

Challenges of Implementing Evidence-Based Programs

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More and more we hear that policy decisions should be based on strong evidence. The strength of evidence is based on the rigor of the research that goes into answering questions about whether a program can and does work in the field. No matter how strong the evidence is that supports a particular policy option or program, there is no guarantee that it will work in every community every time. The evidence that supports one program may be based on experiences in slightly different populations under different circumstances, and the evidence-based program that is implemented may not be identical to the programs that were studied. The last concern about evidence-based policymaking is that there are very few examples of well-tested policies and programs. Basing decisions on evidence is desirable but hard to do.

Many evidence-based programs are broadly generalizable, but that does not mean they will work in a specific community now or in the future. For instance, a program for which there is sufficient evidence supporting its use in an urban setting may not address issues that are relevant in a rural setting. This leads to a caution that policymakers should heed: before evidence-based programs are implemented in a community, it is important to first assess the community's characteristics, such as demographic factors (eg, race, ethnicity, language, and sex) and the nature of the need. Findings from this assessment can then be used to tailor evidence-based programs to the community.

Resource Constraints

Sustainability is essential to the success of evidence-based programs. When local communities seek to build systems and institutionalize practices, they must have the resources to sustain projected outcomes beyond the life of any specific program. One challenge to implementing evidence-based programs is that public resources are often limited. Local health problems are best addressed at the community level where the problems are manifest and because community members are most familiar with them. Often it is difficult to initially fund and then sustain

evidence-based programs that meet the needs of the entire community in the short-term, intermediate-term, and long-term. Additionally, many nonprofit and governmental organizations operate in resource-constrained environments that lack funding for performance improvement projects.²

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Therefore, addressing and implementing evidence-based practices and programs are often not a high priority for organization directors and staff members. Costs associated with implementation include purchasing subscriptions to scholarly journals, developing training manuals for upper-level management and staff, sending staff to conferences and training sessions, reviewing organizational practices on a timely basis, and continuously monitoring and evaluating the practice or program.² Organizations and communities are fortunate if they have the human capital and financial

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resources to cover the cost of implementing evidence-based programs and practices—but what about those that do not? Moreover, many organizations depend on grants to cover the costs of programs and practices, but when the funding streams end, the ability to measure outcomes is diminished, making it extremely difficult to determine a program's effectiveness.

Lack of Evidence-Based Programs

A recent report by the North Carolina Institute of Medicine (NCIOM) found that “there are not well-researched evidence-based strategies for all risk factors identified by the NCIOM task force [on prevention].”³ Areas that are most lacking in evidence-based practices are predominately in child and adolescent health and mental health. One study observed that only 10% of publicly funded child welfare, mental health, and juvenile justice systems used evidence-based practices.⁴ There are several reasons for the lack of evidence-based practices in child and adolescent health programs. The first is the short duration of the developmental stages in these age groups. Children and adolescents are constantly undergoing emotional and physical changes, so an evidence-based practice for treating an adolescent may be completely inappropriate or even harmful for a younger child.⁵ Additionally, when testing evidence-based practices for children and adolescents, researchers must not only consider the developmental stage of people in the targeted age groups, but also the context in which they live (eg, family, community, and environmental settings). If the developmental stage of children and the family/environmental context are not addressed in the clinical trial or pilot study, the generalizability of the program under evaluation might decrease. Since evidence-based practices and programs are

not available for all health sectors, communities may have to look to “best” or “promising” practices and adapt them to their local conditions.

Duration of Policy Implementation

Individualized programs and practices are important to addressing problems in targeted groups, but effective public policies are needed to address problems at the population level. Unfortunately, evidence that supports policy approaches to public health problems can often take a long time to develop. To overcome this barrier, portions of the policy can be implemented over time into the local community as the evidence supporting them emerges, as exemplified in North Carolina's campaign against tobacco. A combination of strategies—increased tobacco taxes, implementation of social media campaigns, expansion of smoke-free policies, and expansion of access to cessation services—has helped reduce tobacco use in this state. Because no single program or practice is likely to change community norms, attitudes, or beliefs, a combination of programs and practices is needed to promote change in local communities.

Putting It All Together

Many successful public health interventions in North Carolina reflect the importance of evidence-based programs, practices, and policies. To address public health problems, it is essential that there is respect for local culture, identification of barriers, creation of partnerships, and, most importantly, acknowledgment of resource limitations, particularly for the prevention of health problems. Improving the health of a community requires a comprehensive effort, and it is important to remember that implementation of evidence-based programs is only part of the solution. **NCMJ**

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