TRANSPORTING EVIDENCE-BASED PREVENTIVE INTERVENTIONS INTO COMMUNITY SETTINGS: CHALLENGES AND OPPORTUNITIES

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Presentation Outline

- Challenges and Opportunities
- Questions to Ponder
- Consensus and Tensions
- Theoretical Framework for Implementing Evidence-Based Preventive Interventions in Communities
- Key Influencers of EBI Uptake
- Adaptation and Fidelity Issues
- Making it Work: Case Studies
- Conclusions and Recommendations

Questions to Ponder....

- How do we systematically integrate EBIs within service delivery systems and settings
- How do we fully engage communities and consumers for whom the EBIs have been targeted?
- What factors and processes influence implementation quality?
- How do we balance fidelity and community context of EBIs in real world settings?

- Is cultural tailoring of EBIs necessary, and if so, when, how, for whom, how much, and how do evaluate its contribution to intervention effects?
- Which EBIs are feasible for scaling up for broad dissemination and do they sufficiently meet the demands of racial/ethnic consumers, communities across geographic contexts?
- Are there guidelines of inform processes for implementing EBIs in community settings?

Areas of Agreement for Integrating EBIs within Communities

- Principles of community engagement are critical processes to inform and guide the process
- Establishing partnership between community members and researchers is key
- Feedback from community partners is important
- Mixed methods (qualitative and quantitative) are needed to test programmatic effects and evaluate adoption and adaption processes,
- Adaptations of EBIs will occur in real world settings



"HONESTLY? I PREFERRED WHEN WE DIDN'T TALK ABOUT THE ELEPHANT"

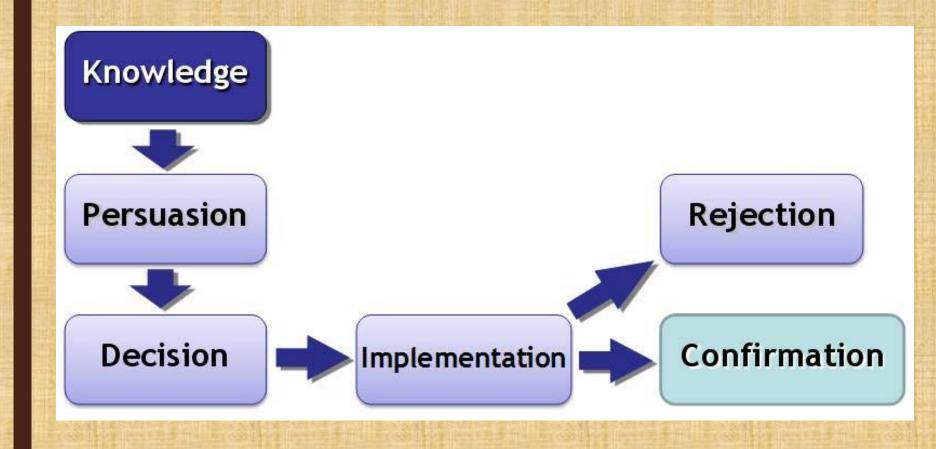
Tensions - Different Agendas

- Community Partner
- Improve services for target population or solutions to community problems
- Increase program capacity and staff skill development
- More stable funding sources
- Document impact or need for policy change

- Research/ProgramDeveloper Partner
- Publishable research results of interest to academic colleagues
- Expand opportunities for students or project staff to learn and serve
- Additional grant support
- Raise visibility of institution in community

THEORETICAL APPROACHES TO MOVE EVIDENCE-BASED INTERVENTIONS FROM SHELVES TO COMMUNITIES

Diffusion of Innovation Theory



Key Issues that Influence EBI Uptake

- Relative advantage of the EBI to what is currently available to the potential adopter
- Compatibility with existing values and practices
- Simplicity and ease of use
- Observable results
- Allows user to do a trial run to experiment with innovation

Organizational Change Theories

■ Focus:

- Stages that organizations go through the process of adopting EBIs
- Identifying the problem or need for change
- Searching for solutions
- Choosing a course of action
- Implementing the course of action
- Institutionalizing the change so that it becomes routine workings of the organization

Theories of Change

| Stages of Change | Health Belief Model | Social- Cognitive Theory | Diffusion of Innovations | Social Networks |
|------------------|------------------------|--------------------------------|-----------------------------|----------------------------|
| Precontemplation | Susceptibility | Reciprocal determinism | Relative advantage | Opinion leaders |
| Contemplation | Severity | Behavioral capability | Compatibility | Groups |
| Preparation | Threat | Expectations | Complexity | Adding or removing members |
| Action | Perceived benefits | Self-efficacy | Trialability | Bridging groups |
| Maintenance | Perceived barriers | Observational learning | Observability | Rewiring groups |
| Decision balance | Cues to action | Reinforcement | | Network weaving |

Balancing Fidelity and Adaptations to Fit Community Context

Reluctance to Adaptation

- Primarily based on the importance of maintaining core components of program
- Assumes that the program's theory of change is universal

Preparing for Adaptations

- Identify core components of program to adopters to provide guidance of how, what and when to change/adapt
- Share available findings of mediational effects and
- All components of the program that may be contributing to change
- Include implementation assessments to capture adaptation effects

GUIDELINES FOR CULTURAL ADAPTATION

Evidence, Community Informants, Content or Process

- Evidence suggest that delivering a standard treatment would result in high probability of failure when original program has been implemented and problems arose
- Opinion leaders, who may be in a better position to gauge acceptability of an intervention
- Another question is what to adapt, content or process,
- Surface or Deep

How much cultural adaptation?

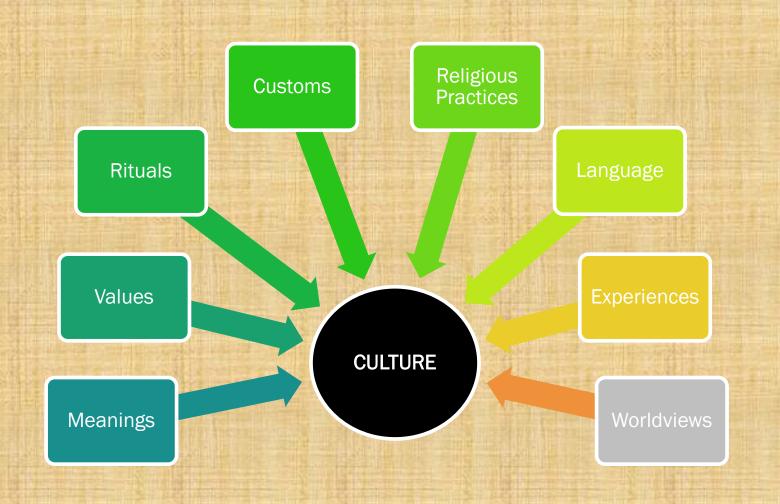
Surface

minor revisions to the original EBP materials or activities that address superficial aspects of a target population, language, music, food, graphics but content remains the same

Deep structure

- processes related to the problem of interest and is more likely to involve the theory-based mediators of the intervention thought to affect therapeutic change mechanisms or outcomes

Involving Community Members in Deep Structuring Programs



Case Studies: Community Engagement and Participatory Approaches



Nurse-Family Partnership

- Partnered with community, organizational, state commitments to develop the program
- Ongoing support and education with program implementers
- Clearly articulated program purpose and how it is designed to accomplish core elements
- Monitoring and assessing program implementation through informed system that is manageable
- Information from program implementation to improve the program and encourage replications
- Implemented with success across diverse populations;



Invest in Kids Community-Research Broker Model

- Uses broad-based community support and involvement to identify and pursue goals
- Develop strategies and approaches to Improve coordination to promote sustainability of programs through political support and and investment in local leadership
- Once programs have been identified for specific communities, INK lobbies state legislators, provide data about needs for the program and expected outcomes based on research, as well as costs and accountabilities of those programs.
- INK then helps to implement programs through agency partnership and community collaborations
- Provide ongoing consultation and support for community implementers after they have been trained

Key Processes

- Broker acts as a mediator or conduit that brings all parties together – researcher, stakeholders, consumers
- Work with communities to ready them for program adoption
- Assist communities in understand the importance of research, quality, fidelity, and sustainability planning
- Works with community to develop strategies and approaches to provide implementation data to the developer to demonstrate that the community is implementing the program with sufficient quality and fidelity

Strong African American Families: Partnering with Stakeholders in Rural Communities

Funding Support: Grant Award #: NIMH R01MH63043

- Community involvement
- Understanding what, how, when, and where to do our work in rural counties
- Strength-based and competence-focused service delivery models
- Based on designs that support and enhance families and communities

Community Participatory Approach

PHASE 1 - ESTABLISH PRESENCE AND DEVELOP RAPPORT IN THE COMMUNITY

- Identify local community hangouts
- Establish rapport with community residents
- Create list of contacts by providing characteristics of community leaders



PHASE 2 – MEET AND GREET SESSIONS WITH POTENTIAL COMMUNITY LIAISONS

- Contact community leaders to schedule a face-to-face meeting
- Vet the potential Community Liaison through other community contacts
- Facilitate program buy-in by introducing program, strengths that they can bring to the program, and benefits to community



PHASE 3 – FORMALIZE COMMUNITY LIAISON NETWORK

- Establish & nurture working relationship
- Formally train community leaders on program and associated protocols
- Maintain contact with Community Liaisons over time to sustain the relationship and partnership

Building Academic Community Partnerships

KEY COMMUNITY STAKEHOLDERS

(School Superintendents, Community Agency Directors, Pastors)

- Examine websites, local phone books, etc for contact information
- Schedule a face-to-face meeting (email, phone call)
- Present benefit of programs to schools / agencies, families, & community as a whole

Referrals for African American Community <u>Leaders</u>

- Create list of contacts by providing characteristics (i.e., long-term residents, well-known in community, experience working with children & families)
- Facilitate buy-in by introducing program, strengths that they can bring to the program, and benefits to community
- Establish & nurture working relationship

Request Family Contact Information

- School / Agency list with family contact information
- Send mailings to families from the school / agency
- Provide access to teachers for future data collection (superintendent only)

Community Liaisons

- Reside in the counties where the study families live
- Selected for their positive reputations and extensive social contacts
- Act as contacts between our research group and the communities
- Do invaluable work in establishing the Research Team's credibility with the study participants



Role of Community Partners

- Provide feedback and evaluation in focus groups
- Data collection procedures
- Prevention/intervention programs
- Curriculum and other program materials and Procedures
- Establish ecology validity
 - Provide guidance on ways to ways to effectively market the program to help reduce stigma and elicit trust
 - Inform us on ways to ensure that the program is worth the participants' time and effort –

Cultural Adaptation

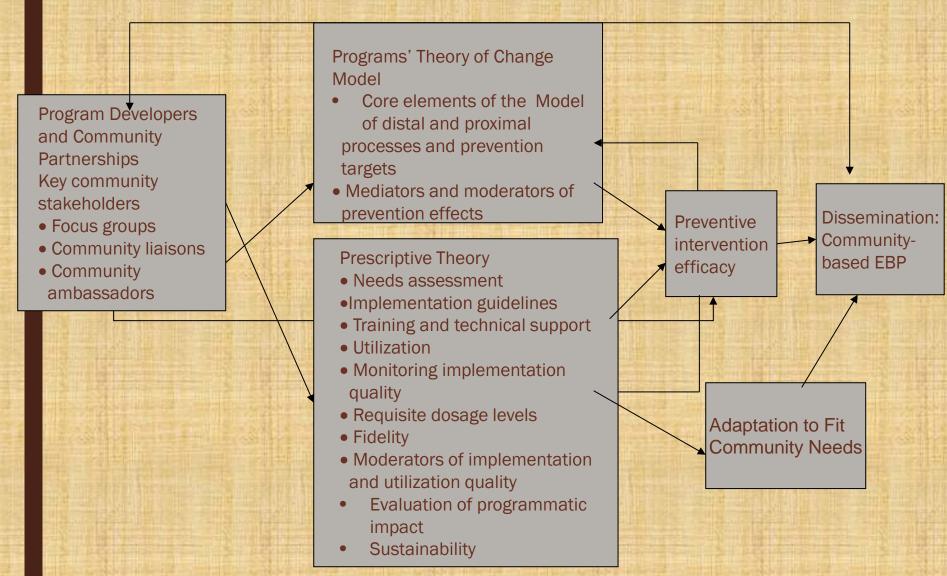
- Selection of project names and logos
- Inclusion in program materials (e.g., videotapes) content and images representing the targeted population
- Sensitivity to effects of staff race/ ethnicity on families' receptivity to programs

- Collection of data in families' homes rather than clinical or academic settings
- Deliver preventive interventions in the communities in which families reside
- Program implementers are local residents

Effective Community Engagement Strategies

- Use recruiters that participants are comfortable with
- Culturally matched site coordinators
- Recruitment at community events
- Referrals from community agencies and organizations
- Media
- Use internet social network approaches, particularly when youth are targeted

Conceptual Model for the Development and Implementation of Family-Centered Prevention Programs in Communities



Conclusions

- Reciprocal relationships between researchers and community partners lead to success.
- Moving EBI in Community-Based Settings requires
- Establishing, Building, and Sustaining Collaborative Partnership
- Acknowledging that it is a journey that involves researchers, families, and partners within the community
- Resources to ready communities for uptake and sustainability
- Mediator/Broker to facilitate the process

Recommendations

- Establish guidelines for best practices scaling up EBI through partnerships of program developers/researchers/ community stakeholders and consumer
- Clearly articulate core components of EBI and allow for refinement to fit community needs relying on relevant theories
- Programmatic changes will occur in real world settings, work as partners in the implementation process, as the program is adapted, translated, tweaked
- Review, refine, modify implementation training protocols and procedures
- Establish criteria and processes to allow communities to "ready themselves for scaling up EBI and sustaining, including ongoing consultation and support
- Consider alternative delivery modalities to meet needs of consumer and potential program adopters

Still pondering

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