Editorial Comment: What Influences the Use of Administrative Evidence-Based Practices in Local Health Departments?

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Abstract
In 2012, Frontiers published an article by Allen et al. about identifying administrative and management practices that make up an evidence-based local health department. They recommended that local health departments (LHDs) consider using such practices to implement sustained evidence-based policies, programs, and interventions. Strategies that should be given 'high priority' for implementation were highlighted. My accompanying editorial acknowledged the value of this practical advice to LHDs in optimizing their performance and achieving desired health outcomes.

Keywords
evidence-based practice; organization and administration; public health practice; public health services and systems research; quality improvement; translational research; affordable care act

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In 2012, *Frontiers* published an article by Allen et al. about identifying administrative and management practices that make up an evidence-based local health department. They recommended that local health departments (LHDs) consider using such practices to implement sustained evidence-based policies, programs, and interventions. Strategies that should be given 'high priority' for implementation were highlighted. My accompanying editorial acknowledged the value of this practical advice to LHDs in optimizing their performance and achieving desired health outcomes.

How widespread is the use of such practices? Are certain types of LHDs more likely to use them? Answers to these questions could reveal how practice varies across public health settings, and what gaps and areas for improvement should be prioritized. Engaging applied researchers in these efforts can be instrumental in documenting practice variation and advancing the public health services and systems research agenda.

Estimates in this journal provide timely information about patterns and predictors of the administrative evidence-based practices that Allen et al. had described. A large, nationally-representative sample of LHD leaders (two-thirds of respondents were the top health official) answered questions about five domains of practice that LHDs should utilize, including leadership, workforce development, organizational climate and culture, relationships and partnerships, and financial practices. Results were stratified by governance structure and jurisdiction size. Strengthening LHD capacity in the five domains can result from staff training and leadership support. LHDs, especially smaller ones, should take a closer look at the administrative practices in their agency and zero in on the ones that could be enhanced.

What is at stake here is more than the status quo. Organizational change is not easy and much is still unknown about how to implement change in organizations like LHDs. For example, how can LHD leaders establish a receptive climate and culture for change, which was reported by only half of the respondents? In a 2004 systematic review of the diffusion of service innovations, Greenhalgh, et al. recognized the dearth of studies on the kind of culture and climate that supports and enables change in general, recommending a look at the mainstream change management literature. From here, there are clues about what steps to take, including training, leadership development and capacity building.

External factors are at work, too, that will influence the directions that LHDs might take in promoting population health. The Affordable Care Act requires nonprofit hospitals to “conduct community health needs assessments (CHNA) in conjunction with LHDs and others” and “develop an implementation strategy to meet the needs identified through their CHNA and a set of performance measures to track progress.” The Public Health Accreditation Board recommends that LHDs conduct or participate in a collaborative process for completing a comprehensive community health assessment and improvement plan. In all of these efforts, LHDs are now asked to play an expanded role where the use of evidence-based decision making and the implementation of proven interventions are expected. The pressure to perform is greater, but so are the likely rewards.


4. Duggan, Kathleen; Allen, Peg; Brownson, Ross; Erwin, Paul C.; Fields, Robert; Reis, Rodrigo S.; Smith, Carson; and Stamatakis, Katherine (2013) "What Influences the Use of Administrative Evidence-Based Practices in Local Health Departments?," Frontiers in Public Health Services and Systems Research: Vol. 3: No. 4, Article 1. Available at http://uknowledge.uky.edu/frontiersinphssr/vol3/iss4/1/


6. Section 9007 of the Patient Protection and Affordable Care Act (26 USC § 501(r)(3)(B)).