



# Update on WA's Evidence-based Prevention Programs & Strategies

---

Alexis Schmierer, MPH  
Prevention System Manager  
EBP Project Support

Washington State  
Health Care Authority

# Excellence in Prevention (EIP) Updates

---

- ▶ Revamped Athena page for the EIP list is live:  
<https://theathenaforum.org/EBP>
  - ▶ Searchable page of prevention and promotion programs/strategies
  - ▶ We are still refining some details: please reach out if you have questions
- ▶ Re-Review of select EIP programs
  - ▶ Last year, we updated the list and paused evidence review for a select batch of programs
  - ▶ Consulted with experts including the Prevention Advisory Workgroup
  - ▶ Now, piloting a **Practice-Based Evidence** continuum

# Re-review Framing

---

- ▶ EIP list update started in 2019; we removed ~40 programs
- ▶ 13 programs that would not be EBP anymore had equity concerns (e.g., implemented by CPWIs; less-served populations)
- ▶ We embarked on the Health Equity Consultation project with WSU evaluators to get literature and expert input
- ▶ In the next few slides, we will describe the background and process of that project

# Background: How we define health equity

---

## ► Washington State Health Care Authority (HCA):

*Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity is a core value of HCA. (Adapted from the [Robert Wood Johnson Foundation](#))*

## ► SUD Prevention and Mental Health Promotion Section:

*Health equity is a reality where everyone has a fair and just opportunity to be as healthy as possible. Health disparities are gone, and resources are prioritized according to need.*

# Background: Current EBP Criteria



<https://www.blueprintsprograms.org/blueprints-standards/>

	Blueprints	WSIPP	CEBC	Crime Solutions	Title IV-E	What Works Clearinghouse	CASEL
Meets Standards	Promising, Model, or Model Plus	Evidence-based	Well-supported	Effective	Well-supported	Strong, Moderate, Promising	SElect based on RCT or 2 QEDs
Null or Iatrogenic Effects	Non-Certified: Ineffective or Harmful	N/A	Fails to Demonstrate Effect, Concerning Practice	No Effects	Does Not Currently Meet Criteria	Negative Effects	N/A
Does Not Meet Standards; May Need More Information	Non-Certified: Insufficient Evidence or Inconclusive Evidence	Research-based, Promising	Supported, Promising	Promising	Promising, Supported	Uncertain Effects	SElect based on 1 QED, Promising, SEL Supportive

**Blueprints Promising + fits with WA Px system → DBHR Px EBP**



Prevention Program Review Rubric Summer 2020

Program Name:

Evaluator Name:

Washington Endorsement?

Developer, Implementation and/or TA contact information:

Other Versions or Related Programs:

Minimum Standards for "Promising" rating

a) Evaluation Quality (circle one) - must be a YES in order to move on

A. The intervention has been evaluated by at least one randomized controlled trial (RCT) or two quasi-experimental (QED) evaluations in which all the criteria listed below are met:

Study 1:

Methodology:

Included Articles:

Qualifies as high quality:

## DBHR Prevention Funding Source(s)

EIP

EIP

EIP

EIP

MHPP

EIP

EIP

EIP

EIP

EIP, Cannabis, Opioid

EIP

EIP, Cannabis, Opioid

**+ Specific R/P Factors**

Washington State Health Care Authority

# Health Equity Consultation Process

---



# Summary of Consultant Feedback

---

- ▶ Use evidence continuum
  - ▶ Like Colorado: Continuum + invest in building evidence
  - ▶ Dual continuum framework: Research + Cultural evidence
  - ▶ Communities = experts, not just contributors
  - ▶ Acknowledge systemic racism has been embedded in evidence-building
- ▶ Develop clear criteria for any new designations
  - ▶ Critically examine bias toward dominant culture
  - ▶ Clear, transparent interplay with evidence criteria
  - ▶ Embed equity as a core value
  - ▶ Support local evaluation capacity and community-defined evidence
- ▶ Build nomination process centering these needs

# EIP Programs to be Reviewed

Green = Review first; Purple = Review second; Yellow = Review third

	Program	Reason(s) to Review
1	Hip-Hop 2 Prevent Substance Abuse and HIV	Population, Setting, Feedback
	Keep a Clear Mind	Setting, Feedback
	Parenting Wisely	Setting, Feedback
	Strengthening Families Program (Utah)	Population, Setting
	Strengthening Multi-Ethnic Families and Communities	Population, Setting, Feedback
2	Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American Women	Population, Setting
	Red Cliff Wellness School Curriculum	Population, Setting
	Storytelling for Empowerment	Population, Setting
3	(Girls Inc) Friendly PEERsusion	Population
	Native American Prevention Project Against AIDS and Substance Abuse	Population
	Nurturing Program for Parents and their School-age Children 5 to 11 Years (Formerly Nurturing Parenting Programs)	Setting
	Say It Straight	Setting
	Sembrando Salud	Population

# Pilot ratings for re-review ONLY

NEW

## Practice-based Evidence

### Evidence-Informed

- ▶ Participatory Research
- ▶ Focus groups and interviews
- ▶ Meta-analysis
- ▶ Pre/post with control group

### Engagement-Informed

- ▶ Retention, completion high and matches served demographics
- ▶ Testimonials and photovoice
- ▶ Pre/Post (No control group)

### Theory-Informed

- ▶ Conceptual design, theory of change, and/or logic model align
- ▶ Vetted by members of culture or community

## Evaluation Evidence

### Evidence-Based (EBP)

- ▶ Randomized controlled trial or two quasi-experimental trials
- ▶ Effects relevant to funding source priorities

### Research-Based (RBP)

- ▶ Has research/eval evidence but does not reach EBP
- ▶ Applies to Cannabis, Tribal, MHPP

### Promising Program

- ▶ Strong theory of change, design
- ▶ Might be EBP for other priority (e.g., mental health) but not tested for this one (e.g., cannabis)

# Next Steps

---

- ▶ First priority programs (in green) reviewed by early April
- ▶ DBHR will decide next steps and communicate to grantees
- ▶ Currently drafting process and lessons learned for submission to the peer-reviewed journal *Prevention Science*

# Thank you!

---

## Questions?

Alexis Schmierer, *EBP Project Support*  
[alexis.schmierer@hca.wa.gov](mailto:alexis.schmierer@hca.wa.gov)

Jaymie Vandagriff, *EBP Project Lead*  
[jaymie.vandagriff@hca.wa.gov](mailto:jaymie.vandagriff@hca.wa.gov)