



***Successfully* Implementing Effective Strategies in Public Health**

**North Carolina Task Force
on Implementing Evidence-
Based Strategies in Public
Health**

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 **nirn** National
Implementation
Research Network



UNC

FPG CHILD DEVELOPMENT INSTITUTE

The Challenge

*“It is one thing to say with the prophet Amos,
**‘Let justice roll down like mighty waters’ ...
... and quite another to work out the irrigation system.”***

William Sloane Coffin

Social activist and clergyman

What, How, and Who?

 To successfully implement , scale-up, and sustain effective public health strategies, we need to know:

 **The WHAT** – What strategies will make a difference (e.g. evidence-based or “best practices”)

 **The HOW** - Effective implementation and sustainability frameworks (e.g. strategies to change and maintain behavior of adults)

AND

 **The WHO** – Organized, expert implementation assistance

And Why?

Because we want ...

- “the improvement of health and efficient and effective delivery of healthcare for all North Carolina citizens.



Mission of the North Carolina Institute of Medicine

<http://www.nciom.org/about-us/mission/>

Goals for Today's Session

The “What”

- 🚩 The effective interventions and approaches that best meet the needs of the population of concern

The “How”

- 🚩 Present the Implementation Drivers that result in competence and sustainability
- 🚩 Present ‘stage-related’ work necessary for successful service and system change
- 🚩 Consider the process of building capacity for widespread use of effective practices

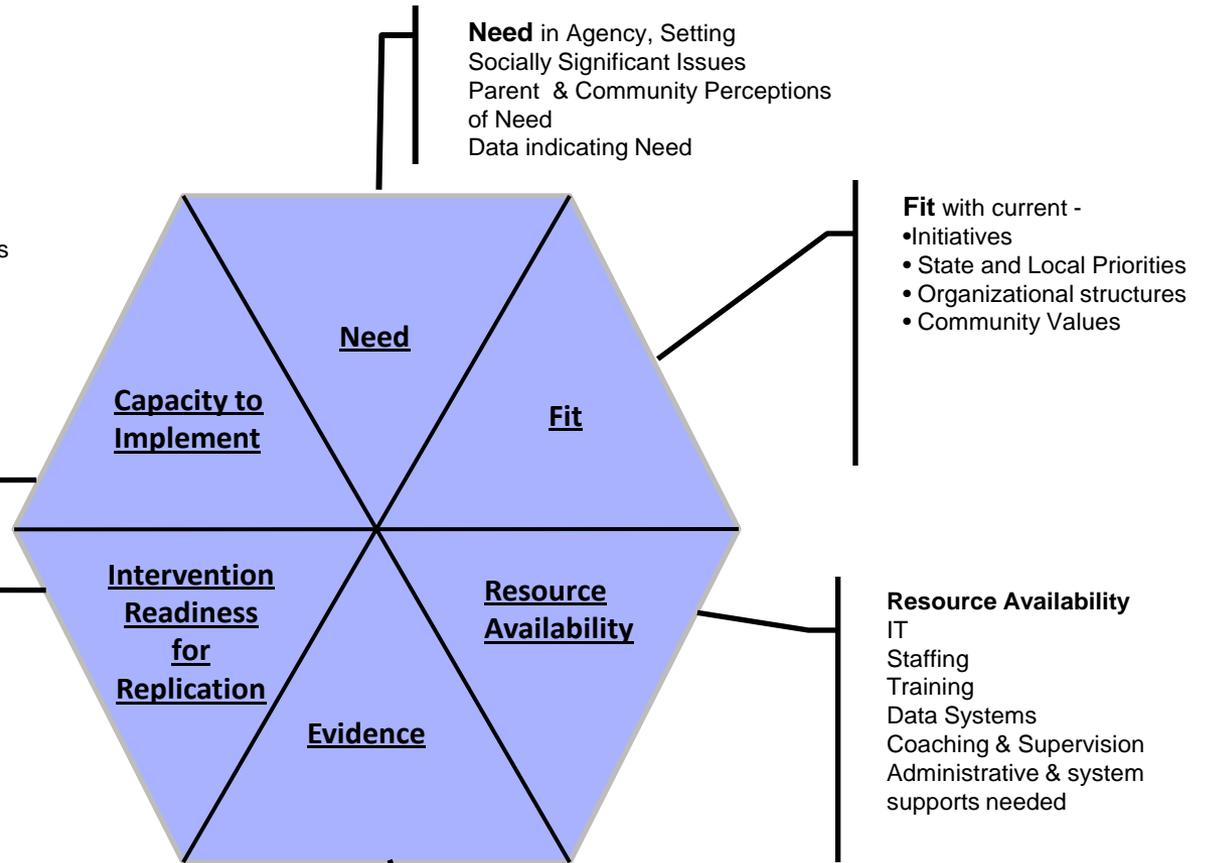
The “Who”

- 🚩 Discuss the roles and responsibilities of program developers, purveyors, and implementation teams

Careful Assessment and Selection

- What are the needs of your population?
- What interventions are available to address those needs?
- What is the strength of the evidence of those interventions?
- Which interventions are a good fit for our community?
- Do we have what is required to fully and effectively implement these interventions?

Assessing Evidence-Based Programs and Practices



Evidence
 Outcomes – Is it worth it?
 Fidelity data
 Cost – effectiveness data
 Number of studies
 Population similarities
 Diverse cultural groups
 Efficacy or Effectiveness

EBP:	5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.		
	High	Medium	Low
Need			
Fit			
Resources Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score:			

Careful Assessment and Selection

-  Is this the right approach for this community? For our needs?
-  Is this approach ready for replication?
 -  Has the approach been clearly described and operationalized? Are there fidelity measures or ways to assess performance?
-  Do we have what is required to fully and effectively implement this approach?

Careful Assessment and Selection

Supporting Local and State Leaders in Making Informed Decision to Support Effective Implementation

-  Many FUNDERS require grantees to SELECT an approach before they have the opportunity to ASSESS the fit and feasibility of the “effective” approach

What happens when an agency selects an EFFECTIVE approach, but the approach is either a poor fit for the context, or it will not be feasible to fully implement the approach?

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Implementation Science

A Quick Review

 What we have learned from the research and from the practice

 What doesn't work

 What works

From the Synthesis of the Literature We Know That...

Implementation issues are common across widely diverse domains

- ▶ Human service prevention and intervention (e.g. child welfare, substance abuse, mental health, violence prevention, education)
- ▶ Advanced manufacturing technologies
- ▶ Research-based clinical guidelines
- ▶ Engineering (e.g. bridge maintenance)
- ▶ Hotel management
- ▶ National franchise operations
- ▶ Cancer prevention and treatment



Insufficient Methods

- 
Implementation by laws/ compliance by itself does not work
- 
Implementation by “following the money” by itself does not work
- 
Implementation without changing supporting roles and functions does not work
- 
Diffusion/dissemination of information by itself does not lead to successful implementation
- 
Training alone, no matter how well done, does not lead to successful implementation

What Works

IMPLEMENTATION

		IMPLEMENTATION	
		Effective	NOT Effective
INTERVENTION	Effective	<p>Actual</p> <p>Benefit</p>	
	NOT Effective	<p>Unpredictable</p> <p>poor outcomes</p>	

from Mark Lipsey's 2009 Meta-analytic overview of the primary factors that characterize effective juvenile offender interventions – ". . . in some analyses, the quality with which the intervention is implemented has been as strongly related to recidivism effects as the type of program, so much so that a well-implemented intervention of an inherently less efficacious type can outperform a more efficacious one that is poorly implemented."

(Institute of Medicine, 2000; 2001; 2002; American Psychiatric Association, 2003; National Commission on Excellence in Education, 1983; Department of Health and Human Services, 2003)

Implementation Science

Letting “It” happen. . .

-  Innovation occurs without intervention

Helping “It” happen. . .

-  Interested innovators figure it out on their own

Making “It” happen. . .

-  Active use of strategies to support the adoption of the innovation
-  Active installation of supports for the implementation of the innovation
-  **“Making It Happen” efforts have shown the potential to increase uptake and produce intended outcomes**

Based on Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004

Principle of Reciprocity of Accountability

- *Accountability must be a reciprocal process.*
- ***For every increment of performance I demand from you, I have an equal responsibility to provide you with the capacity to meet that expectation.***

Richard Elmore, 2000

Check-in

 Where we have been

 Brief discussion of the WHAT

 Brief review of the
implementation “literature”

 Any thoughts?

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Improved outcomes

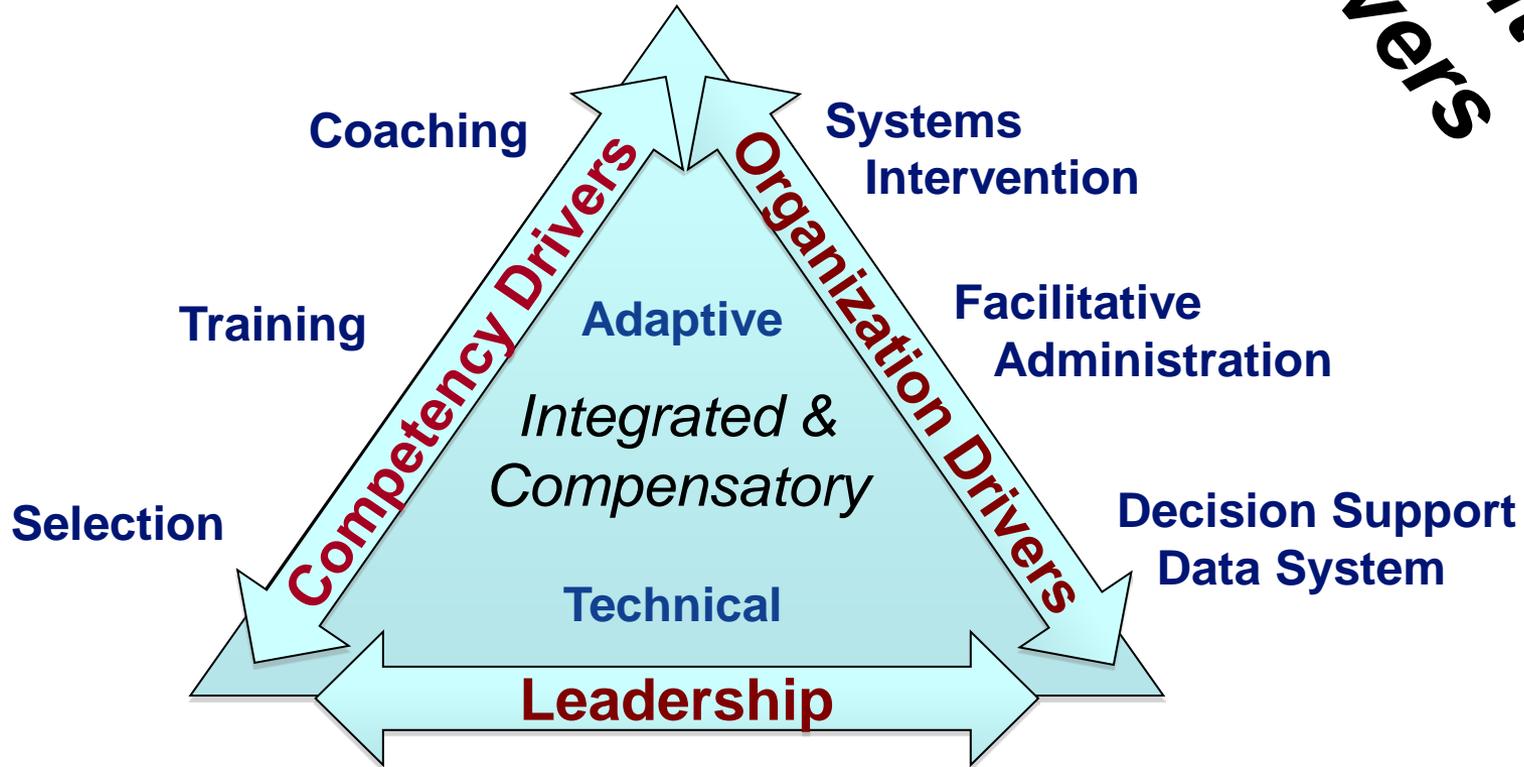


Well-defined,
Effective strategy



Performance Assessment

**Implementation
Drivers**



Improved outcomes



Well-defined,
Effective strategy



Performance Assessment

**Implementation
Drivers**

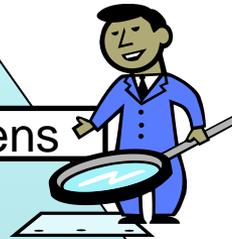
Coaching

Training

Selection

Competency Drivers

Implementation Lens



Performance Assessment

Purposes:

-  **Measure fidelity**
-  **Ensure implementation**
-  **Reinforce staff and build on strengths**
-  **Feedback to agency on functioning of**
 -  **Recruitment and Selection Practices**
 -  **Training Programs (pre and in-service)**
 -  **Supervision and Coaching Systems**
 -  **Interpretation of Outcome Data**

Coaching

Purposes:

-  **Ensures fidelity**
-  **Ensures implementation**
-  **Develops clinical and practice judgment**
-  **Provides feedback to selection and training processes**
-  **Grounded in “Best Practices”**

Training, Coaching, Performance

OUTCOMES

(% of Participants who Demonstrate Knowledge, Demonstrate new Skills in a Training Setting, and Use new Skills in the Classroom)

TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
...+ Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

Training

Purposes:

 **“Buy-in”**

 **Knowledge acquisition**

 **Skill Development**

Selection

Purposes:

-  **Select for the “unteachables”**
-  **Screen for pre-requisites**
-  **Set expectations**
-  **Allow for mutual selection**
-  **Improve likelihood of retention after “investment”**
-  **Improve likelihood that training, coaching, and supervision will result in implementation**

Improved outcomes



Well-defined,
Effective strategy



Performance Assessment

**Implementation
Drivers**

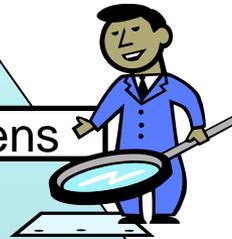
Coaching

Training

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Competency Drivers

Implementation Lens



Implementation Science

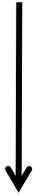
Longitudinal Studies of a Variety of Comprehensive School Reforms

Effective Interventions

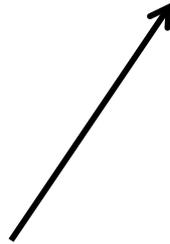
Actual Supports Years 1-3

Outcomes Years 4-5

Every Teacher Trained



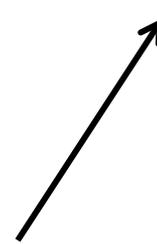
Every Teacher Continually Supported



Fewer than 50% of the teachers received some training



Fewer than 25% of those teachers received support



Fewer than 10% of the schools used the CSR as intended



Vast majority of students did not benefit

Aladjem & Borman, 2006; Vernez, Karam, Mariano, & DeMartini, 2006

Improved outcomes

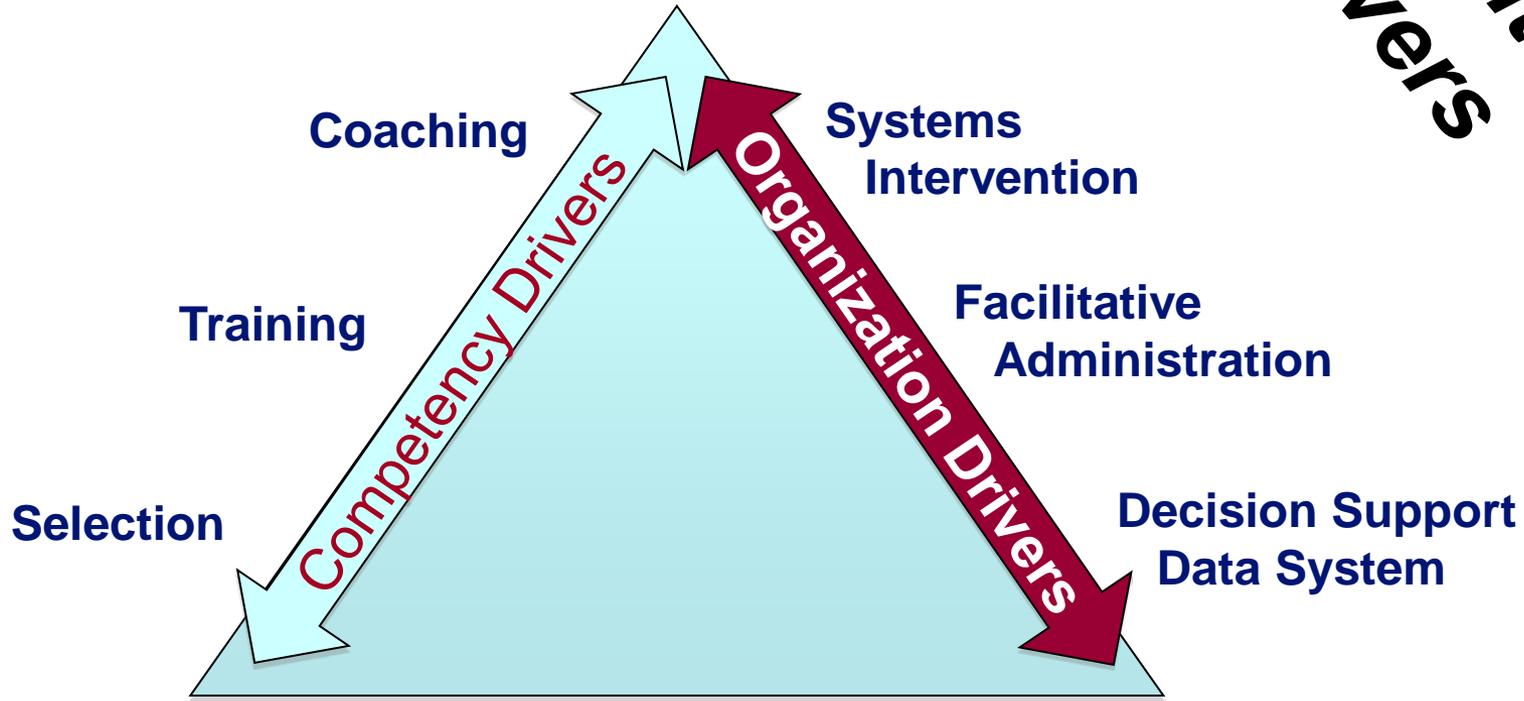


Well-defined,
Effective strategy



Performance Assessment

**Implementation
Drivers**



Organizational Change

"All organizations [and systems] are designed, intentionally or unwittingly, to achieve precisely the results they get."

**R. Spencer Darling
Business Expert**

Improved outcomes

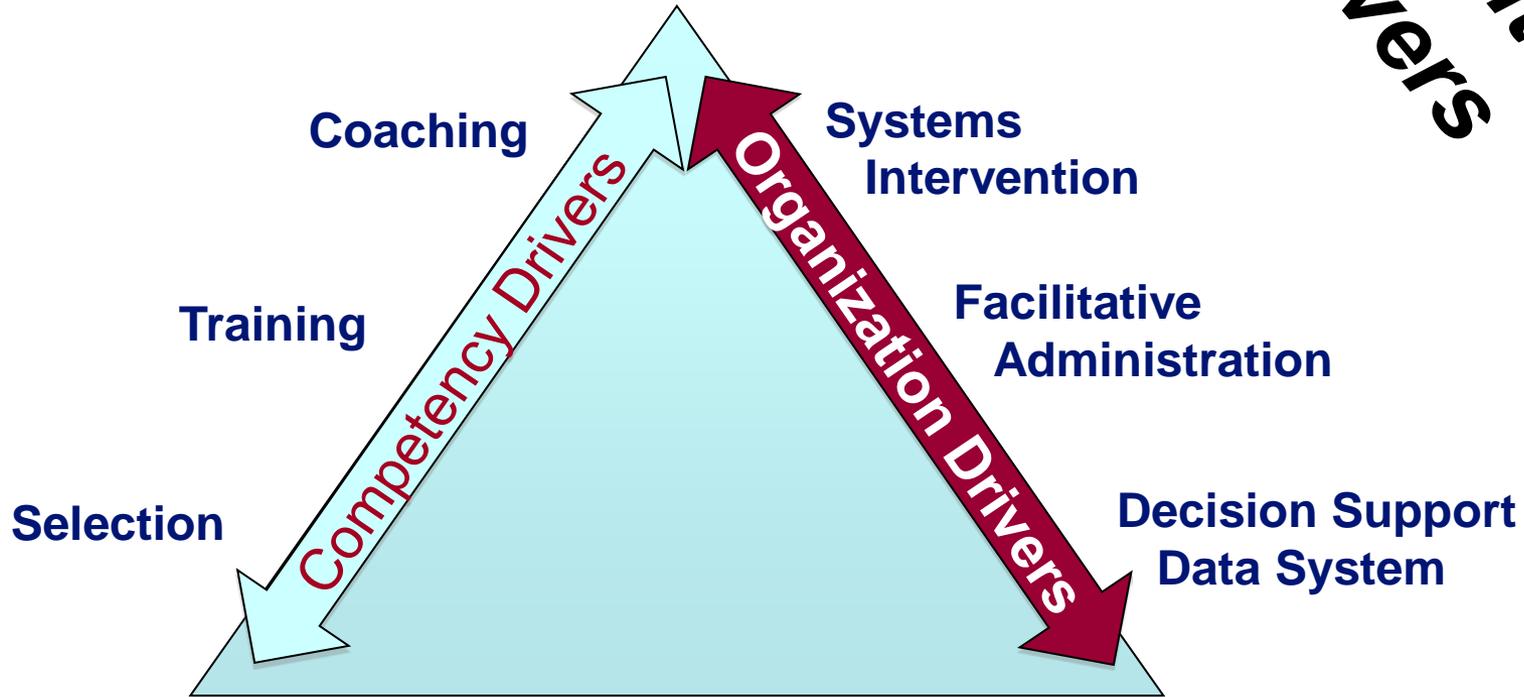


Well-defined,
Effective strategy



Performance Assessment

**Implementation
Drivers**



Decision Support Data System

Purposes:

- 🚩 To make a difference for children
- 🚩 Provide information to assess effectiveness of evidence-based practices
- 🚩 Analyze the relationship of fidelity to outcomes
- 🚩 To guide further program development
- 🚩 Engage in continuous quality improvement
 - 🚩 Interaction with Core Implementation Components
- 🚩 Celebrate success
- 🚩 Be accountable to consumers and funders

Facilitative Administration

Purposes:

-  **Facilitates installation and implementation of the Drivers**
-  **Aligns policies and procedures**
-  **Takes the lead on Systems Interventions**
-  **Looks for ways to make work of practitioners and supervisors easier!!**

Systems Intervention

Purposes:

-  **Identify barriers and facilitators for the new way of work**
-  **Create an externally and internally “hospitable” environment for the new way of work**
-  **Contribute to cumulative learning in multi-site projects.**

Improved outcomes

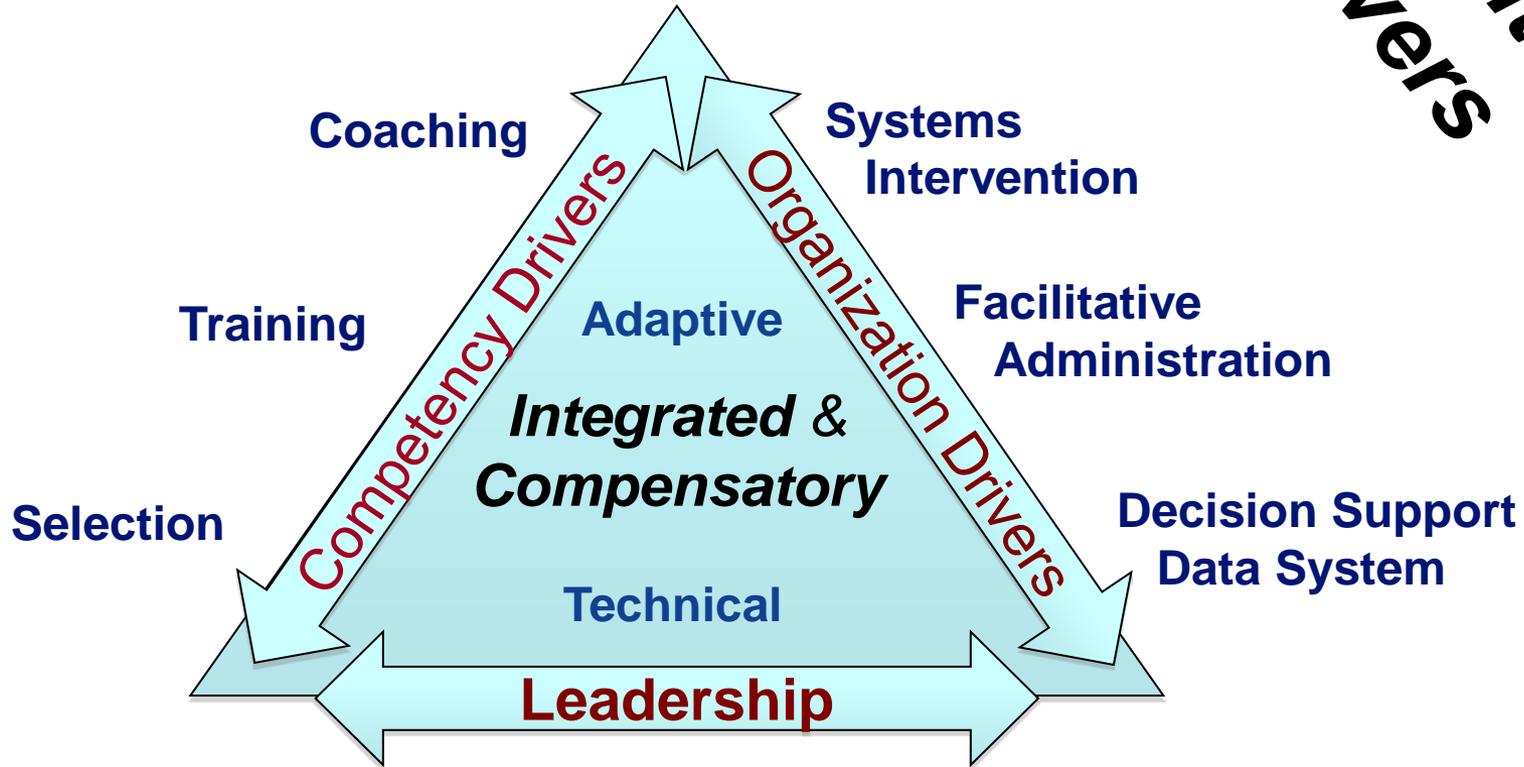


Well-defined,
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Performance Assessment

**Implementation
Drivers**



Integrated and Compensatory Implementation Drivers

Integrated

-  **Consistency in philosophy, goals, knowledge and skills across these processes (S/T/C/PA/DSDS/FA/SI)**

Compensatory

-  **At the practitioner level**
-  **At the program level**

Improved outcomes

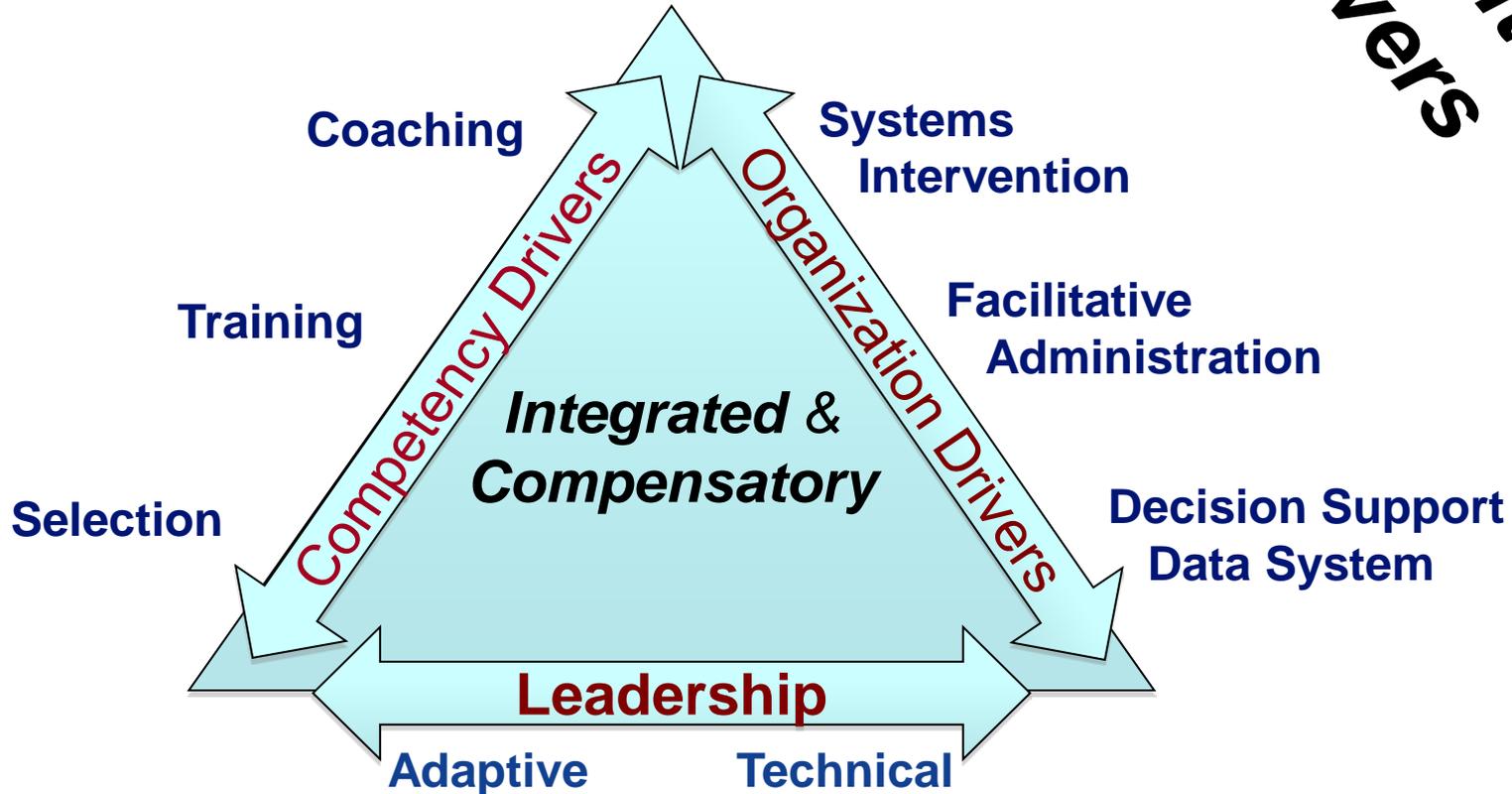


Well-defined,
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Performance Assessment

**Implementation
Drivers**



Leadership Challenges

🚩 Tame Problems

- Often complicated (nuclear generators control)

🚩 Wicked Problems

- They are messy, dynamic and back when you try to solve them

“Managers [or leaders] are not confronted with problems that are independent of each other, **but with dynamic situations that consist of complex systems of changing problems that interact with each other.** I call such situations messes. . . . Managers [or leaders] do not solve problems, they manage messes.

-- Russell Ackoff, operations theorists.

Leadership

What type of leaders manage “wicked” problems?

 Transformative or Distributive Leaders

 Different challenges call for different strategies

 Technical Strategies

 Adaptive Strategies

Technical Leadership

Technical Challenges

- Perspectives are aligned (views, values)
- Definition of the problem is clear
- Solution and implementation of the solution is relatively clear, although may be complicated
- There can be a “primary” locus of responsibility for *organizing* the work

Technical Responses

- Use established norms/ goals
- Define problems
- Provide solutions
- Clarify roles and responsibilities
- Assign tasks
- Manage conflict
- Maintain order

Adaptive Leadership

Adaptive Challenges

- Legitimate, yet competing, perspectives emerge
- Definition of the problem is unclear
- There are different perspectives on the “issue” at hand
- Solution and implementation is unclear and requires learning
- Primary locus of responsibility is not a single entity or person

Adaptive Responses

- Get on the Balcony
- Identify the Adaptive Challenge
- Regulate Distress
- Maintain Disciplined Attention
- Give the Work Back to the People
- Protect All Voices

Leadership

- According to Ron Heifetz and his colleagues at Harvard's Kennedy School of Government, one of the biggest mistakes "leaders" make is to incorrectly identify the type of challenge they are facing
 - Using technical approaches for adaptive issues (and vice versa)

R. Heifetz, *Leadership without Easy Answers*, 1994

R. Heifetz & M. Linsky, *Leadership on the Line*, 2002

R. Heifetz, et al., *The Practice of Adaptive Leadership*, 2009

Leadership

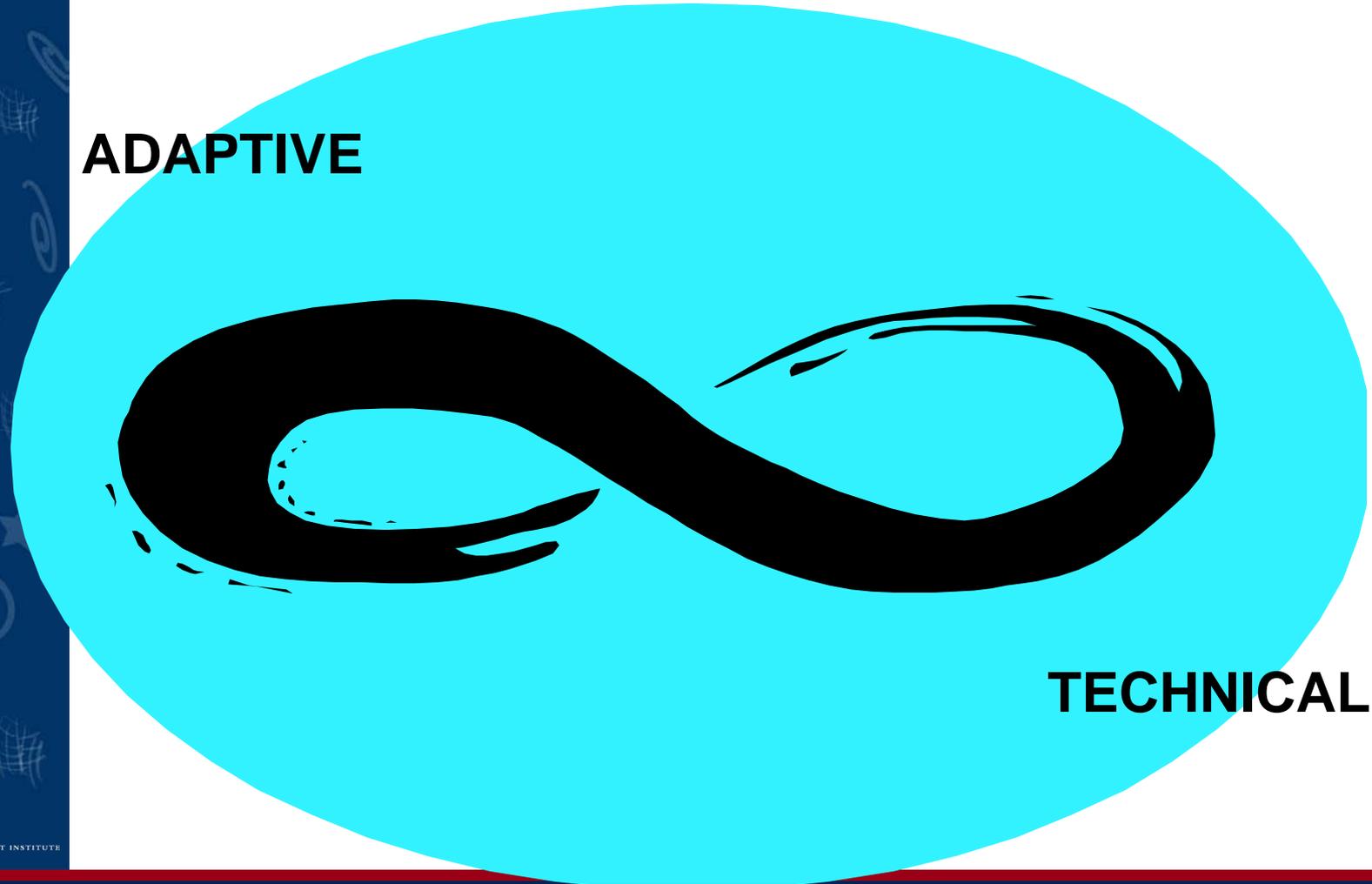
➤ Based on a meta-analysis of 30 years of leadership studies, transformation leaders make changes that “disturb every element of a system.” They:

- Break with the past,
- Operate outside of existing paradigms,
- Conflict with prevailing values and norms,
- Find solutions that are emergent, unbounded, and complex.

Waters, Marzano, McNulty (2003)

The Flow of the Work

ADAPTIVE



TECHNICAL

Improved outcomes

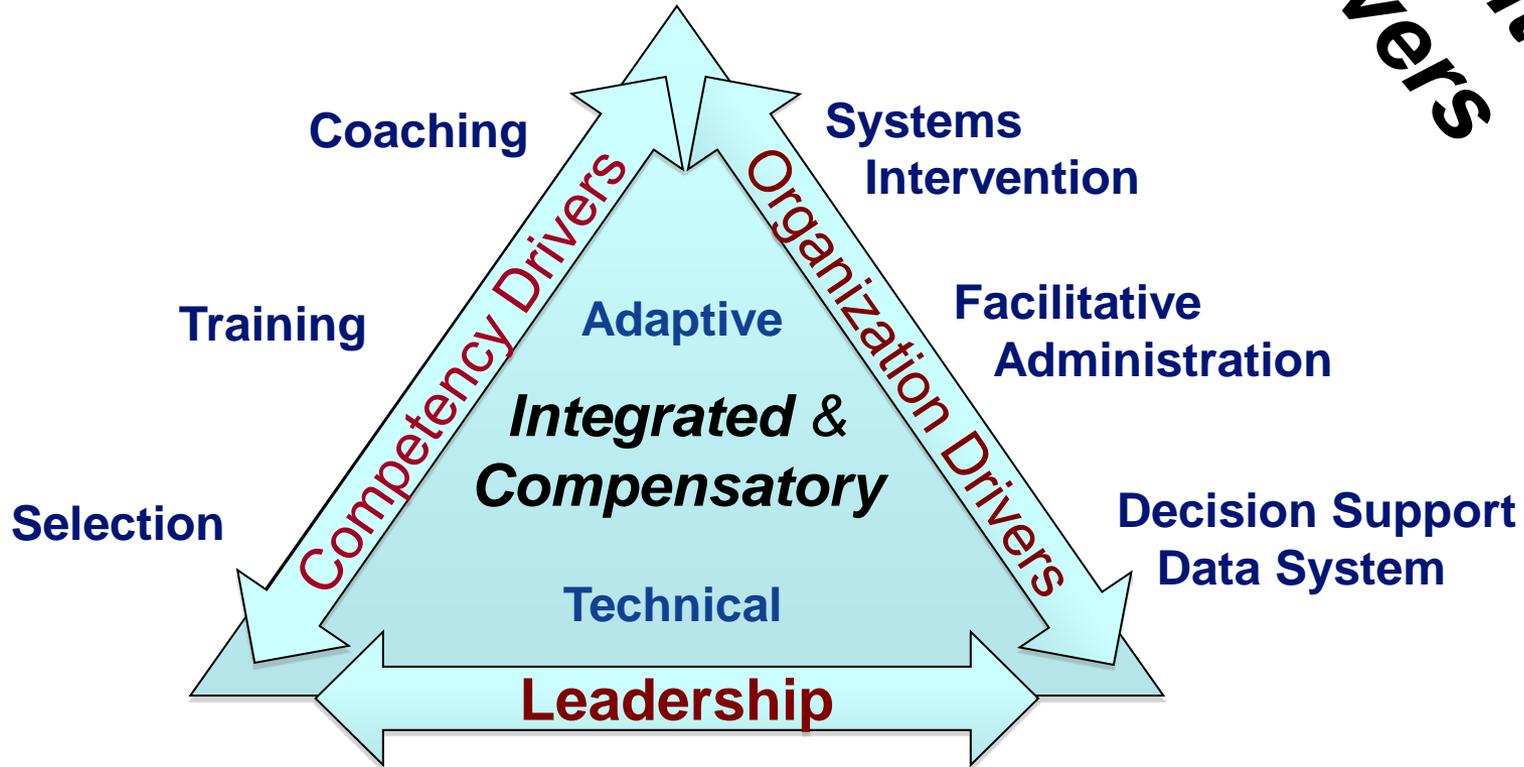


Well-defined,
Effective strategy



Performance Assessment

**Implementation
Drivers**



Check-in

-  Where we have been
 -  Brief discussion of the WHAT
 -  Overview of Implementation Literature
 -  Overview of the Implementation Drivers
 -  Competency Drivers
 -  Organization Drivers
 -  Leadership
-  Any thoughts?

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- 🚩 **Present ‘stage-related’ work necessary for successful service and system change**
- 🚩 Consider the necessary conditions to scale up effective practices

The “Who”

- 🚩 Discuss the roles and responsibilities of program developers, purveyors, and implementation teams

Implementation Takes Time

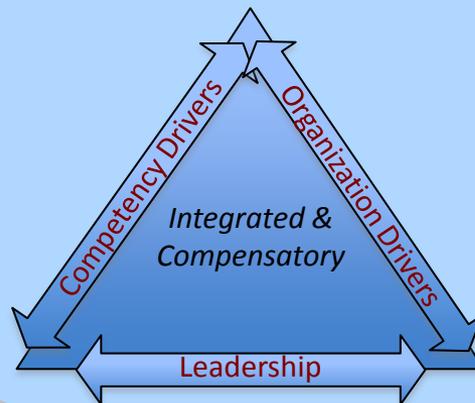
Major Implementation Initiatives occur in stages:

- Exploration and Sustainability
- Installation
- Initial Implementation
- Full Implementation (Sustainability & Effectiveness)

2 - 4 Years

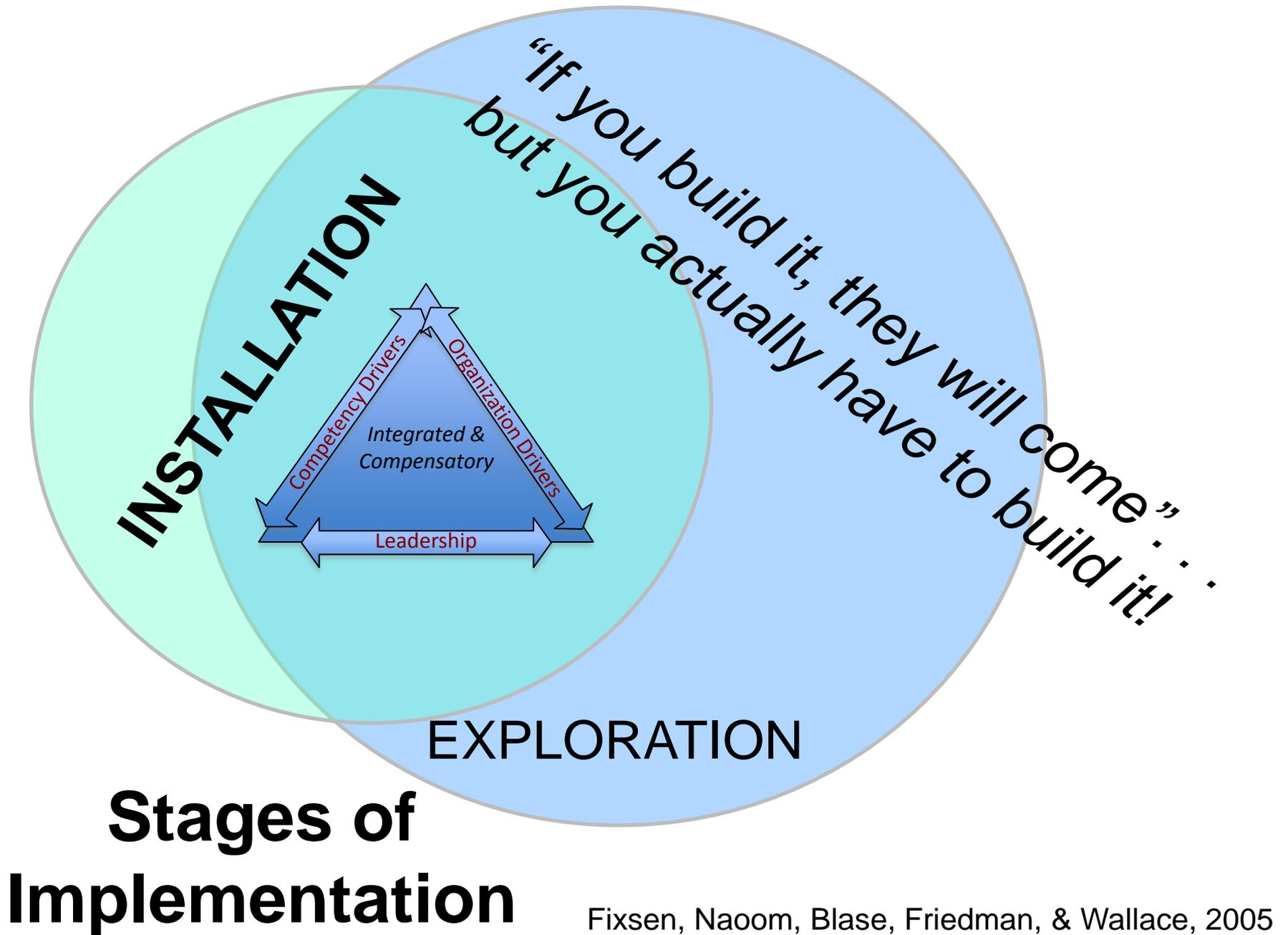
“Pay now or pay later.”

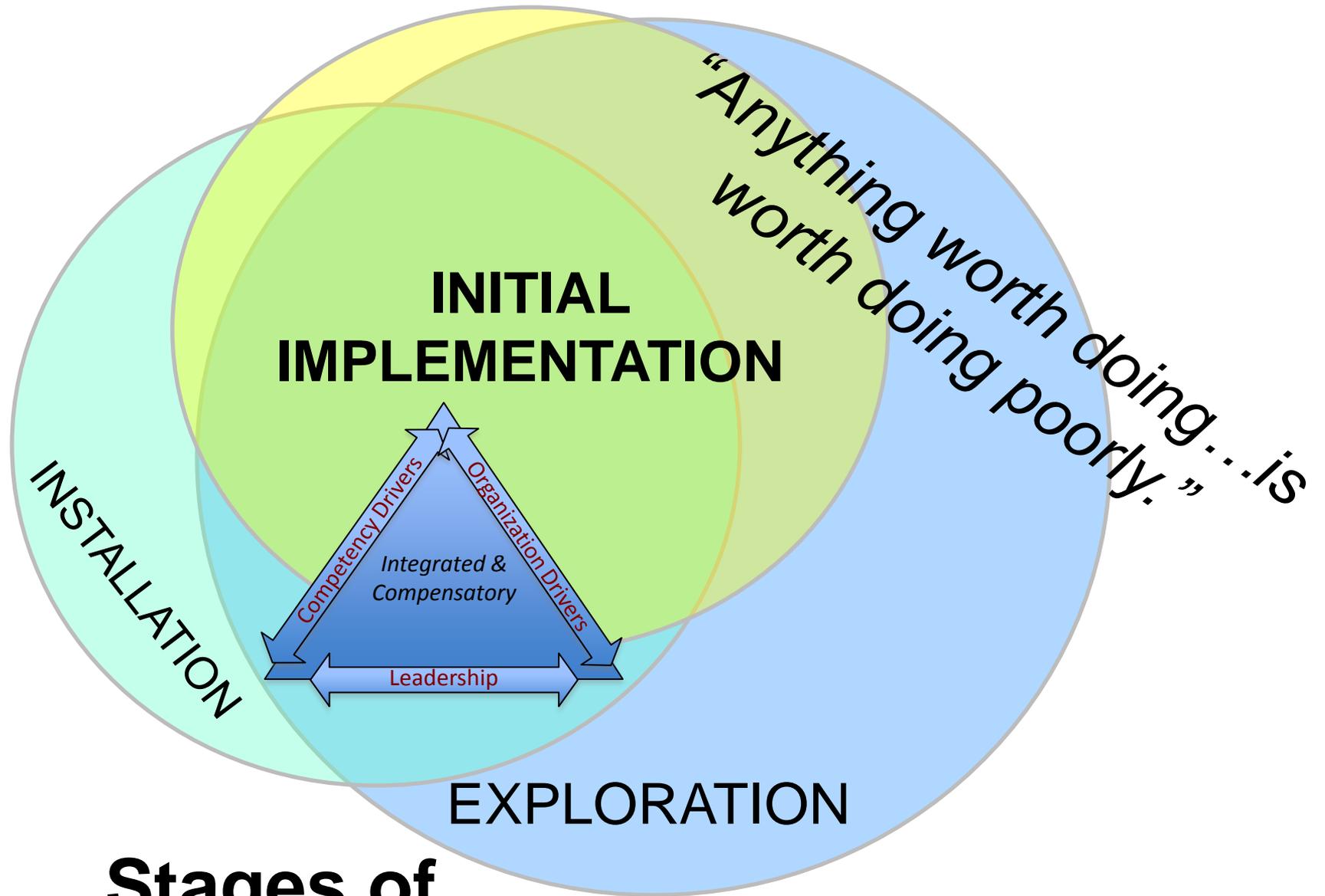
EXPLORATION



Stages of Implementation

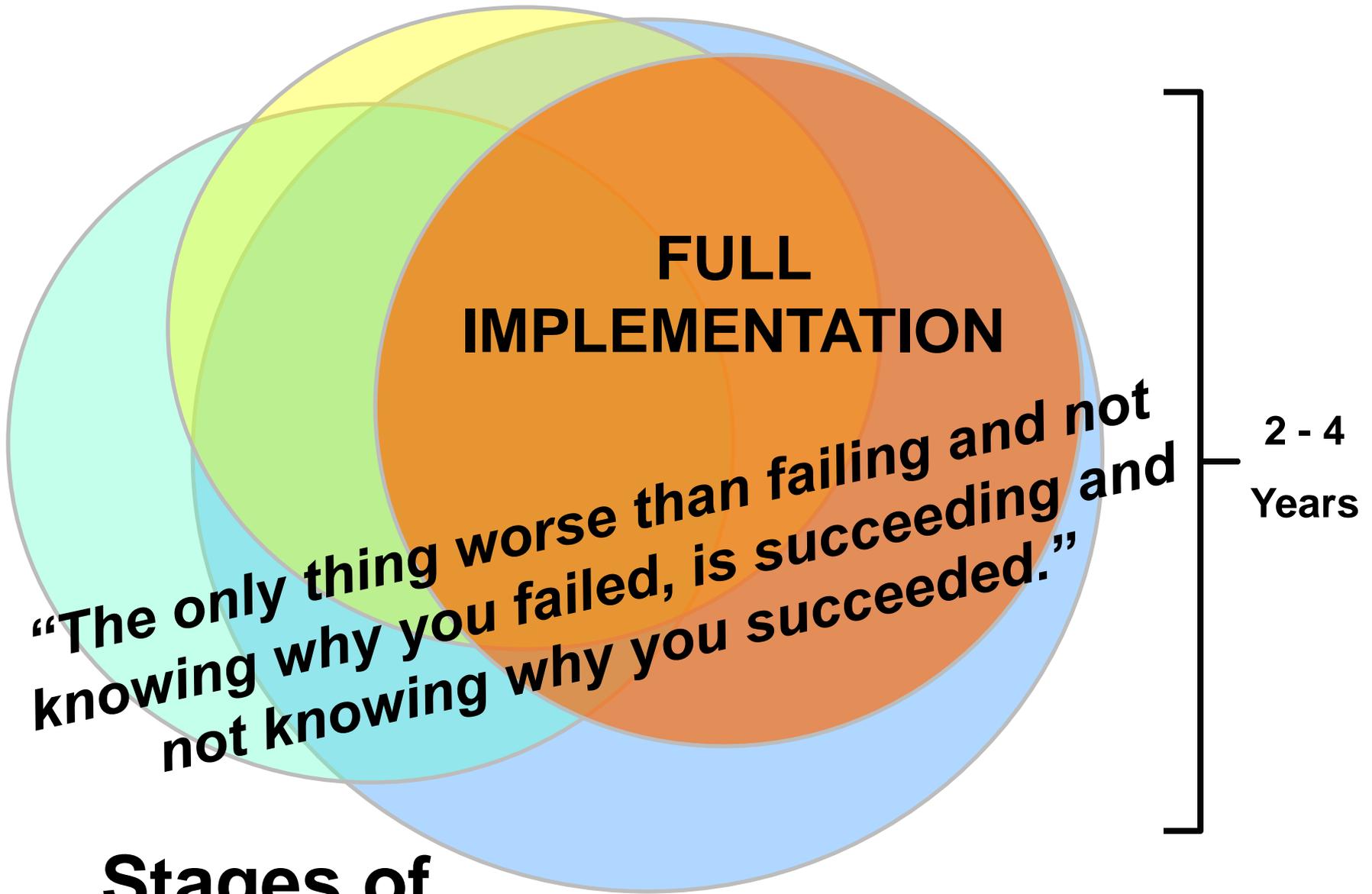
Fixsen, Naoom, Blase, Friedman, & Wallace, 2005





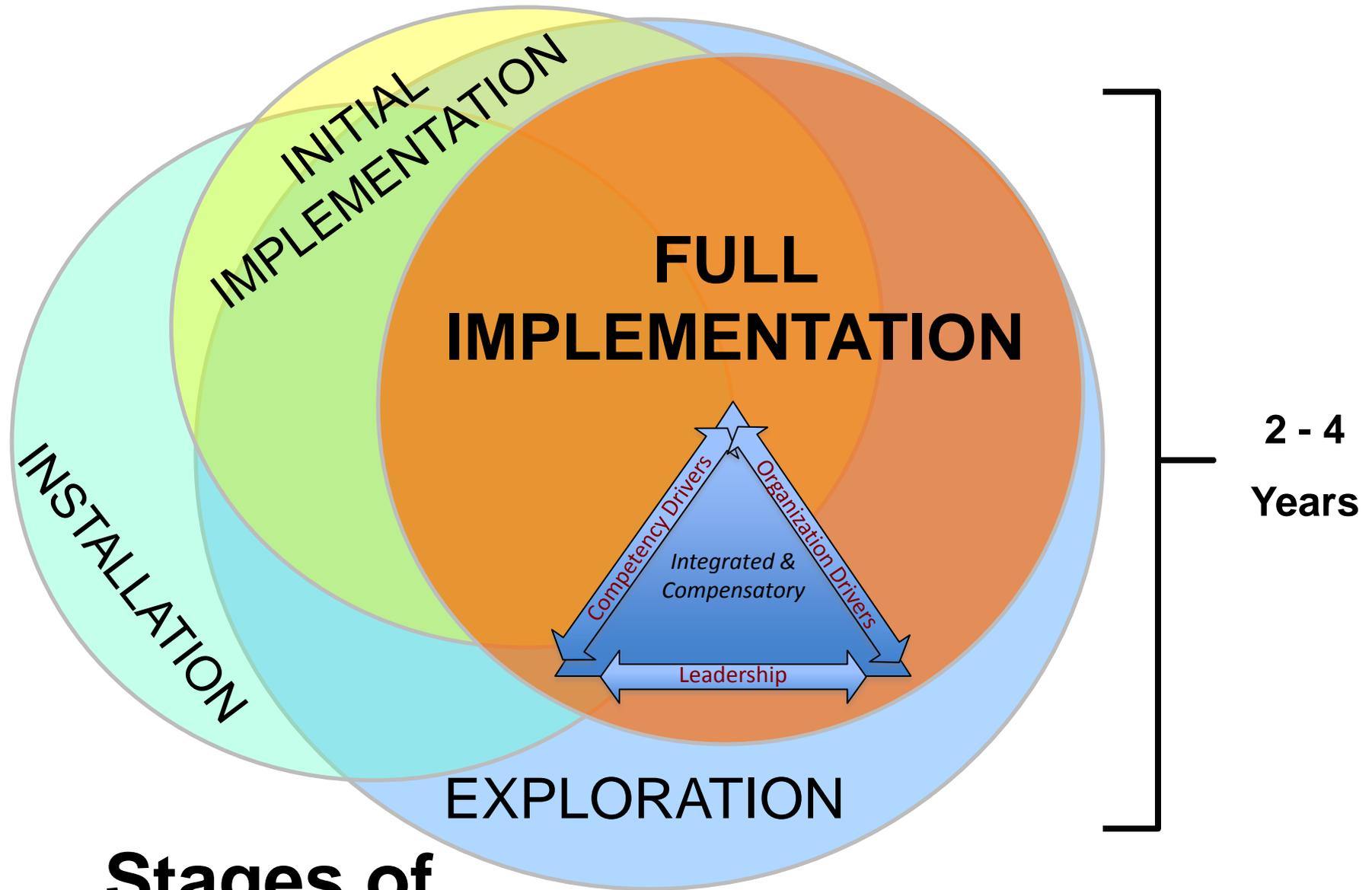
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Building Capacity to Scale-up

- Effective public health strategies may not fare well in existing organization and systems structures
- Organization and system changes are essential to successful implementation of effective practices and policies
- Scaling up the desired outcomes requires BOTH effective public health approaches AND effective implementation practices
- Scaling up effective practices requires the scale-up of capacity

Moving to Scale

STEP 1: Assess needs

STEP 2: Pilot the program or practice: At least one good example, with the “bugs” worked out

**STEP 3: Program capacity development:
Developing sufficient *intervention* capacity to expand**

STEP 4: Transformation Zone: Developing *implementation infrastructure* with Scaling Up in Mind

STEP 5: Scale Up

Scaling up and alignment

- **Transformation Zones**
- **Linking Implementation Teams**
- **Policy-Practice Feedback Loops**
- **... and systems change**

Transformation Zone

A representative “sample” (area, geography, demographics) in which you “try out” the new ideas and “suspend usual rules” so that:

- ✿ You make a small “mess”**
- ✿ You can rapidly learn from your mistakes and make course corrections**
- ✿ You can experience intended and unintended consequences**
- ✿ You can document “what works”**
- ✿ You can think about the implications of scaling-up**

Transformation Zone

-  **Focus on the new, effective approaches**
-  **And implementation infrastructure development**
-  **And organizational change**
-  **And systems change**

**Current
Systems/Process**

**Transition
Systems/Process**

**Vision of
Future
Systems/Process**

**Transformation
Zone**

**Use New, Effective
Practices**

**Develop
Implementation
Infrastructure**

Change System

Check-in

- 🚩 Where we have been
 - 👉 Brief discussion of the WHAT
 - 👉 Brief review of the “literature”
 - 👉 Overview of Implementation Drivers
 - 👉 Overview of Stages of Implementation
 - 👉 Building Capacity for Scale-up
- 🚩 Any thoughts?

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Scaling up and alignment

- **How do we manage and sustain the change process?**
- **Who does the work?**

Organized, expert assistance!!

Supporting the Change Process

Letting “It” happen. . .

-  Innovation occurs without intervention

Helping “It” happen. . .

-  Interested innovators figure it out on their own

Making “It” happen. . .

-  Active use of strategies to support the adoption of the innovation
-  Active installation of supports for the implementation of the innovation

Based on Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004

“Who” Makes It Happen?

-  Gap in Science to Practice
 -  To help bridge this gap, address the “to” (implementation)
 -  The question then becomes: *Who* addresses the “to?”
-  EBP users and funders (state agencies) often lack capacity/expertise for adopting and implementing EBPs and taking them to scale
 -  Training, coaching, supervision, QI, outcomes.
-  The result? Not having a “who” exacerbates the delay in getting effective interventions into the hands of local agencies and providers

“Who” Makes It Happen?

Organized, “Expert” Assistance:

Purveyors

 e.g. Nurse Family Partnership NSO

Intermediary Organizations

 e.g. Invest in Kids, Thrive by Five

Implementation Teams

“Who” Makes It Happen?

 **Successful implementation on a useful scale requires **organized, “expert” assistance:****

-  An individual or group of individuals representing a program(s), practice(s), approach(es) who actively work to implement that practice or program with fidelity and good effect
-  Purveyors and intermediary organizations accumulate data & experiential knowledge, & become more effective and efficient over time
-  Working simultaneously at Multiple Levels of the systems

Organized, “Expert” Assistance

- 1) Identify, adopt and implement evidence-based and best practice models
- 2) Research, evaluate, and improve quality of new and existing services
- 3) Educate and increase public awareness about evidence-based and best-practice models
- 4) Develop infrastructure, systems and mechanisms for implementation and sustainability

CCEP, 2012

Implementation Teams

- ▶ Minimum of three people (four or five preferred) to promote effective, efficient, and sustainable implementation, organization change, and system transformation work
- ▶ Tolerate turnover; teams are sustainable even when the players come and go

Implementation Teams

Core Competencies:

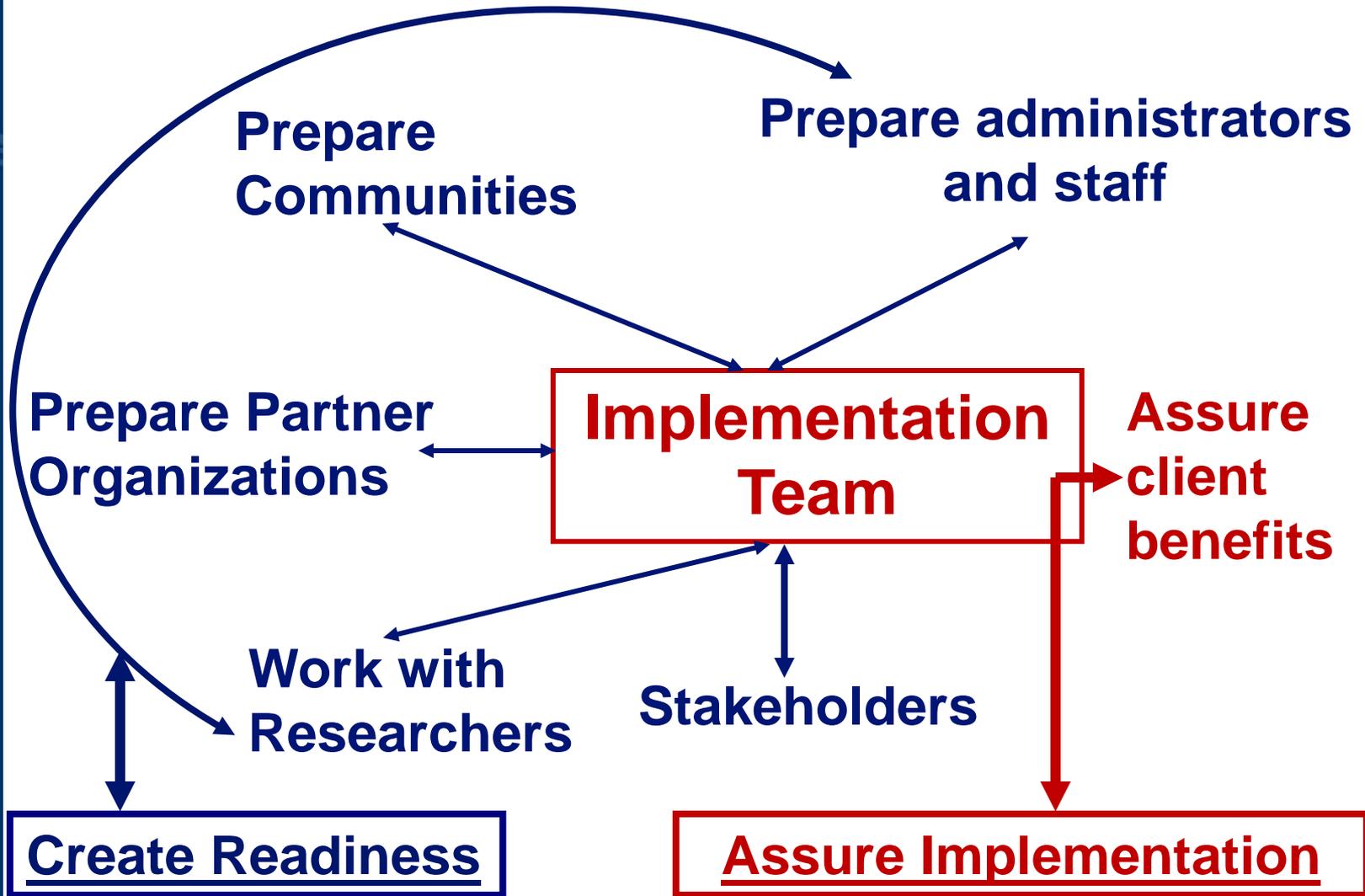
- Know the strategy very well (formal and practice knowledge)
- Know implementation very well (formal and practice knowledge)
- Know improvement cycles to make intervention and implementation methods more effective and efficient over time
- Promote systems change at multiple levels to create hospitable cultures, policies, and funding streams

Implementation Teams

-  Focus is on
 -  Quality, integration, sustainability of Drivers
 -  Data-based Decision-making (e.g. fidelity & outcomes)
 -  Alignment (funding and policy)
 -  Problem-Solving and Sustainability

-  Provide the structure to support organizational capacity development to support sustainable, high quality, integrated services

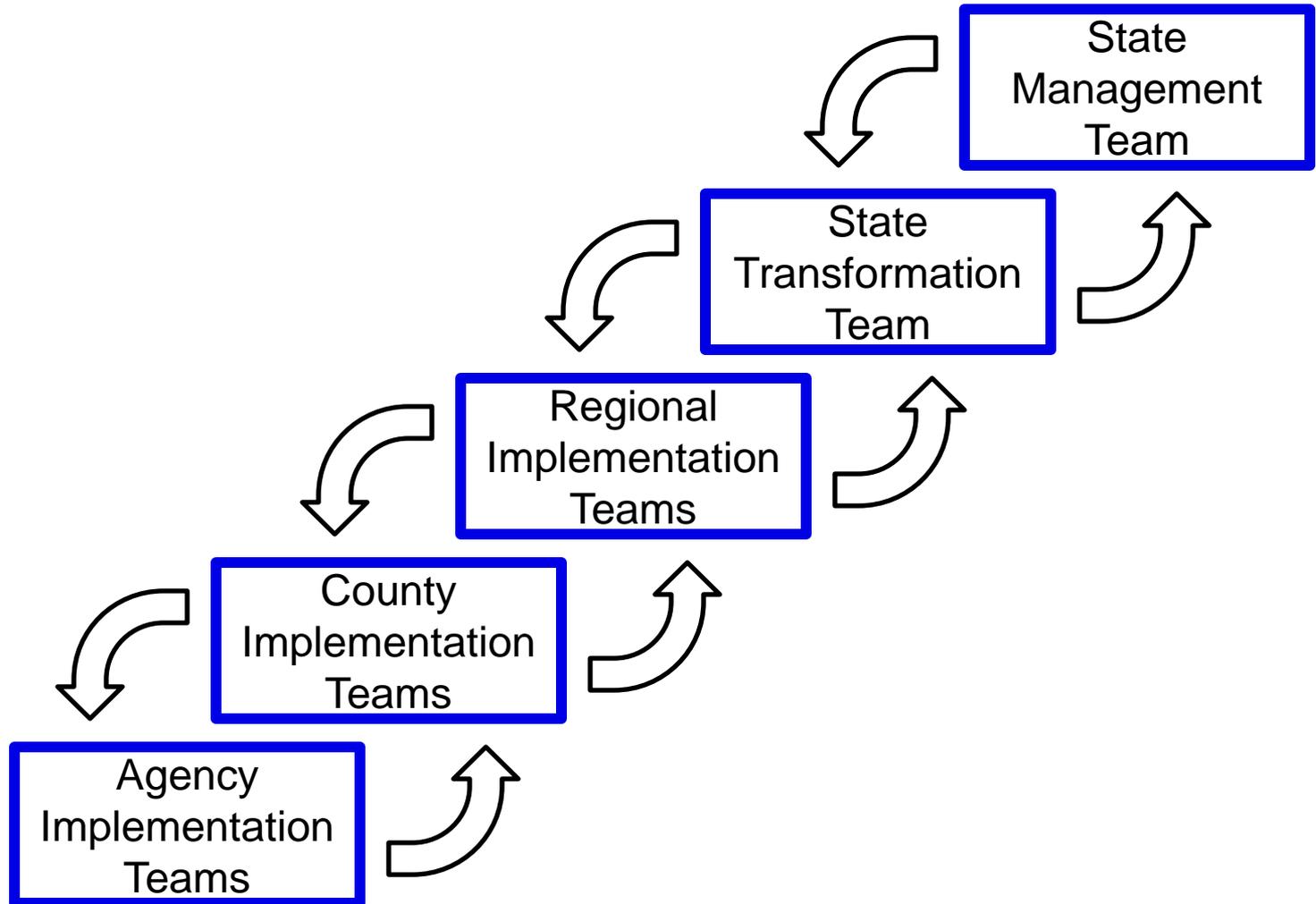
Implementation Teams



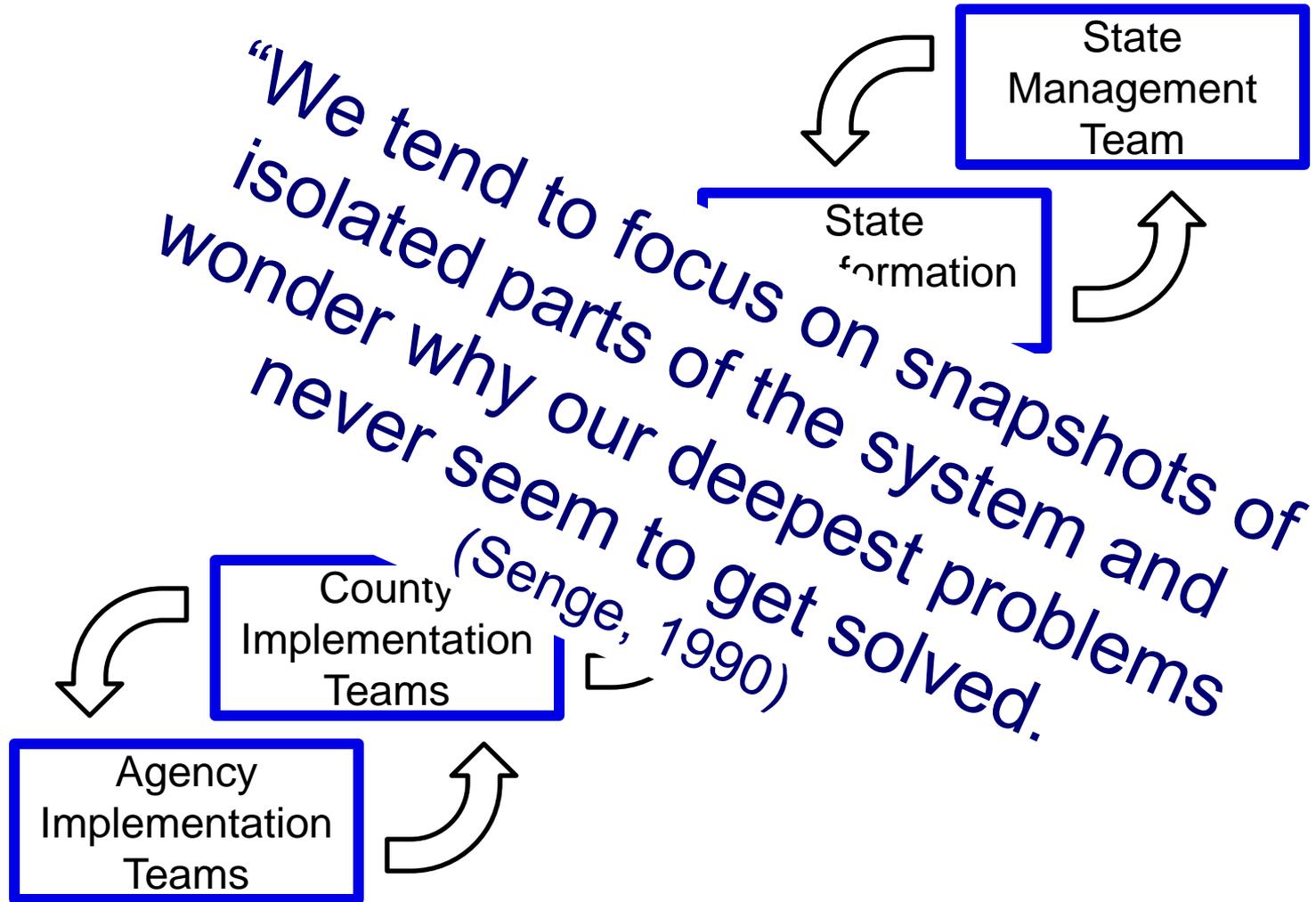
Scaling Up Effective Practices

- To scale up effective public health approaches, we must first scale up implementation capacity
- Building implementation capacity is essential to maximizing the wide-scale use of effective public health strategies

Linked Implementation Teams



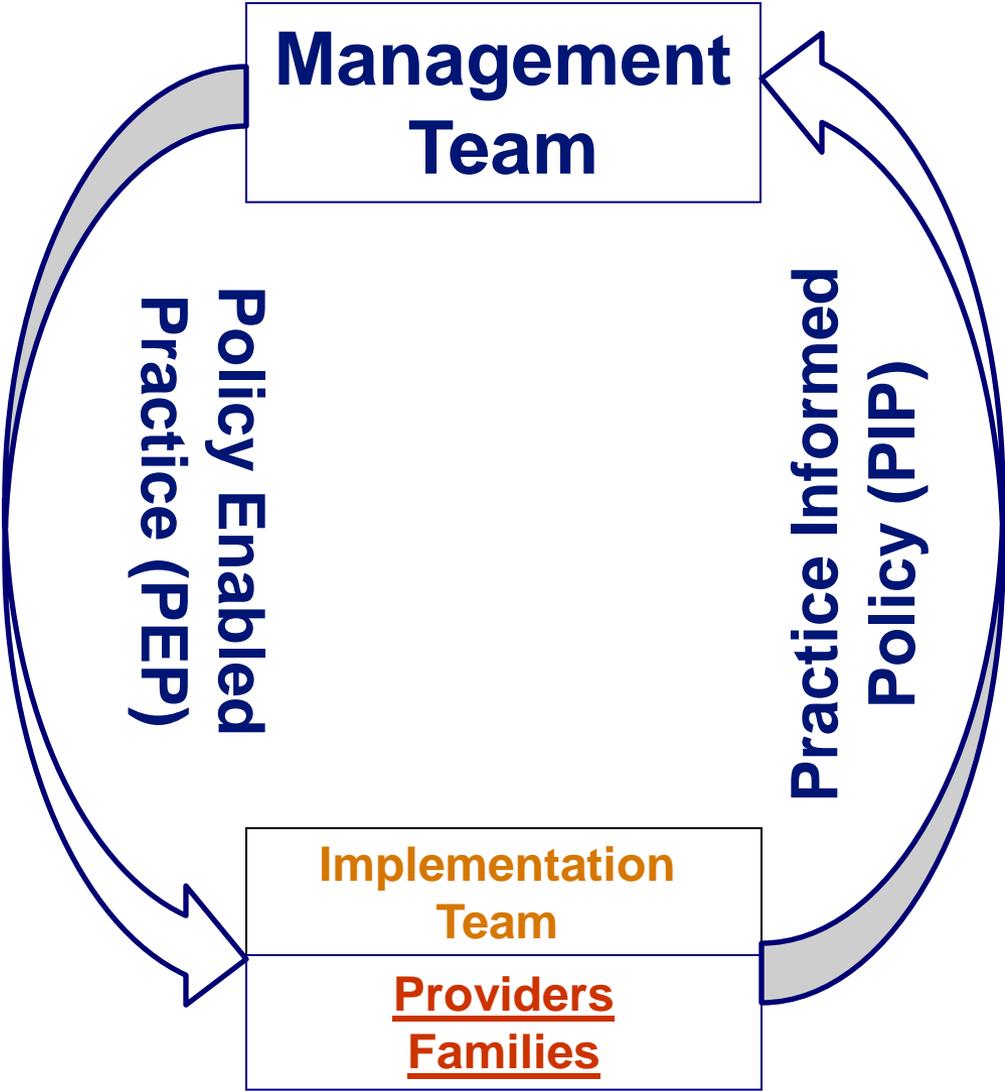
Linked Implementation Teams



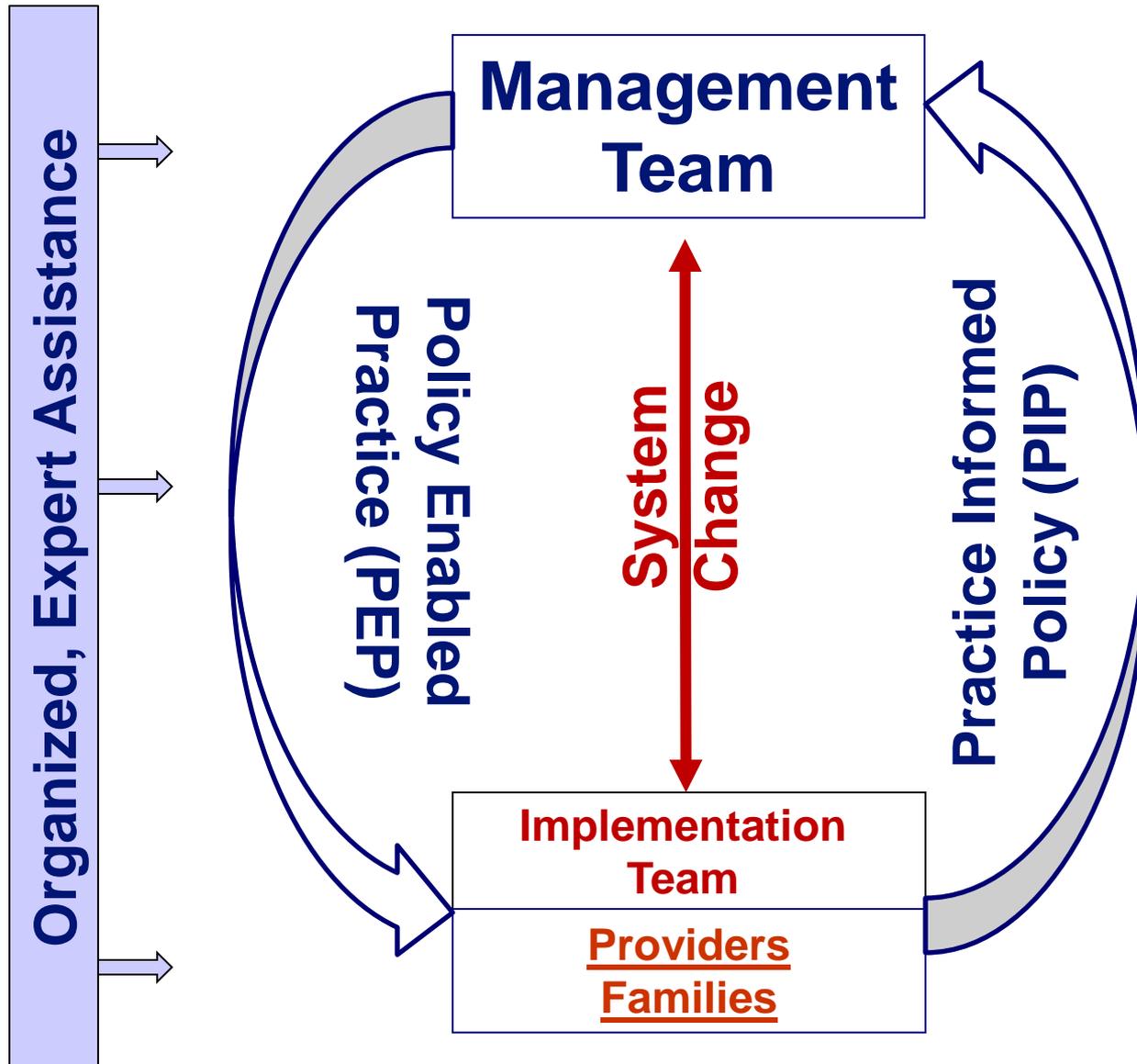
Scaling up and alignment

- Transformation Zones
- Linking Implementation Teams
- **Policy-Practice Feedback Loops**
- **... and systems change**

Practice-Policy Feedback Loops



Practice-Policy Feedback Loops

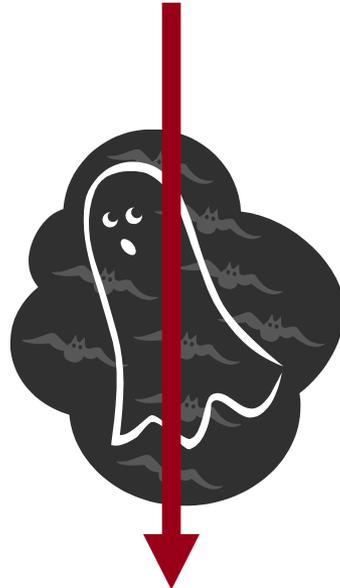


Adaptive Challenges

- RFP methods
- IHE curricula
- Salaries
- Funding
- Credentialing
- Licensing
- Time/ scheduling
- Duplication
- Fragmentation
- Hiring criteria
- Federal/ State laws

System Stability

EXISTING SYSTEM



**Effective approaches are
Changed to Fit the
System**

Or Operate in the Shadows

(The Ghost System)

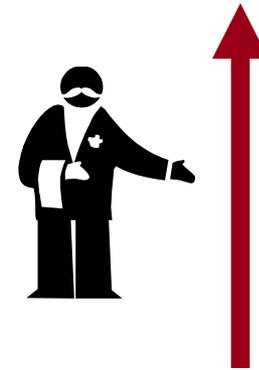
Effective System Change

EXISTING SYSTEM



**Effective approaches are
Changed to Fit the
System
Or Operate in the Shadows
(Ghost System)**

**EXISTING SYSTEM IS
CHANGED TO SUPPORT
THE EFFECTIVENESS OF
THE APPROACH**



**(Host System)
EFFECTIVE APPROACH**

Implementation Science

Letting “It” happen. . .

-  Innovation occurs without intervention

Helping “It” happen. . .

-  Interested innovators figure it out on their own

Making “It” happen. . .

-  Active use of strategies to support the adoption of the innovation
-  Active installation of supports for the implementation of the innovation
-  **“Making It Happen” efforts have shown the potential to increase uptake and produce intended outcomes**

Based on Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004

Principle of Reciprocity of Accountability

 ***For every increment of performance I demand from you, I have an equal responsibility to provide you with the capacity to meet that expectation.***

Richard Elmore, 2000

And Why?

Because we want ...

- 🚩 “the improvement of health and efficient and effective delivery of healthcare for all North Carolina citizens.



Mission of the North Carolina Institute of Medicine

<http://www.nciom.org/about-us/mission/>

Check-in

-  Where we have been
 -  Brief discussion of the WHAT
 -  Brief review of the “literature”
 -  Overview of Implementation Drivers
 -  Overview of Stages of Implementation
 -  Building Capacity for Scale-up
 -  Organized Implementation Assistance
-  Any thoughts?

Goals for Today's Session

The “What”

- 🚩 The effective interventions and approaches that best meet the needs of the population of concern

The “How”

- 🚩 Present the Implementation Drivers that result in competence and sustainability
- 🚩 Present ‘stage-related’ work necessary for successful service and system change
- 🚩 Consider the process of building capacity for wide-spread use of effective practices

The “Who”

- 🚩 Discuss the roles and responsibilities of program developers, purveyors, and implementation teams

For More Information

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www.scalingup.org
<http://nirn.fpg.unc.edu/>
<http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/>

For More Information

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

Download all or part of the monograph at:

<http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/>

To order the monograph go to:

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