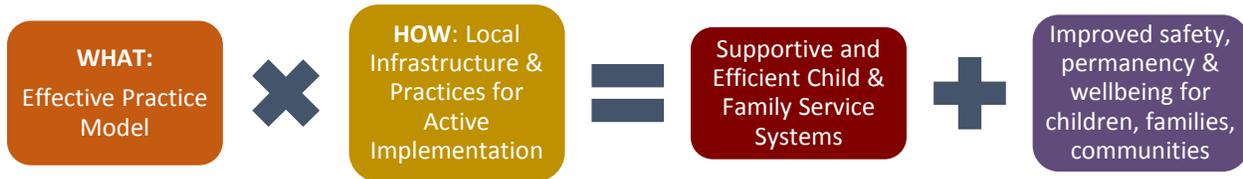


What does it take? For effective implementation to get to outcomes



Getting to outcomes is not as simple as selecting an effective practice model or strategy (“the WHAT”). The *process* of supporting use of any practice model or strategy (“HOW”) is just as, if not more important, for creating supportive systems and improving outcomes.

Effective Implementation

Effective implementation is about supporting both people and organizations.¹⁻⁴ It incorporates community partnering and adaptive leadership and management strategies to ensure that practitioners are well supported to deliver the practice model as intended, systems partners work in concert to eliminate barriers, and both use and impact of the practice model are optimized over time using data. The most promising approaches to implementation address known challenges.^{3,5-9} In particular, four common features¹⁰ are key to developing local implementation capacity and effective performance to support use of the practice model for getting to improved outcomes:

- A. **Linked, local leadership and implementation teams (Organizational Readiness Building).** People at multiple levels of an organization are specifically resourced and tasked to come together and attend to the day-to-day and ongoing leadership and management activities necessary for effective implementation. Teams of executive leaders, staff, and other partners have functional roles and dedicated, on-the-job resources for implementation. Organizational and system practices facilitate progress and problem-solve implementation challenges.^{6,11-16} Tool and resources focus on assessing, monitoring, and improving organizational culture, climate, functional structures, and processes to support implementing change.
- B. **Engagement, Relationships, and Partnership.** Internal stakeholders, community, tribal members, and system partners are actively involved in co-creating implementation capacity to support getting the practice model into real-world practice. Partners play active roles in listening to identify strengths/barriers, establishing culturally relevant supports and services, detecting practice changes, addressing system barriers, and communication and feedback for improvement.¹⁷⁻¹⁹ Tool and resources focus on defining and formalizing partnering roles and the adaptive and other leadership behaviors necessary to support them.
- C. **Workforce and Professional Development.** Ongoing professional development plans and practices (often referred to as training and coaching) for the practice model are in place and build on adult learning best practices. This capacity builds the confidence and skills of staff at *all* levels – those delivering the practice model and the supervisors, managers, and other leadership who supporting. This focus on continuing support to deliver the innovation as intended is another key challenge identified in research and practice.²⁰⁻²² Tool and resources focus on assessing diverse staff needs, supporting the coaching role of supervisors, and strengthening staff retention.

Strengthening Systems for Social Impact

- D. Quality, Outcome, and System Monitoring for Improvement.** Information and data about implementation, delivery of the practice model, and outcomes are gathered, shared, reviewed, and used by the right people at the right time in order to address problems and improve practices. Organizational and system practices support this ongoing quality improvement work.^{14,15,23,24} Tools and resources focus on identifying “*What do we want to know? How will we know it?*” and using data to understand and reinforce what is going well and to address challenges.

References

1. Aarons GA, Hurlburt M, Horwitz SM. Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Admin and Policy in Mental Health and Mental Health Services Research*. 2011;38(1):4-23.
2. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research into practice: consolidated framework for advancing implementation science. *Implem Sci*. 2009;4(1):1-15.
3. Weiner BJ, Lewis MA, Clauser SB, Stitzenberg KB. In search of synergy: strategies for combining interventions at multiple levels. *Journal of the National Cancer Institute. Monographs*. 2012(44):34.
4. Metz A, Albers B. What does it take? How federal initiatives can support the implementation of evidence-based programs to improve outcomes for adolescents. *The Journal of adolescent health*. Mar 2014;54(3 Suppl):S92-96.
5. Aarons GA, Sommerfeld DH. Leadership, innovation climate, and attitudes toward evidence-based practice during a statewide implementation. *J Amer Academy of Child and Adolescent Psychiatry*. Apr 2012;51(4):423-431.
6. Waltz TJ, Powell BJ, Matthieu MM, et al. Use of concept mapping to characterize relationships of implementation strategies & assess feasibility and importance: results from ERIC. *Implem Sci*. 2015;10(1):1.
7. Spoth R, Rohrbach LA, Greenberg M, et al. Addressing core challenges for the next generation of type 2 translation research and systems: the translation science to population impact framework. *Prev Sci*. Aug 2013;14(4):319-351.
8. Leeman J, Calancie L, Hartman MA, et al. What strategies are used to build practitioners' capacity to implement community-based interventions and are they effective?: a systematic review. *Implementation Sci*. 2015;10(1):1-15.
9. Fixsen DL, Naoom SF, Blase KA, Friedman RM. Implementation research: a synthesis of the literature. *Tampa, Florida, University of South Florida, Louis de la Parte Florida Mental Health Institute, NIRN* 2005.
10. Aldridge WAI, Boothroyd RI, Fleming WO, et al. Transforming community prevention systems for sustained impact: embedding active implementation and scaling functions. *Translational Behavioral Medicine*. 2016;6(1):135-144.
11. Meyers DC, Durlak JA, Wandersman A. The quality implementation framework: a synthesis of critical steps in the implementation process. *Am J Community Psychol*. Dec 2012;50(3-4):462-480.
12. Rabin BA, Brownson RC, Haire-Joshu D, Kreuter MW, Weaver NL. A glossary for dissemination and implementation research in health. *J Public Health Manag Pract*. 2008;14.
13. Aarons GA, Ehrhart MG, Farahnak LR, Sklar M. Aligning leadership across systems and organizations to develop a strategic climate for evidence-based practice implementation. *Annual review of public health*. 2014;35:255-274.
14. Torrey WC, Bond GR, McHugo GJ, Swain K. Evidence-based practice implementation in community mental health: importance of key domains of implementation activity. *Admin & policy in mental health*. Sep 2012;39(5):353-364.
15. Kitson AL, Rycroft-Malone J, Harvey G, McCormack B, Seers K, Titchen A. Evaluating the successful implementation of evidence into practice using PARIHS: theoretical and practical challenges. *Implementation Sci*. 2008;3(1):1-12.
16. Fixsen D, Blase K, Metz A, Van Dyke M. Statewide Implementation of Evidence-Based Programs. *Except Children*. Win 2013;79(2):213-230.
17. Chambers DA, Azrin ST. Research and services partnerships: partnership: a fundamental component of dissemination and implementation research. *Psychiatr Serv*. Jun 2013;64(6):509-511.
18. Bodison SC, Sankaré I, Anaya H, et al. Engaging the Community in the Dissemination, Implementation, and Improvement of Health-Related Research. *Clinical and Translational Science*. 2015;8(6):814-819.
19. Barnes M, Schmitz P. Community Engagement Matters (Now More Than Ever). *Stanford Social Innovation Review*: Stanford Center on Philanthropy and Civil Society, Stanford University; 2016:16.
20. Steele CB, Rose JM, Chovnick G, et al. Use of evidence-based practices and resources among comprehensive cancer control programs. *Journal of Public Health Management and Practice*. 2015;21(5):441-448.
21. Davies B, Edwards N, Ploeg J, Virani T, Skelly J, Dobbins M. Determinants of sustained use of research in nursing: Final report. *Nursing Best Practice Research Unit, Funded by Canadian Health Services Research Foundation*. 2006.
22. Flaspohler P, Duffy J, Wandersman A, Stillman L, Maras MA. Unpacking prevention capacity: an intersection of research-to-practice models and community-centered models. *Am J Community Psychol*. 2008;41.
23. Rabin BA, Glasgow RE, Kerner JF, Klump MP, Brownson RC. Dissemination and implementation research on community-based cancer prevention: a systematic review. *Am J Prev Med*. 2010;38.
24. Chambers DA, Glasgow RE, Stange KC. The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implementation Science*. 2013;8(1):1-11.



UNC

FPG CHILD DEVELOPMENT INSTITUTE