

The following survey was distributed to all 85 North Carolina local health directors via email in April 2012. The survey was designed to gauge current awareness and implementation of evidence-based strategies (EBSs), community and local health department (LHD) priorities, the biggest barriers to implementing EBSs, the most valued forms of assistance, and the resources and partners LHDs currently engage. A total of 66 (78%) surveys were completed. For the purpose of comparing responses between LHDs serving urban and rural communities, the 28 LHDs serving either multiple counties or single counties with populations less than 50,000 are categorized as rural, and the remaining 38 LHDs serving single counties with populations greater than or equal to 50,000 are considered urban. Not every question in the survey received 66 responses and some questions allow multiple answers to be selected. Therefore for some questions responses and response rates may not sum to 66 or 100% respectively.

Question 1: Local health departments are required to include a minimum of two Healthy North Carolina 2020 objectives from different focus areas in their community health assessment action plans. Based on those focus areas, please rank your local health department’s top five priorities.

Table C.1

HNC 2020 Objective	Number of LHDs That Identified Objective as a Top 5 Priority	Mean Rank	Urban	Rural	Tier 1	Tier 2/ Tier 3
Physical activity and nutrition	61	2.1	35	24	26	29
Chronic disease (e.g. diabetes, CVD, cancer)	46	2.8	28	16	22	18
Sexually transmitted diseases and unintended pregnancy	37	3.1	21	15	19	16
Tobacco use	36	2.7	18	17	19	16
Maternal and infant health	36	3.0	20	15	15	20
Substance abuse	21	2.9	12	9	10	11
Social determinants of health	20	3.3	10	10	9	9
Mental health	14	3.6	7	7	4	8
Infectious disease and foodborne illness	11	3.4	9	2	3	8
Oral health	11	3.9	6	5	5	6
Environmental health	8	3.9	6	2	3	5
Cross-cutting issues (e.g. average life expectancy, percentage of adults reporting good, very good, or excellent health)	3	5.0	2	1	1	2
Injury and violence	3	2.7	2	1	0	2

Question 2: What would you say are the three BIGGEST BARRIERS IN YOUR HEALTH DEPARTMENT to implementing EBSs to improve population health?

Table C.2

Answer	Number of LHDs That Identified Barrier as One of Their 3 Biggest Barriers	Percent	Urban	Rural	Tier 1	Tier 2/ Tier 3
Limited financial resources	54	82%	82%	82%	93%	79%
Lack of knowledge and skills about how to test and adapt EBSs or approaches so they work in your setting	22	33%	37%	29%	24%	42%
Availability of ongoing staff training to ensure EBS can be implemented appropriately/as intended	21	32%	34%	29%	41%	27%
Time required to learn about how to implement a particular EBS	17	26%	29%	21%	21%	27%
Lack of technical assistance or guidance on how to implement a particular EBS	14	21%	26%	14%	14%	27%
Lack of awareness of existing EBSs or approaches	14	21%	24%	18%	21%	15%
Time required to search for EBSs	12	18%	13%	25%	24%	12%
Inability to garner support of staff, LHD board, county commissioners, or community partners to agree that using EBSs is necessary	10	15%	8%	25%	21%	12%
Lack of adequate information about the resources needed to successfully implement a particular EBS	8	12%	18%	4%	3%	18%
Lack of knowledge regarding how to select the best EBS for your particular needs if there are several options	7	11%	11%	11%	7%	15%
Lack of understanding of how to identify EBSs	5	8%	3%	14%	3%	9%
Other, please specify	<ul style="list-style-type: none"> ■ Too much money going to the state for overhead ■ Access to qualified staff/lack of staff ■ Lack of access to professional journals which weakens the ability to maintain an evidence-based practice that utilizes the most current research ■ Lack of EBSs for priority area ■ EBS requires community wide participation 					

Question 3: About how many public health staff in your health department ARE AWARE of evidence-based strategies in public health?

Table C.3

Answer	Response	Percent	Urban	Rural	Tier 1	Tier 2/ Tier 3
0	0	0%	0%	0%	0%	0%
1-25%	27	41%	34%	50%	55%	24%
26-50%	18	27%	24%	32%	28%	30%
51-75%	7	11%	13%	7%	10%	12%
76-100%	11	17%	24%	7%	3%	30%
Not sure	3	5%	5%	4%	3%	3%

Question 4: On a scale of 1 to 10, to what extent would you say that programs and policies CURRENTLY implemented by your health department staff are based on EBSs?

Table C.4

Answer	Response	Urban	Rural	Tier 1	Tier 2/ Tier 3
1 (None)	0	0	0	0	0
2	2	1	1	2	0
3	5	3	3	3	2
4	9	3	3	3	4
5	11	5	5	7	4
6	14	10	10	4	9
7	11	6	5	3	8
8	10	7	3	5	4
9	3	2	1	2	1
10 (All programs/ policies use EBSs)	1	1	0	0	1
Mean	5.88	6.16	5.5	5.62	6.15

Question 5: Which program area in your health department needs the most assistance implementing EBSs? Please select the top three.

Table C.5

Answer	Response	Percent	Urban	Rural	Tier 1	Tier2/ Tier 3
Promotion of healthy lifestyles (including health education about nutrition, physical activity, and use of tobacco products)	37	56%	58%	54%	52%	55%
Chronic disease education and management (including diabetes, asthma, cardiovascular diseases, and others)	32	48%	53%	43%	38%	55%
Child health services (including immunizations, newborn home visits, well-child care, CC4C, and school nursing)	24	36%	45%	25%	28%	45%
Prenatal and postpartum care (including pregnancy care and management)	21	32%	24%	43%	34%	27%
Communicable disease (including testing, treatment, and investigation of STD, HIV/AIDs, and TB)	18	27%	26%	29%	31%	24%
Environmental health (including restaurant, wells, and pool inspections)	15	23%	24%	21%	21%	27%
Surveillance (including data analysis of NC DETECT, the Controlled Substance Reporting System, and NC EDSS)	11	17%	16%	18%	24%	12%
Animal control	9	14%	16%	11%	24%	6%
Nutrition services (including WIC)	7	11%	5%	18%	10%	9%
Oral health (including fluoride applications, school-based oral health services, and dental treatment for children or adults)	6	9%	3%	18%	3%	15%
Other, please specify	<ul style="list-style-type: none"> ■ Family planning/preconception health care (x2) ■ Substance abuse ■ Public health preparedness 					

Question 6: Are you aware of, and does your staff use any of the following websites of EBSs to accomplish the Healthy North Carolina 2020 objectives or community health assessment action plans?

Table C.6

Resource	Aware and Use It	Aware But Don't Use It	Not Aware	Would Like to Learn More About It
Guide to Community Preventive Services (CDC)	44	11	5	9
US Preventive Services Task Force (AHRQ)	30	12	16	10
National Registry of Evidence-Based Programs and Practices (NREPP) (SAMHSA)	18	13	27	17
Knowing What Works in Health Care (RWJF)	20	15	23	13
Center for Training and Research Translation (UNC-CH)	17	20	23	14
Best Evidence Encyclopedia (Johns Hopkins University)	4	7	46	24
Blueprints for Violence Prevention (University of Colorado Boulder)	3	9	47	16
Child Trends that Work (National Resource Center for Health and Safety in Child Care and Early Education)	9	16	34	18
Promising Practices Network (RAND)	10	13	35	17
Social Programs that Work (Coalition for Evidence-Based Policy)	4	7	44	21
Other, please specify	<ul style="list-style-type: none"> ■ The Cochrane Library ■ NACCHO Toolbox ■ Eat Smart, Move More NC ■ Community Care case management ■ We are happy to learn more about other options but there is not enough time to do all the research and the daily activities or work too 			

Question 7: What are the most important types of assistance DPH or other organizations could provide to your health department to help you implement EBSs? Please select the top three.

Table C.7

Answer	Response	Percent	Urban	Rural	Tier 1	Tier 2/ Tier 3
Help with grant writing to obtain funding to implement EBSs	31	47%	39%	57%	59%	39%
Staff training to improve knowledge and skills	26	39%	34%	46%	45%	33%
Good examples of successful EBS implementation	24	36%	45%	25%	28%	42%
Strategies and data to help you demonstrate the impact of EBSs in your community	22	33%	47%	14%	10%	55%
Assistance selecting community appropriate EBSs	18	27%	34%	18%	28%	27%
Easy access to information about potential funding sources	17	26%	21%	32%	28%	24%
Assistance with implementation	15	23%	21%	25%	34%	15%
Creation of a peer support network with other North Carolina health departments implementing similar strategies	13	20%	21%	18%	14%	24%
Evaluation assistance	10	15%	18%	11%	14%	18%
Help recruiting and retaining qualified staff	10	15%	3%	32%	24%	6%
Assistance with communicating the importance of implementing EBSs to staff, local health department board, county commissioners, or other community partners	6	9%	11%	7%	7%	12%
Other, please specify	<ul style="list-style-type: none"> ■ Unlimited access to peer-review journals and articles ■ Funding/ongoing funding 					

Question 8: Do you partner with any of the following entities in your community (or surrounding communities) in identifying, implementing, or evaluating the implementation of evidence-based strategies? Check all that apply.

Table C.8

Entity	Identifying EBSs	Implementing EBSs	Evaluating EBSs	Do Not Work With Organization to Identify, Implement, or Evaluate EBSs
Other local health departments	47	33	20	7
Division of Public Health	43	46	27	2
Division of MHDDSAS	10	4	3	39
Universities/colleges	33	26	23	18
AHECs	31	19	14	20
Community-based organizations	34	28	17	14
Hospitals	33	30	15	16
Funders	28	34	23	14
Businesses	14	15	7	30
Municipal planning departments	22	14	9	29
Local educational authorities	33	31	23	15
Local management entities(LMEs)	22	21	11	25
Local departments of social services (DSS)	27	19	12	21
Other	1	2	0	1

Question 9: What is the population size of the district your department serves?

Table C.9

Population Size	Response
<50,000	22
50,000-100,000	18
100,001-250,000	19
250,000+	7

Question 10: Does your department cover one or multiple counties?

Table C.10	
Answer	Response
Single county	59
Multiple counties	7

Question 11: Does your health department/district cover Tier 1 counties?

Table C.11	
Answer	Response
Yes	29
No	33