inclusion in the state community plan to meet their objectives. It was also learned that Local and District Health Departments may submit evidence-based programs and strategies to be considered for inclusion in the community plan.

We also discovered that there is not specific protocol/template used by either the cost centers to determine which programs are included in the Community Plan or by the local and district health departments to decide which programs to select for implementation. Through discussion with and support from Ms. Lutrell, Dr. Davis and Dr. Hacker, we determined that this is the area that would be most beneficial for our KPHLI team to focus on related to evidence-based public health.

We realized the need for a protocol/template, but also knew that we were not the experts in the field of evidence-based public health or in relation to the needs of communities and states in determining which programs should be included.   In order to develop a template that would include goals and objectives in determining evidence-based programs, we developed three surveys that were administered through e-mail: one was sent to the State Director/Program Coordinator, another to all the Local and District Health Departments, and a third sent to two other state health departments (West Virginia and Tennessee). (see Appendices A, B, and C)

Upon receipt of initial survey results, our web searches and interviews with other organizations we developed a template to be used in selecting community evidence-based programs and strategies. It was then pilot tested with the local and district Health Departments that had responded to the first survey. They used a community program that their department had implemented in the 2004-2005-budget year. (See Appendix D) Some adjustments were made and the final template created. (See Appendix E)

RESULTS

52% of the county local/district health departments, two cost center directors and one surrounding state responded to the survey. Results were used to develop a template of questions that would assist local/district health departments in their decision-making process for community based programs.

Of the health departments that participated in our survey 48% did not have a tool that they use to determine which evidenced based programs to include in their Community Plan. One health department chose objectives from *Healthy Kentuckians* 2010, their *Master Community Health Plan,* and a review of the 40 Developmental Assets that have been researched by the Search Institute, as well as other relevant data. Another health department does a total cost analysis looking at cost of program, licensing costs, cost of staff training, and cost ration of how many people/cost per person. Two health departments' use need assessment tools, surveys, input from their community organizations/leaders, and focus groups. Other health department use the Community Plan developed and provided during budget training by the Kentucky Department for Public Health, which is compiled by Ms. Lutrell.

We received two responses from the state cost centers with survey results and one response that indicated that this particular survey did not apply to her work. They utilized national sources, such as the Guide to Community Preventive Services (http://www.thecommunityguide.org/) as well as data from state and national registries (cancer, EPA, etc.) They were both very interested in having some kind of template to utilize in making decisions for the Community Plan.

Additionally, we received responses from two state health department officials in West Virginia and no response from Tennessee. The responses from West Virginia provided additional insight into another state's process. We discovered that they did not have a template or specific protocol for selecting strategies and programs, either.

During our web searches including: National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO), State and Territorial Injury Prevention Director's Association (STIPDA), Centers for Disease Control and Prevention (CDC), Community Guide to Preventive Services and other literature reviews in addition to interviews with Rebecca Hoffacker, MA, MAG at the CDC and E. Hatheway Simpson, MPH, Lamar Soutter Library, University of Massachusetts Medical School, Worcester, Massachusetts, e.hatheway.simpson@umassmed.edu, we attempted to find a tool that is currently used to select evidence-based programs for community health and found nothing. At every level of interaction (local, district, state, federal, universities and other organizations) we were encouraged to pursue the direction of creating a template. They stated a template would be a useful tool for them.

Other issues discovered:

- Local and District Health Department staff felt that it would be good to have regular forums for community program planners to communicate what strategies have been or have not been working in their communities, to share "tricks of the trade"
- Directors had concerns about planning for only one year at a time. Some programs require multiple years to evaluate true outcomes.
- Not all evidence in evidence-based programs are the same. Evidence types include: Best Practices, Promising Practices, Guiding Principles, Hybrid Resources, Searchable Databases of Evidence-Based Public Health Practice Research. (E-Roadmap to Evidence-based Public Health Practice, University of New Hampshire)
- Not all evidence-based programs are being conducted as designed creating invalid results when outcomes are measured
- Community Health Program staff should have training and competences developed (some may be specific to each program being used) that are equivalent to what has been established in the Clinical and Environmental settings.

After pilot testing the template and receiving feedback from nine local and district health departments, we made adjustments and created our final template (See Appendix E).

CONCLUSION

Although there is attention and need for implementing evidence-based public health in Kentucky, we discovered the need for Kentucky to have a protocol/template for selecting evidence-based strategies very early in our project and realized as we continued to research the subject that this need exists not only for Kentucky, but also for other states. We realize that this is a need that extends to the national level and that this is really "cutting-edge" work in the creation of a template that is designed to assist both states and communities in making their selection of strategies and programs.

Additional findings: Kentucky Department for Public Health level interactions and surveys

- There is no formal policy that requires cost center directors to recommend evidence-based strategies. But, there is an "expectation" that evidence-based strategies should be used.
- They have the same concerns Local Health Departments do for how to evaluate evidenced-based programs and strategies. They have many of the same questions for the Centers for Disease Control to whom they are answerable.
- Some programs are so new that they can not be called evidence-based.
- Some programs or strategies are dictated by a funding source and the "purse string" requirements.
- Some cost center directors are new to their positions and may welcome a tool to help them make recommendations for the Community Plan.

Additional findings: Local and District Health Departments

- Some Health Education staff determine which programs to choose for the Community plan based on what "sounds good" "just a gut feeling" "likeability" or "appealing to community"
- "If it is in the Community plan book that is what we us."
- Staff chooses which programs they would like implement based on community assessments (MAPP and other local data).
- Staff chooses programs based on funding sources or allocations.
- Staff chooses programs labeled "Best Practice" by the Centers for Disease Control and Prevention
- Desire to participate in National Campaigns.
- Cost issues
- Ease of implementation: State Requirements, local/community challenges, acceptance by the community
- Some respondents were receptive to the idea (and have received) suggestions for programs from local coalitions and community partners

Ways to take this tool beyond this body of work:
- Putting a weighted scale on the answers that have been given with this template. Some questions may need a higher consideration level then another (example: Community acceptance may carry more weight then the amount of training needed to initiate a program)
- This template is a starting point for an agencies needs. We recognize that some questions will be more helpful then others. This tool should be customized to fit the needs of which ever agency is using this template

THE ESSENTIAL PUBLIC HEALTH SERVICES

Public Health is responsible for 10 Essential functions. Evidence-based Community Health Plans directly relate to the following three of the ten Essential Public Health Services.

Essential Service #4 – Mobilize community partnerships to identify and solve health problems; Based on the Evidence-based Community Plan programs chosen for implementation by the health departments they may need to collaborate with community partners to identify and or solve the health problem in order for the program to be successful.

Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services. Budget time each year provides Local Health Departments with the opportunity to evaluate the effectiveness, accessibility, and quality of personal and population-based health services that the Evidence-based Community Program provided for their health department.

Essential Service #10 – Research for new insights and innovative solutions to health problems. Health Departments must choose Community Plans for implementation each year in their budgets. The process of choosing which Evidence-based Community Plan

to include in their budget provides the opportunity to conduct research for new insights and innovative solutions to their community's health problems.
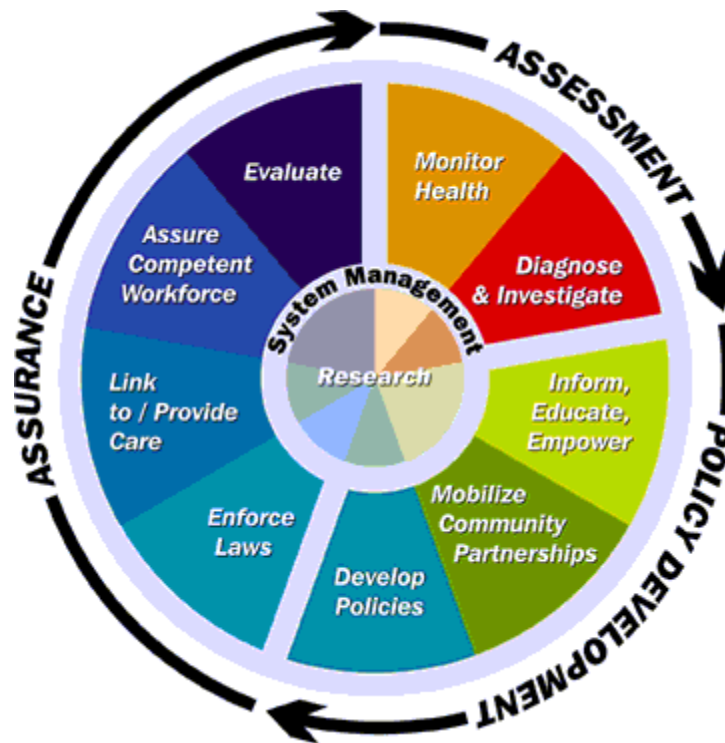

Figure 1: Adopted Fall 1994, Public Health Functions Steering Committee Members (July 1995).

LEADERSHIP DEVELOPMENT OPPORTUNITIES

Jennifer Redmond

The Kentucky Public Health Leadership Institute for 2004-2005 was a beneficial experience for both me and my public health organization. The leadership principles and enhanced self-awareness has increased my ability to actively participate as a change agent. My scope for public health has increased and my ability to see the "bigger picture" has been enhanced. I have been able to work with some amazing colleagues during both the summits and change master project, and this interaction has provided new opportunities for connection and collaboration in public health. My change master group and mentors all contributed greatly to this experience and it's one of the rare experiences I've had where the true "team" concept was exemplified. I am excited about the future opportunities to apply leadership principles learned through KPHLI in any involvement in public health as well as other related disciplines.

Lloyd Jordison

The KPHLI program has been a blessing both personally and professionally. The quality of the readings and the training provided has been better then most college courses. I am better able to see the need for further personal growth and training. Spending time with other Public Health Professionals has opened my eyes to other ways of doing what I do. I am particularly and gratefully surprised by how what has been taught has helped me professionally working with coworkers, supervisors and directors also, working within and coordinating coalitions and personally working in volunteer groups, at church and on Board of Directors. Working with our change master project has been fantastic. Finding and creating something that has the potential to be useful to all of Public Health is exciting.

Lisetta Whitworth

I am grateful for the opportunity to participate in Kentucky Public Health Leadership Institute for 2004/2005. I am new to public health and KPHLI provided a great education on what our responsibilities as Public Health Leaders are for the present and future of our individual communities and the State of Kentucky. KPHLI has provided me the tools to grow and develop as a leader and assist my health department in making a positive difference for the communities we serve. My change master project group and mentors were GREAT.

REFERENCES

1. E-Roadmap to Evidence-based Public Health Practice, University of New Hampshire, www.publichealthsolustions.org

APPENDIX A

State Directors, Program Coordinators

The Thieving Magpies are group participants in the Kentucky Public Health Leadership Institute for 2004/2005 working on a project to help assess evidenced based programs for inclusion in Local Health Department Community Plans.

We are interested in what tools you or your department use to evaluate evidence-based programs for recommendation of inclusion in the Community Plans used by Local Health Departments.

We would like to thank you in advance for your time in completing the attached survey. This survey will only take 10-15 minutes and will help provide part of the foundation for this group's change master project.

Please send your responses to Jennifer Redmond jredmond@kcp.uky.edu

1. What is your method for choosing evidence based programs for recommendation of inclusion in the Community Plan that is distributed to Health Departments during budget process?
2. When evaluating the evidence based programs is there additional information that would be helpful but is not currently included by CDC, Public Health, etc.?
3. How do you determine what information will be included in your written recommendation for the program to be in the Community Plan? Do you have a template? If you have a template could you please provide a copy for our reference?
4. Do you use Healthy People 2010 objectives or another set of objectives for programs submitted for the Community Plan and Budget?

Thank you again for your time, Thieving Magpies

Lloyd Jordison, RN
Madison County Health Department
williaml.jordison@ky.gov,

Jennifer Redmond,
Assistant Director for Community Programs, Kentucky Cancer Program
jredmond@kcp.uky.edu,

Lisetta Whitworth, HR Manager
Green River District Health Department
lisetta.whitworth@grdhd.org

If you have any questions please feel free to contact any of the above members.

APPENDIX B

Local Public Health Directors

The Thieving Magpies are group participants in the Kentucky Public Health Leadership Institute for 2004/2005 working on a project to help assess evidenced based programs for inclusion in Local Health Department Community Plans.

We are interested in what information you or your Health Department would find useful in making the decision to use a given program.

We would like to thank you in advance for your time in completing the attached survey. This survey will only take 10-15 minutes and will help provide part of the foundation for this group's change master project.

1. What is your method for choosing evidence based programs for your Community Plan?
2. Do you have any tools to determine which evidenced based programs will be used in your Community Plan?
3. What information about specific Community Programs is important for you to know before choosing a program for your Community Plan (i.e. how long does this program have to be utilized to show a positive impact; was this program developed for a rural or urban area)?
4. What information would you like to get that you are not getting now?

Thank you again for your time, Thieving Magpies

Lloyd Jordison, RN
Madison County Health Department
williaml.jordison@ky.gov,

Jennifer Redmond,
Assistant Director for Community Programs, Kentucky Cancer Program
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Lisetta Whitworth, HR Manager
Green River District Health Department
lisetta.whitworth@grdhd.org

If you have any questions please feel free to contact any of the above members.

State Directors, Program Coordinators

The Thieving Magpies are group participants in the Kentucky Public Health Leadership Institute for 2004/2005 working on a project to help assess evidenced based programs for inclusion in Kentucky Local Health Department Community Plans.

We are interested in what tools you or your department use to evaluate evidence based programs and how you determine which programs are available for use by Health Departments within your state.

We would like to thank you in advance for your time in completing the attached survey. This survey will only take 10-15 minutes and will help provide part of the foundation for this group's change master project.

Please e-mail your responses to Jennifer Redmond at jredmond@kcp.uky.edu.

1. What is your method for choosing evidence based programs recommended by CDC for use in Local Health Departments?
2. When evaluating the evidence based programs, is there additional information that would be helpful but is not currently included by CDC?
3. How do you communicate the choices to Local Health Departments?
4. Do you have an evaluation template that is used by the state or local departments? If you have a template, could you please provide a copy for our reference?

Thank you again for your time, Thieving Magpies

Lloyd Jordison, RN
Madison County Health Department
williaml.jordison@ky.gov,

Jennifer Redmond,
Assistant Director for Community Programs, Kentucky Cancer Program
jredmond@kcp.uky.edu,

Lisetta Whitworth, HR Manager
Green River District Health Department
lisetta.whitworth@grdhd.org

If you have any questions please feel free to contact any of the above members.

The Thieving Magpies would like to thank you for your response to our survey regarding Community Plans for your health department. Based on your responses we have developed a Community Plan Assessment tool. We would like to request that you or someone within your health department use this tool with a Community Plan from the 2004/2005 fiscal year and then e-mail the completed assessment back to us for review and analysis. You will fine the Assessment tool and instruction sheet attached. Thank you so much for your help with this KPHLI project.

Instruction Sheet for Community Plan Assessment Tool
KPHLI Change Master: Thieving Magpies

In follow-up to your survey responses as local and district health department directors, we have developed the attached template to assist in evaluating current and future information needs for implementing evidenced-based community programs.

The following steps are a guide to implementing this tool.

1. Choose a community program you implemented during the 2004-2005 fiscal year to evaluate using the attached tool.
2. Answer as many questions as possible for this community program.
3. For those questions you cannot answer, please provide an explanation why (example: no local data, information unavailable, no known resources for this information, etc.)
4. Please attach your completed document and e-mail to Lisetta Whitworth at lisetta.whitworth@grdhd.org no later than **March 1, 2005**.
5. If you have questions or need additional information, you may contact Lisetta Whitworth at (270) 852-5587, lisetta.whitworth@grdhd.org or Lloyd Jordison at (859) 986-0526 x231, williaml.jordison@ky.gov.

Thank you so much for your time and consideration,

The Thieving Magpies
Lloyd Jordison
Jennifer Redmond
Lisetta Whitworth

Community Plan Assessment Tool
Draft: Feb. 10, 2005

Answer all questions possible. There are occasions when this information does not apply, is not available or is still being researched.

Community Program:_____
Health Department:_____

Contact Person:_____

Contact Phone Number:_____

Assessment

- What is the recommended population/demographic for this program?
    - Age
    - Urban/Rural
    - Race
    - Cultural
    - Gender
    - Literacy level
    - Socioeconomic

- What percentage of the population is recommended or required for implementation of program?

- What is the recommended length (i.e. 6months, 1year, etc.) of program to be considered effective?

- What public health area(s) does this program address (Nutrition, Chronic Disease, Physical Activity, Environment, etc.)?

- Does this program address specific regulations/mandates?

- Will this program be acceptable for implementation in our community?

- Does this program address our community needs assessment and/or community health goals (Healthy Kentuckians 2010, etc.)?

- What community partners/outside resources are needed for implementation?

- Has this program been implemented in other local/district health departments? (check all that apply)
    - Kentucky?
    - Other states?
    - Other countries?

- Is there data supporting effectiveness/ineffectiveness of the program?
- Was this in an urban or a rural setting?
    - Where was the program implemented?
    - Was it the entire program content implemented?
    - Was it only parts of the program?

- Does it fit into any "Best Practices"? (check all that apply)
    - CDC

- o AHRQ
- o ASTHO
- o Other:_____

- Supporting evidence for this program can be found?
  - o Where? (List journals, books, websites, etc.)
  - o How long has it been in use?
  - o Where has it been implemented?
  - o What are the short-term outcomes of this program?
  - o What are the long-term outcomes of this program?
  - o Are there any unintended consequences?

Implementation

- What are the program costs (resources and financial)?
  - o Curriculum
  - o Staff time for total program implementation
    - ▪ Assessment
    - ▪ Administration
    - ▪ Training
    - ▪ Implementation
    - ▪ Evaluation
  - o Follow-up component
  - o Licensing fees
  - o Cost for updates
  - o Evaluation
    - ▪ Tools
    - ▪ Percentage of the population needed

- What funding sources are available for the program?

What are the specific grant/funding requirements? (Reporting, other partner participation, conferences, travel, etc.)

- Does the program require specific training?
  - o Is this training available?
  - o Is "train the trainer" available?
  - o What types of staff need to be trained for program implementation?

- Do we/our community have the specific resources needed to implement the program as designed?

Community Plan Assessment Tool
Evaluation

Please answer the following evaluation questions in relation to the use of this assessment tool.

- Did you find the tool to be user friendly?

- Did you find this tool helpful? Please explain

- How would you improve this tool?

- Add any additional comments.

This template is designed to assist in evaluating current and future information needs for implementing evidenced-based community programs.

The following steps are a guide to implementing this tool by local and district health departments.

1. Choose all community programs you are considering implementing for the 2005-2006 fiscal year and evaluate each one using the attached tool.
2. Answer as many questions as possible for the selected community programs.
3. For those questions you cannot answer, please provide an explanation why (example: no local data, information unavailable, no known resources for this information, etc.)
4. Based on your responses and comparison of the selected community programs, choose which programs to implement in your community.
5. Request further information from the appropriate state cost center on the community programs that do not have sufficient information to decide on implementation.

The following steps are a guide to implementing this tool by state cost centers at the Kentucky Department for Public Health.

1. Choose all community programs you are considering implementing for the 2005-2006 fiscal year and evaluate each one using the attached tool.
2. Answer as many questions as possible for the selected community programs.
3. For those questions you cannot answer, please provide an explanation why (example: no local data, information unavailable, no known resources for this information, etc.)
4. Based on your responses and comparison of the selected community programs, choose which programs to place in the Community Plan and Budget.
5. Request further information from the program source on the community programs that do not have sufficient information to decide on implementation.

FINAL SURVEY DRAFT FOR IMPLEMENTATION

Community Plan Assessment Tool
Final Draft: March 23, 2005

Answer all questions possible. There are occasions when this information does not apply, is not available or is still being researched.

Community Program:_____

Assessment

- What is the recommended demographic for this program?
    - Age_____
    - Urban/Rural_____
    - Race_____
    - Cultural_____
    - Gender_____
    - Literacy level_____
    - Socioeconomic _____

- What percentage of the population is recommended or required for implementation of program?

- What is the recommended length (i.e. 6months, 1year, etc.) of program implementation (use) to be considered effective?

- What public health area(s) does this program address (Nutrition, Chronic Disease, Physical Activity, Environment, etc.)?

- Does this program address specific regulations/mandates?
    Federal_____
    State_____
    Local_____
    Other_____

- Will this program be acceptable for implementation in our community?
    _____Yes   _____No

- Which community needs assessment and/or community health goals (Healthy Kentuckians 2010, etc.) does this program address?

- What community partners/outside resources are needed for implementation?

- Has this program been implemented in other local/district health departments? (check all that apply)
    - Kentucky
    - Other states
    - Other countries

- Is there data supporting effectiveness/ineffectiveness of the program?

- The data showed the setting as: _____Urban   _____Rural
    - Was the entire program content implemented according to the data?
        _____Yes   _____No

- Were only parts of the program implemented according to your data?
  _____Yes   _____No
  If yes, What parts?

- Does it fit into any "Best Practices"? (check all that apply)
  - CDC_____
  - AHRQ_____
  - ASTHO_____
  - Other:_____

- Supporting evidence for this program can be found?
  - Where? (List journals, books, websites, etc.)_____
  - How long has it been in use?_____
  - Where has it been implemented?_____
  - What are the short-term outcomes of this program?_____
  - What are the long-term outcomes of this program?_____
  - Are there any unintended consequences?_____

Implementation

- Program costs (resources and financial):
  - Curriculum_____
  - Staff time for total program implementation
    - Assessment_____
    - Administration_____
    - Training_____
    - Implementation_____
    - Evaluation_____
  - Follow-up component_____
  - Licensing fees_____
  - Cost for updates_____
  - Evaluation
    - Tools_____
    - Percentage of the population needed_____

- What funding sources are available for the program?

What are the specific grant/funding requirements? (Reporting, other partner participation, conferences, travel, etc.)

- Does the program require specific training? _____Yes _____No
    - Is this training available? _____Yes   _____No
    - Is "train the trainer" available?   _____Yes   _____No
    - What types of staff need to be trained for program implementation?_____

- Do we/our community have the specific resources needed to implement the program as designed?