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Network



Education  
Development  
Center

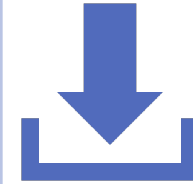
# Evidence-Based/Informed Interventions and How They Can Improve Our Work



# Technical Tips



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You are muted



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# Funding Sponsor

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422) for \$5,000,000 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# Speakers



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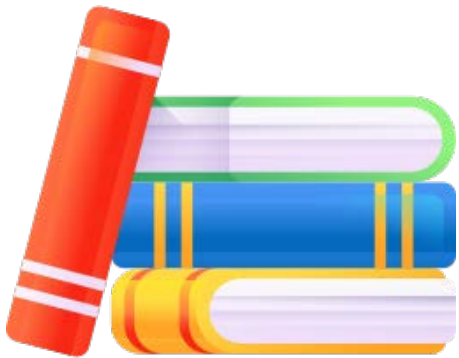
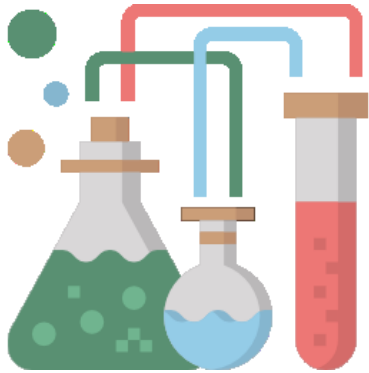
Senior Advisor on Adverse  
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Office of Strategy and Innovation (OSI)  
Centers for Disease Control and  
Prevention

# Applying and Building the Evidence Base

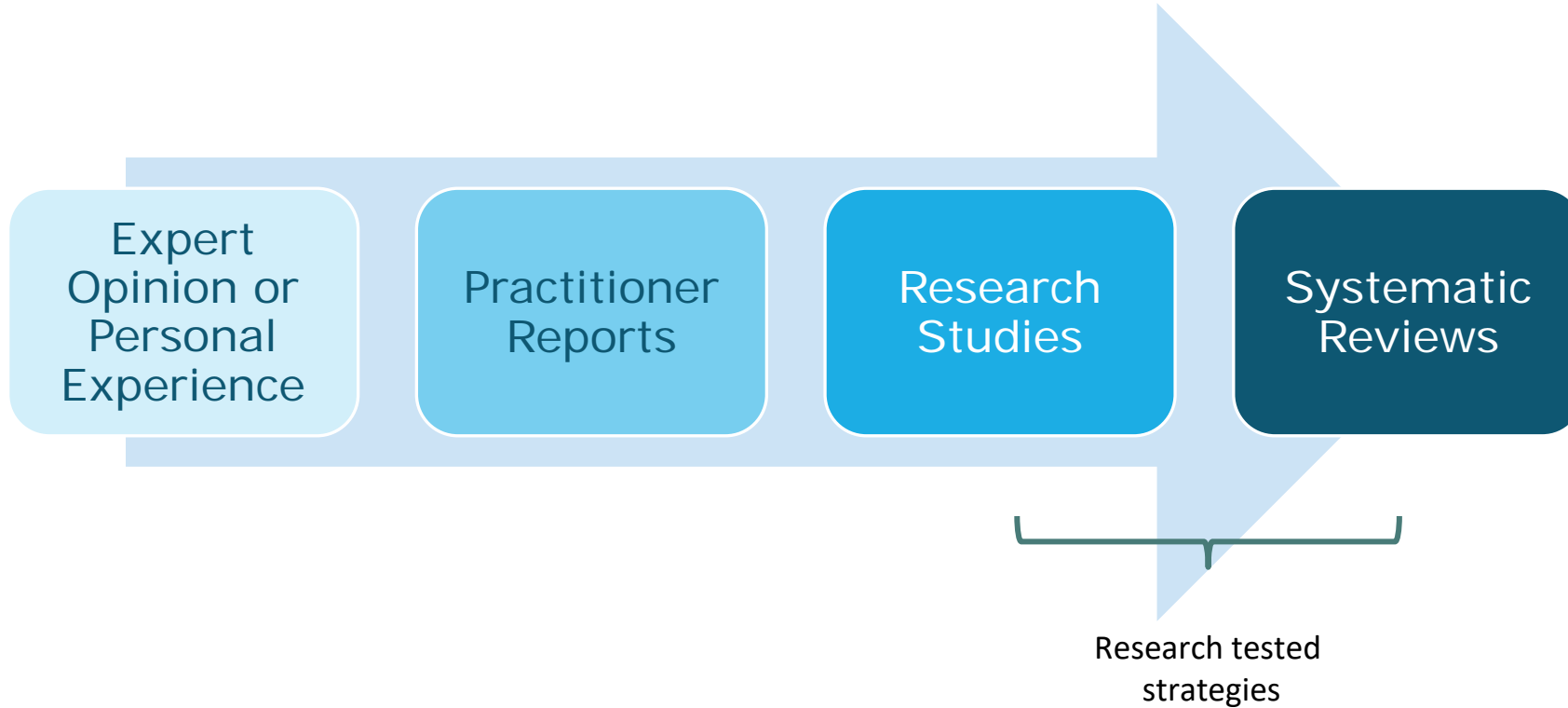
Lynda Krisowaty  
April 15, 2020



# What Constitutes Evidence?



# Sources of Evidence



# Evidence-Based/-Informed...

## Recommendations

- Broad strategies
- Evidence it works is based on systematic reviews of multiple studies

## Programs

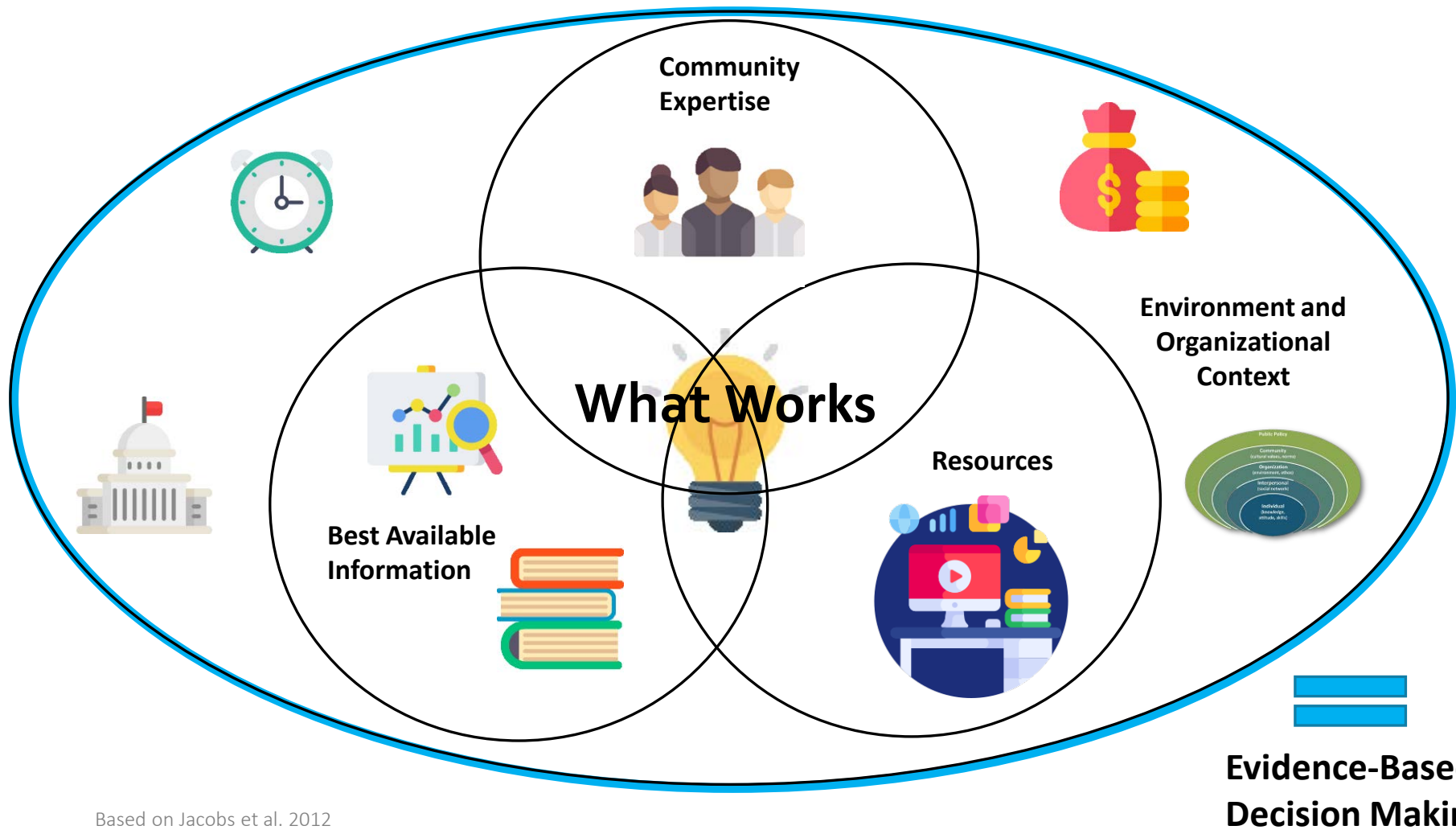
- Specific interventions that are packaged with implementation guidance
- Evidence it works is based on one or more research studies

## Practical Experience

- AKA practice-based evidence
- May not be clearly defined or have implementation guidance
- Evidence it works is based on feedback/data from evaluation



Sounds simple, right?



Based on Jacobs et al. 2012

# What Works for Some, Doesn't Work for All

**It amazes me that researchers and policy makers don't understand that the people we serve are experts in their own lives.** As clinicians we take a history and physical from someone and deem them competent to report symptoms and how they feel, but not solutions and how to address their health needs in the context of their own existence. Somewhere along, the health professions lost our way and think we know better than the people we serve, when their lived experience probably is more important than our population-based knowledge.

***-Monica McLemore***



AMCHP's Innovation Station provides you with the tools and resources necessary to **search** for, **implement**, and **submit** successful practices and strategies from the MCH field.



# Search!

Innovation Station  
Database

# Innovation Station Database

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A growing repository of what's working in MCH

Helps identify and utilize evidence-based practices and learn about successful MCH programs across the United States.

# Practice Continuum

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## CUTTING-EDGE

- Addresses a need within an MCH population
- Perceived benefit to MCH population
- Promotes health equity
- Stakeholders are involved in decision-making
- Demonstrates why practice should be shared with others

## EMERGING

- Has a strong foundation or theory of change
- Has an evaluation plan
- Has a process for identifying lessons learned

## PROMISING

- Identifies potential biases
- Implements a continuous quality improvement process
- Data demonstrate positive outcomes
- Implements a process for identifying unexpected results

## BEST

- Data demonstrate results are clearly linked to practice
- Peer reviewed
- Replicable in multiple settings with similar results

# Practice Continuum

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**127 Total Practices**



# Practice Examples

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## Cutting-Edge

- [Graduated Driver License Education](#)
- [Child Passenger Safety: Electronic Submissions of Car Seat Inspections](#)
- [Safe Stars](#)
- [Using Barbershops to Teach Period of PURPLE Crying/Infant Development](#)

## Emerging

- [Zero Fatalities – Utah Teen Driving Safety Task Force](#)



Innovation Station  
Practice Replication and  
Implementation Toolkits

# Implementation Toolkits


### AMCHP's Implementation Toolkit for National Performance Measure 4

*A) Percent of infants who are ever breastfed  
B) Percent of infants breastfed exclusively through 6 months*

**How to Use This Toolkit**  
This toolkit contains examples of strategies state Title V programs can use to address breastfeeding. It provides an overview of some of the most common strategies, approaches to addressing NPM 4, guided by review of Title V Block Grant applications, and recommendations from the [Surgeon General's Call to Action to Support Breastfeeding](#).

Each strategic approach identified in the icons below contains several resources. Resources include but are not limited to toolkits, issue briefs, and webinars; breastfeeding state plans and other programs; and practices from AMCHP's Innovation Stations. Please click on each icon to learn more.

**Intended User**  
This toolkit is intended for Title V staff to use as well as share with relevant partners.




### AMCHP's Implementation Toolkit for National Performance Measure 9

*Percent of adolescents, ages 12 through 17, who are bullied or who bully others*

**How to Use This Toolkit**  
This toolkit provides practical resources to complement the strategies identified in the [Health Resources and Services Administration's \(HRSA\) Maternal and Child Health Bureau's \(MCHB\) Assessing Prevention Capacity & Implementing Change](#) to address NPM 9. Strategies from MCHB's change package are organized into larger themes below. Clicking on each theme will provide resources organized by target audience population and will specify which strategies within the MCHB change package were included within each of the thematic groups. Whenever possible, a relevant state example is provided.

**Intended User**  
This toolkit is intended for Title V staff to use as well as share with relevant partners.




### AMCHP's Implementation Toolkit for National Performance Measure 10

*Number of adolescents, ages 12 through 17, with a preventive medical visit in the past year*

**How to Use This Toolkit**  
This toolkit contains examples of resources and strategies that state Title V programs can use to encourage adolescent well-visits. The strategic approaches outlined below are based on a review of the most common strategies identified in Title V block grant applications. They are also based on the national strategies found in the ["Transitioning Health Care for Adolescents and Young Adults"](#) change packages. Each strategic approach contains resources, implementation guides, practices from AMCHP's Innovation Station and the change packages, and other tools. Please click on the strategic approaches below to learn more.

**Intended User**  
This toolkit is intended for Title V staff to use as well as share with relevant partners.




### AMCHP's Implementation Toolkit for National Performance Measure 1

*Percent of women with a past year preventive visit*

**How to Use This Toolkit**  
This toolkit contains examples of strategies state Title V programs can use to address NPM 1. Title V programs vary in their approaches to addressing NPM 1. Some jurisdictions focus on specific content of women's health care, others concentrate on delivery of quality care during a particular life stage, such as preconception or postpartum, and still others focus strategies on engagement of specific stakeholder groups or program participants. The resources included in the strategic approaches below include programs highlighted in:


- AMCHP's Innovation Station Database
- AMCHP's Health for Every Mother, Maternal Health Resources and Planners Guide for States

**Intended User**  
This toolkit is intended for Title V staff to use as well as share with relevant partners.



### 49 states and territories selected NPM 4 in 2018.

(highlighted in purple)




### AMCHP's Implementation Toolkit for National Performance Measure 6

*Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.*


**How to Use This Toolkit**  
This toolkit contains examples of state strategies being used to address NPM 6 in Title V Programs. To better orient yourself with the resources contained in this toolkit, refer to the Association of Maternal and Child Health's (AMCHH) issue brief, [Early Childhood Developmental Screening and Title V Reforms](#) for context. Click on an NPM 6-related strategic approach below to view resources from multiple states/sources.

**Intended User**  
This toolkit is intended for Title V staff to use as well as share with relevant partners.



### 15 states and territories selected NPM 9 in 2018.

(highlighted in blue)




### AMCHP's Implementation Toolkit for National Performance Measure 12

*Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult care*


**How to Use This Toolkit**  
This toolkit contains resources and tools Title V programs and public health professionals can use to address NPM 12, and encourage successful youth transitions to adult health care. The strategic approaches below are informed by evidence, and include resources from [Got Transition](#), Title V Block Grants, and AMCHP's Innovation Station.

**Intended User**  
This toolkit is intended for Title V staff to use as well as share with relevant partners and other stakeholders.




### 39 states and territories selected NPM 10 in 2018.

(highlighted in orange)



### 50 states and territories selected NPM 1 in 2018.


(highlighted in green)



### Strategic Approaches


Click on each icon for more information.

- Policy and Systems Approaches
- Training and Education
- Community-Driven Resources
- Increasing Access to Services
- Culturally Tailored Resources
- Data and Metrics
- Safe Sleep and Breastfeeding



### 42 states and territories selected NPM 6 in 2018.


(highlighted in red)



### Strategic Approaches


Click on each icon for more information.

- Assessment
- Communications Efforts
- Implementation of Evidence-Based Practices
- Technical Assistance and Training
- Policy and Systems Approaches
- Coalition Building



### 36 states and territories selected NPM 12 in 2018.


(highlighted in yellow)



### Strategic Approaches

Click on each icon for more information.


- Improve Access and Uptake of Preventive Services
- Improve Quality of Preventive Services
- Improve State/Systems-Level Policies and Practices
- Positive Youth Development



### Strategic Approaches

Click on each icon for more information.


- Strengthen Data Systems and Expand the Evidence Base
- Enable Healthy Living
- Improve Access to Care
- Ensure High Quality Health Care for Women
- Ensure High Quality Maternity Care
- Other Program Strategies



### Strategic Approaches

Click on each icon for more information.

- Data Collection, Measurement, and Existing Landscape
- Policy Research, Development, and Implementation
- Systems Coordination
- Technical Assistance and Training
- Education, Engagement, and Resource Development
- Other Program Strategies




### Strategic Approaches

Click on each icon for more information.

To explore the evidence informing these strategic approaches [click here](#).


- Youth and Family Education and Leadership Development
- Health Care Professional Workforce Development
- Communications and Social Media
- Care Coordination
- Measurement and Assessment



### Strategic Approaches

Click on each icon for more information.

- Improve Access and Uptake of Preventive Services
- Improve Quality of Preventive Services
- Improve State/Systems-Level Policies and Practices
- Positive Youth Development



# Replication Projects

Offer several technical assistance awards per year for states to replicate/ adapt an Emerging, Promising, or Best practice from Innovation Station.



PATCH Program Replication Project



[https://www.youtube.com/watch?v=EK6PLN-y5SM&feature=emb\\_logo](https://www.youtube.com/watch?v=EK6PLN-y5SM&feature=emb_logo)



Evidence ≠ Improved Outcomes

# What is Implementation Science?

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Implementation science refers to the “methods or techniques used to enhance the adoption, implementation, and sustainability” of an intervention (Powell et al., 2015)



# In Other Words...

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Implementation Science is **HOW** we do our work.

# Why Does it Matter?

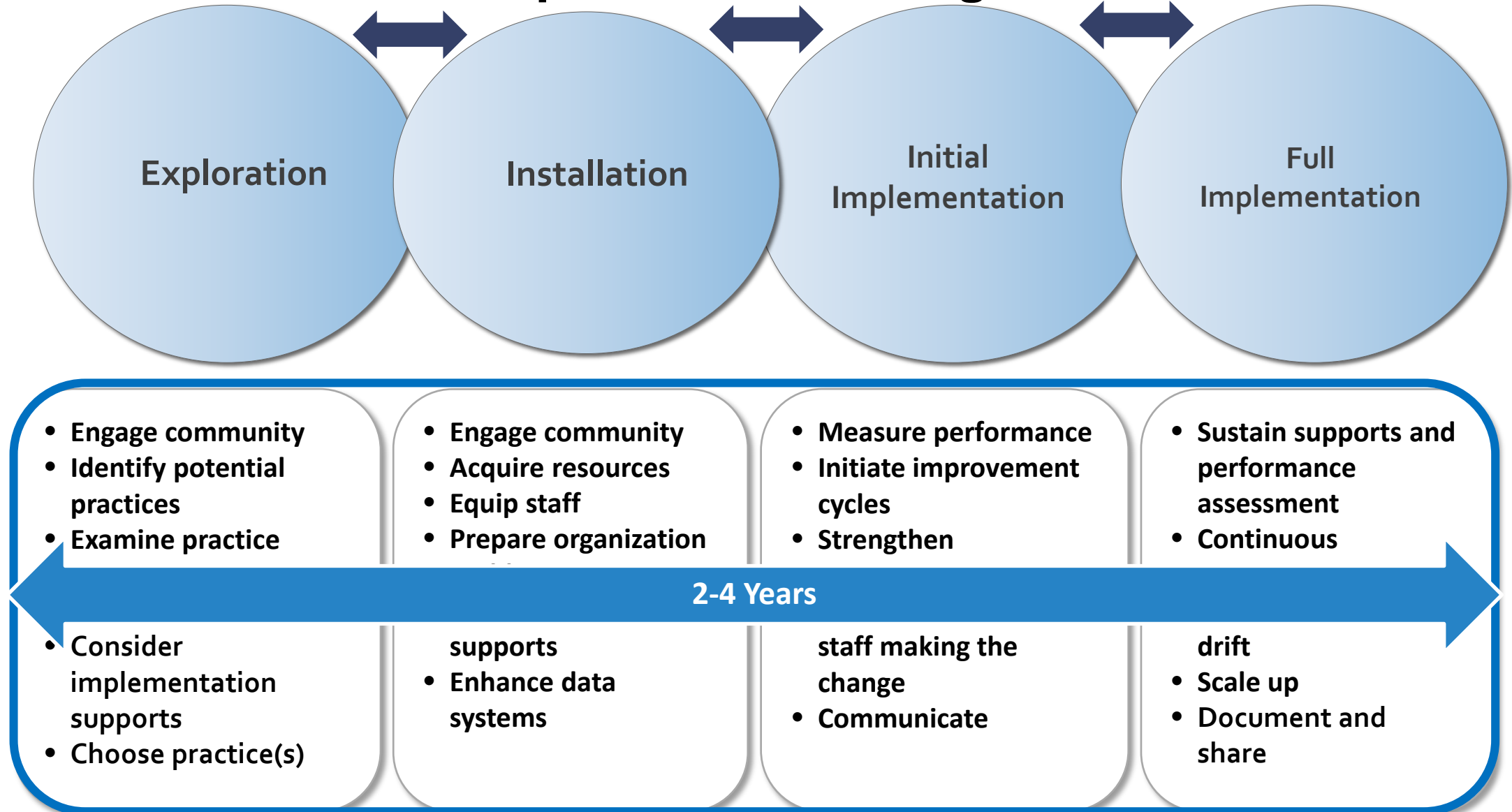
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It helps us understand what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable.

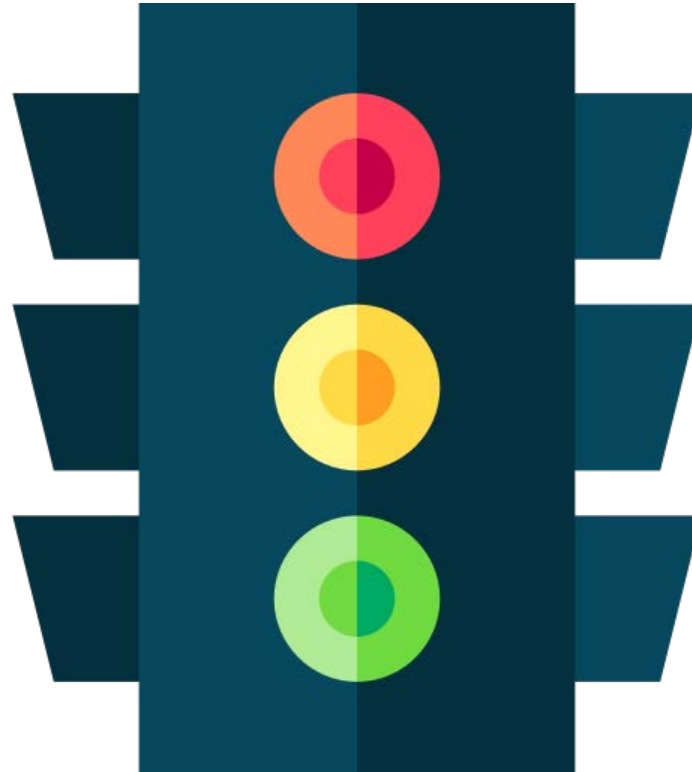
**(Global Alliance for Chronic Disease)**



# Implementation Stages



# Fit and Adaptation



# Quality Improvement and Learning



# Key Ideas

## Prepare for the change

- Collect baseline data before you start
- Identify QI champions to support the QI process and any subsequent changes implemented

## Document, learn from, and share your process

- Learn from what doesn't work
- Document your process
- Celebrate successes!

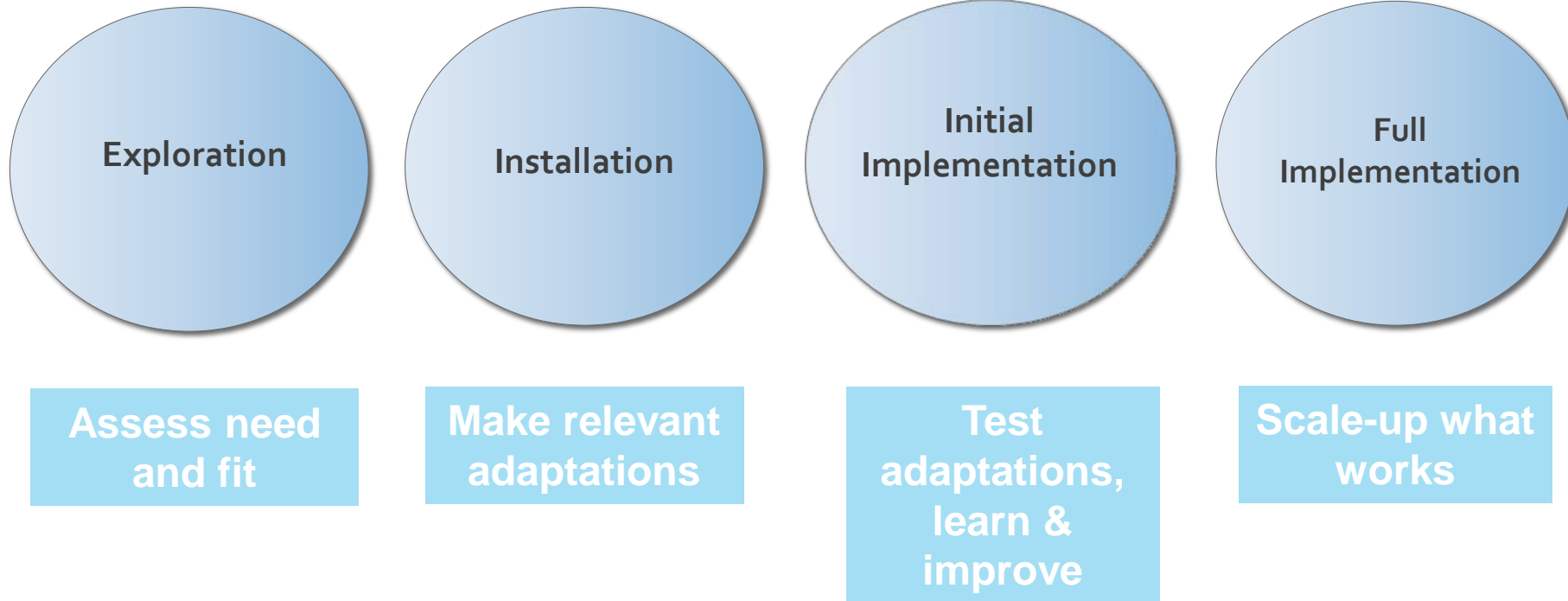
## Thinking with the end in mind

- Long-term process
- Ensure overall performance is improving



# Implementation Stages and Adaptation/QI

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# Thank You!



Lynda Krisowaty  
Senior Program Manager, Evidence-Based Practice  
[lkrisowaty@amchp.org](mailto:lkrisowaty@amchp.org)



# Questions?



Please enter your questions in the Q & A pod

# Preventing Adverse Childhood Experiences







# Injury Prevention

## Our Mission

To prevent injuries and violence through science and action

[www.cdc.gov/injury](http://www.cdc.gov/injury)

 @CDCInjury





**CDC'S INJURY CENTER**

**KEEPING PEOPLE SAFE**

**Injuries and violence harm Americans every day.**

In the United States, injury is the leading cause of death of children and adults ages 1–45. Each year, injuries and violence lead to about:

CDC's Injury Center is the leading expert on protecting people, saving lives, and reducing the costs of injuries and violence. We focus on preventing unintentional injuries and violence including:

<b>27 MILLION</b> emergency rooms visits	<b>200,000</b> deaths, or 1 person every 3 minutes
<b>2.5 MILLION</b> people hospitalized	<b>\$671 BILLION</b> in lifetime medical care and lost productivity costs

-  OPIOID OVERDOSES
-  SUICIDE
-  MOTOR VEHICLE INJURIES
-  TRAUMATIC BRAIN INJURIES
-  VIOLENCE AGAINST CHILDREN

# Adverse Childhood Experiences (ACEs)

Experiences that may be traumatic to children and youth during the first 18 years of life such as experiencing violence or other types of emotionally disturbing exposures in their homes and communities.

ACES not included in the traditional measure:

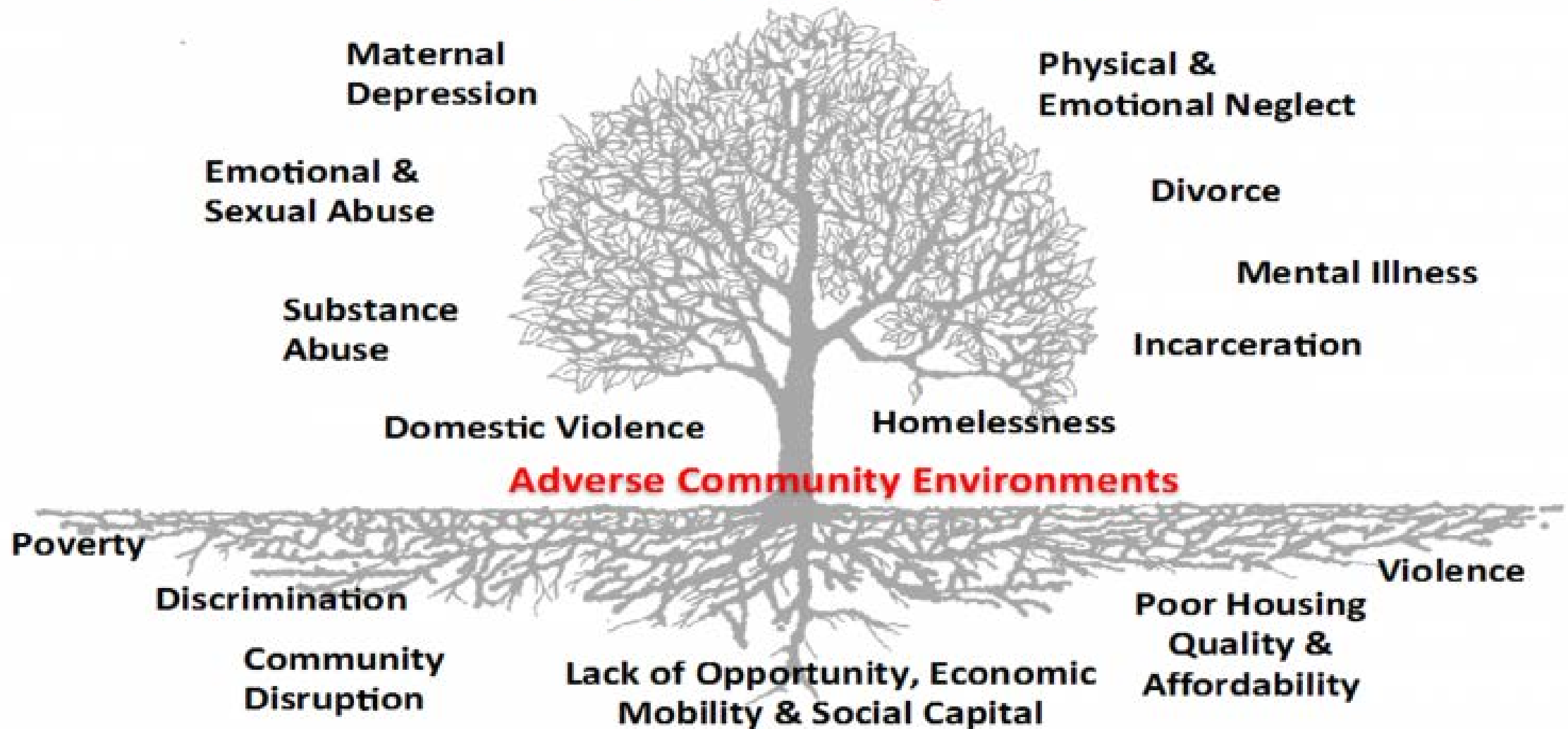
- Bullying
- Teen dating violence
- Peer to peer violence
- Witness violence in community or school
- Homelessness
- Death of a parent



SOURCE: Robert Wood Johnson Foundation

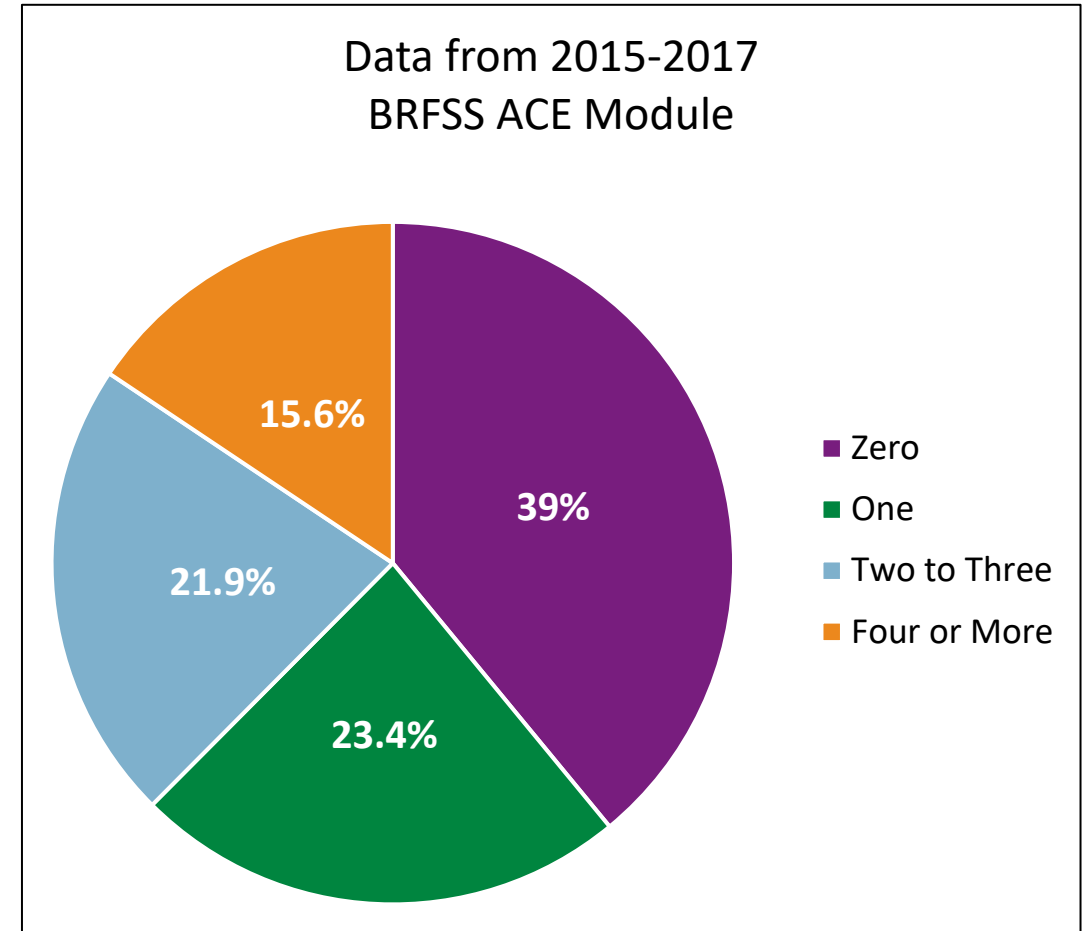
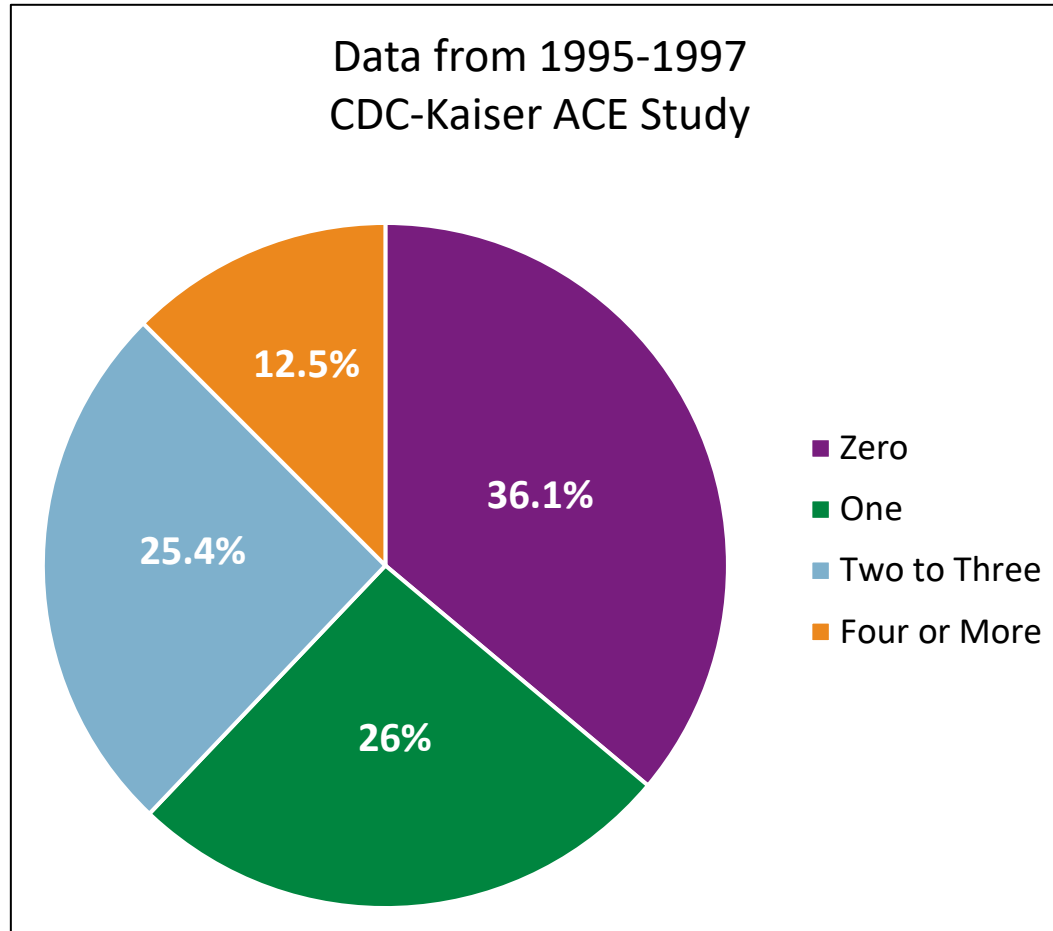
## The Pair of ACEs

### Adverse Childhood Experiences



# How Common are ACEs?

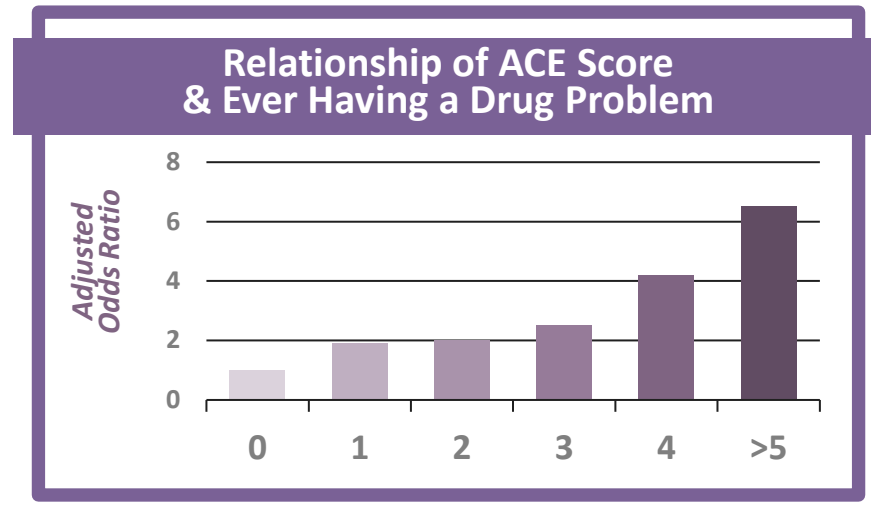
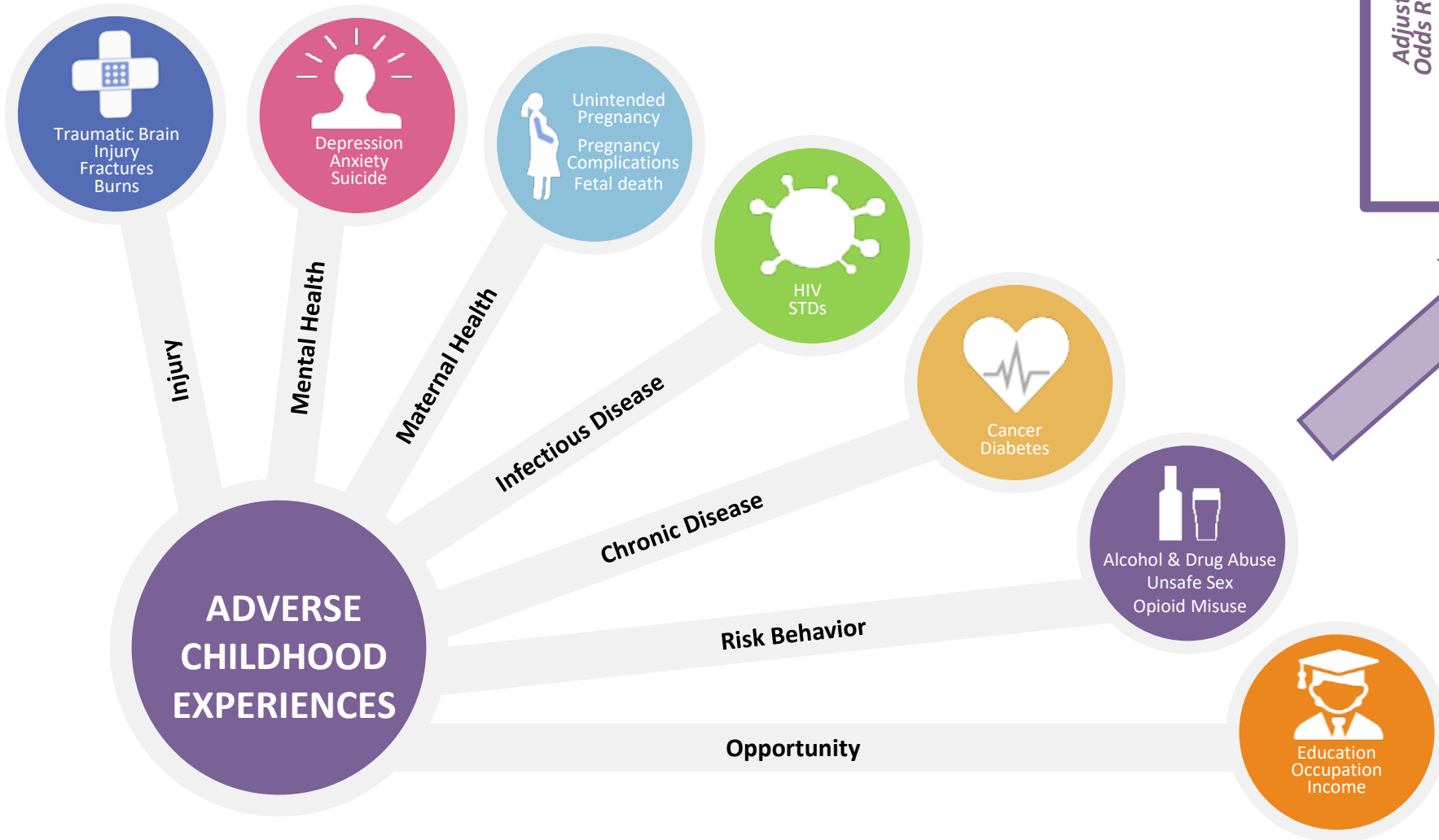
## Adverse Childhood Experience Score Prevalence



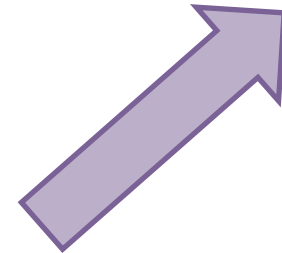
Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine, 14*(4), 245-258.

Merrick, M. T. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 States, 2015–2017. *MMWR. Morbidity and Mortality Weekly Report, 68*..

# A Lasting Impact



SOURCE: Dube et al. 2003 - Pediatrics





**1 in 6**

1 in 6 adults experienced four or more types of ACEs.

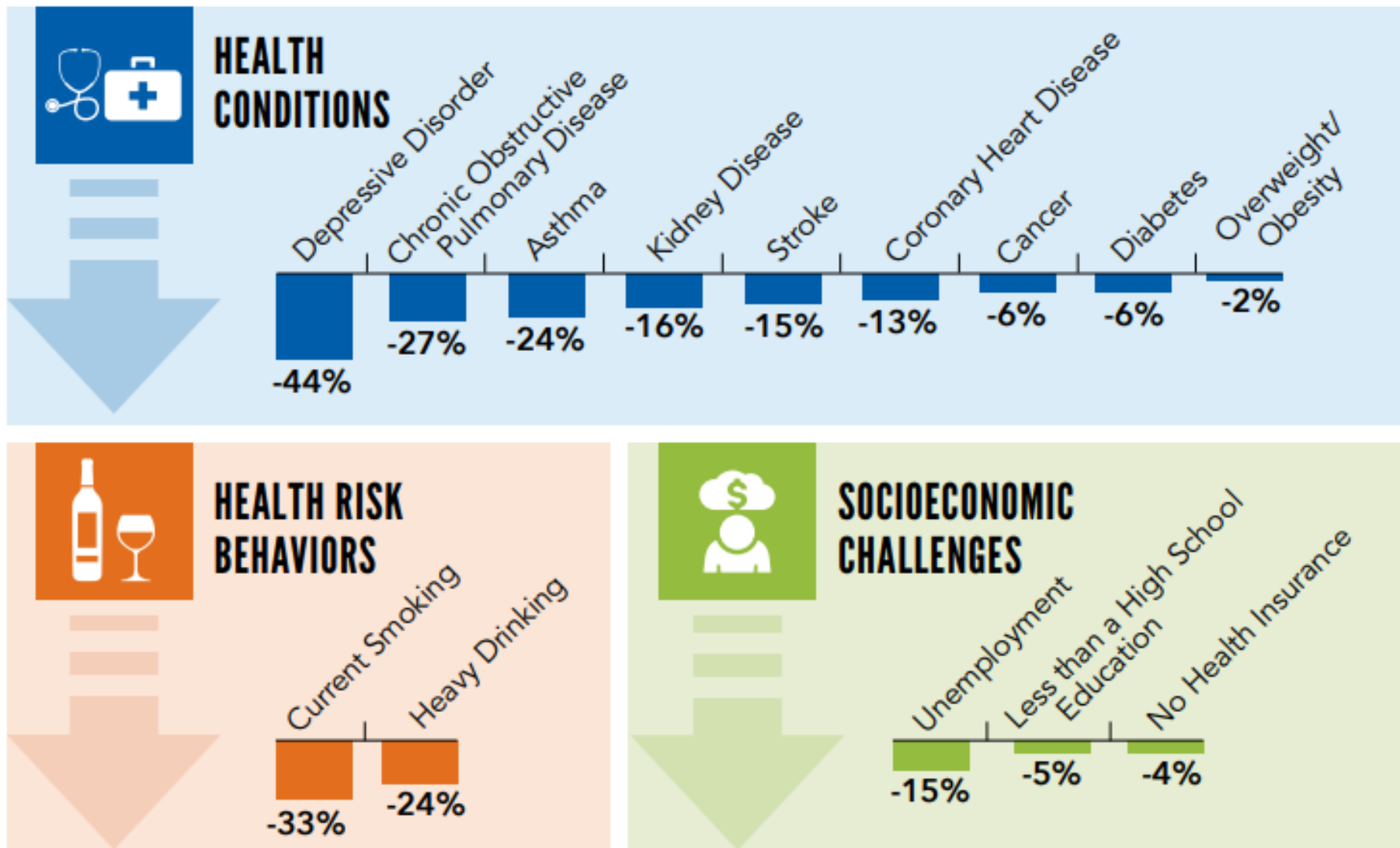
**5 of 10**

At least 5 of the top 10 leading causes of death are associated with ACEs.

**44%**

Preventing ACEs could reduce the number of adults with depression by as much as 44%.

# Potential reduction of negative outcomes in adulthood



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

## Preventing ACEs could reduce a large number of health conditions.



UP TO

**21 MILLION**  
CASES OF  
DEPRESSION



UP TO

**1.9 MILLION**  
CASES OF  
HEART DISEASE



UP TO

**2.5 MILLION**  
CASES OF  
OVERWEIGHT/OBESITY

SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, MMWR November 2019.



# Preventing ACEs



Strengthen economic supports for families



Teach skills



Promote social norms that protect against violence and adversity



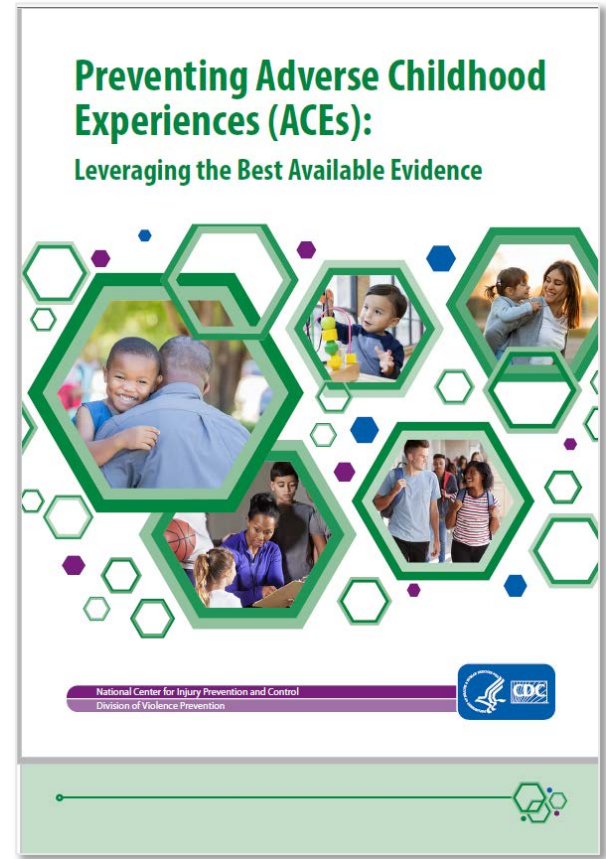
Connect youth to caring adults and activities



Ensure a strong start for children



Intervene to lessen immediate and long-term harms



# Strengthen Economic Supports to Families



Child Care Subsidies



Earned Income Tax Credits (EITC)  
Child Tax Credits (CTC)

## Family-Friendly Policies



Flexible and Consistent Work Schedules

# Promote Social Norms That Protect Against Violence and Adversity



- Public education campaigns
- Legislative approaches to reducing corporal punishment
- Bystander approaches
- Men and boys as allies in prevention

# Ensure a Strong Start for Children



- Early childhood home visitation
- High-quality childcare
- Preschool enrichment programs with family engagement

# Teach Skills



- Social emotional learning programs
- Safe Dating and healthy relationships programs
- Parenting skills and family relationship approaches

# Connect Youth to Caring Adults and Activities



Mentoring  
After-school programs

# Intervene to Lessen Immediate and Long-term Harms



- Enhanced primary care
- Victim-centered services
- Treatment to lessen harms of ACEs
- Treatment to prevent problem behavior and future involvement in violence
- Family-centered treatment approaches for substance use disorders

# Violence Prevention in **PRACTICE**



**VetoViolence**

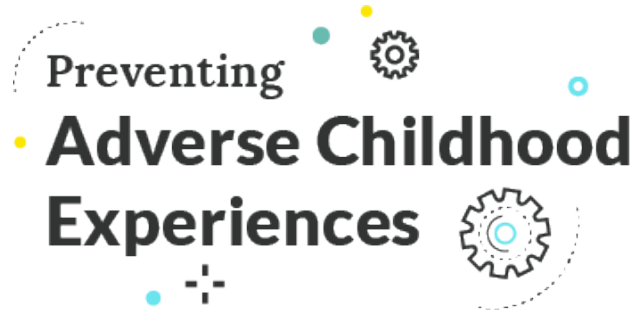
VetoViolence.cdc.gov



7 phases in *comprehensive* violence prevention

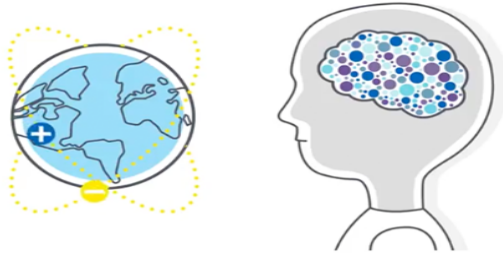


# Veto Violence - ACE Online Training



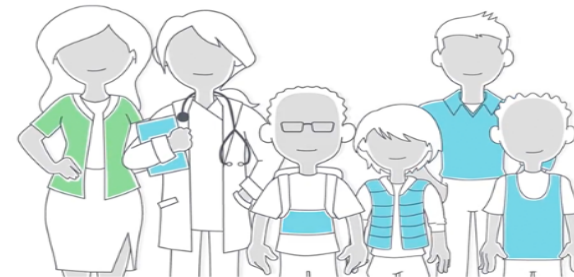
AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

## Introductory Training Modules



This training begins with two modules designed to increase awareness and understanding of ACEs and ways to prevent them. These modules are appropriate for anyone interested in learning about ACEs regardless of education level or profession:


## Training for Specific Professions



Check back for additional modules for professionals working directly with and on behalf of kids and families. These modules will help you gain skills and knowledge about how you can prevent ACEs as a mental health care provider, medical provider, and more.



<https://vetoviolence.cdc.gov/apps/aces-training>

# Helping States and Communities Take Advantage of the Best Available Evidence





**Preventing Child Abuse and Neglect:**  
A Technical Package for Policy, Norm, and Programmatic Activities

National Center for Injury Prevention and Control  
Division of Violence Prevention





**STOP SV:**  
A Technical Package to Prevent Sexual Violence

National Center for Injury Prevention and Control  
Division of Violence Prevention





**A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors**

National Center for Injury Prevention and Control  
Division of Violence Prevention




**Preventing Suicide:**  
A Technical Package of Policy, Programs, and Practices

National Center for Injury Prevention and Control  
Division of Violence Prevention



**Preventing Intimate Partner Violence Across the Lifespan:**  
A Technical Package of Programs, Policies, and Practices

National Center for Injury Prevention and Control  
Division of Violence Prevention



# TOGETHER We Can Prevent ACEs

**Developing New  
Partnerships and  
Working Across Sectors**



**Including:**  
Public Health, Government,  
Health Care Services,  
Social Services, Education,  
Businesses, Justice, Housing,  
Non-Governmental  
Organizations, Foundations,  
Media



# Thank you. Questions?

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

Web: [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

# Questions?



Please enter your questions in the Q & A pod

# Thank you!

Please fill out our evaluation: <https://go.edc.org/CSN-EBI-Evaluation>



Visit our website:  
[www.ChildrensSafetyNetwork.org](http://www.ChildrensSafetyNetwork.org)