

# Influences on the implementation of evidence- based guidelines: Highlights from state tobacco control programs

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# Acknowledgements

- CTPR

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- Advisory Group for Evaluation Plan:

- Larry Elmore, Lois Keithly, Laura Feldman, Meg Riordan, Frank Chaloupka

# Presentation Overview



- Background
- Evaluation Findings
- Conclusions
- Next Steps

# Presentation Overview

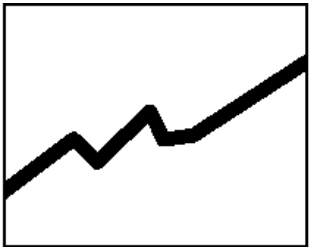


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# Our work with CDC

## Inputs

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## Structures & Processes



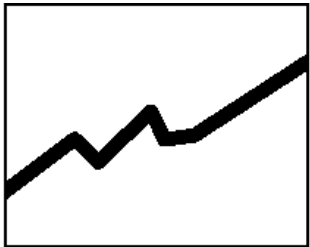
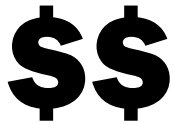
## Health Outcomes

Health Knowledge, Attitudes, Perceptions

Health Behavior

# Our work with CDC

## Inputs



## Structures & Processes

*Who*  
PH Systems

*What*  
Evidence Based  
Practices

*How*  
Sustainability

## Health Outcomes

Health  
Knowledge,  
Attitudes,  
Perceptions

Health  
Behavior



# Evaluation of 1999 *Best Practices*

- In 2001, CTPR conducted evaluation of how states were implementing the original 1999 *Best Practices*
- Evaluation results and current research were used to inform development of the 2007 *Best Practices* update
  - Reduction of intervention categories from 9 to 5
  - Updated funding recommendations



# Development of evaluation of 2007 *Best Practices*

- Need for evaluation of new *Best Practices*, including changes made from the 1999 version
- Acknowledgment that *Best Practices* was only one of many evidence-based guidelines for tobacco control led to inclusion of 12 other guidelines in evaluation
- Development of evaluation informed by input from advisory board and CDC OSH



# Evaluation: Dissemination & Implementation of Evidence-based Guidelines

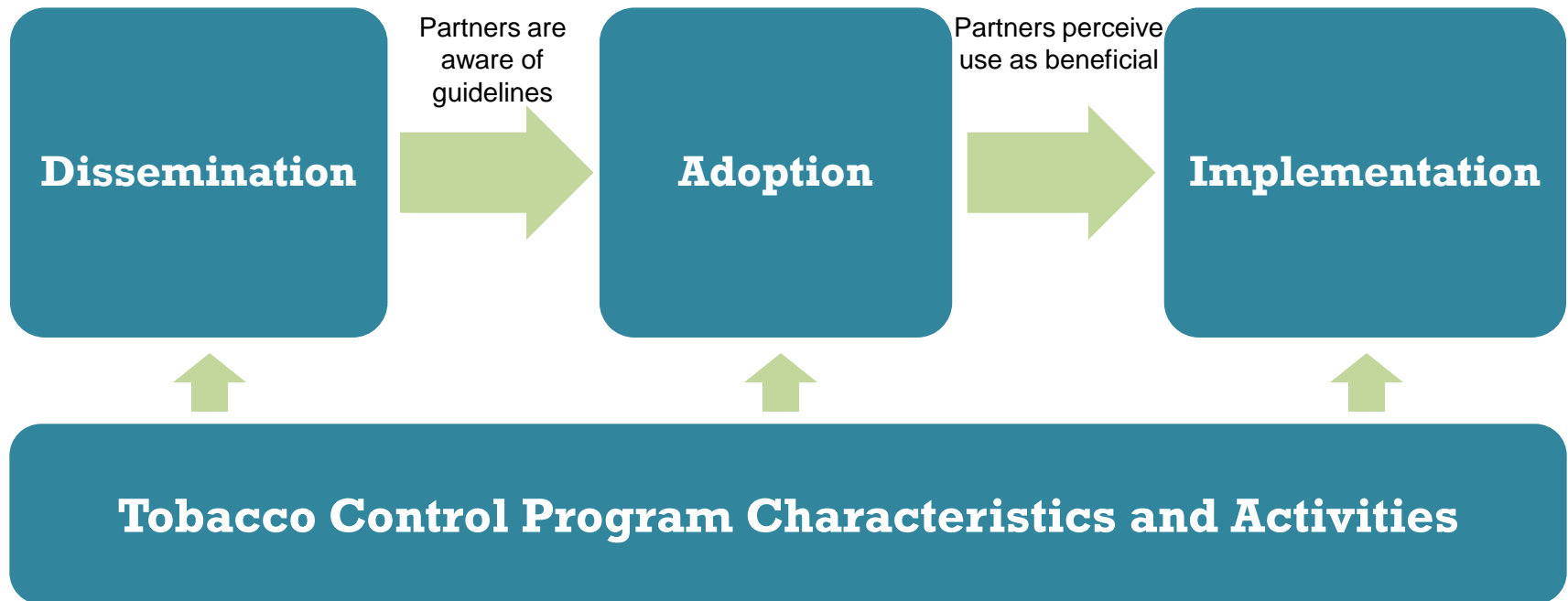




# Evaluation goals

- Learn how the changes to *Best Practices* were received by states
- Understand awareness and utilization of other guidelines
- Investigate what influences dissemination, adoption, and implementation of guidelines
- Use results to inform future product development, trainings, and technical assistance

# Evaluation framework

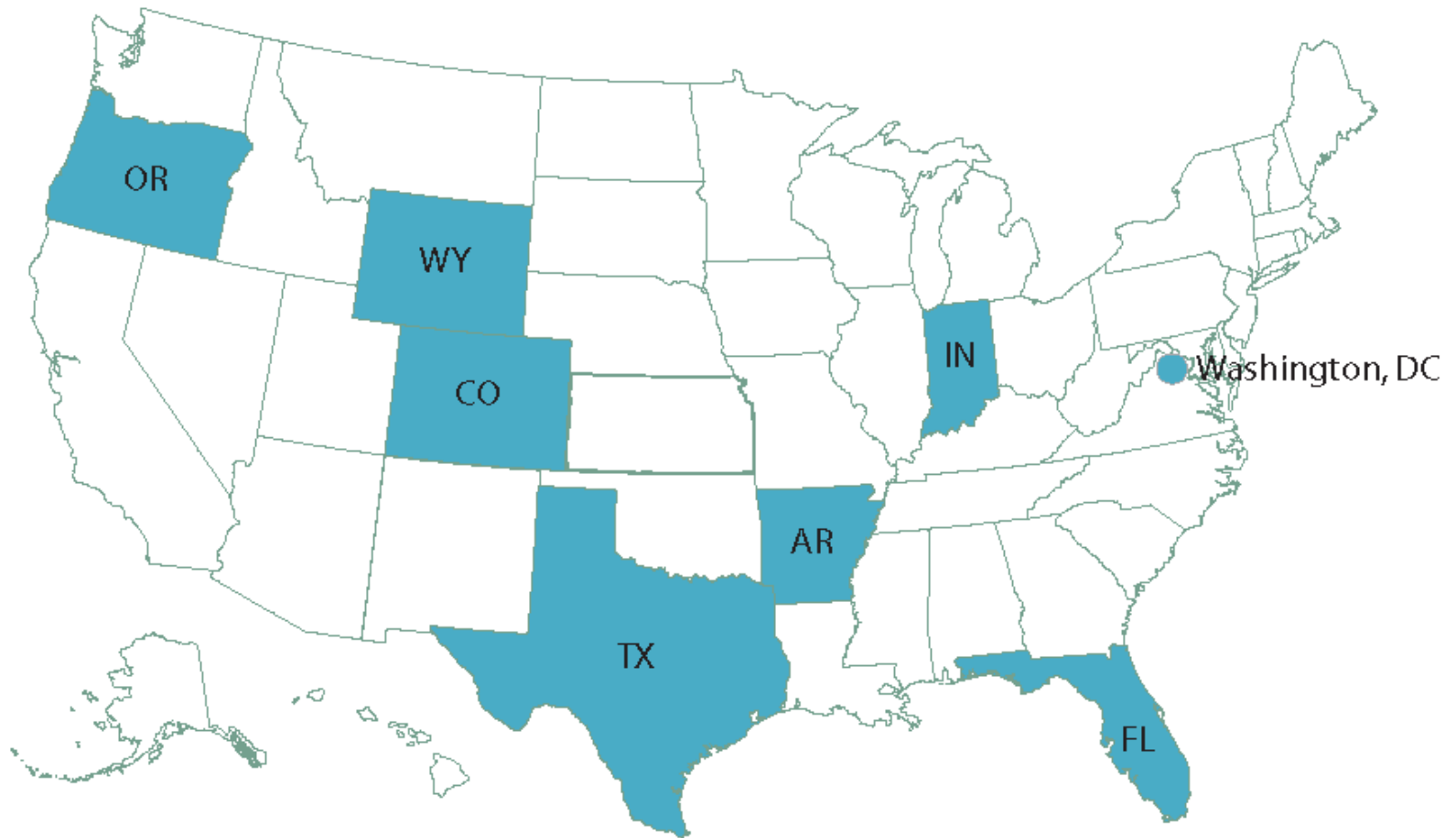




# Evaluation methods

- Multi-Site
- In-depth, semi-structured interviews
- Questions included:
  - Decision-making factors
  - Evidence-based guidelines
    - Definition, Awareness, Use
  - Resources needed

# Where were the sites?



# How did the sites differ?

State	% of funding meeting CDC recommendations	State cigarette tax rank	BP Perspective	Lead agency
Texas	4.3%	24th	Substance abuse	DOH (substance abuse)
Washington, D.C.	8.1%	9th	Not a state	DOH
Indiana	13.7%	31st	Outside of DOH	ITPC
Oregon	15.3%	28th	Strong EBP	DHS
Colorado	20.4%	34th	Integration	CDPHE
Florida	31.2%	26th	Mandates	DOH
Arkansas	51.4%	29th	Strategic planning	DOH
Wyoming	53.3%	40th	Rural	DOH (substance abuse)



# Who participated?



**176 partners participated**



**With an average of 7 years experience**

Ranged from <1 year to 20+ years



**Representing about 17 agencies per state**

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## Evaluation Findings

- Dissemination
- Adoption
- Implementation
- Facilitators & Barriers

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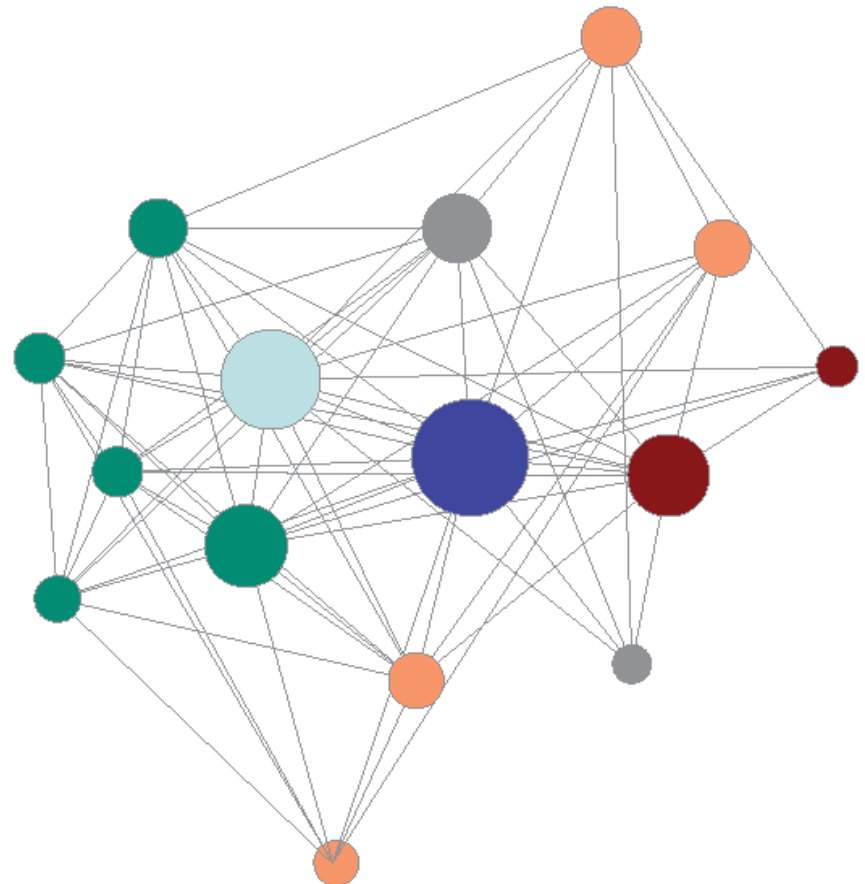


# How did partners learn about guidelines?

- The lead agency, specifically the program manager, was the first to learn of new guidelines
- Dissemination occurred via:
  - E-mail and listserves
  - Discussions at staff meetings
  - Hard copy distribution

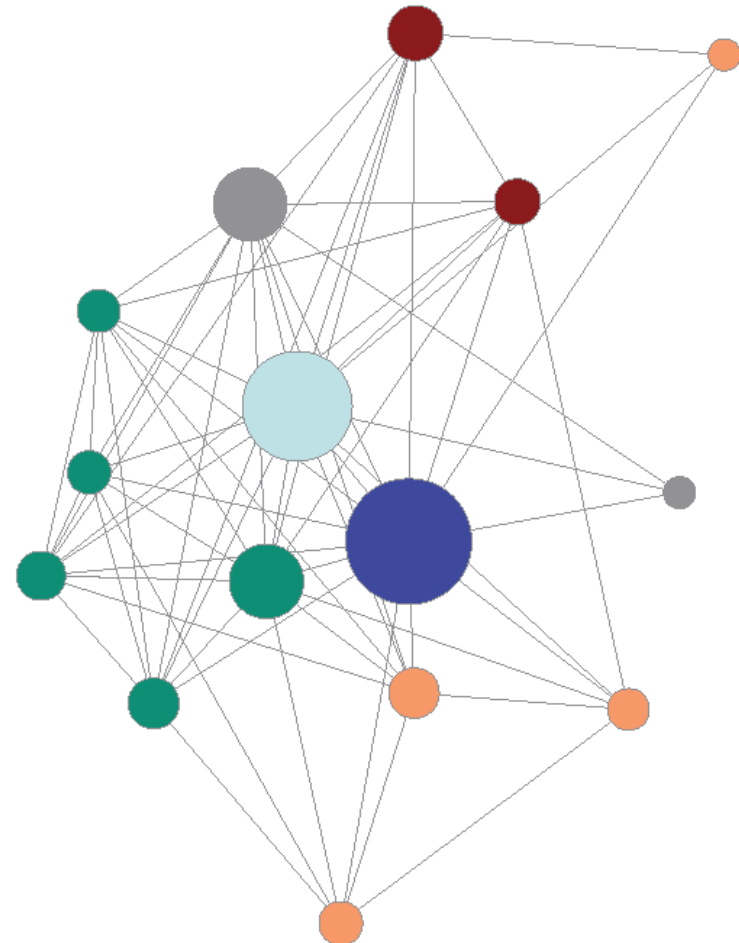
# How did partners learn about guidelines?

Contact



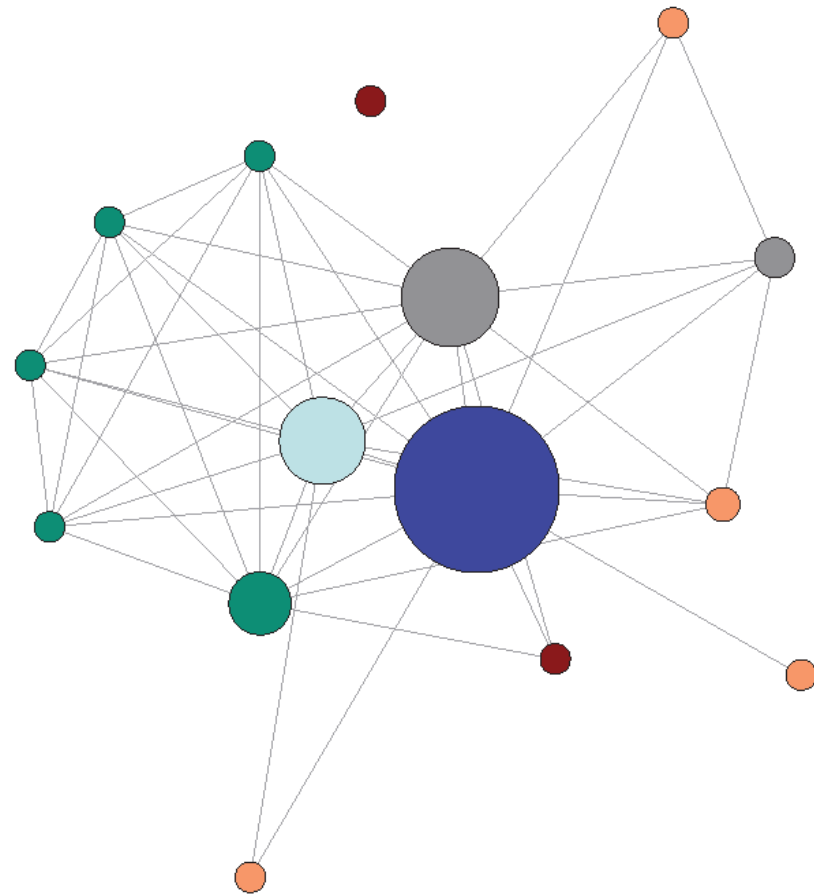
# How did partners learn about guidelines?

Collaboration



# How did partners learn about guidelines?

## Dissemination





# What was the role of trainings and conferences?

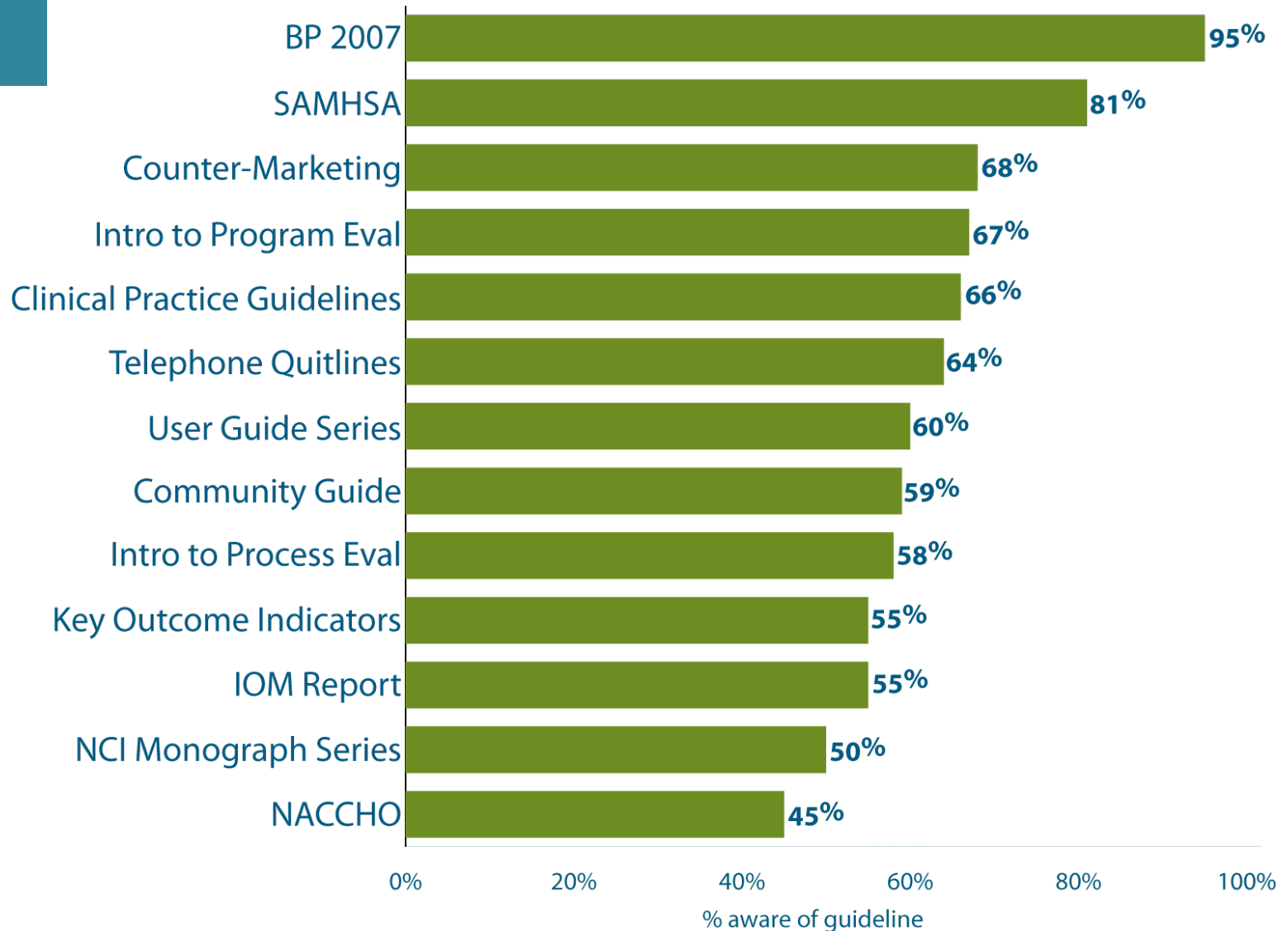
- Trainings and conferences were also commonly mentioned as sources
- Not every partner was able to attend due to budgetary restrictions placed on travel
- Those who attended stated that guidelines were referenced or a topic of a breakout session

# What guidelines were partners aware of?



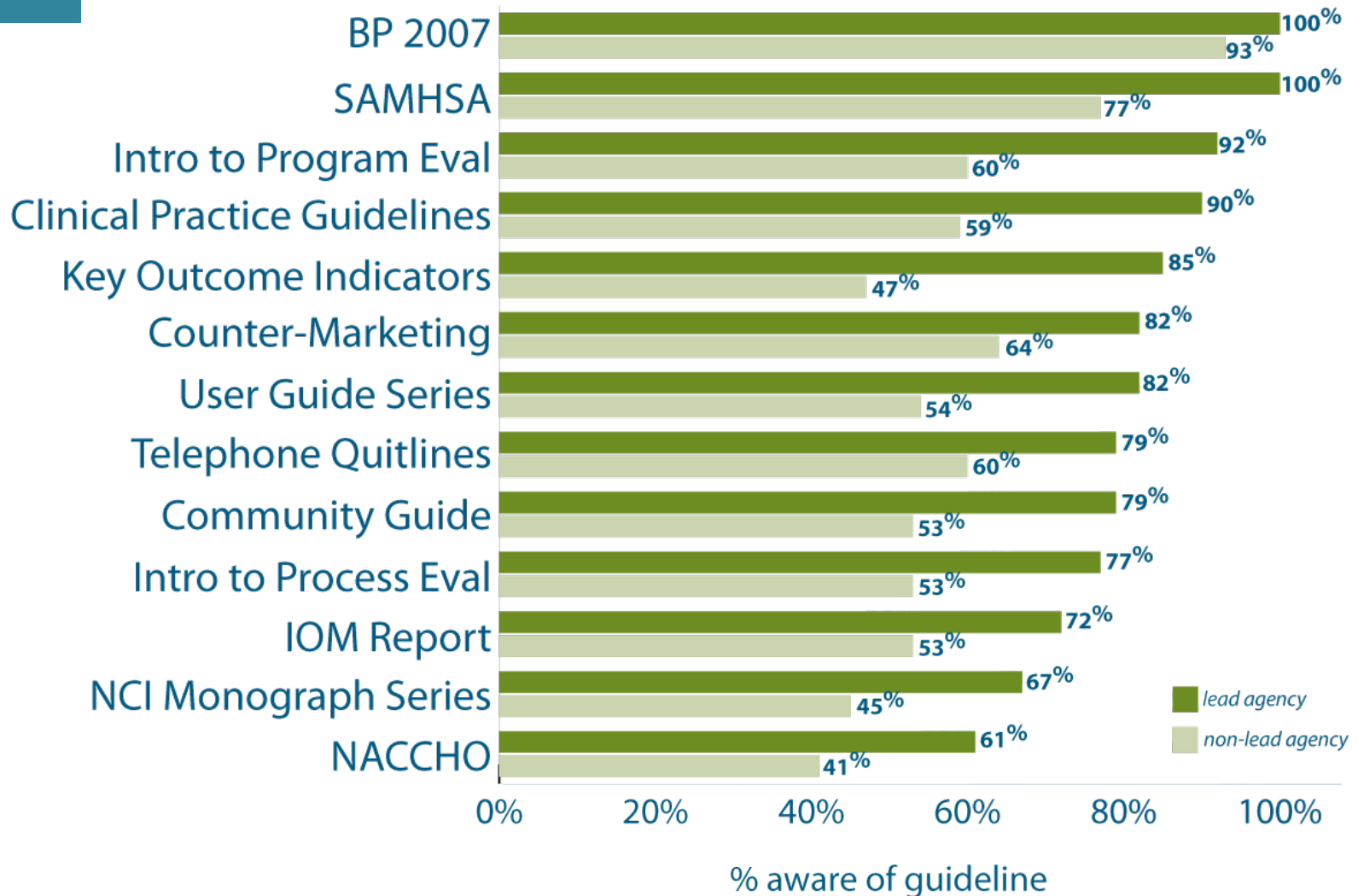


# Overall guideline awareness



# Guideline awareness

(lead agency vs. other partners)



# Guideline awareness (across states)

Guideline	State 1
BP 2007	<b>100%</b>
NCI Monograph Series	<b>80%</b>
Community Guide	<b>75%</b>
Counter-Marketing	<b>75%</b>
NACCHO	<b>75%</b>
IOM Report	<b>70%</b>
Telephone Quitlines	<b>70%</b>
Intro to Program Eval	<b>65%</b>
Clinical Practice Guidelines	<b>65%</b>
User Guide Series	<b>55%</b>
Key Outcome Indicators	<b>50%</b>
Intro to Process Eval	<b>45%</b>

Guideline	State 2
BP 2007	<b>91%</b>
User Guide Series	<b>78%</b>
Intro to Program Eval	<b>56%</b>
Counter-Marketing	<b>56%</b>
Intro to Process Eval	<b>47%</b>
Clinical Practice Guidelines	<b>43%</b>
Telephone Quitlines	<b>43%</b>
IOM Report	<b>39%</b>
Key Outcome Indicators	<b>39%</b>
NACCHO	<b>34%</b>
Community Guide	<b>26%</b>
NCI Mongraph Series	<b>17%</b>

## Evaluation Findings

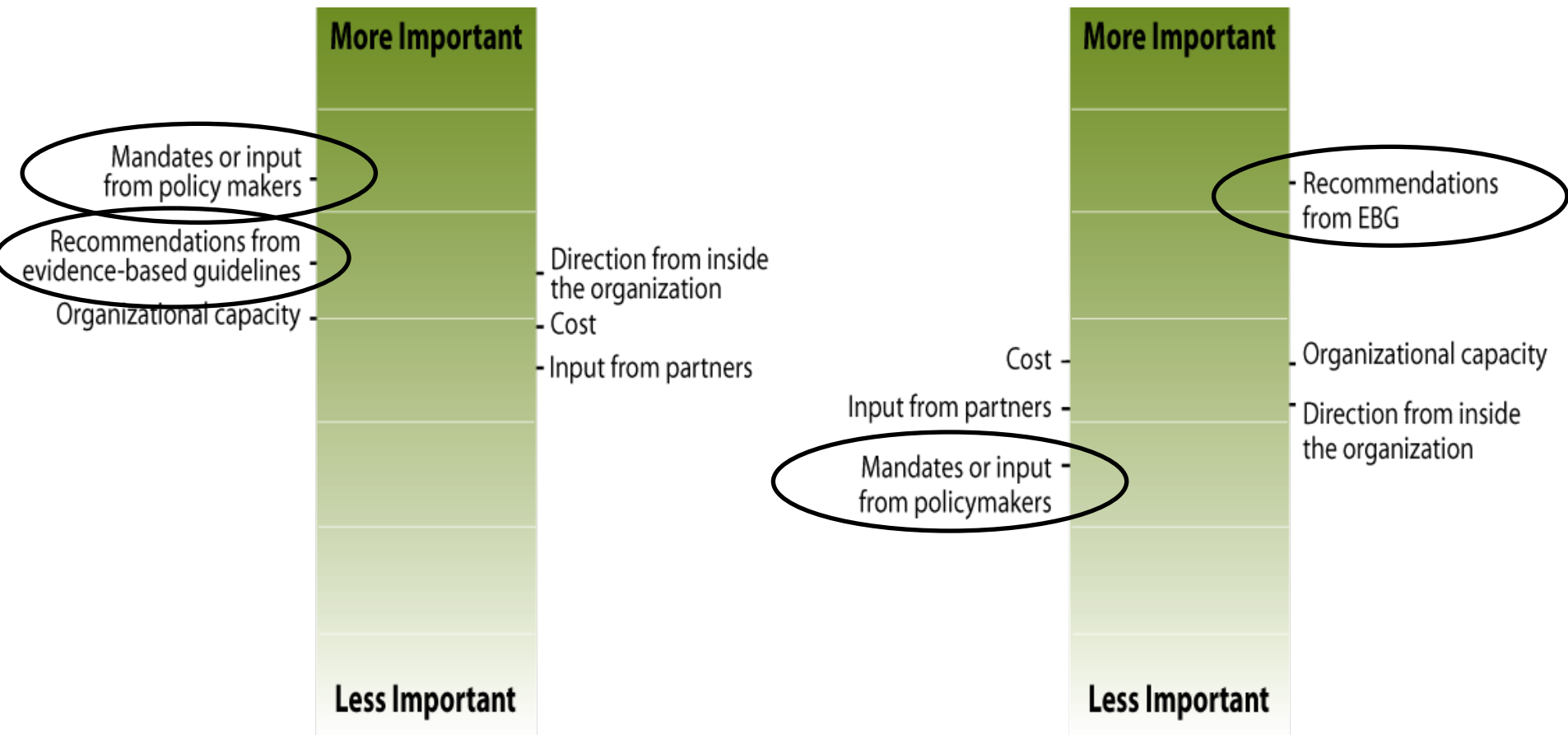
- Dissemination
- **Adoption**
- Implementation
- Facilitators & Barriers

# What influenced partners' decisions?

Decision-Making Factor	Mean	Range Across States
Recommendations from evidence-based guidelines	2.39	1.76 - 3.52
Direction from inside the organization	3.55	3.22 - 4.25
Mandates or input from policymakers	3.77	2.48 - 4.93
Input from partners	3.95	3.56 - 4.35
Organizational capacity	4.0	3.39 - 4.75
Cost	4.14	3.30 - 4.70

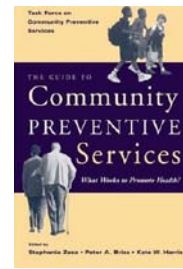
1=Most Important, 7=Least Important

# What influenced partners' decisions?

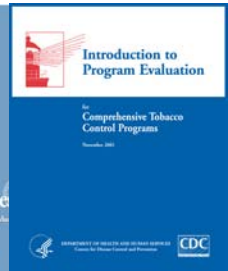
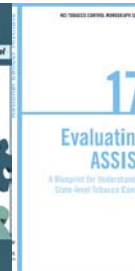
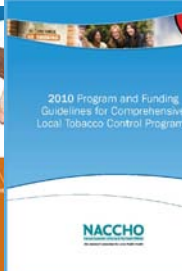


# Which guidelines were critical?

Critical to their work



Not critical, but useful



## Evaluation Findings

- Dissemination
- Adoption
- **Implementation**
- Facilitators & Barriers





# What were the common uses of guidelines?

- Program and strategic planning
- General reference
- Education, training, and technical assistance
- Communicating with policymakers
  - Education and advocacy



# What resources were needed?

- Additional trainings & technical assistance
- More materials and in a timely manner
- Better communication
- More assistance for populations with tobacco-related disparities
- Guidance on how to allocate limited funding

## Evaluation Findings

- Dissemination
- Adoption
- Implementation
- **Facilitators & Barriers**

# Facilitators & Barriers

## Facilitators

- Distribution of EBGs by lead agency
- Promotion through trainings and conferences

- EBGs provide effective strategies and credibility to states' approaches
- Use encouraged by organization leadership
- EBGs promote consistency of efforts across the country if followed

- Can use EBGs to defend efforts and funding to policymakers
- EBGs provide framework for efforts
- EBGs help prioritize efforts

## Dissemination



## Adoption



## Implementation

## Barriers

- Slow translation of research into guidelines
- Limited access to common dissemination modes (e.g., conferences)

- EBG recommendations conflict with traditional practices
- EBGs perceived as inapplicable to context
- Over-abundance of guidelines

- Guideline comprehension
- Bureaucratic barriers
- Funding constraints
- Unsupportive political climate
- Lack of guidance on "real world" applications & strategies for addressing disparities

# Evaluation Findings

# Best Practices

for Comprehensive  
Tobacco Control  
Programs

October 2007





# Primary themes

1. *Best Practices* remains one of the most critical evidence-based guidelines for state programs
2. Lead agency promoted *Best Practices* frequently & often required it in their RFA's
3. Utilized primarily for strategic planning and advocacy
4. Partners liked the collapsing of categories



# Comparison to previous findings

- Continues to serve as key framework for state tobacco control programs
- Wide range of partners using guidelines
  - Primary use still remains with lead agencies
- Challenges that still exist:
  - Regular updates to remain relevant
  - Funding scenarios to prioritize limited funding
  - Strategies for eliminating tobacco-related disparities

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# Conclusions

- Support from agency leadership is key
- Mandates alone will not ensure implementation of evidence-based practices
- Dissemination via multiple methods is important
  - Ensure reach beyond lead agency
  - Utilize existing networks and new technologies



# Conclusions

- Training and technical assistance can enhance guideline comprehension and utilization
  - Important to identify how guidelines connect to other currently available resources.
- More condensed supplements to broader frameworks may be helpful
  - Goal is to get updates out on a more timely basis



# Conclusions

- Gaps in resources need to be addressed:
  - Working effectively with policymakers;
  - Eliminating health-related disparities; and
  - Prioritizing interventions with limited funding.

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# Dissemination of findings

- Reports

- Individual state profiles
- Overall findings to CDC

- Papers

- Overall findings, highlighting facilitators and barriers to use
- Guidelines awareness and influence of state network structures

- Presentations

# Facilitating implementation

## ■ Best Practices User Guide Series

- Meeting the demand for specific implementation steps and strategies
- Topics include:
  - Coalitions
  - Youth Engagement
  - Advancing Policy
  - Pricing
  - Health Equity
  - Point of Sale
  - Infrastructure





# What can states do?

- Monitor dissemination and implementation of guidelines
  - Measurement of guideline awareness and use among partners
  - Are guidelines reaching beyond the lead agency?
- Promote evidence-based strategies
- Connect partners to resources on putting guidelines into practice



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Questions? Feedback?