



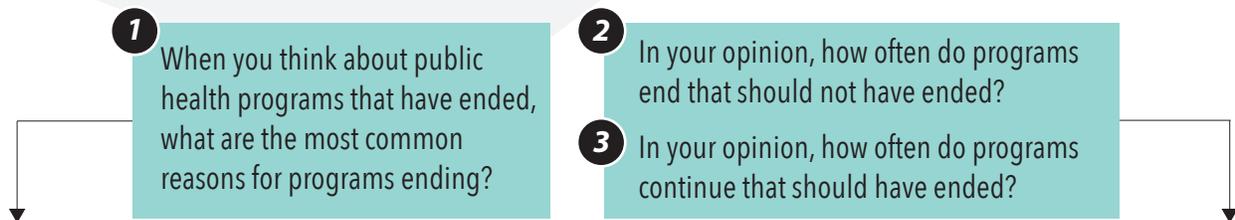
# WHEN PUBLIC HEALTH PROGRAMS END

## BACKGROUND

Mis-implementation in public health practice refers to ending effective programs and interventions that should continue, or continuing ineffective programs that should end. Public health resources are limited; therefore better understanding the reasons for mis-implementation can help practitioners use resources wisely.

## METHODS & RESULTS

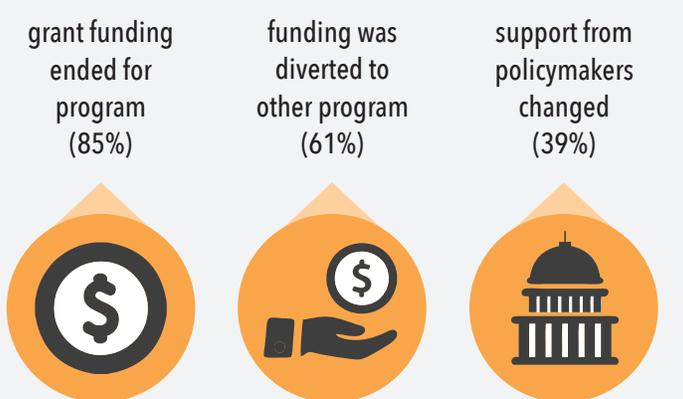
Data came from a cross-sectional study. The total sample size included 944 professionals from the public health workforce, including state and local health department staff and other partnering agencies. Three items were used to assess mis-implementation:



*A better understanding of mis-implementation in public health may provide important information for decision makers.*

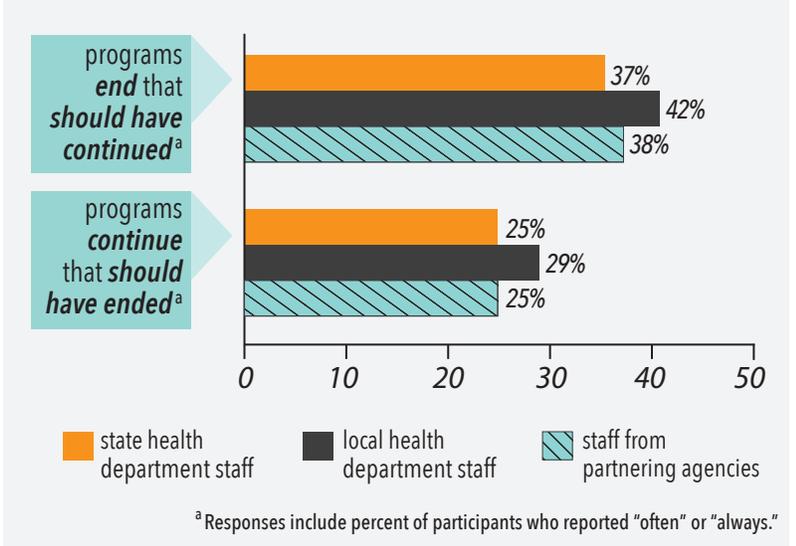


Figure 1. Top reasons for program endings (N=944)



Top reasons (above) were the same across agencies. Additional reasons included program champions leaving, programs being adopted by other agencies, and programs not being evaluated.

Figure 2. Perceptions of mis-implementation (N=944)



## KEY FINDINGS

- A higher percentage of programs end that should be continued than of those continue that should end.
- Many of the reasons for mis-implementation relate to funding.
- Program evaluation and communication of program effectiveness to policymakers are important.

## RECOMMENDATIONS

- 1 Utilize and adapt sustainability tools to address the various scenarios related to mis-implementation. **Sustainability tool:** <https://sustaintool.org/assess>
- 2 Utilize evaluation tools and methods to better understand what programs are effective versus programs that are not achieving intended results.
- 3 Communicate with local and state policymakers on program effectiveness and partner with politicians, media and organizations for program implementation.