Use of Evidence-based Prevention Programmes in Communities. A Practice-based Taxonomy of Barriers and Possible Solutions

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Prevention Council on State Level:

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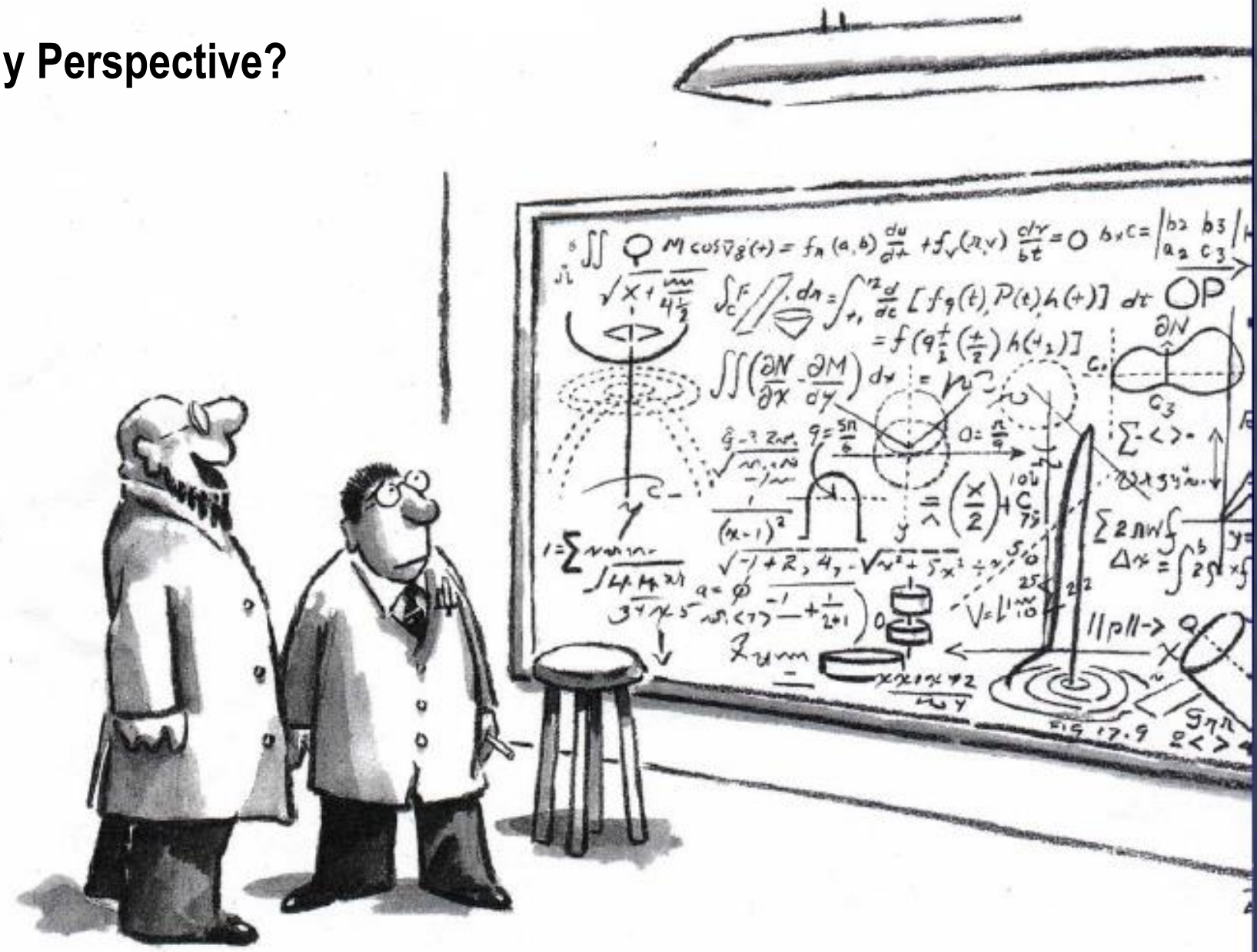
- **intra-gouvernmental coordination**

- **support of local prevention coalitions:**

  - training
  - providing networking opportunities
  - on-site technical assistance
  - allocate subsidies
  - advice of specific prevention interventions (registry of EBP)
  - needs assessment through state-wide youth surveys

We are promoting Communities That Care – CTC as a model for effective prevention planning on the local level

My Perspective?



"Hey, no problem!"

EUSPR Discussion, examples:

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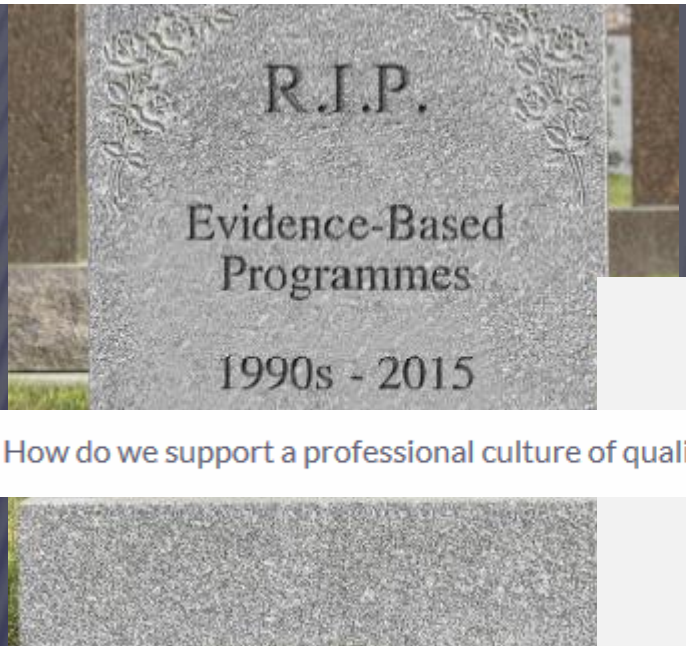
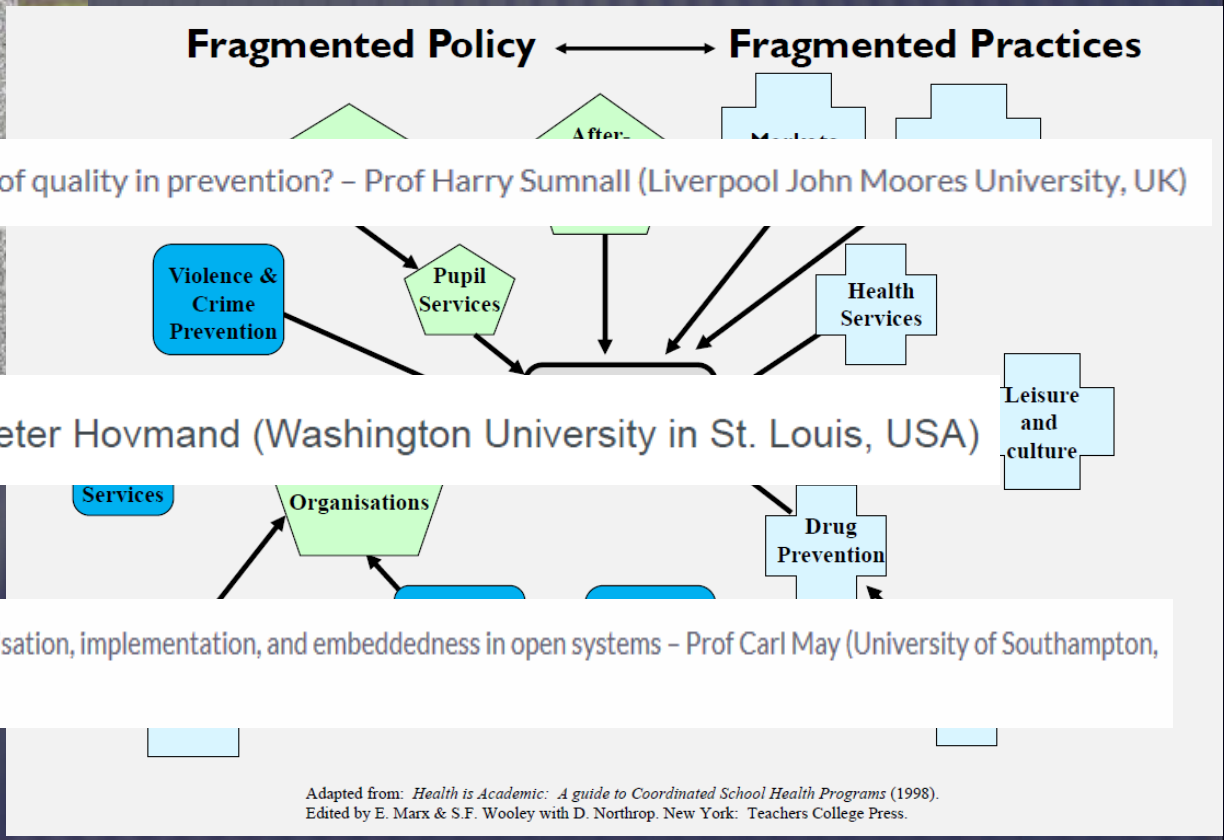
- Dr Nick Axford (Dartington Social Research Unit, UK) – Are evidence-based programmes dead?



- How do we support a professional culture of quality in prevention? – Prof Harry Sumnall (Liverpool John Moores University, UK)

- Health system dynamics – Prof Peter Hovmand (Washington University in St. Louis, USA)



- Rethinking the dynamics of primary prevention: mobilisation, implementation, and embeddedness in open systems – Prof Carl May (University of Southampton, UK)

Much Commonality

Am J Community Psychol
DOI 10.1007/s10464-012-9522-x

ORIGINAL PAPER

The Quality Implementation Framework: A Synthesis of Critical Steps in the Implementation Process

Duncan C. Meyers · Joseph A. Durlak · Abraham Wandersman

Table 4 Steps included in each reviewed framework

Framework phases and steps	Van de Ven et al. (1989)	Klein and Sorra (1996)	Hawkins et al. (2002); Mihalic et al. (2004)	Okumus (2003)	Rogers (2003)	PfS (2003)	Chinman et al. (2004)	Greenhalgh et al. (2004)	Rycroft-Malone (2004)
Phase One: Initial considerations									
1. Needs and resources assessment			X		X	X	X		
2. Fit assessment		X	X	X	X		X	X	
3. Capacity/readiness assessment			X			X	X	X	
4. Possibility for adaptation	X				X		X	X	
5. Buy-in; supportive climate	X	X	X	X	X	X	X	X	X
6. General org. capacity building			X			X	X	X	X
7. Staff recruitment/maintenance			X	X	X	X	X		
8. Pre-innovation training		X	X	X	X	X	X	X	
Phase Two: Structure for implementation									
9. Implementation teams	X		X		X	X		X	
10. Implementation plan			X	X		X	X		
Phase Three: Ongoing support strategies									
11. TA/coaching/supervision	X	X	X			X		X	
12. Process evaluation	X	X	X	X		X	X	X	X
13. Feedback mechanism			X	X			X	X	X
Phase Four: Improving future applications									
14. Learning from experience		X					X		

Framework phases and steps	Spoth et al. (2004); Spoth and Greenberg (2005)	Fixsen et al. (2005)	Glisson and Schoenwald (2005)	Greenberg et al. (2005)	Sandler et al. (2005)	Hall and Hord (2006)	Stith et al. (2006)	Kilbourne et al. (2007)
Phase One: Initial considerations								
1. Needs and resources assessment	X	X	X	X		X	X	X
2. Fit assessment		X	X	X	X		X	X
3. Capacity/readiness assessment		X		X		X	X	
4. Possibility for adaptation	X	X		X	X	X	X	X
5. Buy-in; supportive climate		X	X	X		X	X	X
6. General org. capacity building	X					X	X	
7. Staff recruitment/maintenance	X	X				X	X	
8. Pre-innovation training	X	X	X	X	X	X	X	X
Phase Two: Structure for implementation								
9. Implementation teams	X	X		X	X	X	X	
10. Implementation plan		X			X	X		X
Phase Three: Ongoing support strategies								
11. TA/coaching/supervision	X	X	X	X	X	X	X	X

Shifting the Focus from Programmes to What?

Reframing the Dissemination Challenge: A Marketing and Distribution Perspective

A fundamental obstacle to successful dissemination

Matthew W. Kreuter, PhD, MPH, and Jay M. Bernhardt, PhD, MPH

December 2009, Vol 99, No. 12 | American Journal of Public Health

Building infrastructure for prevention interventions is key – but mostly we have invested only in single programmes

Let Us Think About Cars and Mobility:

Training and User Liscence

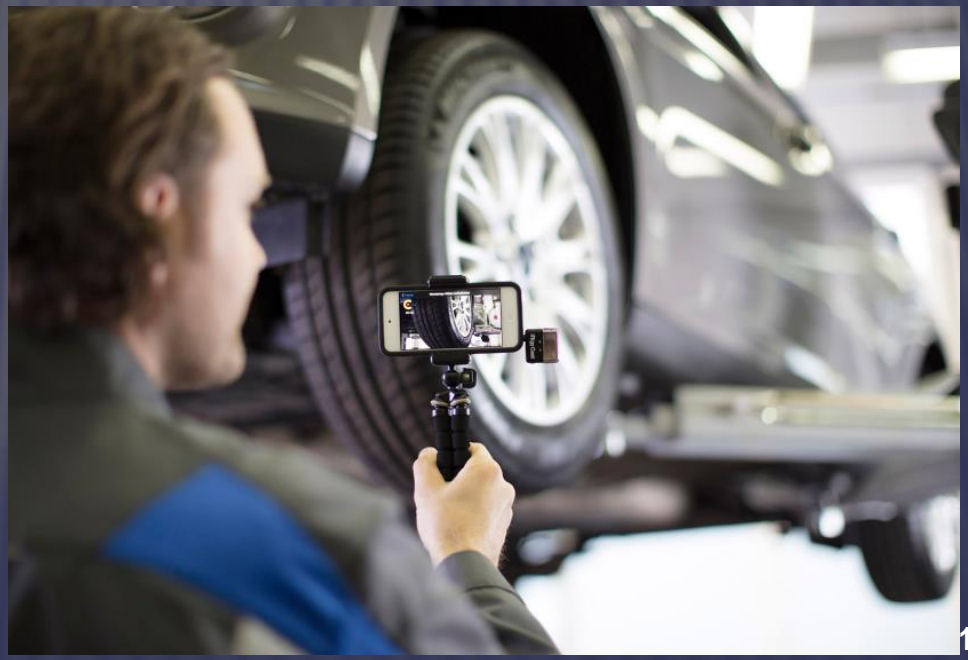
Availability:

Usability:

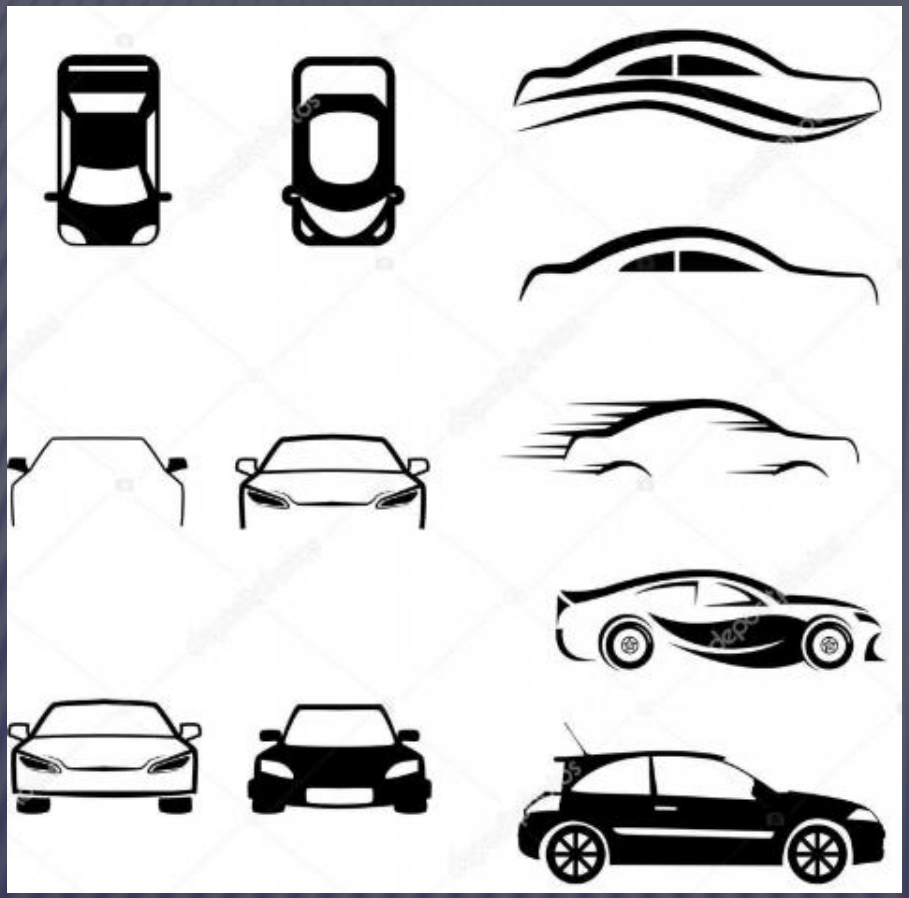

Angertorstraße
Znaimerstraße
Wiedenstraße
Berggasse
Windmühlgasse
Volksbank
Donau-Weinland
Musikschule
Retz
Poisgasse
Ranzonistraße
Kirchenstraße
Heimatmuseum
Retz
Pfarrgasse
L1026
Höfleinerstraße
Schmiedgasse
Lehengasse
Kremserstraße
s'Fahrradl
im Schloss
Wallstraße
Bahnhofstraße
Roseggergasse
Jahnstraße
Puntschertstraße
Geißlerstraße
Shell
Strobl
35
30

Usability:

Usability:



Customizing To Your Needs:



…without violating the model integrity!

What Has Been Done So Far:

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- Optimizing programmes (cars) without optimizing infrastructure:

- easy available? – more than single programme strategies

- trained and liscenced users? – more than programme specific

- coordinated strategies by broader system? – more than advocating for single programmes

- support for local implementers?- more than a single programme provider can do

- etc.

What's Standing in the Way of the Spread of Evidence-based Programs?

A look at one critical link in the chain—th
organizations responsible for disseminatin

By Alex Neuhoff, Eliza Loomis, and Farhana Ahmed

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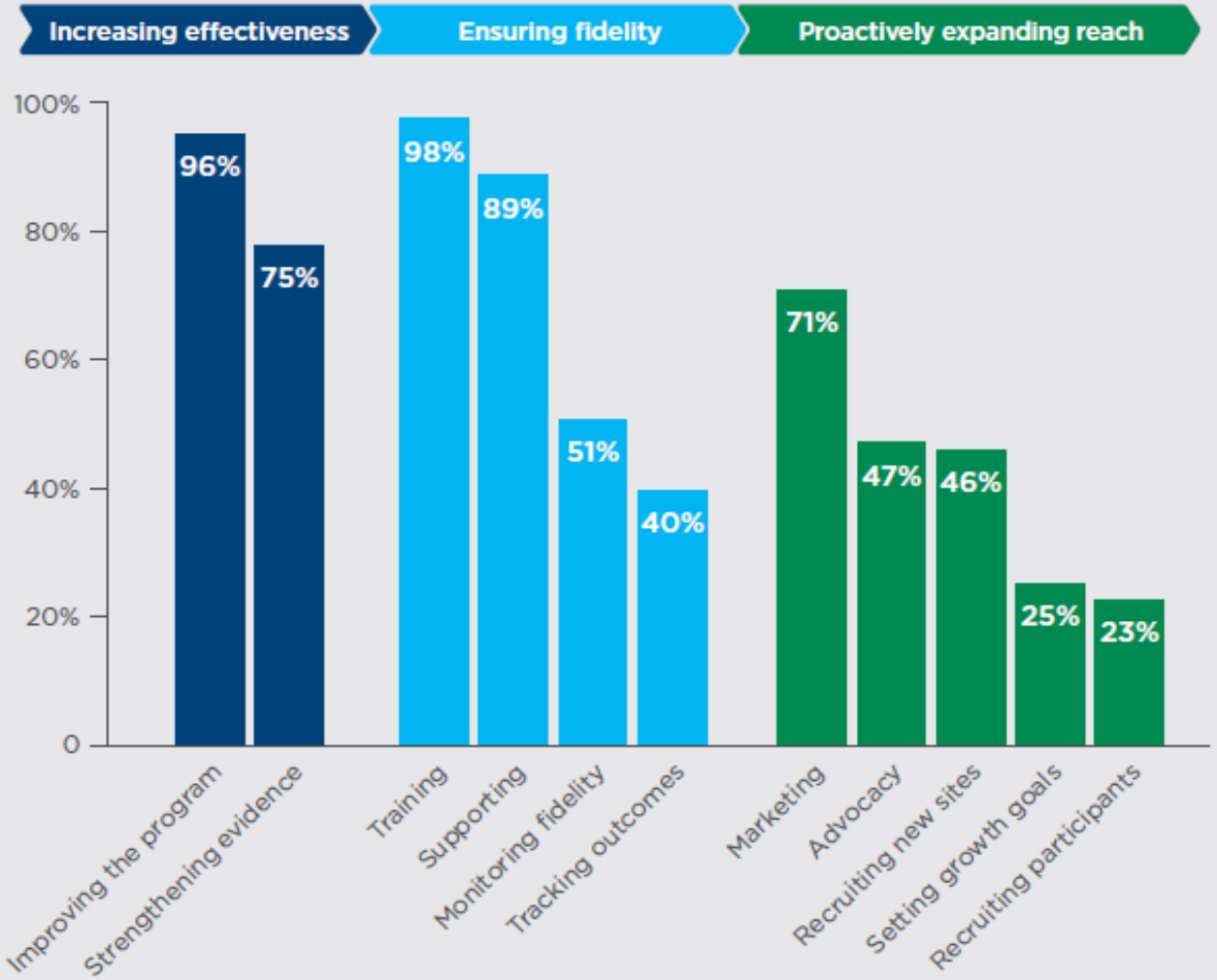
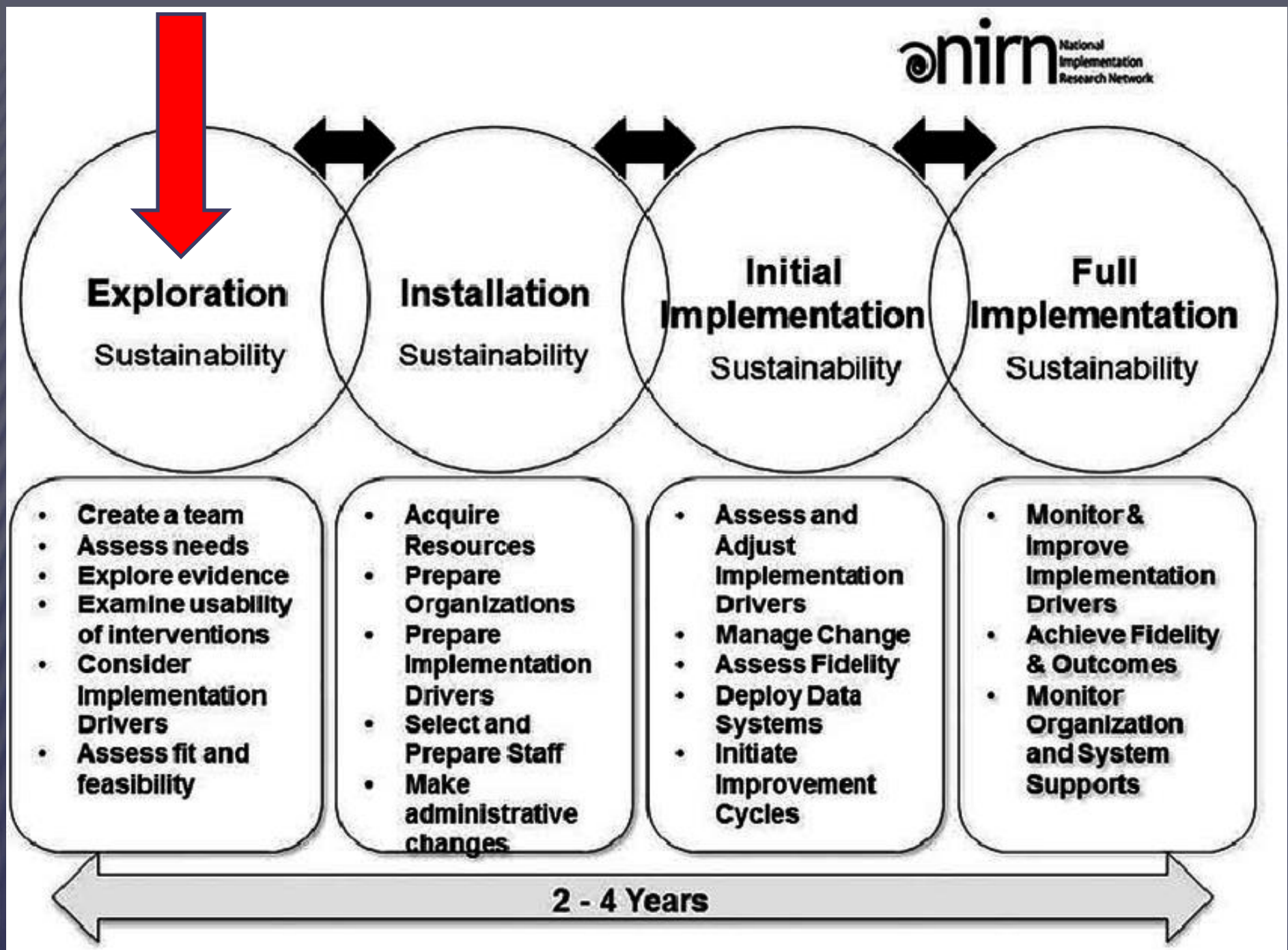
Chart 2: Percent of purveyors surveyed who conduct each activity (*N=43*)



Note: All respondents did not answer all questions.


nirn
National Implementation Research Network
Exploration
Sustainability
Installation
Sustainability
Initial Implementation
Sustainability
Full Implementation
Sustainability
• Create a team
• Assess needs
• Explore evidence
• Examine usability of interventions
• Consider Implementation Drivers
• Assess fit and feasibility
• Acquire Resources
• Prepare Organizations
• Prepare Implementation Drivers
• Select and Prepare Staff
• Make administrative changes
• Assess and Adjust Implementation Drivers
• Manage Change
• Assess Fidelity
• Deploy Data Systems
• Initiate Improvement Cycles
• Monitor & Improve Implementation Drivers
• Achieve Fidelity & Outcomes
• Monitor Organization and System Supports
2 - 4 Years

Practice-based Taxonomy of Implementation Barriers for EBP

Type of Barrier	1) Academic
Definition	Refusal of EBP because of caveats against underlying methodological standards.
Typical Statements	"There is more than one type of (scientific) knowledge" "RCT's are not the Gold Standard"
Actual Reasons for Refusal	local support for programmes or practices with other / lower / no scientific evidence behind them
Typical Representatives	Professionals with scientific education who have strayed into practice contexts, middle management level
Estimated Prevalence in Real World Settings (100% = all persons with EBP rejection)	5 %
Promising Strategies	- sometimes better to ignore in discussions in front of audiences of practitioners - claim scientific pluralism also for EBP

Practice-based Taxonomy of Implementation Barriers for EBP

Type of Barrier	2) Culturalistic
Definition	Refusal of EBP because of conflicting norms, values and attitudes
Typical Statements	"EBP are not relevant for our target groups because of the foreign origin" (also called the "Not Invented Here - Syndrom") "EBP are too directive and in contradiction to our working style"
Actual Reasons for Refusal	EBP are in competition with existing programmes and practices Negative experiences with EBP implementation (the "Dark logic" of failed implementation experiences)
Typical Representatives	Middle administrative level, some front-line staff
Estimated Prevalence in Real World Settings (100% = all persons with EBP rejection)	20%
Promising Strategies	- talk about positive implementation experiences in their settings

Practice-based Taxonomy of Implementation Barriers for EBP

Type of Barrier	3) Pragmatic
Definition	Refusal of EBP because of scarce resources and capacities
Typical Statements	"We do not have enough resources available to implement this programme"
Actual Reasons for Refusal	Sometimes camouflage of academic or culturalistic reasons, could be also refusal of change in general, but mostly actual lack of ressources
Typical Representatives	Key leaders, front-line staff
Estimated Prevalence in Real World Settings (100% = all persons with EBP rejection)	75%
Promising Strategies	- mobilize additional resources - implement low-resource interventions - develop local infrastructure

Practice-based Taxonomy of Implementation Barriers for EBP

Type of Barrier	Academic	Culturalistic	Pragmatic
Definition	Refusal of EBP because of caveats against underlying methodological standards.	Refusal of EBP because of conflicting norms, values and attitudes	Refusal of EBP because of scarce resources and capacities
Typical Statements	"There is more than one type of (scientific) knowledge" "RCT's are not the Gold Standard"	"EBP are not relevant for our target groups because of the foreign origin" (also called the "Not Invented Here - Syndrom") "EBP are too directive and in contradiction to our working style"	"We do not have enough resources available to implement this programme"
Actual Reasons for Refusal	local support for programmes or practices with other / lower / no scientific evidence behind them	EBP are in competition with existing programmes and practices Negative experiences with EBP implementation (the "Dark logic" of failed implementation experiences)	Sometimes camouflage of academic or culturalistic reasons, could be also refusal of change in general, but mostly actual lack of ressources
Typical Representatives	Professionals with scientific education who have strayed into practice contexts, middle management level	Middle administrative level, some front-line staff	Key leaders, front-line staff
Estimated Prevalence in Real World Settings (100% = all persons with EBP rejection)	5 %	20%	75%
Promising Strategies	- sometimes better to ignore in discussions in front of audiences of practitioners - claim scientific pluralism also for EBP	- talk about positive implementation experiences in their settings	- mobilize additional resources - implement low-resource interventions - develop local infrastructure

Community Coalitions

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…have the potential for building infrastructure for EBP
(and for advocating for infrastructure on larger system levels):

- coordinated demand for programmes that fit to local population needs, norms and ressources
- shared responsibility for implementation and results
- build up programme-specific and generic implementation knowledge

… but need support for this work

Communities That Care:

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Community Planning System

- to prevent multiple juvenile problem behaviours, including violence
- by tackling common risk and protective factors
- through community coalitions and evidence-based programmes
- with a public-health approach
  (e.g. Hawkins, Catalano et al. 1992, Hawkins et al. 2002)

Implementation Model:

- providing instruments, training and technical assistance for community prevention coalitions to adopt a prevention science approach

https://www.communitiesthatcare.net/

CTC – Implementation Strategy:

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- mobilizing community stakeholders and empowering community coalitions for strategic prevention planning (Phase 1 and 2)
- need and ressource assesment: measuring profiles of risk and protection at community level (CTC - Youth Survey), focus on the most pressing r/p factors and assessment of existing ressources and services (Phase 3)
- matching of effective prevention programmes to community needs, developing measurable goals, community action plan (Phase 4)
- monitoring and evaluation of results of programme implementation, adjustment of action plan (Phase 5)

Community Coalitions

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(and for advocating for infrastructure on larger system levels):

- coordinated demand for programmes that fit to local population need, norms and ressources
- shared responsibility for implementation and results
- build up programme-specific and generic implementation knowledge

… but need <u>also scientific</u> support for this work

Research This!

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Thank you very much for your attention!

www.ctc-network.eu