Attachment C—Assessment Instrument Web Version

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Help

Barriers and Facilitators to Evidence-Based Practice

Form Approved
OMB No. 0920-0879
Expiration Date 01/31/2021

Introduction and Welcome

The Centers for Disease Control and Prevention (CDC) has contracted with NORC at the University of Chicago (NORC) to collect information from state, territorial and local health departments to understand evidence-based practice (EBP) implementation and dissemination in public health emergency preparedness and response. Specifically, through this assessment, we would like to learn about: implementation of EBPs at your agency; barriers and challenges to EBP implementation; and strategies for improving EBP dissemination and implementation. This information will be used to increase CDC's understanding of the factors that affect EBP implementation in public health emergency preparedness and response and inform strategies for identification and dissemination of EBPs.

For the purposes of this assessment, we define evidence-based practice (EBP) in public health as: **the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.** EBP does not include anecdotes or case studies of "best" or "promising" practices. EBP does not include personal experience, professional judgement, nor intuition.

We ask that your Public Health Preparedness Director or Coordinator complete this assessment on behalf of your health department. If your health department does not employ a Preparedness Director or Coordinator, please designate a staff person who has direct knowledge and/or primary responsibility for preparedness activities to complete the assessment.

Directions

Use your mouse to answer the questions by checking the circle or box indicating your answer. You may advance to the next page by clicking "Save & Continue." You may return to the previous page by scrolling to the bottom of each page and clicking "Back." On the last page of the questionnaire, when you have finished entering responses, click "Submit" to complete the questionnaire. Once you click "Submit," you will not be able to edit your responses.

If you encounter technical difficulties, you may contact Mallory Kennedy at kennedy-mallory@norc.org. Thank you for your participation.

Background

We appreciate you taking the time to answer these questions. This assessment is estimated to take 35 minutes to complete. Your responses will help CDC to better understand EBP implementation and dissemination within public health emergency preparedness and response. Your participation is voluntary, and you may skip questions or stop at any time without any adverse consequences. Data from the instrument will be shared with CDC in aggregate form but will not be linked to the identity of a particular respondent or organization. For more information about this assessment, please contact Michael Meit at meit-michael@norc.org or or Eric Carbone at ecarbone@cdc.gov. We value your feedback.

CDC estimates the average public reporting burden for this collection of information as 35 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Begin

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1% Complete

Part A: Demographics and Health Department Characteristics

The following questions are about your personal and/or health department characteristics. The information you provide will be used for statistical purposes only.

Do you play a leadership role in directing, managing, and/or coordinating your agency's program for public health emergency preparedness and response?

- ○ Yes
- ○ No

How many years have you worked in public health? *Select one.*

- ○ 0-5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ 16-20 years
- ○ 21+ years

How many years have you worked in public health emergency preparedness and response? *Select one.*

- ○ 0-5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ 16-20 years
- ○ 21+ years

What is the highest degree or level of school you have completed?

- ○ Bachelor's degree or less
- ○ Master's degree
- ○ Doctorate degree
- ○ Other

In which field(s) have you earned your highest academic degree(s)? *Select all that apply.*

- ☐ Public Health/Epidemiology
- ☐ Psychology/Social Science/Behavioral Science
- ☐ Health Administration/Public Administration/Public Policy
- ☐ Medicine/Nursing
- ☐ Social Work/Education
- ☐ Business/Law
- ☐ Other

Have you completed any certificate or professional development programs with a focus in public health emergency preparedness and response or evidence-based practice? *Select Yes or No. If Yes, please explain.*

- ○ No
- ○ Yes, please specify:

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21% Complete

Part B: Organizational Culture for Evidence-Based Practice

The following questions are regarding **your health department's organizational culture** related to the use of evidence-based practice (EBP) in public health emergency preparedness and response.

How would you rate the following statements? *Select one answer per category.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The culture in our health department is one that values use of research evidence in decision-making in public health emergency preparedness and response	○	○	○	○	○
Research evidence is consistently included in the decision-making process related to public health emergency preparedness and response planning, implementation, and evaluation	○	○	○	○	○
The state/local government is influenced by research evidence when making decisions about public health emergency preparedness and response programs	○	○	○	○	○
Our health department has a person who is a strong advocate for EBP in public health emergency preparedness and response	○	○	○	○	○
Our health department leadership supports use of EBP in public health emergency preparedness and response	○	○	○	○	○
Our staff are supported by supervisors and managers to use EBP in public health emergency preparedness and response	○	○	○	○	○
Our health department policies get in the way of implementing EBP in public health emergency preparedness and response	○	○	○	○	○

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Part C: Identification and Dissemination of Evidence-Based Practice

Please state whether or not your health department has the means to access the following sources of information with public health emergency preparedness and response content. *For each resource, please select "Have full access to," "Have limited access to," or "Do not have access to."*

	Have Full Access To	Have Limited Access To	Do Not Have Access To
Peer-reviewed journal articles with public health emergency preparedness and response content	○	○	○
Professional conferences with public health emergency preparedness and response content	○	○	○
Professional courses/seminars with public health emergency preparedness and response content	○	○	○
Professional publications (i.e., governmental or non-governmental research reports, white papers, etc.) with public health emergency preparedness and response content	○	○	○
Online resources (i.e., web-based toolkits/toolboxes, gateways, guides, etc.) with public health emergency preparedness and response content	○	○	○
Online message boards/listservs with public health emergency preparedness and response content	○	○	○
Online keyword search	○	○	○
Coworkers and peers with knowledge of public health emergency preparedness and response	○	○	○
Subject matter experts (e.g., from federal agencies, academic institutions, consulting firms) in public health emergency preparedness and response	○	○	○

How likely are staff to use the following information sources to seek out answers to specific questions in public health emergency preparedness and response? *Select one answer per category.*

	Very likely to use	Somewhat likely to use	Neither likely nor unlikely	Somewhat unlikely to use	Very unlikely to use
Peer-reviewed journal articles	○	○	○	○	○
Professional conferences	○	○	○	○	○
Professional courses/seminars	○	○	○	○	○
Professional publications (i.e., governmental or non-governmental research reports, white papers, etc.)	○	○	○	○	○
Online resources (i.e., web-based toolkits/toolboxes, gateways, guides, etc.)	○	○	○	○	○
Online message boards/listservs	○	○	○	○	○
Internet/online keyword searches	○	○	○	○	○
Coworkers and peers	○	○	○	○	○

Subject matter experts (e.g., from federal agencies, academic institutions, consulting firms)	○	○	○	○	○

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31% Complete

Part D: Use of Evidence-Based Practice

The following questions are regarding use of evidence-based practice (EBP) in public health emergency preparedness and response.

Please rate each of the following statements regarding your health department's use of EBP, on scale ranging from strongly disagree to strongly agree. *Select one answer per category.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
EBP is necessary to carry out public health emergency preparedness and response functions and tasks	○	○	○	○	○
Professional literature (i.e., journals & textbooks) and research findings are useful in our organization's day-to-day work in public health emergency preparedness and response	○	○	○	○	○
Our health department and staff are interested in learning or improving the skills necessary to incorporate EBP into day-to-day public health emergency preparedness and response activities	○	○	○	○	○
EBP improves the quality of public health emergency preparedness and response functions and tasks	○	○	○	○	○
EBP assists our health department in making decisions in public health emergency preparedness and response	○	○	○	○	○
EBP in public health emergency preparedness and response takes into account the needs and preferences of at-risk communities	○	○	○	○	○
The adoption of EBP places an unreasonable demand on public health emergency preparedness and response functions and tasks	○	○	○	○	○
There is a lack of evidence to support most of the activities our health department carries out in public health emergency preparedness and response work	○	○	○	○	○
Prioritizing EBP within public health emergency preparedness and response is fundamental to the advancement of the field	○	○	○	○	○

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34% Complete

Part E: Skills in Evidence-Based Practice

The following questions are regarding skills in evidence-based practice (EBP) in public health emergency preparedness and response.

Please rate each of the following statements regarding team skills within your health department in each of the following areas. *Please rate team skills on a scale from 1 to 5, with 1 being poor and 5 being advanced. Select one answer per category.*

	1 (poor)	2	3	4	5 (advanced)
Identifying knowledge gaps in public health emergency preparedness and response	○	○	○	○	○
Identifying answerable questions about public health emergency preparedness and response functions and tasks	○	○	○	○	○
Sourcing professional literature (i.e., journal articles) related to public health emergency preparedness and response	○	○	○	○	○
Online database searching (e.g., PubMed, MEDLINE) for public health emergency preparedness and response	○	○	○	○	○
Retrieving evidence in public health emergency preparedness and response	○	○	○	○	○
Critical appraisal of evidence in public health emergency preparedness and response	○	○	○	○	○
Synthesizing research evidence in public health emergency preparedness and response	○	○	○	○	○
Applying research evidence to public health emergency preparedness and response activities	○	○	○	○	○
Sharing evidence in public health emergency preparedness and response with colleagues	○	○	○	○	○
Conducting research and/or systematic reviews related to public health emergency preparedness and response	○	○	○	○	○

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37% Complete

Part F: Training and Education in Evidence-Based Practice

The following questions are regarding training and education in evidence-based practice (EBP) in public health emergency preparedness and response.

Please indicate the highest level of training and education within your team in the following areas. *Select one answer per category. If you select "other," please provide your highest level of training/education in the space provided.*

	None	Seminar or short course (≤ 1 week)	Specific course (≥ 1 week)	Minor part of education	Major part of education	Academic diploma	Informal personal study (i.e., books, Internet, journals)	Other
EBP applicable to public health emergency preparedness and response functions and tasks	○	○	○	○	○	○	○	○
Applying research evidence to public health emergency preparedness and response activities	○	○	○	○	○	○	○	○
Conducting research, systematic reviews, or meta-analysis (i.e., statistical analysis of data combined from two or more studies) for public health emergency preparedness and response	○	○	○	○	○	○	○	○
Critical thinking / critical analysis for public health emergency preparedness and response	○	○	○	○	○	○	○	○

If you selected "other" in response to any of the questions above, please describe:

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43% Complete

Part G: Activities Related to Evidence-Based Practice

The following questions are regarding activities related to evidence-based practice (EBP) in public health emergency preparedness and response.

Please indicate how often staff have performed the following activities over the **last three months**. *Select one answer per category.*

*In the **last three months**....*

	Never	1-5 times	6-10 times	11-15 times	16+ times
Staff have read/reviewed professional literature (i.e., peer-reviewed journal articles and other research) related to public health emergency preparedness and response	○	○	○	○	○
Staff have used professional literature or research findings to assist in decision-making in public health emergency preparedness and response activities	○	○	○	○	○
Staff used an online database (e.g., PubMed) to search for practice-related literature or research in public health emergency preparedness and response	○	○	○	○	○
Staff used an online search engine (e.g., Google) to search for practice-related literature or research in public health emergency preparedness and response	○	○	○	○	○
Staff consulted colleagues to assist in decision-making in public health emergency preparedness and response	○	○	○	○	○
Staff consulted an outside entity, such as a national association or other consultant, to assist in decision-making in public health emergency preparedness and response tasks and functions	○	○	○	○	○
Staff referred to resources from non-government/non-education institution websites to assist in decision-making in public health emergency preparedness and response	○	○	○	○	○

In the past year, staff have used information obtained from conferences to assist in decision-making in public health emergency preparedness and response. *Select one.*

- ○ Yes
- ○ No

In the past year, approximately how many hours have staff spent participating in professional training related to public health emergency preparedness and response (e.g., exercises, webinars, in-person trainings, on-site trainings, academic courses, etc.)? *Select one. An estimate is fine.*

- ○ 0
- ○ 1-4
- ○ 5-9
- ○ 10-14
- ○ 15-19
- ○ 20+

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53% Complete

Part H: Information Sources

Please use the arrows, or use your keyboard to type a number, to rank the following items from 1 to 10, using each number only once. 1 represents the most frequently used source of information. 10 represents the least frequently used source of information.

When your health department is making public health emergency preparedness and response decisions, in what order do the following sources of information inform the basis of the decision? Please rank from 1 to 10, using each number only once.

Published research evidence (i.e., peer-reviewed publications or published non-peer-reviewed reports)

Published anecdotal evidence (i.e., case studies)

Traditional knowledge

Consulting fellow practitioners or experts

Personal intuition

Trial and error

Textbooks

Evidence-based public health practice websites (e.g., Community Guide to Preventive Services, Cochrane Collaboration, Campbell Collaboration, etc.)

Community preferences

Personal preference

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Part I: Barriers to Evidence-Based Practice

The following questions are regarding factors that potentially prevent or hinder your health department's use of evidence-based practice (EBP) in public health emergency preparedness and response.

To what extent do the following factors prevent or hinder your health department's use of EBP in public health emergency preparedness and response?
Select one answer per category.

	Not a barrier	A minor barrier	A moderate barrier	A major barrier
Lack of time among staff for EBP in public health emergency preparedness and response	○	○	○	○
Lack of resources (e.g., access to a computer, the internet, or online databases) for EBP in public health emergency preparedness and response	○	○	○	○
Lack of EBP in the field of public health emergency preparedness and response	○	○	○	○
Desirable outcomes of successful public health emergency preparedness and response programs are unclear or highly complex	○	○	○	○
The range of adverse public health events is too wide for EBPs to be realistic	○	○	○	○
Difficult to identify processes or systems common to all adverse events versus unique to specific types of events	○	○	○	○
Insufficient skills among staff for locating research	○	○	○	○
Insufficient skills among staff for interpreting, critically appraising, and/or evaluating the literature	○	○	○	○
Insufficient skills among staff to apply research findings to public health emergency preparedness and response activities	○	○	○	○
Lack of incentive to participate in EBP in public health emergency preparedness and response	○	○	○	○
Lack of personal interest in EBP in public health emergency preparedness and response	○	○	○	○
Lack of colleague support for EBP in public health emergency preparedness and response	○	○	○	○
Lack of professional organization support for EBP in public health emergency preparedness and response	○	○	○	○
Insufficient staff to support EBP implementation in public health emergency preparedness and response	○	○	○	○
Lack of regulatory/federal agency requirements for EBP in public health emergency preparedness and response	○	○	○	○
Lack of buy-in/support from immediate supervisor for EBP use in public health emergency preparedness and response	○	○	○	○
Lack of buy-in/support from senior leadership for EBP use in public health emergency preparedness and response	○	○	○	○
Preference to use own experience rather than research evidence when making decisions in public health emergency preparedness and response	○	○	○	○

Insufficient funding for EBP implementation in public health emergency preparedness and response (including federal, state, local and other sources)	○	○	○	○
Political constraints (i.e., lack of support from governing body)	○	○	○	○
Lack of clarity regarding which public health emergency preparedness and response practices are evidence-based	○	○	○	○
I lack the authority in the workplace to change practice	○	○	○	○
There are insufficient resources (e.g., equipment) to change practice	○	○	○	○
There is insufficient time at work to implement changes in practice	○	○	○	○

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62% Complete

Part I: Barriers to Evidence-Based Practice

What are the *three most important factors* that prevent or hinder your health department's use of EBP in public health emergency preparedness and response? Please explain in **a few sentences or less**.

Greatest barrier:

Second greatest barrier:

Third greatest barrier:

What other factors prevent or hinder your health department's use of EBP in public health emergency preparedness and response?

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Part J: Enablers of Evidence-Based Practice

The following questions are regarding factors that potentially enable or promote your health department's use of evidence-based practice (EBP) in public health emergency preparedness and response.

To what extent would the following factors enable or promote your health department's use of EBP in public health emergency preparedness and response? *Select one answer per category.*

	Not useful	Slightly useful	Moderately useful	Very useful
Access to the Internet in your workplace	○	○	○	○
Ability to download full-text / full-length journal articles with public health emergency preparedness and response content	○	○	○	○
Access to online education materials related to EBP in public health emergency preparedness and response	○	○	○	○
Access to tools used to assist the critical appraisal / evaluation of research evidence in public health emergency preparedness and response	○	○	○	○
Access to critically reviewed and/or appraised topics relevant to public health emergency preparedness and response (these are critical appraisals of single or multiple research papers)	○	○	○	○
Paid time at work to review public health emergency preparedness and response research/EBPs	○	○	○	○
Having EBP training offered at your health department in public health emergency preparedness and response	○	○	○	○
Rewards for evidence-based innovation in public health emergency preparedness and response at your health department	○	○	○	○
Knowledge of which federal guidance, program requirements, and protocols in public health emergency preparedness and response are evidence-based	○	○	○	○

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84% Complete

Part J: Enablers of Evidence-Based Practice

What are the *three most important factors* that enable or promote your health department's use of EBP in public health emergency preparedness and response? Please explain in a few sentences or less.

Greatest enabler:

Second greatest enabler:

Third greatest enabler:

What additional factors support your health department's use of EBP in public health emergency preparedness and response?

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Thank you for participating. You may click "Review" to review your responses before submitting. Upon clicking "Submit", your changes will be saved and you will not be permitted to go back and change any answers.

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