2020

C→C
CO-CREATE

D7.5: A workshop for CO-CREATE co-workers on how to apply the implementation and evaluation protocol

University of Oslo
30.04.2020

Deliverable administration and summary			
Due date	30.04.2020		
Submission date	29.04.2020		
Deliverable type	Other		
Contributors:	**Name**	**Organisation**	**Role / Title**
Deliverable Leader	Nanna Lien	UoO	WP7-leader/Professor
Contributing Author(s)			
Reviewer(s)	Arnfinn Helleve Deanna Hoelscher	NIPH UTHealth	
Final review and approval	Nanna Lien	UoO	WP7-leader/Professor

Document change history				
Version	**Release date**	**Reason for Change**	**Status (Draft/In-review/Submitted)**	**Distribution**

Dissemination level		
PU	Public	X

Executive Summary

Background: Planning for implementation and evaluation of policies should be standard practice in public health, but lack of knowledge and skills in how to develop and follow up such plans is one potential barrier to establishing such a practice. Thus, building local capacity for this through partnership between the researchers in CO-CREATE and stakeholders of a policy idea might be one way to overcome this. However, to achieve this the CO-CREATE partners need to be trained to do this and provided with a protocol on how to do it. This deliverable reports on a workshop to train the CO-CREATE partners and collect feedback to finalize the protocol on writing implementation and evaluation plans.

Method: The workshop consisted of two 3-hour sessions on evaluation and implementation, respectively. Each session was built up with an hour theory, an hour of application of the theory in country teams using a policy idea developed in one of the youth alliances and an hour of feedback and reflections in a plenary session. The workshop was delivered online using Zoom, and was given in the afternoon of two adjacent days.

Results: There were 16 – 18 participants of which about a third had prior theoretical or practical knowledge of evaluation or implementation. The structure and content were well-received, but several comments about issues that needed further clarification in the protocol were raised and grouped into eleven overarching topics.

Conclusion: The workshop was attended and delivered as planned, and was found to be well-structured and informative. Input for the protocol was collected and the need for a follow-up process of online meetings during the actual phase of developing evaluation and implementation plans was acknowledged.

Table of content

Introduction

Work package 7 (WP7) has the overarching aim to evaluate the project using process, output and impact data. This aim is broken down into three objectives with corresponding tasks. This deliverable is part of Objective 7.2: *To develop implementation and evaluation plans for 1-3 selected co-created obesity-related policy interventions (tools, strategies, programmes) in each of the five countries*, and the corresponding Task 7.3 *To develop implementation and evaluation plans for 1-3 selected co-created obesity-related policy interventions (tools, strategies, programmes) within the five countries*. This task has the following three deliverables, and involves five of the CO-CREATE-partners (UoO, UvA, LSHTM, CEIDSS, SWPS):

D7.4: A protocol for developing implementation and evaluation plans (Month 24)
D7.5: A workshop for CO-CREATE co-workers on how to apply the protocol (Month 24)
D7.6: Implementation and evaluation plans (in local languages) from each of the five case countries (Month 54)

Planning for implementation and evaluation of policies should be standard practice in public health, but lack of knowledge and skills in how to develop and follow up such plans is one potential barrier to establishing such a practice. Thus, building local capacity for this through partnership between stakeholders of a policy idea and the researchers in CO-CREATE might be one way to overcome this.

Deliverable description

Evaluation plans will be based on obesity-related policy evaluation frameworks developed by WHO and in the US (WHO 2008, IOM 2013) aimed at collecting process, output and impact data. Implementation plans should be based on relevant theories and frameworks (Nilsen 2015, Horodyska et al 2015) applied to the local context in systematic manner (Eldredge et al 2016). A protocol with an overall evaluation framework and a guide on developing implementation and evaluation plans will be developed. The fieldworkers of the five countries will be trained and guided in the use of these protocols before developing implementation and evaluation plans for 1-3 selected co-created obesity-related policy interventions in their countries.

Relationship to WP5 and WP6
The policy ideas are developed by youth in the alliances (WP5) and discussed with the stakeholders (WP6). The ideas to be taken forward into implementation and evaluation plans should be those ideas that seem to be taken up by the stakeholders and are thus more likely to materialize.

Relationship to D7.4 (protocol) and D7.6 (implementation and evaluation plans)
The workshop was delivered prior to finalizing the protocol (D7.4) in order to ensure that partners had a common basis for understanding the protocol and that the protocol had been adapted to the prior knowledge of the partners. Based on the workshop, the protocol and the co-creation process, 1-3 plans per country will be delivered (D7.6). For each of these plans the possibility of collaboration beyond CO-CREATE on collecting data, analyzing result and reporting on implementation and evaluation according to the plans, will be explored on a case to case basis.

Objective of deliverable

This report pertains to deliverable D7.5 *A workshop for CO-CREATE co-workers on how to apply the protocol*, and reports on the workshop execution and results.

The workshop had the following objectives:
1) Build evaluation and implementation capacity/find current level
2) Try out some tools to assess their usefulness
3) Get feedback and discuss opportunities and challenges to writing implementation and evaluation plans
4) Plan for the support needed during the process of writing implementation and evaluation plans

Description of activities

The workshop was developed by Professor Nanna Lien, University of Oslo, based on prior knowledge and experience in program evaluation and implementation research and teaching, the referenced material in the grant proposal, inputs from the CO-CREATE partners and literature from ongoing tasks in the PEN (Policy Evaluation Network) project (https://www.jpi-pen.eu/). The specific resources used for the presentations are listed in Appendix 1.

The workshop was conducted online through Zoom due to the COVID-19 pandemic, and had the following program:

Wednesday March 11th 2020 at 12.00-15.00

12.00-13.00 Introduction to policy evaluation (Nanna Lien) – see appendix 2
13.00-14.00 Task 1 Working in country teams – see appendix 1 for task and tools
14.15-15.00 Sharing of experience, clarifying further needs

Thursday March 12th 2020 at 13.30-16.30

13.30-14.30 Introduction to implementation (Nanna Lien) – see appendix 3
14.30-15.30 Task 2 Working in country teams – see appendix 2 for task and tools
15.45-16.30 Sharing of experience, clarifying further needs

The participants were provided with the ppt, asked to bring a policy idea from their Youth alliances to work on during tasks. They were also given the following suggestions to read the article, the tip sheet on evaluation questions and explore the logic models and evaluation plans on the same website:
1) Leeman J, Sommers J, Vu M, Jernigan J, Payne G, Thompson D, et al. An Evaluation Framework for Obesity Prevention Policy Interventions. Prev Chronic Dis 2012;9:110322. DOI: http://dx.doi.org/10.5888/pcd9.110322 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3457745/pdf/PCD-9-E120.pdf

2) Evaluation questions http://centertrt.org/?p=evaluation_questions
3) Logic models and evaluation plans http://centertrt.org/?p=evaluation_models

No preparation instructions were given prior to the Thursday session of the workshop.

Results

1) Participants and their pre-knowledge

The invited participants were all internal CO-CREATE partners and had signed up for the physical London meeting planned for March 11-13th 2020. As part of the sign up they had been surveyed informally on their prior knowledge of and experience with effect evaluation and implementation in theory and practice (both in research and public health projects).

Table 1 shows that despite the escalating COVID 19 situation, there were only a few that could not attend at all or attended only partly. Some changes were also made internally at each partner organization to ensure they were represented.

Table 1 Overview of participants in the CO-CREATE

Name (Country/organization)	Signed up	Wednesday	Thursday
Cecile Knai (UK)	yes	yes	yes
Natalie Savona (UK)	yes	from 2pm	-
Heike Rolker (UK)	-	-	yes
Talia Macauley (UK)	yes	-	-
Gerlieke Veltkamp (NL)	yes	yes	yes
Sherria Ayandini (NL)	yes	yes	yes
Evelyne Baillergeau (NL)	yes	-	yes
Franca de Waard (NL)		-	yes
Anna Banik (PL)	yes	yes	yes
Magda Kruk (PL)	yes	yes	yes
Ana Rito (PT)	Yes	-	-
Sofia Mendes (PT)	Yes	yes	yes
Margarida Bica (PT)	Yes	yes	yes
Fredrik Vaaheim (PRESS)	yes	-	-
Margrete Bjørge Katanasho (PRESS)	-	yes	yes
Samantha Nesrallah (EAT)	yes	yes	yes
Helene Holbæk (NO)	yes	yes	yes
Navnit K Grewal (NO)	yes	yes	yes
Therese Bakke (Coordinator)	yes	yes	yes

The survey of those signing up showed that about 1/3 of the group had prior knowledge and/or experience with evaluation or implementation. Surprisingly, there was only one participant who answered yes on both.

Do you have theoretical training/education in effect evaluation?   5 yes/16
Have you been involved in effect evaluation in research projects?   6 yes/16
Have you been involved in effect evaluation of public health projects (not research)?   3 yes/16

Do you have theoretical training/education in implementation?   4 yes/16
Have you been involved in implementation planning in research projects?   6 yes/16
Have you been involved in implementation planning of public health projects?   3 yes/16

2) Feedback and discussions

In general, the participants were happy with the structure and content of the workshop. The lack of time to prepare due to material being provided late and the lack of pre-knowledge/experience, as well as the Zoom format being new for this type of activity, probably reduced the amount of feedback and discussion. However, a few points were raised that needs to be clarified in the protocol – see the 11 themes below.

In relation to some of these points, it was suggested to look into the Theoretical Domains Framework, revisit the RE-AIM framework and consult with the CO-CREATE advisory board. One participant offered to share resources from previous work experience that could be useful. It was stressed that anyone who had resources to share could upload these in a designated folder on the CO-CREATE Sharepoint or send an e-mail to Nanna.

It also became clear that although this was a useful introduction that would help applying the protocol, there was a need for setting up a support structure of joint meetings and individual follow-up at country level when the actual process of developing the plans is set in motion.

Themes of feedback that needs to be addressed:

Clarification on the purpose of making the implementation and evaluation plans
It needs to be clear that this is a capacity building, theoretical exercise preparing for implementation and evaluation should the policy idea be enacted.

Type of evaluation
It needs to be clear that the evaluation plan is for the impact and process evaluation, and it is building on the formative work done by the youth when developing the policy idea. The implementation plan also includes the process evaluation measures.

Adoption vs. implementation
It needs to be clear what the differences is between adoption and implementation of a policy as adoption sometimes seem to be seen as equal to implementation.

Level of adoption

It must clear whether the team can choose between a policy that is to be adopted at the national, local or organizational level. It was discussed that policies that are enacted at the national level have greater potential for impact, but assembling a team to plan for implementation and evaluation might be more difficult than at the local (municipality) or organizational (school) level.

Criteria for selecting policy idea
Although the local teams are best set to make judgements about which policy idea from the youth is more likely to be taken forward after the stakeholder forum and also where the possibility for assembling an evaluation and implementation team might be most feasible, a set of criteria to think about when choosing the policy ideas for the 1-3 implementation and evaluation plans would be good. In addition to the above-mentioned guidance, this could be whether it could be linked into already existing policies and mandates.

Youth involvement
It needs to be clarified how youth can be involved in the teams and how these youth are selected/recruited.

Costs and how to keep the stakeholders and youth involved
Given that there are no funds for this exercise, we need to strike a balance between the work done by CO-CREATE partners and how much time we can expect other stakeholders and youth to put in. Yet, an equal partnership with stakeholders and youth is needed to create ownership to the plans and thus ensure that they will be used if the policy is enacted. The benefits to being involved should be clarified in the protocol.

Systems perspective
The logic model used for the practical exercises were found to be useful, but very linear in it's thinking. The protocol should reflect how the logic model template can be set in a systems perspective.

Clearer distinction between evaluation and implementation of policy vs. program
It was noted that a policy could contain many programs, and in that case should there be logic models for all these? It was also found to be a bit unclear how to think about implementation of a policy - which might be very broad and unspecific about which activities should be done to change which factors to solve the problem – whereas implementation of a program where the program is usually planned starting from the problem and the factors influencing it working backwards to find effective activities to change these factors. This needs to be clarified in theory and also in the application of the logic model template.

Indicators
Thinking of good indicators to measure impact and implementation was difficult as some of the policies were on topics less familiar to the partners. Advise on how to find these – i.e. consult with national experts, websites with databases of measures previously used i.e. to measure the behaviors and implementation.

Need for a logic model example on physical activity

It was noted that the majority of examples of logic models on the website used was for food and dietary behaviors, thus there is a need for examples aimed at physical activity.

Conclusion

The workshop was attended and delivered as planned, and was found to be well-structured and informative. Input for the protocol was collected and the need for a follow-up process of online meetings during the actual phase of developing evaluation and implementation plans were acknowledged.

References

- Eldredge LKB, et al. Planning Health Promotion Programs: An Intervention Mapping Approach (4th ed). USA: Jossey-Bass, 2016.
- Horodyska K, et al. (2015). Implementation conditions for diet and physical activity interventions and policies: an umbrella review. BMC Public Health, 15.
- IOM (Institute of Medicine). 2013. Evaluating obesity prevention efforts: A plan for measuring progress. Washington, DC: The National Academies Press.
- Nilsen P. (2015). Making sense of implementation theories, models and frameworks. Implementation Science, 10, 53.
- World Health Organization 2008. WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation.

Appendix

Appendix 1 Resources used to develop the workshop content
Appendix 2 Policy evaluation planning intro presentation and task
Appendix 3 Policy implementation intro presentation and task

Appendix 1 Resources used to develop the workshop content

EVALUATION OF POLICY

1) CDC: Office of the Associate Director for Policy and Strategy AD for Policy and Strategy Home Health Policy Analysis and Evidence
   https://www.cdc.gov/policy/analysis/toolsandproducts/index.html
   a. Overview of CDC's Policy Process (2012)
   b. Using Evaluation to Inform CDC's Policy Process (2014)

2) National Center for Injury Prevention and Control CDC - Policy Evaluation briefs (ca 2015?)
   Brief 1: https://www.cdc.gov/injury/pdfs/policy/Brief%201-a.pdf
   Brief 2: https://www.cdc.gov/injury/pdfs/policy/Brief%202-a.pdf
   Brief 3: https://www.cdc.gov/injury/pdfs/policy/Brief%203-a.pdf
   Brief 4: https://www.cdc.gov/injury/pdfs/policy/Brief%204-a.pdf
   Brief 5: https://www.cdc.gov/injury/pdfs/policy/Brief%205-a.pdf
   Brief 6: https://www.cdc.gov/injury/pdfs/policy/Brief%206-a.pdf
   Brief 7: https://www.cdc.gov/injury/pdfs/policy/Brief%207-a.pdf
   Appendices: https://www.cdc.gov/injury/pdfs/policy/Appendices-a.pdf

3) CDC: Program Performance and Evaluation Office (PPEO)
   https://www.cdc.gov/eval/index.htm

4) The Center for Training and Research Translation (Center TRT http://centertrt.org/) bridges the gap between research and practice and supports the efforts of public health practitioners working in nutrition, physical activity and obesity prevention by:
   a. Reviewing evidence of public health impact and disseminating population-level interventions;
   b. Designing and providing practice-relevant training both in-person and web-based;
   c. Addressing social determinants of health and health equity through training and translation efforts; and,
   d. Providing guidance on evaluating policies and programs aimed at impacting healthy eating and physical activity.

http://centertrt.org/?p=evaluation_resources

Leeman J, Sommers J, Vu M, Jernigan J, Payne G, Thompson D, et al. An Evaluation Framework for Obesity Prevention Policy Interventions. Prev Chronic Dis 2012;9:110322. DOI: http://dx.doi.org/10.5888/pcd9.110322

Evaluation Steps
Six connected steps together can be used as a starting point to tailor an evaluation for a particular public health effort, at a particular point in time. An order exists for fulfilling each step – in general, the earlier steps provide the foundation for subsequent progress. https://www.cdc.gov/eval/steps/index.htm

https://www.cdc.gov/eval/materials/frameworksummary.pdf

Handbook on writing evaluation plans:
https://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf

5) Evaluating Obesity Prevention Efforts: A plan for measuring progress:
https://www.nap.edu/catalog/18334/evaluating-obesity-prevention-efforts-a-plan-for-measuring-progress (2013)
   a. Briefs
      i. Report Brief
      ii. Indicators for Measuring Progress in Obesity Prevention
   b. The book
      i. IOM (Institute of Medicine). 2013. Evaluating obesity prevention efforts: A plan for measuring progress. Washington, DC: The National Academies Press
   c. The tool box: (**NOTE** – This website was terminated after the CO-CREATE workshop, but the Community Tool Box which they refer a lot to is available
   https://ctb.ku.edu/en)
      i. http://www.nationalacademies.org/hmd/activities/nutrition/obesityprevprogress/resources-evaluating-community-level-obesity-prevention-efforts

   TABLE OF CONTENTS of the tool box

   General Evaluation Resources
   Steps in Community Evaluation (and Related Resources)

1. Design Stakeholder Involvement
2. Identify Resources for Monitoring and Summative Evaluation
3. Describe the Intervention's Framework, Logic Model, or Theory of Change
4. Focus the Monitoring and Summative Evaluation Plan
5. Plan for credible methods
6. Synthesize and Generalize
   Systems and Evaluation

IMPLEMENTATION

1) Durlak JA, DuPre EP. Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. American Journal of Community Psychology 2008; 41: 327-350

2) Bertram RM, Blasé KA, Fixsen DL. Improving Programs and Outcomes: Implementation Frameworks and Organization Change. Research on Social Work Practice 2015, Vol. 25(4) 477-487. https://doi.org/10.1177/1049731514537687

3) Pfadenhauer, L.M., Gerhardus, A., Mozygemba, K. *et al.* Making sense of complexity in context and implementation: the Context and Implementation of Complex Interventions (CICI) framework. *Implementation Sci* **12,** 21 (2017). https://doi.org/10.1186/s13012-017-0552-5

4) Aarons, G.A., Hurlburt, M. & Horwitz, S.M. Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Adm Policy Ment Health* **38,** 4–23 (2011). https://doi.org/10.1007/s10488-010-0327-7

5) Proctor, E.K., Powell, B.J. & McMillen, J.C. Implementation strategies: recommendations for specifying and reporting. *Implementation Sci* **8,** 139 (2013). https://doi.org/10.1186/1748-5908-8-139

6) Powell, B.J., Waltz, T.J., Chinman, M.J. *et al.* A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Sci* **10,** 21 (2015). https://doi.org/10.1186/s13012-015-0209-1

7) Saunders RP, Evans M, H, Joshi P. Developing a Process-Evaluation Plan for Assessing Health Promotion Program Implementation: A How-To Guide. Health Promotion Practice 2005; 6: 13
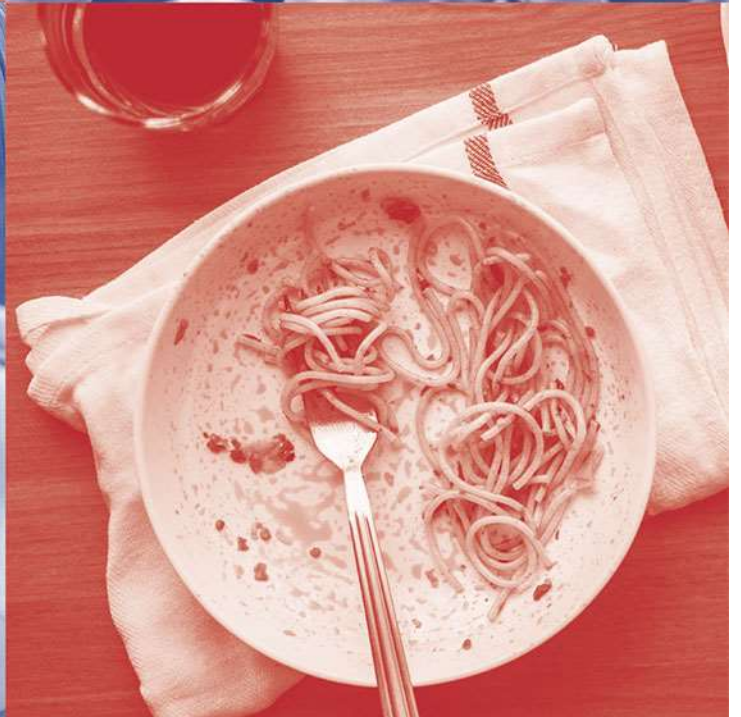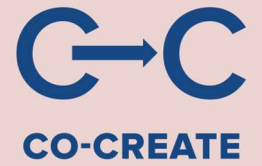
CO-CREATE WP7
Developing implementation and evaluation plans – Day 1

Online Workshop 11-12th of March 2020

WP-leader Nanna Lien, UiO

Agenda

Wednesday 12.00-15.00

12.00-13.00 Introduction to policy evaluation

13.00-14.00 Task 1 Working in country teams

14.15-15.00 Sharing of experience, clarifying further needs

Wednesday 15.00-16.00

Task 7.2 Process evaluation - status

Thursday 13.30-16.30

13.30-14.30 Introduction to implementation

14.30-15.30 Task 2 Working in country teams

15.45-16.30 Sharing of experience, clarifying further needs

Placing the workshop in context

Objectives of WP7

- **Obj. 7.1:** To develop an adaptable system dynamics core model (knowledge repository) for quantitative modelling of the system structure governing the development of obesity and the model-based assessment of selected policies, - both based upon state-of the art evidence (WP3) and the system maps (WP4).

- **Obj. 7.2:** To develop **implementation and evaluation plans** for 1-3 selected co-created obesity-related policy interventions (tools, strategies, programmes) in each of the five countries

- **Obj. 7.3:** To evaluate the experiences/changes of the youth involved in the project (WP4 and 5) and to evaluate the experience of the participants in the forums (WP6)

Tasks in WP7

- **Task 7.1**. To develop an adaptable system dynamic core model (knowledge repository)

- **Task 7.2** To conduct a process evaluation of the changes of the youth and other stakeholders involved in the activities in WP4-6 within the five countries.

- **Task 7.3** To **develop implementation and evaluation plans** for 1-3 selected co-created obesity-related policy interventions (tools, strategies, programmes) within the five countries.

Output from WP 7

Deliverable	Deliverable Title	Due Date
D7.1	Review of existing system dynamics models on overweight/obesity in children	18
D7.2	Articles of simulation of policy effects	54
D7.3	A system dynamic model (knowledge repository)	54
D7.4	A protocol for developing implementation and evaluation plans	24
D7.5	A workshop for CO- CREATE co-workers on how to apply the protocol	24
D7.6	Implementation and evaluation plans (in local languages) from each of the five case countries	54
D7.7	A questionnaire for measuring attitudes/ readiness for action	6
D7.8	Article on the changes in attitudes/readiness for action towards policy measures to combat childhood obesity among youth and other stakeholders	54

Person months in WP7 (M3-M60)

Partner number and short name	
2 - UvA	6
3 - UNIVERSITY OSLO	41
5 - LSHTM	6
6 - UCT	2
7 - CEIDSS	6
12 - UiB	38
13 - SWPS UNIVERSITY	6
TOTAL	105.00

Task 7.3 Purpose /In relation to WP5 & WP6

- The 1-3 most promising policy ideas come from youth alliances (WP5), gain momentum at the stakeholder forum (WP6) and then you/your team have to see a potential/have an interest in it moving forward with it.

- Assemble a team (youth, stakeholders, practitioners etc) to draft implementation and evaluation plans of each of the 1-3 policies.

- There is a missing link in the policy cycle in CO-CREATE as we could not promise to have the policies adopted.
  - Thus the implementation and evaluation plans will be drafts.
  - The task should be seen as capcaity building with regards to planning for implementation and evaluation of policies to reduce childhood obesity and building a potential for evaluation

Aims of the workshop

1. Build evaluation and implementation capacity/find current level

2. Try out some tools to assess their usefulness

3. Get feedback and discuss opportunities and challenges to writing implementation and evaluation plans

4. Plan for the support needed during the process of writing implementation and evaluation plans (content of protocol, online resources, regular meetings etc)

Resources
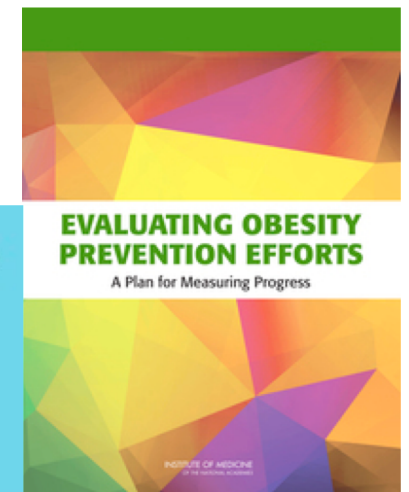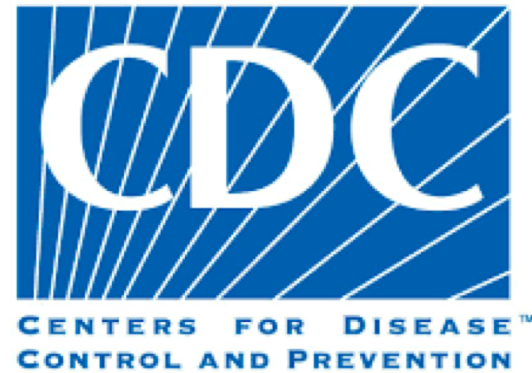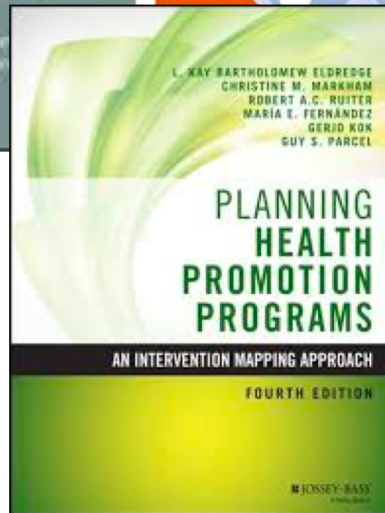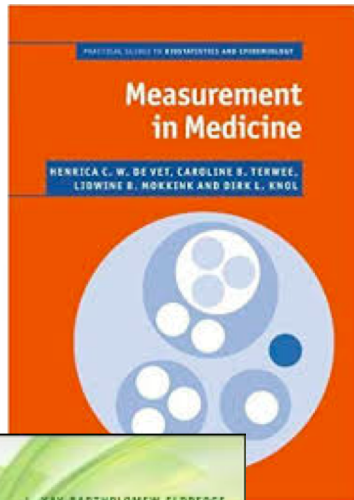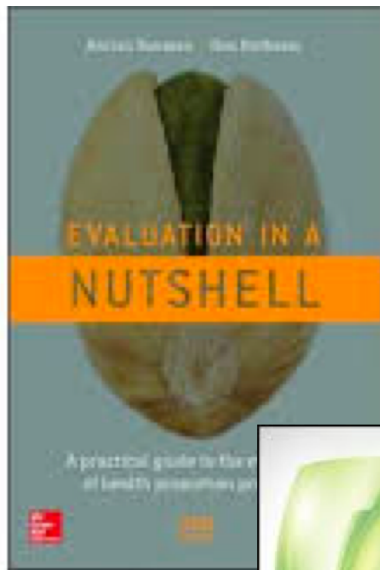
Policy evaluation

FIGURE 1: POLICY PROCESS

Centers for Disease Control and Prevention. Overview of CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.

Definitions

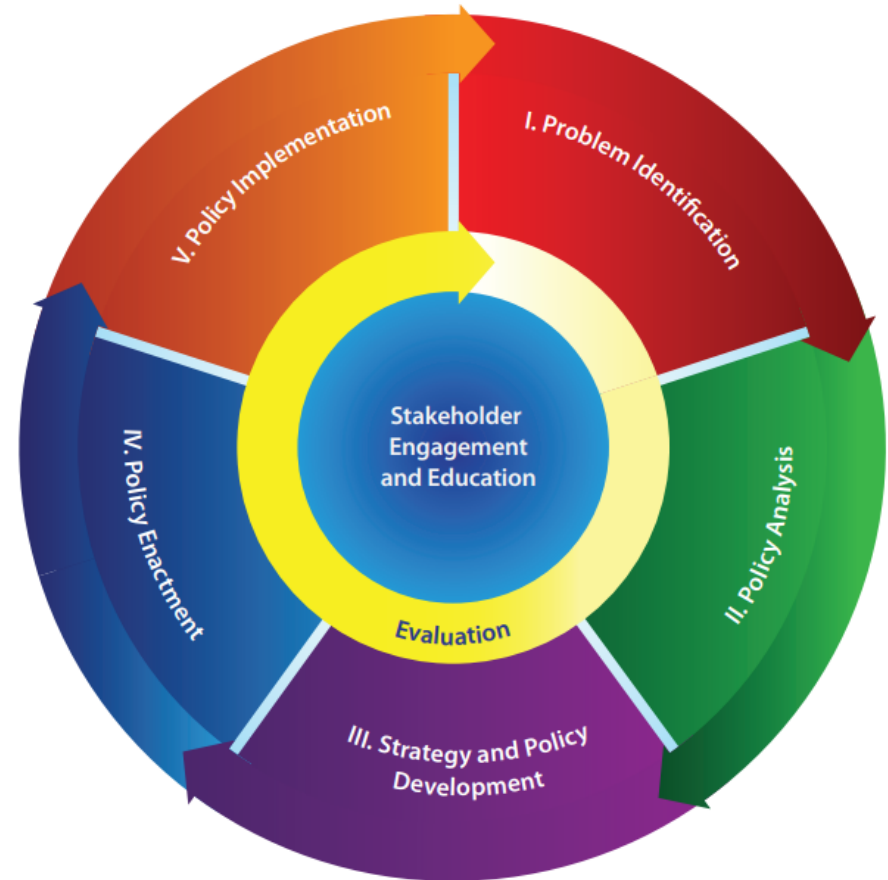**POLICY** is a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions. Within the context of public health, policy development includes advancing and implementing public health law, regulations, or voluntary practices that influence systems development, organizational change, and individual behavior to promote improvements in health.[3]

PROGRAM is the object of evaluation, which could be any organized public health activity, including direct service interventions, research initiatives, surveillance systems, policy development and implementation activities, outbreak investigations, laboratory diagnostics, communication campaigns, infrastructure building projects, training and educational services, and administrative systems.[4]

EVALUATION is the systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, or inform future decisions about program development.[5]

POLICY EVALUATION is the systematic collection and analysis of information to make judgments about contexts, activities, characteristics, or outcomes of one or more domain(s) of the Policy Process. Evaluation may inform and improve policy development, adoption, implementation, and effectiveness, and builds the evidence base for policy interventions.

I. Problem Identification
II. Policy Analysis
III. Strategy and Policy Development
IV. Policy Enactment
V. Policy Implementation
Stakeholder Engagement and Education
Evaluation

V. Policy Implementation

- Translate the enacted policy into action, monitor uptake, and ensure full implementation.
- Translate policy into operational practice and define implementation standards
- Implement regulations, guidelines, recommendations, directives and organizational policies
- Identify indicators and metrics to evaluate implementation and impact of the policy
- Coordinate resources and build capacity of personnel to implement policy
- Assess implementation and ensure compliance with policy
- Support post-implementation sustainability of policy

Centers for Disease Control and Prevention. Overview of CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.

Stakeholder Engagement and Education

- Identify and connect with decision-makers, partners, those affected by the policy, and the general public.

- Identify key stakeholders, including supporters and opponents (e.g., community members, decision-makers, nonprofit, and forprofit agencies)

- Assess relevant characteristics (e.g., knowledge, attitudes, needs)

- Implement communication strategies and deliver relevant messages and materials

- Solicit input and gather feedback

Centers for Disease Control and Prevention. Overview of CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.

Evaluation

- Formally assess the appropriate steps of the policy cycle, including the impact and outcomes of the policy.

- Define evaluation needs, purpose, and intended uses and users

- Conduct evaluation of prioritized evaluation questions (e.g., was the problem defined in a way that prioritized action, how were stakeholders engaged, *is the policy being implemented as intended, what is the impact of the policy*)

- Disseminate evaluation results and facilitate use

Centers for Disease Control and Prevention. Overview of CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.

FIGURE 2:
FRAMEWORK FOR PROGRAM
EVALUATION IN PUBLIC HEALTH

Engage Stakeholders

Describe the program

Ensure use and share lessons learned

Standards
Utility
Feasibility
Propriety
Accuracy

Focus the evaluation design

Justify conclusions

Gather credible evidence

Centers for Disease Control and Prevention. Using Evaluation to Inform CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2014.

Standards for Conducting Evaluation

Utility: Who wants the evaluation results and for what purpose?

Feasibility: Are the evaluation procedures practical, given the time, resources, and expertise available?

Propriety: Is the evaluation being conducted in a fair and ethical way?

Accuracy: Are approaches at each step accurate, given stakeholder needs and evaluation purpose?

Step by Step – Evaluating Violence and Injury Prevention Policies. Brief 1

Policy Evaluation Versus Program Evaluation

Although policy evaluation and program evaluation have many similarities, there are some important differences as well. Some of these differences include:

- The level of analysis required (e.g., system or community level for policy evaluation; program level for program evaluation).

- The degree of control and clear "boundaries" may be more challenging with policy evaluation.

- The ability to identify an equivalent comparison community may be more challenging with policy evaluation.

- The scale and scope of data collection may be greater with policy evaluation.

- Policy evaluation may require increased emphasis on the use of surveillance and administrative data.

- The type and number of stakeholders involved may differ.

Policy Evaluation Challenges

Potential Policy Evaluation Challenges	
▪ Lack of resources or clear responsibility for evaluation	▪ Lack of strong evidence base to support policy
▪ Fear of evaluation and lack of familiarity with policy evaluation methods	▪ External and contextual factors such as economic conditions or public awareness
▪ Lack of "control" over policy implementation	▪ Access to appropriate data
▪ Rapid pace of policy	▪ Lack of appropriate measures
▪ Political scrutiny and desire for quick production of results	▪ Difficulty in identifying appropriate comparison communities

The types of evidence collected will depend on

A. The type of evaluation being conducted (e.g., formative, process, or outcome)

B. The available data sources and methods

C. The context within which the evaluation is being conducted

D. The content of the questions being asked

Centers for Disease Control and Prevention. Using Evaluation to Inform CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2014.

A. Types of evaluation

- **Formative evaluation** looks at the larger context and environment to determine the main problem and identify solutions that are feasible, appropriate, and meaningful for the target population.

- For a policy evaluation, this step would happen before a policy is adopted and implemented.

- It would also encompass questions related to the content of the policy:
  - Core components and implementation requirements of policy
  - Evidence-base supporting policy strategy
  - Context of policy development and adoption
  - Stakeholder roles and responsibilities
  - Content of similar policies

- **Process evaluation** examines the implementation of policy related activities. For a policy effort, process evaluation could examine the implementation of a policy, focusing on _the degree to which the inputs, activities, and outputs were implemented_ as planned, _barriers_ to its implementation, and _factors that support_ its implementation.

- **Outcome/impact evaluation** examines whether the intended _outcomes and impacts_ occurred, and may also examine whether or not outcomes and impacts can be attributed to the policy.

Centers for Disease Control and Prevention. Using Evaluation to Inform CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2014.

Figure 3. Policy Development Phases and Types of Evaluation

| Problem Identification | Policy Analysis | Strategy and Policy Development | Policy Enactment | Policy Implementation |

Content Evaluation | Implementation Evaluation | Impact Evaluation

Formative · **Process** · **Outcome /impact**

Step by Step – Evaluating Violence and Injury Prevention Policies. Brief 1

B. Data sources and methods

TABLE 1: DATA SOURCES AND METHODS

	PRIMARY	SECONDARY
QUANTITATIVE	• Questionnaires/surveys • Measurement through direct observation (e.g., seatbelt use observed at stoplights) • Media tracking (including social media) • Tracking, registry included in policy language (e.g., mandatory reporting requirements included in policies, cooperative agreements, etc.)	• Existing research • Existing surveillance systems (e.g., Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), Pregnancy Risk Assessment Monitoring System (PRAMS), National Health Interview Survey (NHIS)) • Geographic Information Systems (GIS) research • Budgetary data
QUALITATIVE	• Content analysis of the policy itself, any revisions to the policy, amendments, revised regulations, court rulings, or other formal changes to the policy • Key Informant Interviews • Focus groups • Case studies • Observations (e.g., meetings, community characteristics, walkability) • Media tracking (including social media)	• Secondary analysis of primary qualitative data sets (e.g., secondary analysis of interview transcripts); the use of existing data to find answers to research questions that differ from the questions asked in the original research.[9] • Retrospective review of charts/case notes • Literature review • Environmental scan

Centers for Disease Control and Prevention. Using Evaluation to Inform CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2014.

C. The context of the evaluation

- How much time is there until results are needed?

- How many resources (monetary and human) can be devoted to the evaluation?

- Are there special ethical considerations that need to be taken into account?

- Who is the audience for the evaluation?

- What is the level of rigor and accuracy demanded of the results?

- Should the outcome be measured at one point in time or at multiple points?

Centers for Disease Control and Prevention. Using Evaluation to Inform CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2014.

D. The content of the evaluation

- Is the evaluation or question regarding a sensitive topic?

- Can a behavioral/health outcome be observed without influencing the target behavior?

- Are there issues of confidentiality or anonymity to consider?

- Are we seeking a point in time estimate or are we trying to more fully understand the activity or outcome?

- Are there readily available and accurate secondary data?

Centers for Disease Control and Prevention. Using Evaluation to Inform CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2014.

Step 1: Engage Stakeholders – and compile your team

- Policy experts
- Evaluation experts
- Subject matter experts
- Implementers

- Stakeholders who were or are opposed to the policy

- **Team members** need a clear understanding of their degree of involvement and specific responsibilities.

- **The core team** should include stakeholders who are involved in the evaluation from beginning to end and will assist with design and implementation of the evaluation as well as analysis and dissemination of results.

- **The lead evaluator** is often responsible for activities including planning, budgeting, developing the evaluation plan, guiding the team in selecting evaluation questions and design, addressing data collection issues, compiling results, facilitating discussion about interpretation of results, and preparing final evaluation results

Step 2: Describe the Policy Being Evaluated, included using Logic Models

- **Inputs** - the information or resources required for developing and implementing a policy.

- **Activities** - the actions that are carried out in order to implement the policy.

- **Outputs** - the direct results of these action steps.

- **Outcomes** - are *short-term and intermediate changes* in target audience behaviors, awareness of risk factors, attitudes, and knowledge.

- **Impacts** - are *long-term* changes in indicators.

- **Indicators** - are specific, observable, measurable characteristics of changes that demonstrate progress toward outcome or impact.
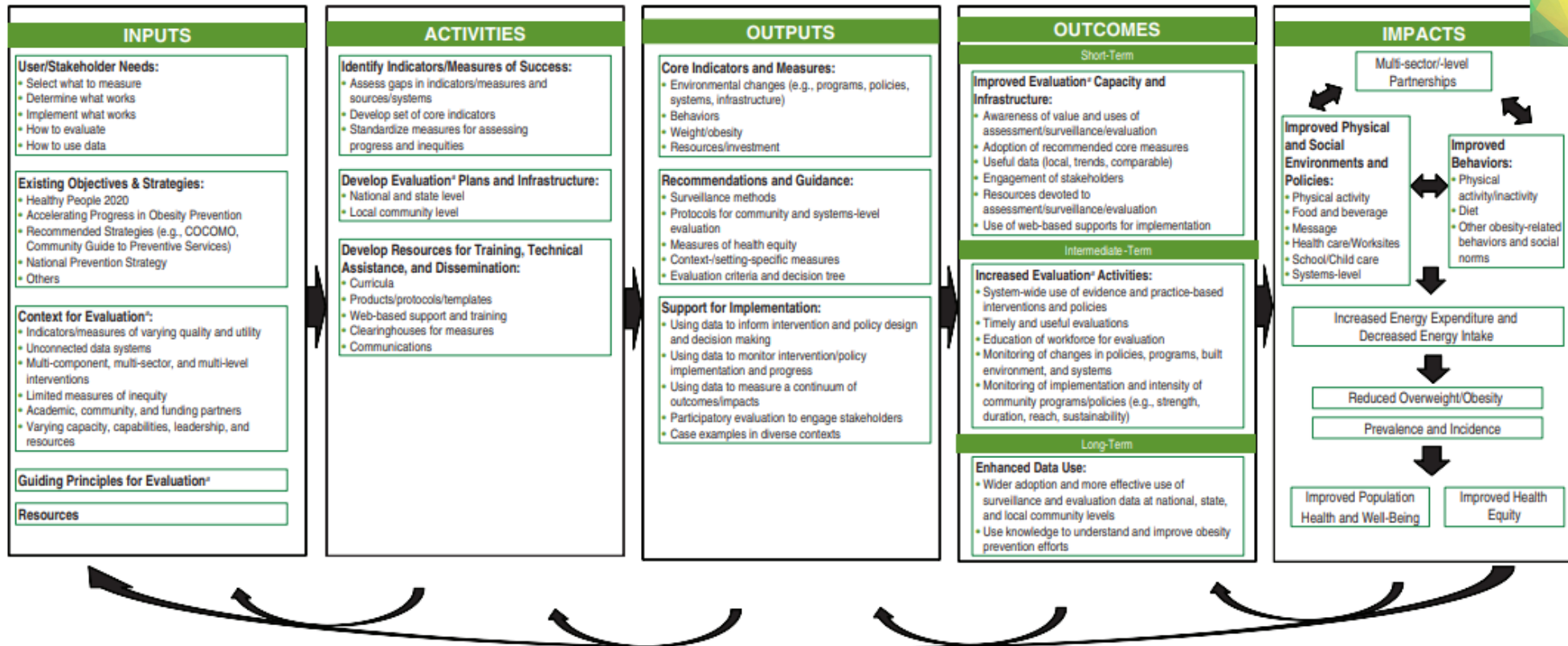
OVERARCHING POLICY LOGIC MODEL

CONTEXT

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES & IMPACTS		
			SHORT TERM	INTERMEDIATE	LONG TERM
Context	Identify problem to be addressed	Policy analytic framework	Policy enactment*/ adoption	Changes to physical, economic, budgetary, social environment	Population-level impact on health outcomes
Problem(s)	Engage Stakeholders	Prioritized policy agenda/options	Policy implementation	Behavior change	Equitable distribution of improvements across population sub-groups
Infrastructure	Educate Stakeholders	Engaged stakeholders	Policy uptake	Changes in knowledge, attitudes, beliefs, and skills	Cost-effective improvements in population health
Funding	Review evidence and options (policy analysis)	Implementation and enforcement	Policy enforcement (monitoring compliance)	Changes in organizational, societal, cultural norms	
Staff	Prioritize policy options	Evaluation reports	Education, communication, and media		
Time	Identify strategies and how the policy will operate				
Knowledge	Develop policies				
Stakeholder Dynamics	Evaluation				

A generic policy logic model
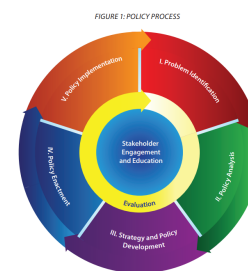
FIGURE 1: POLICY PROCESS

Evaluating Progress of Obesity Prevention Efforts

Vision: Assure timely and meaningful collection and analysis of data to inform and improve obesity prevention efforts at national, state, and community levels.

INPUTS

User/Stakeholder Needs:
- Select what to measure
- Determine what works
- Implement what works
- How to evaluate
- How to use data

Existing Objectives & Strategies:
- Healthy People 2020
- Accelerating Progress in Obesity Prevention
- Recommended Strategies (e.g., COCOMO, Community Guide to Preventive Services)
- National Prevention Strategy
- Others

Context for Evaluation[a]:
- Indicators/measures of varying quality and utility
- Unconnected data systems
- Multi-component, multi-sector, and multi-level interventions
- Limited measures of inequity
- Academic, community, and funding partners
- Varying capacity, capabilities, leadership, and resources

Guiding Principles for Evaluation[a]

Resources

ACTIVITIES

Identify Indicators/Measures of Success:
- Assess gaps in indicators/measures and sources/systems
- Develop set of core indicators
- Standardize measures for assessing progress and inequities

Develop Evaluation[a] Plans and Infrastructure:
- National and state level
- Local community level

Develop Resources for Training, Technical Assistance, and Dissemination:
- Curricula
- Products/protocols/templates
- Web-based support and training
- Clearinghouses for measures
- Communications

OUTPUTS

Core Indicators and Measures:
- Environmental changes (e.g., programs, policies, systems, infrastructure)
- Behaviors
- Weight/obesity
- Resources/investment

Recommendations and Guidance:
- Surveillance methods
- Protocols for community and systems-level evaluation
- Measures of health equity
- Context-/setting-specific measures
- Evaluation criteria and decision tree

Support for Implementation:
- Using data to inform intervention and policy design and decision making
- Using data to monitor intervention/policy implementation and progress
- Using data to measure a continuum of outcomes/impacts
- Participatory evaluation to engage stakeholders
- Case examples in diverse contexts

OUTCOMES

Short-Term

Improved Evaluation[a] Capacity and Infrastructure:
- Awareness of value and uses of assessment/surveillance/evaluation
- Adoption of recommended core measures
- Useful data (local, trends, comparable)
- Engagement of stakeholders
- Resources devoted to assessment/surveillance/evaluation
- Use of web-based supports for implementation

Intermediate-Term

Increased Evaluation[a] Activities:
- System-wide use of evidence and practice-based interventions and policies
- Timely and useful evaluations
- Education of workforce for evaluation
- Monitoring of changes in policies, programs, built environment, and systems
- Monitoring of implementation and intensity of community programs/policies (e.g., strength, duration, reach, sustainability)

Long-Term

Enhanced Data Use:
- Wider adoption and more effective use of surveillance and evaluation data at national, state, and local community levels
- Use knowledge to understand and improve obesity prevention efforts

IMPACTS

Multi-sector/-level Partnerships

Improved Physical and Social Environments and Policies:
- Physical activity
- Food and beverage
- Message
- Health care/Worksites
- School/Child care
- Systems-level

Improved Behaviors:
- Physical activity/inactivity
- Diet
- Other obesity-related behaviors and social norms

Increased Energy Expenditure and Decreased Energy Intake

Reduced Overweight/Obesity

Prevalence and Incidence

Improved Population Health and Well-Being

Improved Health Equity

FIGURE 3-1 Framework for evaluating progress of obesity prevention efforts.
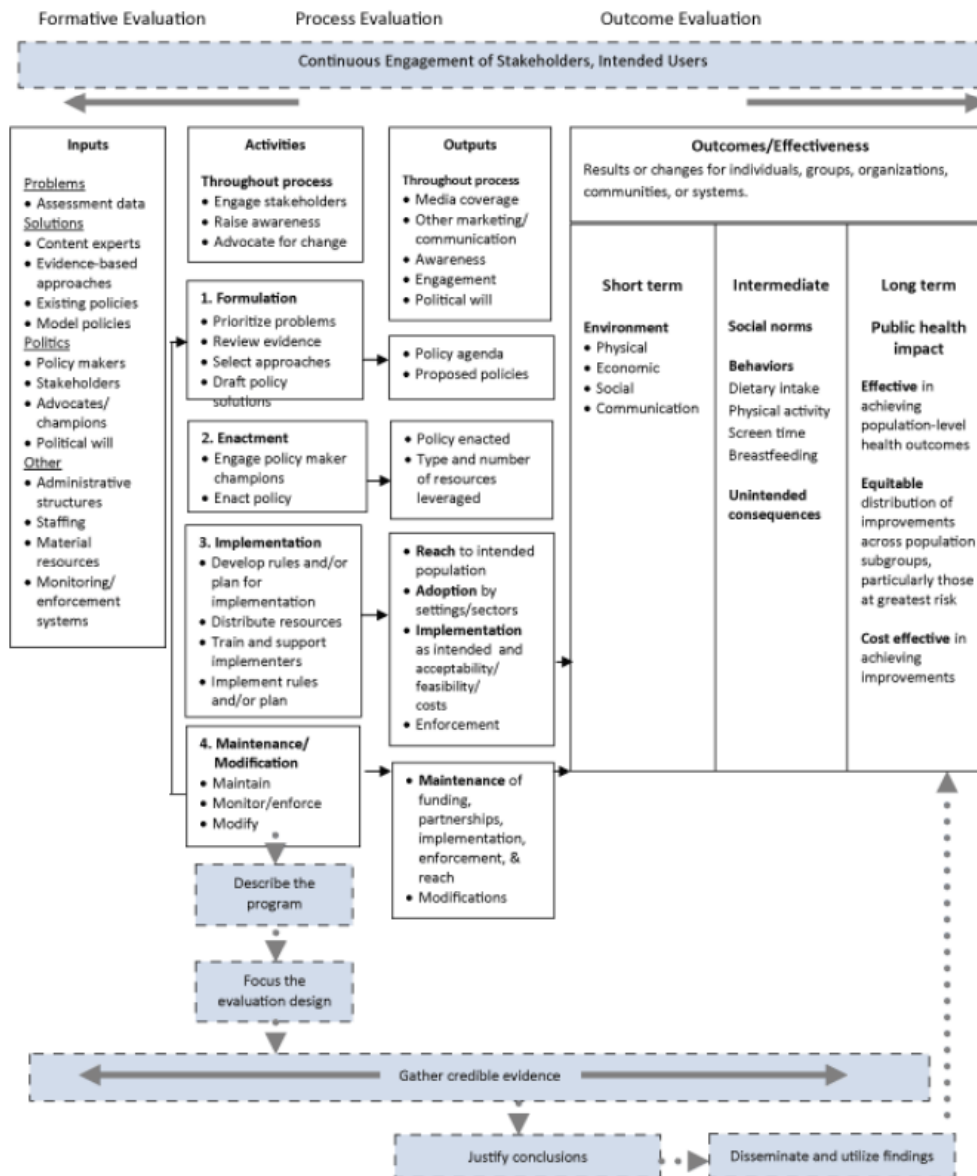
Figure 1. Center TRT's evaluation framework incorporates elements from multiple policy-making and evaluation frameworks (9,15-19).

The framework is intended **to support practitioners as they develop logic models to describe and evaluate policy making initiatives**.

Shaded portions of the figure represent the Centers for Disease Control and Prevention's Evaluation Framework (16).

Leeman J, Sommers J, Vu M, Jernigan J, Payne G, Thompson D, et al. An Evaluation Framework for Obesity Prevention Policy Interventions. Prev Chronic Dis 2012;9:110322.

Step 3: Focus the Evaluation Design

- **Purpose:** What is the intent or motive for conducting the evaluation (i.e., to gain insight, change practice, assess effects, or affect participants)?

- **Users** Who are the specific persons that will receive evaluation findings or benefit from being part of the evaluation?

- **Uses** How will each user apply the information or experiences generated from the evaluation?

- **Questions** What questions should the evaluation answer? What boundaries will be established to create a viable focus for the evaluation? What unit of analysis is appropriate

- **Methods** What procedures will provide the appropriate information to address stakeholders' questions (i.e., what research _designs_ and data collection procedures best match the primary users, uses, and questions)? Is it possible to _mix methods_ to overcome the limitations of any single approach?

- **Agreements** How will the evaluation plan be implemented within available resources? What roles and responsibilities have the stakeholders accepted? What safeguards are in place to ensure that standards are met, especially those for protecting human subjects?

Purpose of <u>research design</u> in effect evaluations

- To enable us to be as confident as possible that the health promotion intervention **caused** any changes that were observed.

- This requires
  - Program implemented as intended and reached the target group
  - The best measurements possible were used to assess the impact and outcomes
  - There are no alternative explanations

  - Clarify if the intervention was more or less successful among different groups of people (teste for moderation effects)

Nutbeam and Bauman, 2006 pages 53-54

Step 4: Gather Credible Evidence

- **Indicators** How will general concepts regarding the program, its context, and its expected effects be translated into specific measures that can be interpreted? Will the chosen indicators provide systematic data that is valid and reliable for the intended uses?

- **Sources** What sources (i.e., persons, documents, observations) will be accessed to gather evidence? What will be done to integrate multiple sources, especially those that provide data in narrative form and those that are numeric?

- **Quality** Is the information trustworthy (i.e., reliable, valid, and informative for the intended uses)?

- **Quantity** What amount of information is sufficient? What level of confidence or precision is possible? Is there adequate power to detect effects? Is the respondent burden reasonable?

- **Logistics** What techniques, timing, and physical infrastructure will be used for gathering and handling evidence

Development of a measurement instrument

1. definition of construct to be measured

2. chosing measurement method

3. selection and formulation of items

4. quantification of response

Evaluation of items (reliability, validity, sensitivity)

  5. pilot testing

  6. field testing

Always try to find existing indicators with known qualities before developing new ones !

34
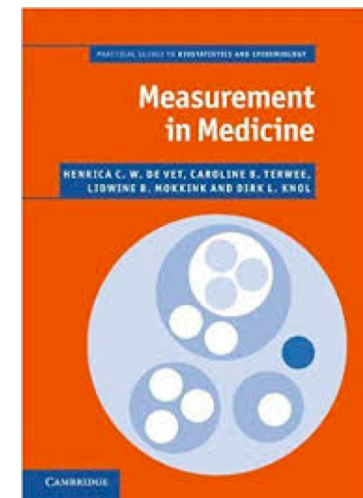
5. Justify Conclusions

- **Standards** Which stakeholder values provide the basis for forming judgments? What type or level of performance must be reached for the program to be considered successful?

- **Analysis and synthesis** What procedures will be used to examine and summarize the evaluation's findings?

- **Interpretation** What do the findings mean (i.e., what is their practical significance)?

- **Judgment** What claims concerning the program's merit, worth, or significance are justified based on the available evidence and the selected standards?

- **Recommendations** What actions should be considered resulting from the evaluation?

Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48(No.RR-11):1-42.

Figure 3. Things to Think About When Justifying Conclusions

- Present analysis results in a way that is meaningful and understandable.
- Compare results from different data and methods and perform follow-up statistical analyses or conduct review of data as necessary.
- Reconcile inconsistencies between the analyses of various components and methods.
- Interpret results within the context of evaluation questions, policy goals, and the logic model.

- Consider findings relative to evaluations of other phases of the policy.[13]
- Compare results with those of other evaluations or research studies.
- Consider alternative explanations for the findings.
- Consider the influence of external factors such as changes in other policies.

6. Ensure Use and Share Lessons Learned

INTERNAL

- Continuous feedback on policy implementation.
- Insight into interpretation of other evaluation results.
- Insight into future evaluations.
- Internal support for policy implementation.
- Increased communication between stakeholders

- **EXTERNAL**
- Providing information about effective policy components.
- Ensuring that information on the effectiveness of a policy is accessible to decision makers.
- Increasing the evidence base.
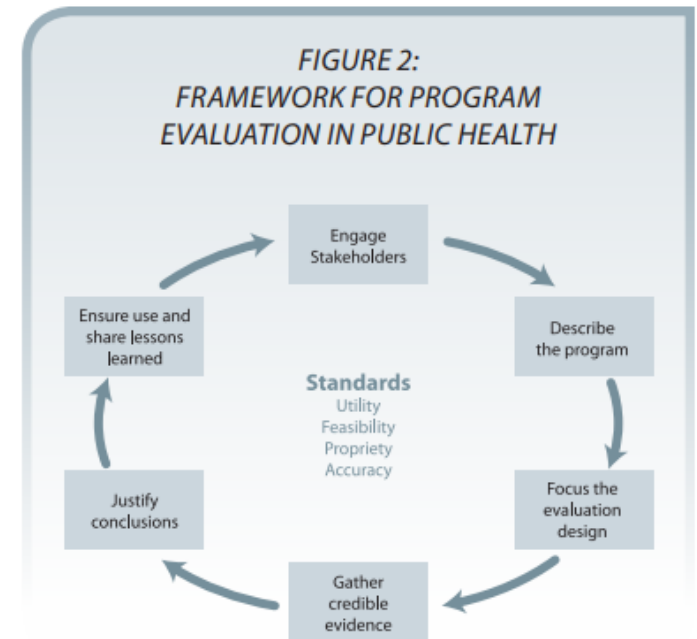- Increasing awareness about policy.

Because many factors may influence the level of use of evaluation findings, it is important to think strategically about reporting and dissemination

Step by Step – Evaluating Violence and Injury Prevention Policies. Brief 7

Tips for Developing an Evaluation Plan

The main components:

- Evaluation team members.

- Evaluation goals and questions.

- Evaluation methodology, design, and timetable.

- Data collection and analysis plan.*

- Dissemination plan.

- Resources.

The data collection plan should identify what, when, and how data will be collected and who will do the collecting.

FIGURE 2:
FRAMEWORK FOR PROGRAM
EVALUATION IN PUBLIC HEALTH

Engage Stakeholders

Describe the program

Ensure use and share lessons learned

Standards
Utility
Feasibility
Propriety
Accuracy

Focus the evaluation design

Justify conclusions

Gather credible evidence

Task 1
Preparing an Evaluation plan for one of the policy ideas

Each team to work separately 13.00-14.00

Questions to be discussed in the country teams (after having chosen one policy idea)

1. **Engage the stakeholders and build your team**
   1. Who are they key stakeholders ?
   2. Who is likely to be your core team and what kind of expertice do they have? Who will lead the team?
   3. Which are the greatest challenges you see with building your team?

2. **Describe the program** – use the Logic model template for your policy
   1. How useful was the template? What was easy/difficult?

3. **Focus the evaluation design -** use the Evaluation questions from Center TRT
   1. Purpose? Users? Uses? Questions? Methods ? Agreements?
   2. What was easy/difficult?
   3. How useful were the evaluation questions form Center TRT?

Step 1: Engage Stakeholders – and compile your team

- Policy experts
- Evaluation experts
- Subject matter experts
- Implementers

- Stakeholders who were or are opposed to the policy

- **Team members** need a clear understanding of their degree of involvement and specific responsibilities.

- **The core team** should include stakeholders who are involved in the evaluation from beginning to end and will assist with design and implementation of the evaluation as well as analysis and dissemination of results.

- **The lead evaluator** is often responsible for activities including planning, budgeting, developing the evaluation plan, guiding the team in selecting evaluation questions and design, addressing data collection issues, compiling results, facilitating discussion about interpretation of results, and preparing final evaluation results

Step 2: Describe the Policy Being Evaluated, included using Logic Models

- **Inputs** - the information or resources required for developing and implementing a policy.

- **Activities** - the actions that are carried out in order to implement the policy.

- **Outputs** - the direct results of these action steps.

- **Outcomes** are *short-term and intermediate changes* in target audience behaviors, awareness of risk factors, attitudes, and knowledge.

- **Impacts** are *long-term* changes in indicators.

- **Indicators** are specific, observable, measurable characteristics of changes that demonstrate progress toward outcome or impact.

Appendix H: Logic Model Worksheet

Refer to Brief 2 for additional information similar in topic to **Appendix H.**

Context/Need	Assumptions/Theory of Change			External Influences		
	Inputs ➡	Activities ➡	Outputs ➡	Short-Term Outcomes ➡	Intermediate Outcomes ➡	Impacts
	Indicators	Indicators	Indicators	Indicators	Indicators	Indicators

Step 3: Focus the Evaluation Design

- **Purpose:** What is the intent or motive for conducting the evaluation (i.e., to gain insight, change practice, assess effects, or affect participants)?

- **Users** Who are the specific persons that will receive evaluation findings or benefit from being part of the evaluation?

- **Uses** How will each user apply the information or experiences generated from the evaluation?

- **Questions** What questions should the evaluation answer? What boundaries will be established to create a viable focus for the evaluation? What unit of analysis is appropriate

- **Methods** What procedures will provide the appropriate information to address stakeholders' questions (i.e., what research _designs_ and data collection procedures best match the primary users, uses, and questions)? Is it possible to _mix methods_ to overcome the limitations of any single approach?

- **Agreements** How will the evaluation plan be implemented within available resources? What roles and responsibilities have the stakeholders accepted? What safeguards are in place to ensure that standards are met, especially those for protecting human subjects?

Evaluation Questions

To support public health practitioners in their evaluation efforts, Center TRT developed a list of evaluation questions that practitioners can draw upon and/or use as a starting point. These sample evaluation questions correspond to elements of the Center TRT Evaluation Framework and address components of the RE-AIM framework. The list of evaluation questions also includes suggestions for potential sources of data for answering each question. The list of questions includes sections related to formative, process, and outcomes evaluation.

📄 Evaluation Questions

http://centertrt.org/?p=evaluation_questions

Phase 3: Outcome Evaluation

Outcome evaluation focuses on the results or changes for individuals, groups, organizations, communities or systems.

Framework Component: OUTCOME

Outcomes focus on short and longer term outcomes as well as overall public health impact.

Evaluation Questions	Data Collection
21. What changes to the environment (physical, economic, and communication) occurred following implementation of the intervention/policy?	Assess changes to the environment and extent to which they match those detailed in the logic model (Q #9) (e.g., walking trails, changes in food pricing, point of purchase labeling, sidewalks, etc.)
22. What changes to the social environment occurred following implementation of the intervention/policy?	Conduct surveys and focus groups with individuals and groups to assess changes in behaviors, practices, and normative attitudes towards a particular issue.

Evaluation Plans/Logic Models for Reviewed Interventions

Center TRT developed evaluation logic models and evaluation plans for selected interventions. Each logic model available is based on the Center TRT Evaluation Framework, which incorporates RE-AIM. The evaluation plans available provide guidance on the types of questions that could be asked and types and sources of data for both process and outcome evaluation.

Logic Models and Evaluation Plans Available

Healthy Food Environments Pricing Incentives

Evaluation Materials

PDF Full description
PDF Program flyer

Center TRT developed an evaluation logic model and evaluation plan for a program similar to the Healthy Food Environments (HFE) Pricing Initiative reviewed by the Center TRT. The logic model is intended to guide the evaluation process (as opposed to the planning process); the evaluation plan focuses on the implementation and effectiveness of an HFE pricing initiative at increasing availability, visibility, and affordability of healthy foods on hospital campuses. The

http://centertrt.org/?p=intervention&id=1099&section=10

PDF HFE Logic Model

PDF HFE Evaluation Plan

CENTER TRT EVALUATION PLAN

Healthy Food Environments Pricing Initiative

Purpose: The purpose of this evaluation plan is to determine the extent of implementation, acceptability, and effectiveness of a Healthy Food Environments (HFE) Pricing Initiative similar to the North Carolina Prevention Partner's HFE Pricing Initiative. This evaluation plan provides a **menu of options** for evaluation questions covering several dimensions commonly included in program evaluations, including: reach, adoption, extent of program implementation, and effectiveness in addressing targeted outcomes. Please note that this suggested evaluation plan focuses on program implementation; a list of other relevant evaluation questions is available in the Evaluation section of the Center TRT website.

Evaluation Questions: This evaluation plan likely includes many more evaluation questions than will be feasible to answer. Similarly, it may include questions that are less important for your particular context or lack questions that should be prioritized for your context. Center TRT recommends working with your stakeholder group to prioritize the evaluation questions you will seek to answer.

Design: The evaluation is a pre- and post-test design with no comparison group.

http://centertrt.org/content/docs/Intervention_Documents/Intervention_Evaluation_Materials/HFE/HFE_Evaluation_Plan.pdf

Obesity Evaluation Toolkit: Resources for Evaluating Community-Level Obesity Prevention Efforts

General Evaluation Resources
Steps in Community Evaluation (and Related Resources)

1. Design Stakeholder Involvement

2. Identify Resources for Monitoring and Summative Evaluation

3. Describe the Intervention's Framework, Logic Model, or Theory of Change

4. Focus the Monitoring and Summative Evaluation Plan

5. Plan for credible methods

6. Synthesize and Generalize

Systems and Evaluation

http://www.nationalacademies.org/hmd/activities/nutrition/obesityprevprogress/
resources-evaluating-community-level-obesity-prevention-efforts

Obesity Evaluation Toolkit
Resources for Evaluating Community-Level Obesity Prevention Efforts

Launch Toolkit

Sharing of experiences, clarifying further needs

Wrap up session across countries 14.15-15.00

Oppurtunties & Challenges
Questions & Suggestions

1. **Engage the stakeholders and build your team**
   1. Which are the greatest challenges you see with building your team?

2. **Describe the program** – use the Logic model template for your policy
   1. How useful was the template? What was easy/difficult?

3. **Focus the evaluation design -** use the Evaluation questions from Center TRT
   1. What was easy/difficult?
   2. How useful were the evaluation questions from Center TRT?

CO-CREATE WP7
Developing implementation and evaluation plans – Day 2

Online Workshop 11-12th of March 2020

WP-leader Nanna Lien, UiO

Agenda

Thursday 13.30-16.30

13.30-14.30 Writing implementation plans
1. Implementation introduction
2. Implementing complex interventions in context (CiCi framework)
3. Factors influencing implementation in Public Service Sectors
4. Implementation strategies
5. Implementation outcomes

14.30-15.30 Task 2 Working in country teams

15.45-16.30 Sharing of experience, clarifying further needs

Thursday 16.30-17.00 Corona epidemic w/ Knut-Inge

1. Implementation introduction

The impact of an intervention depends on……

- **R**each (individual level)
  - How do I reach the targeted population with the intervention?

- **E**fficacy or effectiveness (individual level)
  - How do I know my intervention is effective?

- **A**doption (setting level)
  - How do I develop organizational support to deliver my intervention?

- **I**mplementation (setting or agent level)
  - How do I ensure the intervention is delivered properly?

- **M**aintenance (both individual and setting level)
  - How do I incorporate the intervention so that it is delivered over the long term?

www.re-aim.org/

LAW OF HALVES.....A STORY ABOUT IMPACT

www.re-aim.org/

Translation Step	Concept	% Impact
50% of Clinics Use	Adoption	50%
50% of Clinicians Prescribe	Adoption	25%
50% of Patients Accept Medication	Reach	12.5%
50% Follow Regimen Correctly	Implementation	6.2%
50% of Those Taking Correctly Benefit	Effectiveness	3.2%
50% Continue to Benefit After 6 Months	Maintenance	1.6%

Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation

Joseph A. Durlak · Emily P. DuPre

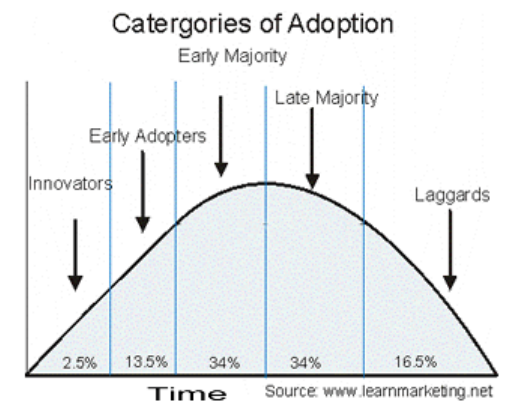# 11 common factors influencing implementation (found across reviews)

1. funding
2. a positive work climate
3. shared decision-making
4. co-ordination with other agencies
5. formulation of tasks
6. leadership
7. program champions
8. administrative support
9. providers' skill proficiency
10. training
11. technical assistance.
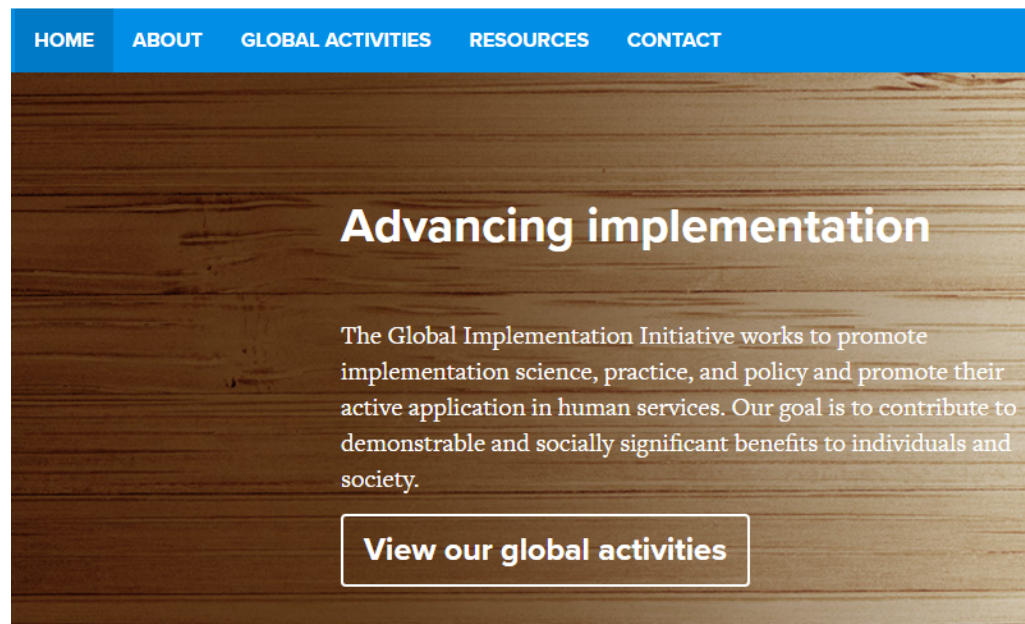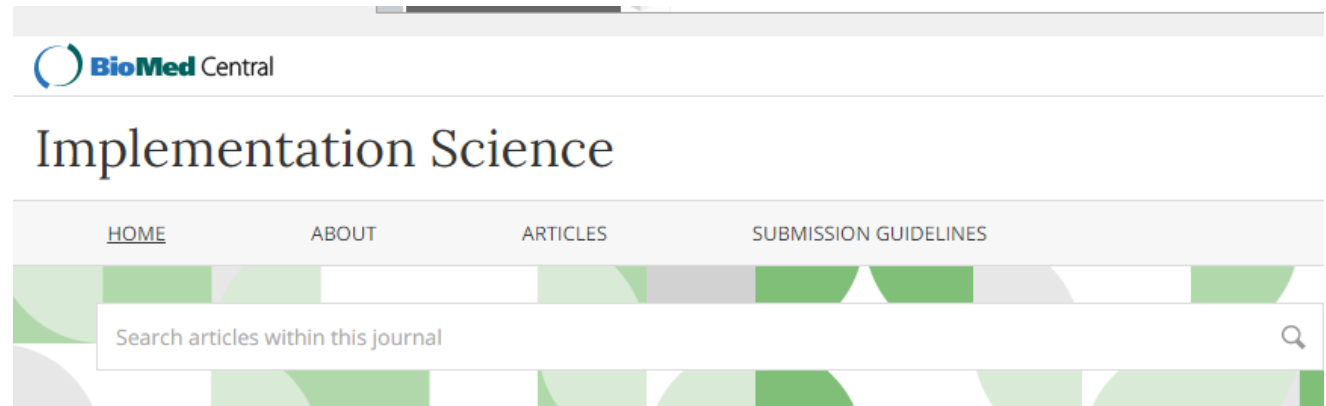
Diffusion of Innovation

The challenge of promoting the uptake of innovations that have been shown to be effective is great.
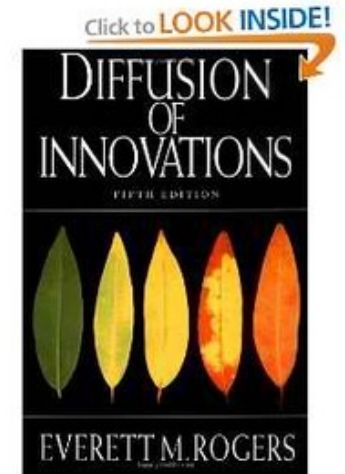
- **Compatibility** with prevailing socioeconomic and cultural values
- Clarity of the **relative advantage** of the innovation compared with current practice
- Simplicity and **flexibility**
- **Trialability** - Reversibility and perceived risk of adoption
- **Observability** of the results

Increased interest in implementation

BioMed Central

Implementation Science

| HOME | ABOUT | ARTICLES | SUBMISSION GUIDELINES |

Search articles within this journal

GII Global Implementation Initiative

| HOME | ABOUT | GLOBAL ACTIVITIES | RESOURCES | CONTACT |

Articles RSS

Advancing implementation

The Global Implementation Initiative works to promote implementation science, practice, and policy and promote their active application in human services. Our goal is to contribute to demonstrable and socially significant benefits to individuals and society.
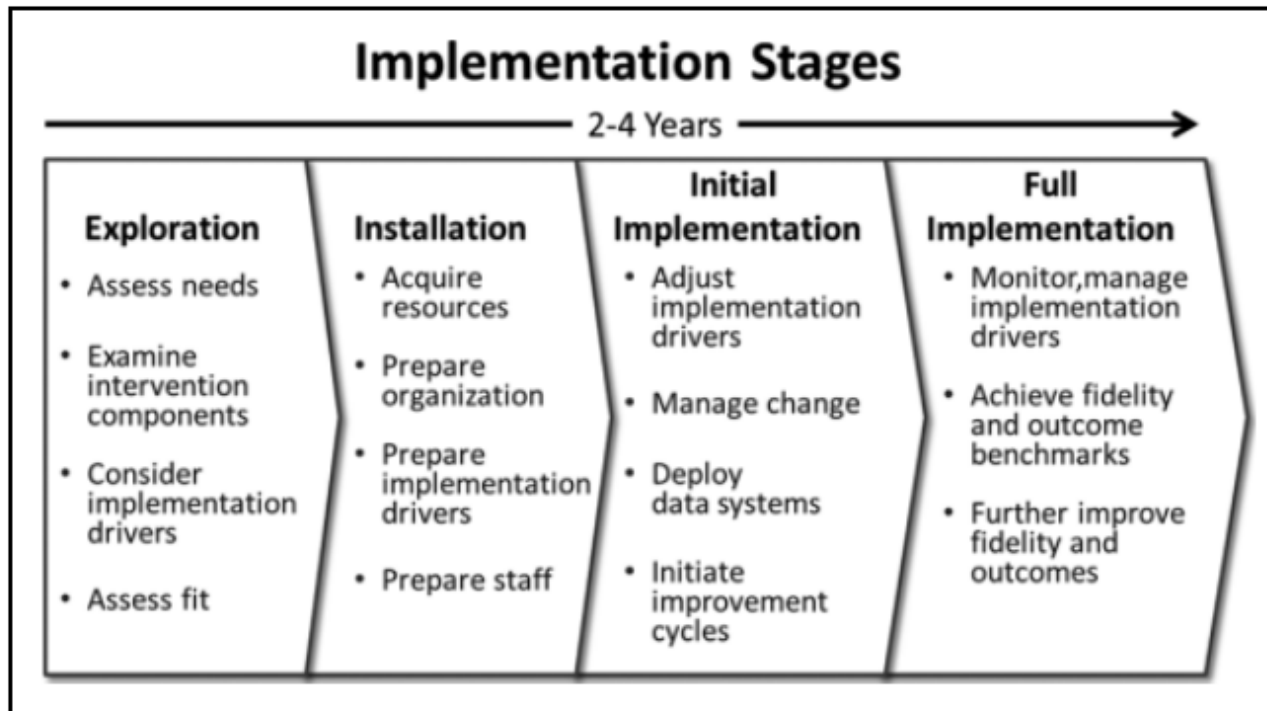
View our global activities

Aims and scope

Implementation Science aims to publish research relevant to the scientific study of methods to promote the uptake of research findings into routine healthcare in clinical, organisational or policy contexts.
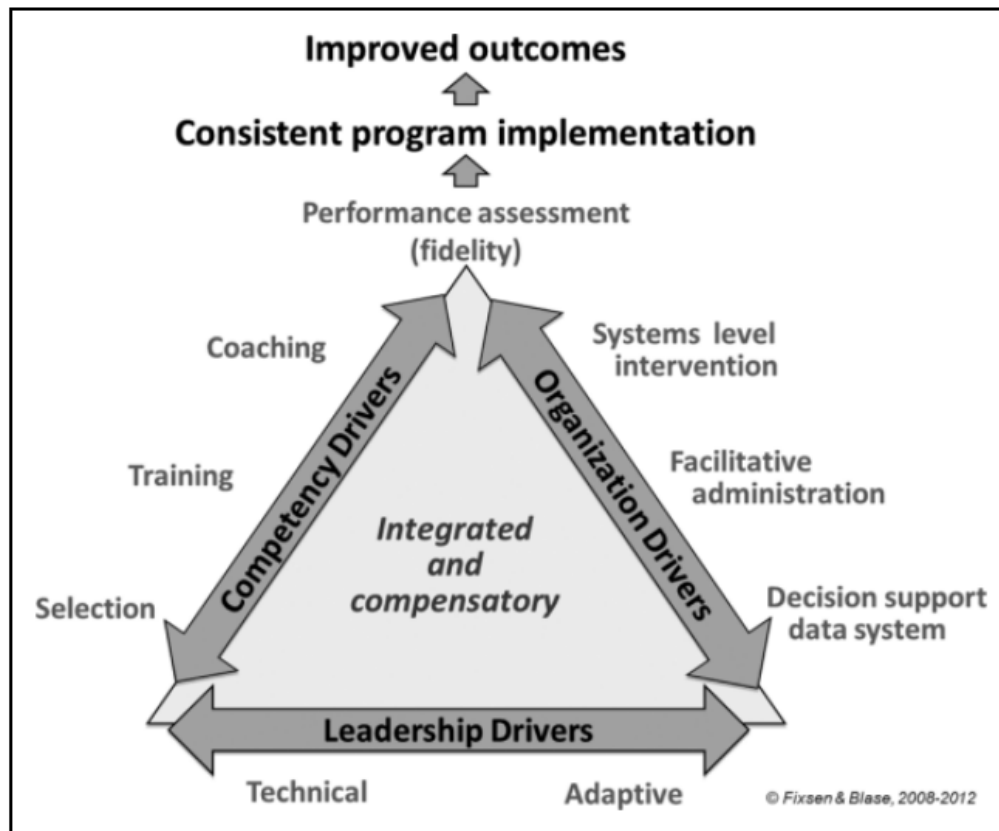
eic EUROPEAN IMPLEMENTATION COLLABORATIVE

Implementation is a process

Implementation Stages

— 2-4 Years —→

Exploration
- Assess needs
- Examine intervention components
- Consider implementation drivers
- Assess fit

Installation
- Acquire resources
- Prepare organization
- Prepare implementation drivers
- Prepare staff

Initial Implementation
- Adjust implementation drivers
- Manage change
- Deploy data systems
- Initiate improvement cycles

Full Implementation
- Monitor, manage implementation drivers
- Achieve fidelity and outcome benchmarks
- Further improve fidelity and outcomes

Figure 2. Stages of implementation.

Bertram et al 2015 Research on Social Work Practice 25: 477-87

Implementation strategies need to target the implementation drivers

Figure 3. Implementation drivers.

Bertram et al 2015 Research on Social Work Practice 25: 477-87
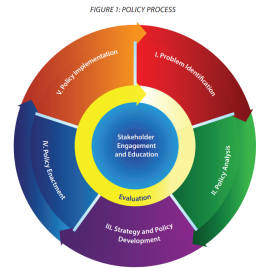
Implementation Science

Open Access

CrossMark

Making sense of complexity in context and implementation: the Context and Implementation of Complex Interventions (CICI) framework

Lisa M. Pfadenhauer[1*], Ansgar Gerhardus[2,3], Kati Mozygemba[2,3], Kristin Bakke Lysdahl[4], Andrew Booth[5], Bjørn Hofmann[4], Philip Wahlster[2], Stephanie Polus[1], Jacob Burns[1], Louise Brereton[5] and Eva Rehfuess[1]

2. Implementing complex interventions in context (the CiCi framework)

V. Policy Implementation

- Translate the enacted policy into action, monitor uptake, and ensure full implementation.

- Translate policy into operational practice and define implementation standards

- Implement regulations, guidelines, recommendations, directives and organizational policies

- Identify indicators and metrics to evaluate implementation and impact of the policy

- Coordinate resources and build capacity of personnel to implement policy

- Assess implementation and ensure compliance with policy

- Support post-implementation sustainability of policy

Implementation

- Implementation is an actively planned and deliberately initiated effort with the intention to bring a given intervention into policy and practise within a particular setting.

- These actions are undertaken by agents who either actively promote the use of the intervention or adopt the newly appraised practises.

- Usually, a structured implementation process consisting of specific implementation strategies is used and underpinned by an implementation theory.

Pfadenhauer et al. Implementation Science (2017) 12:21

Setting

- Setting refers to the specific physical location, in which the intervention is put into practise and interacts with context and implementation.

- **Examples**
  - Schools
  - Workplaces
  - Hospitals

  What about these?
  - Shops
  - Municipalities
  - Social media

Pfadenhauer et al. Implementation Science (2017) 12:21

Context

- Context reflects a set of characteristics and circumstances that consist of active and unique factors, within which the implementation is embedded.

- As such, context is not a backdrop for implementation, but interacts, influences, modifies and facilitates or constrains the intervention and its implementation.

- Context is usually considered in relation to an intervention, with which it actively interacts.

- It is an overarching concept, comprising not only a physical location but also roles, interactions and relationships at multiple levels.

- The context comprises the **seven domains:**
  - geographical
  - epidemiological
  - socio-cultural
  - socio-economic
  - ethical
  - legal
  - political context

- It can be at **micro, meso and macro** level
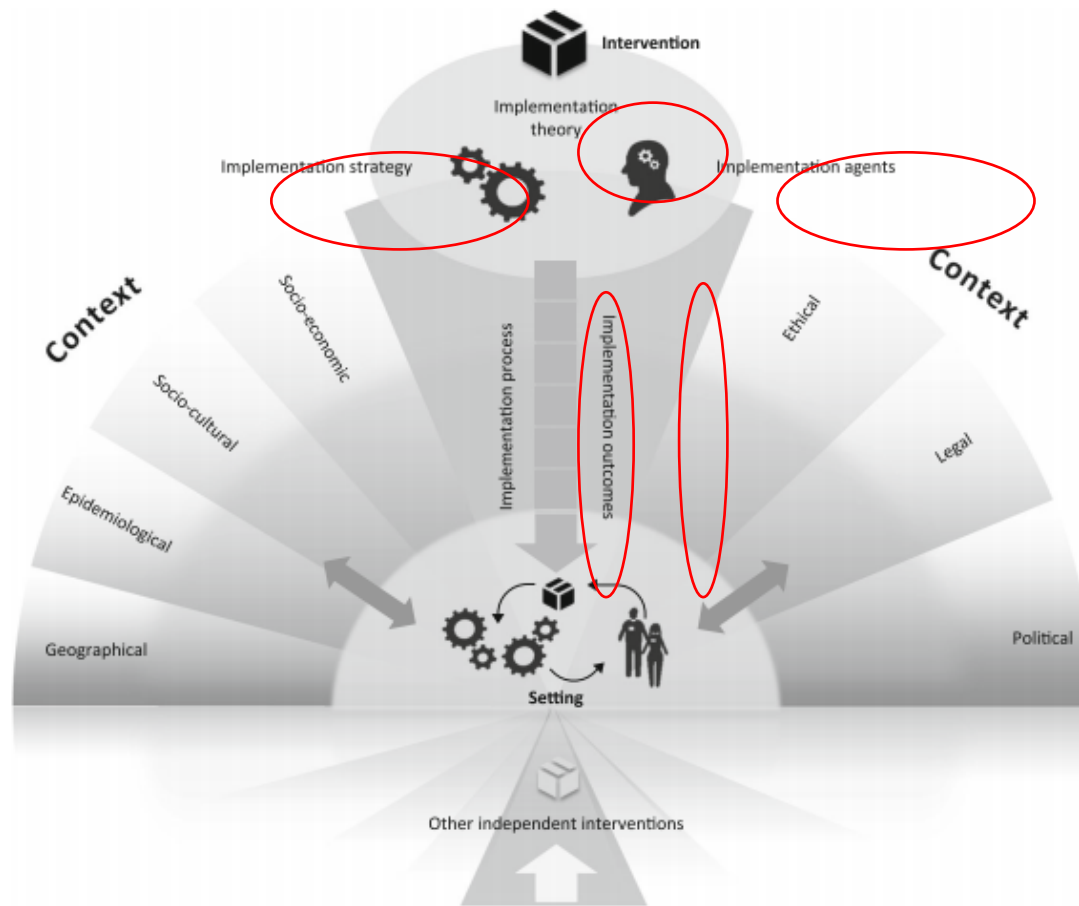
Fig. 2 CICI framework. The context and implementation of complex interventions (CICI) framework comprises the three dimensions context, implementation and setting. The context comprises the seven domains: geographical, epidemiological, socio-cultural, socio-economic, ethical, legal, political context. Implementation consists of implementation theory, implementation process, implementation strategies, implementation agents and implementation outcomes. In the setting, the intervention and its implementation interact with the context. The *shading* of the *semicircles* illustrates the micro, meso and macro levels, on which implementation, context and setting can occur. Apart from the intervention of interest, the context and the way the intervention of interest is implemented may be advanced or compromised by other interventions occurring independently but targeting the same setting and population

Pfadenhauer et al. Implementation Science (2017) 12:21

The implementation concepts

- **Implementation theory** attempts to explain the causal mechanisms of implementation [10]; it is therefore analogous to a programme theory, which attempts to explain the causal mechanisms linking an intervention and its outcomes.

- **Implementation process** refers to the social processes, through which interventions are operationalised in an organisation or community [84]. It contains the tactics and methods used by change leaders [62, 82]. The implementation process is an active, multistage, iterative and dynamic process that does not usually occur in a linear fashion [82].

The implementation concepts cont.

- **Implementation strategies** comprise a set of activities that are chosen and tailored to fit a specific context [52, 88] or to create such a context [52]. These may change over time. Implementation strategies can contain multiple components and as such may be considered an intervention in its own right.
  - -> see also section 4
- **Implementation agents** comprise all individuals and organisations engaged with (i) deciding to implement a given intervention (e.g., funders, administrators), (ii) implementing this intervention (e.g., providers, advocates, physicians, nurses) or (iii) being the target or otherwise affected by an intervention (e.g., patients and their families, consumers) [37].

The implementation concepts cont.

- **Implementation outcome** is the result or implication of the implementation effort and forms part of good monitoring and evaluation practises. Important implementation outcomes are adoption, uptake, acceptability, implementation cost, penetration, sustainability [14, 89] and dissemination to other contexts [14].
   - *See also section 5*

Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors

Gregory A. Aarons · Michael Hurlburt ·
Sarah McCue Horwitz

3. Factors influencing implementation in Public Service Sectors

Fig. 1 Conceptual model of global factors affecting implementation in public service sectors

Aarons et al Adm Policy Ment Health (2011) 38:4–23
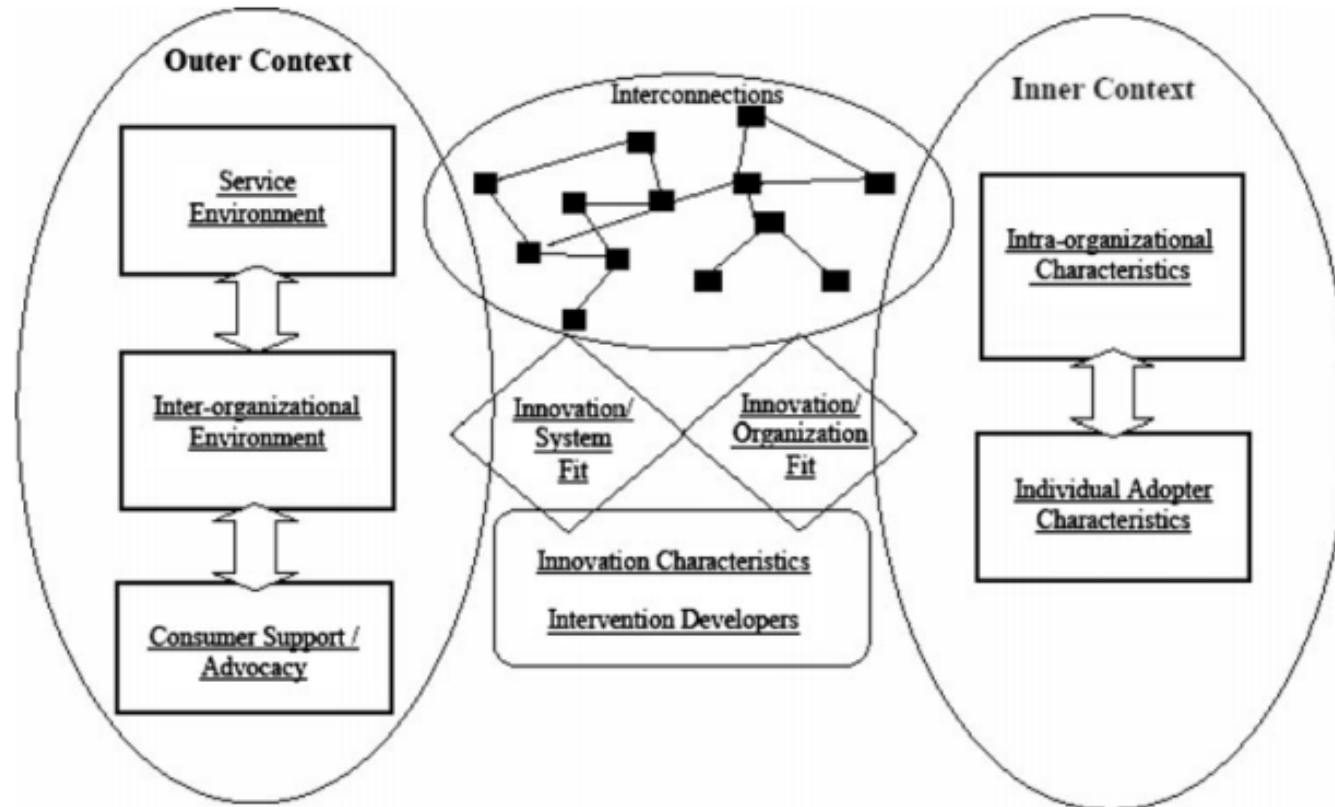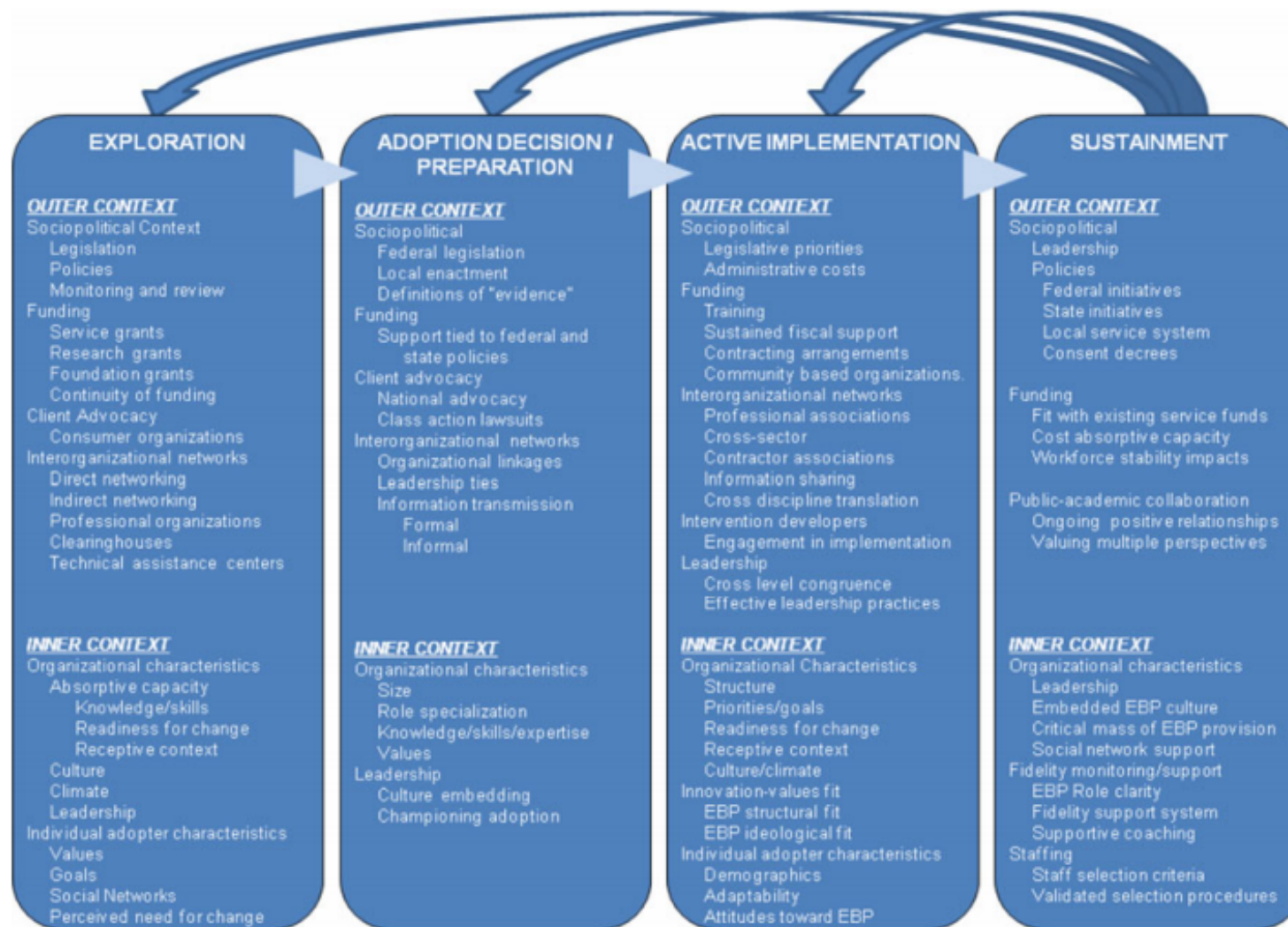
Fig. 2 Conceptual model of implementation phases and factors affecting implementation in public service sectors

Aarons et al Adm Policy Ment Health (2011) 38:4–23

Factors affecting the active implementation phase

Outer context

- Sociopolitical/funding
- Interorganizational context
- Intervention developers
- Leadership

Inner Context

- Organizational Characteristics
  - Structure
  - Priorities and goals
  - Readiness for change
  - Receptive Context
  - Culture and climate
- Innovation-Values Fit
  - Organization, management, provider, consumer
- Individual adopter characteristics

Aarons et al Adm Policy Ment Health (2011) 38:4–23

IS IMPLEMENTATION SCIENCE

Implementation strategies: recommendations for specifying and reporting

Enola K Proctor[1*], Byron J Powell[1] and J Curtis McMillen[2]

4. Implementation strategies

IS IMPLEMENTATION SCIENCE

A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project

Byron J Powell[1*], Thomas J Waltz[2], Matthew J Chinman[3,4], Laura J Damschroder[5], Jeffrey L Smith[6], Monica M Matthieu[6,7], Enola K Proctor[8] and JoAnn E Kirchner[6,9]

Recommendations for specifying and reporting implementation strategies

1. **Name it**

2. **Define it**

3. **Specify it**

   1. *The actor* – a stakeholder that delivers the strategy
   2. *The action* – indicate actions, steps, processes and sequences of behvaior
   3. *Action target* – the factors that influence adoption/implementation
   4. *Temporality – sequencing vrs simultaniously, time between*
   5. *Dose* – time, frequency, intensity
   6. *Implementation outcome affected* (– see section 5)
   7. *Justification* – influencing factors found in the formative phase, theory, research, brainstorming in the team

The expert panel reached consensus on a final compilation of 73 implementation strategies
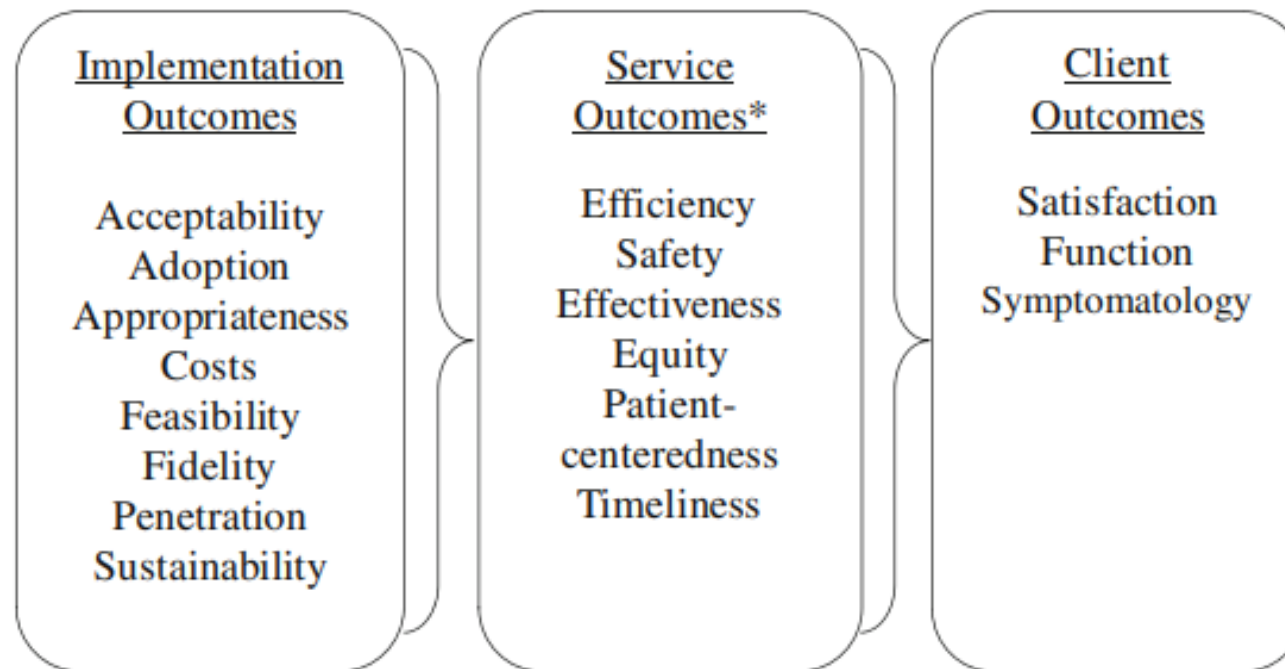
Identify and prepare champions	Identify and prepare individuals who dedicate themselves to supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention may provoke in an organization
Identify early adopters	Identify early adopters at the local site to learn from their experiences with the practice innovation
Increase demand	Attempt to influence the market for the clinical innovation to increase competition intensity and to increase the maturity of the market for the clinical innovation
Inform local opinion leaders	Inform providers identified by colleagues as opinion leaders or "educationally influential" about the clinical innovation in the hopes that they will influence colleagues to adopt it
Intervene with patients/consumers to enhance uptake and adherence	Develop strategies with patients to encourage and problem solve around adherence
Involve executive boards	Involve existing governing structures (*e.g.*, boards of directors, medical staff boards of governance) in the implementation effort, including the review of data on implementation processes
Involve patients/consumers and family members	Engage or include patients/consumers and families in the implementation effort

Powell et al. Implementation Science (2015) 10:21

ORIGINAL PAPER

Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda

Enola Proctor · Hiie Silmere · Ramesh Raghavan ·
Peter Hovmand · Greg Aarons · Alicia Bunger ·
Richard Griffey · Melissa Hensley

5.Implementation outcomes

Implementation outcomes

Implementation Outcomes	Service Outcomes*	Client Outcomes
Acceptability Adoption Appropriateness Costs Feasibility Fidelity Penetration Sustainability	Efficiency Safety Effectiveness Equity Patient-centeredness Timeliness	Satisfaction Function Symptomatology

*IOM Standards of Care

Proctor et al Adm Policy Ment Health (2011) 38:65–76

Describe Complete and Acceptable Delivery of the Program

- **Decide before hand what is good implementation**

- **Measuring FIDELITY is challenging and should be based on the underlying theory and philosophy**

- **Allow for reinvention**
  - Fosters program ownership and committment

Tips for Developing an Implementation Plan

The main components:

- Implementation team members.
- Describe context and setting
- Implementation
  - Implementation process
  - Implementation strategy
  - Implementation agents
  - Implementation outcomes
  - Implementation theory/Logic model

- Resources.

- *Process evaluation ?*
  - Evaluation goals and questions.
  - Evaluation methodology, design, and timetable.
  - Data collection and analysis plan.*

*The data collection plan should identify what, when, and how data will be collected and who will do the collecting.

Task 2
Preparing an Implemntation plan for one of the policy ideas

Each team to work seperately 13.00-14.00

Questions to be discussed in the country teams

1. **Context (level?) & Setting**
2. **Who is the team?**
3. **Planning for adoption by the setting**
   1. Who are the adopters?
   2. What are the barrieres and facilitators for adoption?
   3. What strategies could be put in place to overcome barriers?
4. **Planning for implementation**
   1. Who are the implementers?
   2. What are the barrieres and facilitators for implementation?
   3. What strategies could be put in place to overcome barriers?
5. **Describe the implementation program** - try putting it in a Logic Model framework
6. **Focus the evaluation design**
7. **Resources**

Sharing of experience, clarifying further needs

Wrap up session across countries 15.45-16.30

Oppurtunties & Challenges
Questions & Suggestions

1. **Engage the stakeholders and build your team**
   1. Which are the greatest challenges you see with building your team?

2. **Barriers and facilitators for adoption/implementation**
   1. How easy/difficult was it to think of these?

3. **Strategies to overcome Barriers and facilitators for adoption/implementation**
   1. How easy/difficult was it to think of these?

4. **Describe the program**
   1. Would the logic model framework be a good tool for summarizing the implementation program/plan?