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**Article/Publication:**

Building Capacity for Evidence-Based Public Health: Reconciling the Pulls of Practice and the Push of Research

**Source:**

Brownson RC, Fielding JE, Green LW. Building Capacity for Evidence-Based Public Health: Reconciling the Pulls of Practice and the Push of Research. *Annual Review of Public Health* 2018;39:27-53.

DOI: <https://doi.org/10.1146/annurev-publhealth-040617-014746>

**Theme(s) and/or STAR Framework Component(s):**

- Evidence-Based Public Health Practice

**Relevant NACDD Chronic Disease Competencies:**

1. Monitor chronic disease program performance.
2. Assess an organization implementation readiness, capacity and effectiveness.
3. Recognize and apply current relevant scientific evidence.
4. Identify the factors that influence the delivery and use of public health programs and services.
5. Guide the translation of research into chronic disease programs and activities.
6. Develop skills to expand and transfer knowledge generated by research and evaluation for decision- making about policies, programs, and grant-making related to health disparities and health equity.

**Introduction/Purpose:**

The purpose of this article is to strengthen organizational-level capacity through use of evidence-based public health (EBPH) in order to achieve more effective public health practice. The article provides an overview of EBPH principles, the importance of capacity building and promising approaches for building capacity, and future research and practice implications.

**Summary:**

This article is about the tension and the disconnect between those who generate evidence (primarily researchers) and those who use and need the evidence (primarily practitioners). The authors state that public health organizations need capacity to move science to practice, and there is a need to close time gaps between research discovery and its application. The article provides an overview and rationale for EBPH and capacity building and promising approaches for building capacity, focusing on the “what” and “how” of building capacity for EBPH. Included within the article to explain the “what” of capacity building is an examination of administrative evidence-based practices (A-EBPs) (e.g., participatory decision making, access and free flow of information, interorganizational relationships, etc.) and their core elements (domains): leadership, organizational climate and culture, partnerships, workforce development, and financial processes. To discuss the “how” of capacity building, the article presents effective capacity building approaches to advance EBPH, specifically training, use of tools, technical



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assistance, assessment and feedback, peer networking, and incentives, and it highlights 20 selected, supportive empirical studies. The authors identify challenges and opportunities (e.g., recognize that leadership matters, measure the important variables, embrace policy and complexity, find and fill the biggest skills gaps, etc.) for future research and practice and conclude with a list of summary points.

**Application to Chronic Disease Leadership and Practice:**

An EBPH approach can benefit the performance of state health agencies as a whole, including chronic disease units, within the context of carrying out Essential Public Health Services and core functions and improving population health. State chronic disease programs and NACDD chronic disease competencies align with EBPH principles.

**Reflection Questions** (to consider upon reading the full article):

1. How does your state health agency leadership embrace and promote EBPH? What are the places for EBPH growth, and what assessment tools, processes, etc. might you use to determine these areas of growth?
2. What are the methods and specific resources you have found to be most useful in learning about the latest research-based evidence? How do you apply what you learn to readily effect practice within your unit or team?
3. To what extent has your unit or team employed the A-EBPs (micro-level determinants of capacity) described in the article? Which of these A-EBPs do you perceive has most influenced performance?
4. How do you help strengthen and monitor the use of EBPH in your program and policy work with stakeholders, including those at the local level? Which capacity building approaches (e.g., training, tools, technical assistance, assessment and feedback, peer networking, and incentives) have been most effective and why?
5. How might chronic disease practice change if we were to collectively capitalize on the opportunities for future research and practice identified here? Which recommendation(s) seem most meaningful?
6. What else does this article make you want to think about or act on in your own unit or team?

**Additional Notes:**

Additional EBPH-related resources and tools are accessible via an Evidence-Based Public Health website, <https://www.evidencebasedpublichealth.org/>