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CHRONIC DISEASE DIRECTORS**

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Article/Publication:

Fostering More-Effective Public Health by Identifying Administrative Evidence-Based Practices: A Review of the Literature

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

- Management and Administration
- Evidence-Based Public Health Practice

Relevant NACDD Chronic Disease Competencies:

1. Monitor chronic disease program performance.
2. Assess 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:

This study conducts a review of literature to identify administrative evidence-based practices (A-EBPs) for public health to act on in the use of evidence-based decision-making (EBDM) to improve population health. It describes a total of 11 high-priority, locally modifiable A-EBPs that cover five major domains, as well as various macro (system)-level and moderate-priority A-EBPs associated with performance or health outcomes.

Summary:

This analysis examines the evidence base specific to public health administration that can mitigate barriers to and enhance uptake of EBDM in public health, defined within the article as "...the integration of science-based intervention with community preferences to improve population health." A review and synthesis of data from public health and studies in related disciplines yields 11 high-priority A-EBPs (described as "...agency-level structures and activities that are positively associated with performance measures"). The 11 A-EBPs span five major domains: leadership, organizational climate and culture, partnerships, workforce development, and financial processes. Since micro-level A-EBPs are this study's desired focus, the 11 A-EBPs reflect administrative issues that are modifiable in



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the short term within a health department. They are training, access to technical assistance, skills and background of leaders, values and expectations of leaders, participatory decision making, access and free flow of information, support of innovation and new methods, learning orientation, interorganizational relationships, vision and mission of partnerships, and allocation and expenditure of resources. Further, the study lists macro-level A-EBPs (e.g., governance and authority, etc.) that are longer term and mostly external issues, as well as identified moderate-priority A-EBPs (e.g., staff composition, staff competencies, etc.) having evidence from a limited number of studies. The authors discuss ways to further explore how to more systematically implement the identified A-EBPs, drawing from theoretical concepts, frameworks, and additional sources of research.

Application to Chronic Disease Leadership and Practice:

Effective use of EBDM through an Evidence-Based Public Health (EBPH) approach can improve population health. In conducting this analysis, the authors take into account the barriers in state and local health departments (e.g., lack of time, competing demands, etc.) that may adversely affect the adoption and uptake of evidence-based practice. The study findings identify which management practices in public health administration should be prioritized and where chronic disease units can more routinely incorporate these identified A-EBPs into their own systems and processes. State chronic disease programs and NACDD chronic disease competencies align with EBPH principles.

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

1. How has your state health agency leadership prioritized the adoption and increased uptake of EBPH? What department wide supports to foster more effective public health are in place for your unit or team to leverage or connect to?
2. Which of the 11 high-priority A-EBPs have been systematically incorporated into your unit or team's operations? What have been some of the key challenges encountered in carrying out these A-EBPs, and how have you tried to overcome them?
3. What moderate-priority A-EBPs presented in this article (those coming from a more limited number of studies) most resonate with your unit or team and why?
4. What ideas inspired by this article do you wish to act on or build upon in your own unit or team?

Additional Notes:

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