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Commentary

What Does It Take? How Federal Initiatives Can Support the Implementation of Evidence-Based Programs to Improve Outcomes for Adolescents

Allison Metz, Ph.D. a,*, and Bianca Albers, M.A. b,c

- a National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina
- ^b Family and Evidence Center, Copenhagen, Denmark

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ABSTRACT

Over the last 20 years, there has been a growing emphasis on developing and identifying evidence-based programs and practices for children and families and within the last decade an increasing number of federally funded initiatives have been dedicated to replicating and scaling evidence-based programs with the hope of achieving socially meaningful impact. However, only recently have efforts to promote high-fidelity implementation been given the attention needed to ensure evidence-based practices are used as intended and generate the outcomes they were designed to produce. In this article, we propose that the wide-scale implementation of evidence-based practices requires: (1) careful assessment and selection of the "what"; (2) a stage-based approach that provides adequate time and resources for planning and installation activities; (3) the co-creation of a visible infrastructure by a triad of key stakeholders including funders and policymakers, program developers, and implementing sites; and (4) the use of data to guide decision-making and foster curiosity into continuous improvement among grantees. Each of these strategies is explored in greater detail through the lens of the Teen Pregnancy Prevention (TPP) Program, a \$100 million initiative overseen by the Office of Adolescent Health (OAH) in the U.S. Department of Health and Human Services.

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Over the last 20 years, there has been a growing emphasis on developing and identifying evidence-based programs and practices for children and families and within the last decade an increasing number of federally funded initiatives have been dedicated to replicating and scaling evidence-based programs with the hope of achieving socially meaningful impact. However, only recently have efforts to promote *high-fidelity implementation* been given the attention needed to ensure evidence-based practices are used as intended and generate the outcomes they

were designed to produce. An example of such an effort is the \$100 million Teen Pregnancy Prevention (TPP) Program, overseen by the Office of Adolescent Health (OAH) in the U.S. Department of Health and Human Services.

In September 2010, OAH awarded 75 grants to replicate programs that had been proven effective through rigorous evaluations (Tier 1) and 19 demonstration grants to develop and test innovative strategies (Tier 2). Tier 1 grantees were asked to select from 28 evidence-based models. OAH has invested heavily in implementation and evaluation support for grantees and supported federal-led evaluations to study the implementation and impact of replicating evidence-based practices and to test promising or innovative program models. From these investments and federal partnerships devoted to bridging the evidence-to-practice gap, we now know more about "what it takes" to use evidence to move the dial on outcomes for adolescents in real world settings. Below, lessons learned from the TPP program are integrated with implementation science to

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E-mail address: Allison.Metz@unc.edu (A. Metz).

^c Department of Social Work, University of Melbourne, Carlton, Australia

^{*} Address correspondence to: Allison Metz, Ph.D., University of North Carolina, National Implementation Research Network, Chapel Hill, NC.

outline key strategies for effectively supporting the widespread use of evidence in practice.

What does it take? High-fidelity implementation of evidence-based practices on a wide scale requires: (1) careful assessment and selection of the "what"; (2) a stage-based approach that provides adequate time and resources for planning and installation activities; (3) the co-creation of a visible infrastructure by a triad of key stakeholders including funders and policymakers, program developers, and implementing sites; and (4) the use of data to guide decision-making and foster curiosity into continuous improvement among grantees. Each of these strategies is explored below in more detail.

What Does It Take? Careful Assessment and Selection of the "What"

As implementing sites consider various evidence-based models, the sites must assess the goodness of fit between potential program models, community and organizational contexts, and the needs of the adolescents they serve. Requirements for implementation must be carefully assessed and potential barriers to implementation examined. Involvement of key stakeholders and the development of program champions are key activities during this stage.

Conducting a feasibility assessment prior to implementation increases the likelihood of the "goodness of fit" between selected teen pregnancy prevention program models and host agencies, thereby improving the probability of effective implementation and positive outcomes for adolescents [3,7]. A prerequisite for implementation is to ensure that core intervention components are identified and fully operationalized.

As federal agencies and other funders continue to solicit and support the implementation and scaling of evidence-based models, implementation-informed "requests for proposals" that require systematic fit and feasibility assessments would be an initial step toward facilitating effective implementation of evidence-based models. Identifying feasibility requirements will support the mutual selection of grantees by funders—in that grantees who can feasibly implement evidence-based models will "select in" to the application process and funding agencies will have critical data to "select" the most ready applicants.

What Does It Take? A Stage-Based Approach to Implementation

There is general recognition in the field of implementation science that implementation occurs in discernable stages or phases with critical activities conducted and core functions installed at each stage [2,7,14]. It is clear that implementation is not an event, but a process, involving multiple decisions, actions, and corrections to change the structures and conditions through which organizations and systems support and promote new program models, innovations, and initiatives. Implementing a well-constructed, well-defined, and well-researched program can be expected to take 2–4 years [4,6,15,17,20].

The importance of a planning year

Although the resources and time necessary for stage-based implementation are still limited, funders such as the federal government increasingly are investing in a planning year, or preimplementation phases, with positive pay-offs. In the case of

TPP, the OAH funded a planning year to facilitate the identification and resolution of potential barriers to high-fidelity implementation of selected evidence-based models. The planning period typically includes activities associated with at least two stages of implementation common across multiple frameworks: (1) exploration or initial planning; and (2) installation or preparation of the implementation infrastructure.

Exploration or planning stage

The overall goal of the exploration phase is to examine the degree to which a particular model, program, or approach meets the community's needs and whether implementation is feasible. In this first stage of implementation, an implementation team is formed to assess the goodness of fit between potential program models and the needs of the youth served by their community. Requirements for implementation must be carefully assessed and potential barriers to implementation examined. Data are used during this early stage to drive decision-making. For example, implementation teams collect data through needs assessments, intervention assessments, and staff and organizational readiness assessments and then use these data to make decisions regarding implementation planning. Skipping critical evaluation and planning activities can instigate challenges later in implementation. For example, the absence of readiness or feasibility data hinders a grantee's ability to effectively address potential barriers to implementation early on in the process.

Installation or preparation stage

During this stage, grantee implementation teams partner with program developers, purveyors, external consultants, and intermediary organizations to ensure they have the competencies needed to support and sustain implementation of their selected evidence-based model. Grantees must assure the availability of resources necessary to develop and install the implementation infrastructure and initiate the project, such as staffing, space, equipment, organizational supports, new operating policies and procedures, and referral pathways. Developing the competence of practitioners is a key component of this stage to ensure that programs are implemented with fidelity.

Implementation, improvement, and sustainability

After the completion of a planning year, grantees move through later stages of implementation with a focus on fidelity, ongoing improvement, and sustainability. Once a new program is actually put into practice, key activities involve strategies to promote continuous improvement and rapid-cycle problem solving. Many initiatives fail for lack of study and reflection on what is actually being done and what the results are from having done it. Observing, describing, and documenting are key aspects to a program improvement cycle, and particularly critical during the initial implementation stage when key functions of programs are emerging. Using data to assess implementation, identify solutions, and drive decision-making is a hallmark of initial implementation. It is critical to address barriers and develop system solutions quickly rather than allowing problems to reemerge and reoccur.

Sustainability planning and activities need to be an active component from the initial stages of implementation. Sustaining an initiative requires both financial and programmatic sustainability.

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