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## Narrowing the Know-Do Gap in Public Health

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## Narrowing the Know-Do Gap in Public Health

### Abstract

Like other components of the American health system, public health all too often fails to deploy the strategies that research and experience have shown to be effective in improving population health. These failures, collectively known as the “know-do” gap, occur for many reasons.

### Keywords

public health services and systems research, phssr

Like other components of the American health system, public health all too often fails to deploy the strategies that research and experience have shown to be effective in improving population health. These failures, collectively known as the “know-do” gap, occur for many reasons.<sup>1</sup> In some cases, key decision-makers within the public health system simply are not aware of the strategies, or they are not aware of the body of evidence that indicates these strategies are effective. In other cases, decision-makers are familiar with the strategies but lack detailed knowledge about how to implement them in specific settings and circumstances. And in many cases, decision-makers lack the resources, authority, and/or motivation to depart from their status-quo operations and adopt new ways of doing business.

The articles in this issue of *Frontiers in Public Health Services and Systems Research* reveal several productive pathways for closing know-do gaps in public health. A new article by Allen and colleagues reviews the research literature and identifies a collection of administrative and managerial practices in public health that have been shown effective in improving performance and are considered feasible for near-term implementation in real-world settings. These administrative evidence-based practices (A-EBPs) promise to complement and extend the better-known programmatic EBPs that have long been disseminated through mechanisms like the CDC’s Guide to Community Preventive Services.<sup>2</sup> Public health professionals at all levels of the health system should take note.

This issue also features a series of articles that were presented recently as keynote addresses at the 2012 *Keeneland Conference on Public Health Services and Systems Research*. The contribution by Institute of Medicine president Harvey Fineberg highlights research communication and translation strategies that can help to bridge the know-do divide. Richard Umbdenstock, the American Hospital Association’s executive director, describes how community hospitals and public health agencies can nudge each other toward improved performance through enhanced collaboration and mutual learning in pursuit of the shared goal of improved population health. Idaho public health leader Carole Moehrle, chair of the Public Health Accreditation Board (PHAB), discusses the use of accreditation standards and performance measures in creating incentives for evidence-based practice and quality improvement in public health. Finally, CDC director Thomas Friedman reviews his agency’s “winnable battles” with an eye toward know-do gaps that are beginning to close through focused attention and coordinated action.

These articles offer some promising solutions, but they also highlight the need for further and faster development of tools and incentives that facilitate the movement of evidence into action in public health. Such development will require ever-closer alliances between public health researchers and public health innovators in the world of practice.

## References

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