

# Evidence-Based Best Practices: What, Why, & How?

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# Background

- Evidence-Based Best Practices
  - Initially used in the medical profession (e.g., drug/treatment trials)
    - Enormous impact on health & health care in the U.S.
- Policymakers now committed to the evidence-based model

# WHAT Does “Best Practice” Mean?

- The most effective, efficient, cost-effective method used to deliver services or meet needs of older adults/families with a desired outcome
  - Treatment, program, intervention, technique, activity, incentive, etc.
- Requires careful scrutiny, planning, development, implementation, evaluation and/or adaptation

# WHAT is Evidence-Based?

- **Success** → identified through rigorous evaluation or research methods (evidence) that test whether the intervention or program worked & **WHY**
  - Must also consider individual client characteristics, circumstances, preferences, environment, etc.
- **“Evidence”** must be high quality, comprehensive
- **Caveat:** Cannot always apply the same “standard” from one discipline to another

# Levels of Evidence



Best

Promising or  
Suggestive

Informative

# Evidence-Based: What It Is **NOT**

- Intuition
- Self-reported surveys
- Anecdotal information
- Participant/enrollment numbers
- Past experience
- Process alone
  
- These are *important but not sufficient* factors to predict future program/intervention success

# WHY Evidence-Based Best Practices

- **Agencies** want to know their programs benefit the clients & the intervention or program is responsible
- **Funders** want evidence that awards make a difference
  - More RFPs specify “Bang for the Buck,” “Cost-Effectiveness,” & “Return on Investment (ROI)”

# HOW: Evaluative Components of Evidence-Based Best Practices

- **Evaluation /research** as scientifically rigorous as possible (strongest evidence)
  - Large sample size
  - Use of adequate & appropriate measures & tools
  - **Gold standard** = randomized controlled design (not always feasible/appropriate; can be costly)
- **Sustained effects** – over both short & long-term
- **Replicable** – by others; ease of modification

# Gathering Evidence: Evaluation Methods

- Three primary types of evaluations:
  - **Goals-based** – (e.g., is program meeting its goals?)
  - **Process-based** (formative) – (e.g., is agency staff able to do this?)
  - **Outcome-based** (summative) – (e.g., did client behavior change?)
- **What should we measure?** Knowledge/learning, competence, skills/performance, behavior change, attitudes, etc.

# Evaluation Measures: Examples

- Pre/Post Tests
- Group comparisons
- Demonstrations of new skills
- Observations
- Follow-up surveys; questionnaires
- Action plans with follow-up
- Meta-analysis, case studies, etc.
- **Ideal:** Multiple measures

# WHY: Benefits of Evidence-Based Programs

- Increase chances of success
- Decrease chance of unintended consequences
- Assure that program truly benefits participants
- Improve ability to match programs to client needs
- More effective use of limited resources
- More effective funding advocacy because of strong data support
- Increase ability to measure success

# Implementing Best Practices: One Scenario



# References

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