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WHAT WORKS FOR HEALTH 101

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Kate Konkle

Lael Grigg

Karen Odegaard



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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

OUTLINE

What is evidence?

Choosing a strategy

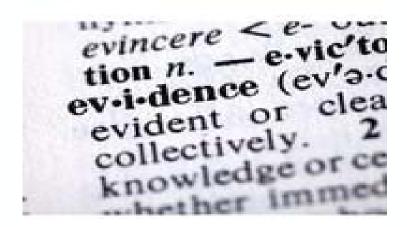
What Works for Health introduction

What Works for Health tour

Q & A

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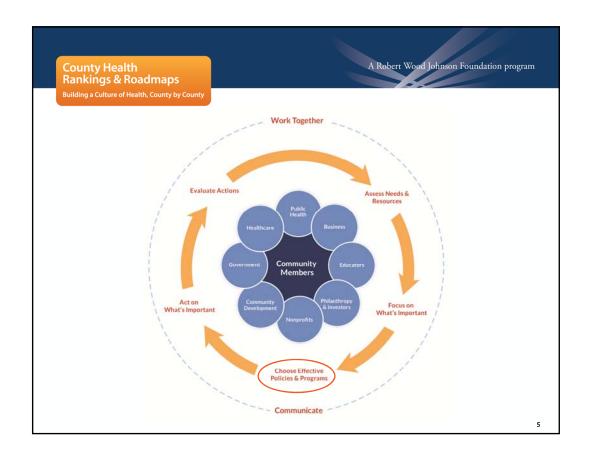
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WHAT CRITERIA WOULD YOU LIKE A PHYSICIAN TO USE IN DECIDING HOW TO TREAT YOU?

- 1. Intuition (gut feeling) about what will be effective
- 2. What they have heard from co-workers is effective
- 3. Past experience with similar situations
- Results of controlled experimental studies that show a method is helpful
- 5. What they know by critically reading the literature in their field

Adapted from: E. Gambrill, Critical Thinking for Helping Professionals



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YOU ARE IN "CHOOSE" WHEN:

- You have selected priorities but not strategies.
 - What's the best way to increase access to healthy foods in our community?
 - How can we help reduce crime in the area?
- You have been implementing strategies to address an issue but want to do more
 - We've had fitness challenges. Now what?
 - We share books during pediatric visits. What else can we do to support school readiness?

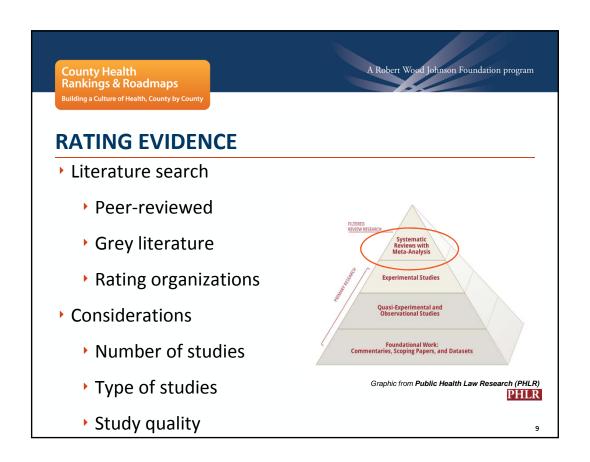




WHAT WORKS FOR HEALTH EVIDENCE RATINGS

- Scientifically Supported
- Some Evidence
- Expert Opinion
- Insufficient Evidence
- Mixed Evidence
- Evidence of Ineffectiveness

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WHAT WORKS FOR HEALTH

Using What Works for Health

Our Ratings

Our Methods

Our Sources

Choosing Your Strategy

BROWSE ALL POLICIES &

Keyword Search

GO

What Works for Health

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

WANT TO LEARN MORE? - View our 4 minute What Works for Health Tutorial.

To learn more about strategies that could work in your community, select a health factor of interest (the light blue boxes on the far right) in the model below.



Employm

New or Updated Policies & Programs

Allied dental professional scope of practice

Career Academies

College access programs

MORE NEW OR UPDATED POLICIES & PROGRAMS

IT TO LEARN MORE? View our 4-minute function



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EXAMPLE: SCHOOL BREAKFAST PROGRAMS

Evidence Rating

Scientifically Supported

Health Factors

Education
Diet and Exercise

Decision Makers

Dhilanthrony and Imee

Educators

Community in Action



Toledo Launches Universal School Breakfast Program School breakfast programs offer students a nutritious breakfast, often incorpone althy and culturally relevant choices. Breakfast can be served in the cafeteris starts, from grab and go carts in hallways, or in classrooms as the school day be, schools offer breakfast during a morning break, called second chance breakfast (NKH CBP-School breakfast). Schools that participate in the federal School Bre receive subsidies for each breakfast served. Students from families with income percent of the federal poverty level (FPL) are eligible for free breakfast and chill samilies with incomes between 130 and 185 percent FPL qualify for reduced-caschools are reimbursed at higher rates for free and reduced-cost breakfasts (FI participation in the federal program varies by state and region (Bartfeld 2010), participating schools offer free breakfast to all students, others only to qualifyi (FRAC-Woo 2015).

Expected Beneficial Outcomes (Rated)

- Improved cognitive function
- Increased academic achievement
- Increased healthy food consumption

Other Potential Beneficial Outcomes

- Improved nutrition
- Increased food security

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Evidence of Effectiveness

There is strong evidence that having access to school breakfast programs improves cognition and scholastic achievement, especially among nutritionally deficient or malnourished children (Frisvold 2015, Hoyland 2009, Meyers 1989, Adolphus 2013). Access to school breakfast programs also increases healthy food consumption and can improve breakfast nutrition (Bhattacharya 2006, Murphy 2011, Ask 2006, ERS-Fox 2004, Frisvold 2015).

School breakfast availability can reduce short-term hunger (Mhurchu 2012), marginal food insecurity, and food-related concerns in low income households (USDA-Bartfeld 2009, Bartfeld

Impact on Disparities

Likely to decrease disparities

Implementation Examples

In the 2013-2014 school year, the federal School Breakfast Program served approximately 11.2 million low income children on a typical day (FRAC-Woo 2015). Low income children participate in the School Breakfast Program much more than higher income children, and schools that serve

Implementation Resources

USDA-SBP - Food and Nutrition Service (FNS). School Breakfast Program (SBP). US Department of Agriculture (USDA).

FRAC-SBP - Food Research and Action Center (FRAC). School breakfast program.

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HOW DO COMMUNITIES USE WWFH?

- Learn about policies and programs
- Inventory current work
- ▶ Formulate an action plan

www.countyhealthrankings.org/roadmaps/what-works-for-health

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STRATEGY SELECTION: EVIDENCE PLUS

- What has been shown to work?
 - Strength of evidence
 - Demonstrated outcomes
- What would work in your community?
 - Capacity
 - Resources
 - Readiness
 - Values
 - Vulnerable populations



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STRATEGY SELECTION: TOOLS & RESOURCES

- WWFH implementation resources
- CHOOSE Tools
 - Policy Advocacy Choice Tool www.countyhealthrankings.org/resources/policy-advocacy-choice-tool
 - Intervention Planning Matrix
 www.countyhealthrankings.org/resources/intervention-planning-matrix
 - Evidence in Action—A Guide to Selecting Effective Prevention Strategies (from the Health Policy Institute of Ohio and the Ohio Department of Health)

 www.countyhealthrankings.org/sites/default/files/resources/Evidence in Action.pdf



KEY TAKEAWAYS

- ▶ Evidence means different things to different people
- Evidence is an important part of decision making, but not the only part
- WWFH provides information about what works, what doesn't, and how to get started

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THANK YOU!

www.countyhealthrankings.org

University of Wisconsin Population Health Institute Madison, WI

match-info@match.wisc.edu (608) 265-8240