



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

**HPM 719-971**

**Introduction to Implementation Research and Practice in Public Health**

(Credit Hours: 3)

Department of Health Policy and Management  
UNC Gillings School of Global Public Health

**Spring, 2018 Syllabus**

Class Location and Time: Online, Asynchronous + Live Discussion Sessions (Time TBD)

Faculty: W. Oscar Fleming, DrPH (c), MSPH

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Office Hours: Online office hours will typically be Tuesday's at 9:30 a.m. Office hours can also be accessed by appointment. You are invited and encouraged to contact me any time if you have questions or need assistance, and I will respond as soon as I am able.

**Course Description:** Internationally, there is a substantial gap between the development of innovations in public health and their delivery in routine practice. Implementation research and practice have emerged as a means of addressing that gap. Implementation research is defined as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices” to improve the quality of service delivery in routine care settings (Eccles & Mittman, 2006). It includes the study of influences on professional and organizational behavior that impact implementation effectiveness. This is one of the four courses in the Global Online MPH program's Implementation Science concentration. It will provide an overview of the core theories and methods in implementation research and practice and will cover implementation determinants and strategies at the intervention, individual, organizational, and policy levels. Through individual and group assignments, students will have numerous opportunities to apply principles to their own areas of interest and to implementation problems in global public health. In addition to course readings and individual and group assignments, regular online synchronous discussion sections will be scheduled to facilitate learning. At the conclusion of this course, students will be able to: 1) identify implementation gaps in a wide-range of domestic and global health service settings; 2) describe and apply core concepts of implementation research and practice; 3) use theories and frameworks to inform implementation research and practice; 4) assess multi-level barriers and facilitators (i.e., determinants) of implementation effectiveness; 5) apply strategies to implement, sustain, and scale-up effective practices; and 6) align their academic and applied work to priorities within the field of implementation science.

## Summary Outline and Calendar

Module/Week:	Topic:	Assignment:
<b>Module 1</b>		
W1: 1/10/18 – 1/14/18	Introduction to Implementation Research and Practice	Introductory Post and Responses (Due 1/15/18)
<b>Module 2</b>		
W2: 1/15/18 – 1/21/18	Guiding Conceptual Frameworks and Theories	Ind. Paper 1 (Due 1/21/18)
W3: 1/22/18 – 1/28/18		Post (Due 1/28/18) and Responses (Due 1/31/18)
<b>Module 3</b>		
W4: 1/29/18 – 2/4/18	Overview of Implementation Strategies; Intervention-Focused Determinants and Strategies	Ind. Paper 2 (Due 2/4/18)
W5: 2/5/18 – 2/11/18		Post (Due 2/11/18) and Responses (Due 2/14/18)
<b>Module 4</b>		
W6: 2/12/18 – 2/18/18	Assessing Individual-Level Determinants; Individual-level Implementation Strategies	Group Paper 1 (Due 2/18/18)
W7: 2/19/18 – 2/25/18		Post (Due 2/25/18) and Responses (Due 2/28/18)
<b>Module 5</b>		
W8: 2/26/18 – 3/4/18	Assessing Organizational-Level Determinants; Organizational-Level Implementation Strategies (Part 1)	Group Paper 2 (Due 3/4/18)
W9: 3/5/18 – 3/11/18		Post (Due 3/7/18) and Responses (Due 3/10/18)
<b>Spring Break</b>		
<b>Module 6</b>		
W10: 3/19/18 – 3/25/18	Organizational-Level Implementation Strategies (Part 2)	Post (Due 3/25/18) and Responses (Due 3/28/18)
W11: 3/26/18 – 4/1/18		Group Paper 3 (Due 4/1/18)
<b>Module 7</b>		
W12: 4/2/18 – 4/8/18	Assessing and Changing the Enabling Environment; Multi-Level Determinants and Implementation Strategies	Post (Due 4/8/18) and Responses (4/11/18)
W13: 4/9/18 – 4/15/18		None (Work on Final Assignments)
<b>Module 8</b>		
W14: 4/16/18 – 4/22/18	Sustainability and Scale-Up; Future Directions in Implementation Research and Practice	None (Work on Final Assignments)
W15: 4/23/18 – 4/29/18		Final Imp. Plan AND Course Reflection Paper (Due 4/29/18)

**NOTE:** Assignments are due at 11:55 p.m. EST on the dates listed.

**Course Materials:** All the materials for this course will be posted on Sakai. The materials for each week's lesson (including introductory PowerPoint presentation(s), readings, online lectures/webinars, and assignment details) will typically be posted no later than the preceding Saturday.

**Course Structure and Activities:** This course will involve:

- 1) completing assigned reading and review of other course materials,
- 2) participating in synchronous online discussion sessions,
- 3) contributing and responding to content on the course discussion board,
- 4) the completion of individual and group papers that will allow you to apply key concepts to a case study pertinent to global public health, and
- 5) a final reflection paper in which you apply the lessons from this course to your own area of interest.

These assignments are detailed in brief below; however, further details will be provided on Sakai.

**Readings and Other Materials:** Required readings are all listed below, along with additional, optional readings, online lectures/webinars, and useful tools. I will provide context for the readings, and help you to focus in on the key points that I hope that you take away from the assigned readings and any optional materials. You are also encouraged to seek out articles in your area of interest to supplement course material. All readings and additional course materials will be posted on Sakai in the “Resources” section.

**Synchronous Online Discussion Sessions:** Approximately every 2 weeks we will have an online synchronous discussion session that will last between 30-60 minutes. These sessions will be mandatory, and we will work as a class to schedule a time that works for the class. These sessions serve three primary purposes: First, they will provide me the opportunity to introduce new material and to draw connections between the readings, course materials, and resources. Second, they will allow us to learn from each other’s unique experiences and expertise as we strive to apply implementation-related concepts to different public health problems and contexts. Finally, it will give you a chance to ask any lingering questions or concerns that arise throughout the semester.

**Discussion Board Posts and Responses:** One of the ways that we will engage with the material and with each other throughout the semester will be through the discussion board. While it is always an option to facilitate dialogue through the discussion board, you will be formally required to post and to interact with your classmates on 7 occasions as noted in the summary outline above.

**Individual and Group Papers:** Individual and group papers will give you an opportunity to apply the content of this course. Except for the final group paper, these papers will all be relatively brief (1000 word limit). Individual papers 1 & 2 will focus on articulating the relevance of implementation research and practice and applying conceptual frameworks, respectively. The group papers will focus on the application of course content to a case study. Group papers 1-3 will provide a solid foundation for the final group paper, which will involve developing a comprehensive implementation plan for your group’s specific public health problem.

**Final Course Reflection Paper:** You will be given detailed instructions for a final course reflection paper (1500 word limit) that will allow you to demonstrate your comprehension of key course concepts and your ability to articulate their relevance to your area of interest.

**Grade Components:**

HPM 719  
Spring 2018

W. Oscar Fleming  
UNC-Chapel Hill

<b>Assignments and Course Activities:</b>	<b>Points:</b>
Discussion Board Posts (7)	10
Individual Paper 1	10
Individual Paper 2	10
Group Paper 1	10
Group Paper 2	10
Group Paper 3	10
Final Implementation Plan	15
Final Course Reflection Paper	10
Participation	15
<b>Total</b>	<b>100</b>

### **Grading Scale\*:**

90-100: **\*Honors\*** indicates exceptional graduate-level work. Assignments must meet or exceed performance expectations, as defined for each assignment.

70-89: **\*Pass\*** indicates that assignments are acceptable with regard to both content and presentation, but contain one more deficiencies related to performance expectations.

65-69: **\*Low pass\*** indicates marginally acceptable graduate-level work. Assignments show some major deficiency with respect to content or presentation.

< 65: Fail indicates that the assignment does not meet an acceptable level for graduate-level work.

\*These are guidelines, and are not meant to be absolute numbers.

### **UNC-Chapel Hill Resources:**

The UNC-CH Learning Center (<http://learningcenter.unc.edu>) provides assistance and tutoring in expository writing. All students are encouraged to make use of this resource regardless of whether English is a first language or not.

### **Valuing, Recognizing, and Encouraging Diversity:**

Promoting and valuing diversity in the classroom enriches learning and broadens everyone's perspectives. Inclusion and tolerance can lead to respect for others and their opinions and is critical to maximizing the learning that we expect in this program. This may challenge our own closely held ideas and personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. Diversity includes consideration of (1) the variety of life experiences others have had, and (2) factors related to "diversity of presence," including, among others, age, economic circumstances, ethnic identification, disability, gender, geographic origin, race, religion, sexual orientation, social position. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity.

### **Disability Accommodation:**

UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities.

**Course Evaluation:**

HPM participates in the UNC-CH's online course evaluation system. Your responses will be anonymous, with feedback provided in the aggregate. Open-ended comments will be shared with instructors, but not identified with individual students. Your participation in course evaluation is an expectation, since providing constructive feedback is a professional obligation. Feedback is critical, moreover, to improving the quality of our courses, as well as for instructor assessment.

I will conduct an independent course evaluation via Qualtrics before spring break. The purpose of the evaluation is to gather feedback from students regarding how I can improve the course in the second half of the semester.

**UNC Honor Code:**

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is in the practice of these principles. Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity, however small, strikes destructively at the University's life and work. If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with someone in either the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4042). Please see "The Instrument of Student Judicial Governance" (<http://instrument.unc.edu>).

## Course Outline:

### Module 1 (1/10-14/2018): Introduction to Implementation Research and Practice

- Quality gaps and the poor translation of research into practice
- Defining key terms
- Examining the scope and utility of implementation research in a broad array of contexts internationally and domestically
- Prioritization of implementation research and practice

#### Introductory PowerPoint:

- “Welcome to Introduction to Implementation Research and Practice in Public Health”
- “Core elements of implementation research and practice”

#### Readings:

1. Mittman, B. S. (2012). Implementation science in health care. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 400–418). New York: Oxford University Press.
2. Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41*, 327–350.
3. Proctor, E. K., Landsverk, J., Aarons, G. A., Chambers, D. A., Glisson, C., & Mittman, B. S. (2009). Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research, 36*, 24–34.
4. Aveling E-L, McCulloch P, Dixon-Woods M. A qualitative study comparing experiences of the surgical safety checklist in hospitals in high-income and low-income countries. *BMJ Open* 2013;3:e003039. doi:10.1136/bmjopen-2013-003039

#### Additional Reading (Optional)

1. Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. *BMC Psychology, 3*(32), 1–12.
2. Fixsen, D. and Ogden, T. Implementation Science: A Brief Overview and a Look Ahead. *Zeitschrift fur Psychologie* 2014; Vol. 222(1):4–11

### Module 2 (1/15-1/28/2018): Guiding Conceptual Frameworks and Theories

- Introduction to a broad conceptual model of implementation research
- Evidence-based practices, implementation strategies, and implementation outcomes
- Purpose of using frameworks and theories
- Types of frameworks and theories
- Range of conceptual frameworks available
- Determinant, Process and Evaluation frameworks

#### Introductory PowerPoint:

- “Introduction to frameworks and theories in implementation research”

- “How frameworks can guide the evaluation of implementation determinants, the design and execution of implementation processes, and the assessment of implementation outcomes.”

### Readings:

1. Proctor, E. K., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G. A., Bunger, A., ... Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65–76.
2. Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science*, 10(53), 1–13.
3. Tabak, R. G., Khoong, E. C., Chambers, D. A., & Brownson, R. C. (2012). Bridging research and practice: Models for dissemination and implementation research. *American Journal of Preventive Medicine*, 43(3), 337–350.
4. Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4(50), 1–15.
5. Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., ... Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41, 171–181.
6. The Improved Clinical Effectiveness through Behavioural Research Group. (2006). Designing theoretically-informed implementation intervention. *Implementation Science*, 1(4), 1-8.
7. Albers, B, Mildon, R, Lyon, AR, Shlonsky, A. Implementation frameworks in child, youth and family services – Results from a scoping review. *Children and Youth Services Review*, July 2017. 101-116.

### Videos:

1. Nilsen, P. (2016). Theory use in implementation science. (<https://www.youtube.com/watch?v=sjV751QzCVs>)
2. Damschroder, L. (2015). Use of theory in implementation research: CFIR (<https://www.youtube.com/watch?v=KAJ-oCJyWcs>).
3. Presseau, J. (2014). Collaborating for better care partnership [view the section on the Theoretical Domains Framework from 24:00 to 34:51]. (<https://www.youtube.com/watch?v=j8dSmOFvb2A>).
4. Straus, S. (2015). Use of theory in implementation research: Pragmatic application and scientific advancement of the knowledge-to-action (KTA) cycle. (<https://www.youtube.com/watch?v=ASQhwjfOYhw>)
5. Proctor, E. K. (2014). Priority questions and outcomes. [view the section on implementation outcomes from 28:16-37:40]. (<https://www.youtube.com/watch?v=T614w2zUh50>)

### Additional Reading (Optional):

1. Michie et al.: The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science* 2011 6:42.

2. Meyers, D. C., Durlak, J. A., & Wandersman, A. (2012). The quality implementation framework: A synthesis of critical steps in the implementation process. *American Journal of Community Psychology*, 50, 462–480.
3. Grol, R., Bosch, M. C., Hulscher, M. E. J., Eccles, M. P., & Wensing, M. (2007). Planning and studying improvement in patient care: The use of theoretical perspectives. *The Milbank Quarterly*, 85(1), 93–138.
4. Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, 26(1), 13–24.
5. Michie, S., Johnston, M., Abraham, C., Lawton, R., Parker, D., & Walker, A. (2005). Making psychological theory useful for implementing evidence based practice: A consensus approach. *Quality and Safety in Health Care*, 14, 26–33.

### **Module 3 (1/29-2/11/2018): Overview of Implementation Strategies; Intervention-Focused Determinants and Strategies**

- Defining implementation strategies
- Range of strategies available and Importance of careful specification
- Selecting and tailoring strategies to context
- Overview of characteristics likely to influence adoption, implementation, and sustainability
- Designing for dissemination and implementation
- Common elements of evidence-based interventions
- Fidelity and adaptation

#### **Introductory PowerPoint:**

- “Defining, identifying, specifying, selecting, and applying implementation strategies.”
- “Intervention-focused determinants and how they can be leveraged to promote implementation”

#### **Readings:**

1. Powell, B. J., McMillen, J. C., Proctor, E. K., Carpenter, C. R., Griffey, R. T., Bunger, A. C., ... York, J. L. (2012). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review*, 69(2), 123–157.
2. Proctor, E. K., Powell, B. J., & McMillen, J. C. (2013). Implementation strategies: Recommendations for specifying and reporting. *Implementation Science*, 8(139), 1–11.
3. Rogers, E. M. (2002). Diffusion of preventive innovations. *Addictive Behaviors*, 27, 989–993.
4. Lyon, A. R., & Koerner, K. (2016). User-centered design for psychosocial intervention development and implementation. *Clinical Psychology: Science and Practice*, 23, 180–200.
5. Rotheram-Borus, M. J., Swendeman, D., & Chorpita, B. F. (2012). Disruptive innovations for designing and diffusing evidence-based interventions. *American Psychologist*, 67(6), 463–476.
6. Harn, B., Parisi, D., & Stoolmiller, M. (2013). Balancing fidelity with flexibility and fit: What do we really know about fidelity of implementation in schools? *Exceptional Children*, 79(2), 181–193.



7. Leeman, J., Birken, S.A., Powell, B.J., Rohweder, C., Shea, C.M. Beyond “implementation strategies”: classifying the full range of strategies used in implementation science and practice *Implementation Science* (2017) 12:125.

#### Videos:

1. Grimshaw, J. (2015). Improving design of dissemination and implementation strategies to promote evidence-based care. ([https://www.youtube.com/watch?v=h6rK38c\\_gdc](https://www.youtube.com/watch?v=h6rK38c_gdc)).
2. Powell, B. J. (2016). Identifying, Specifying, and Applying Implementation Strategies (<https://www.youtube.com/watch?v=MGtw7WAlkOk>)
3. Dearing, J. (2012). Diffusion of innovations: Implications for practice. (<https://www.youtube.com/watch?v=B5Kx0hV6jhY>)
4. Chorpita, B. (2014). Putting more evidence in evidence-based practice. (<https://www.youtube.com/watch?v=lxXUs1WX78Y>)
5. Castro, F. (2012). Replicating evidence-based programs: Fidelity and adaptation. (<https://www.youtube.com/watch?v=EvwJlokJxfc>)

#### **Module 4 (2/12-25/2018): Assessing Individual-Level Determinants; Individual-Level Implementation Strategies**

- Assessing the range of individual-level determinants that influence implementation
- Available measures that could inform individual-level determinants
- Developing and applying implementation strategies that address individual determinants
- Examining the strengths and limitations of training as an implementation strategy

#### **Introductory PowerPoint:**

- “Assessing individual-level determinants of implementation”
- “Applying implementation strategies to address individual-level determinants”

#### **Readings:**

1. McSherry, L. A., Dombrowski, S. U., Francis, J. J., Murphy, J., Martin, C. M., O’Leary, J. J., ... ATHENS Group. (2012). “It’s a can of worms’: Understanding primary care practitioners’ behaviors in relation to HPV using the theoretical domains framework. *Implementation Science*, 7(73), 1–16.
2. Aarons, G. A., Cafri, G., Lugo, L., & Sawitzky, A. (2012). Expanding the domains of attitudes towards evidence-based practice: The Evidence Based Attitudes Scale-50. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 331–340.
3. French, S. D., Green, S. E., O’Connor, D. A., McKenzie, J. E., Francis, J. J., Michie, S., ... Grimshaw, J. M. (2012). Developing theory-informed behaviour change interventions to implement evidence into practice: A systematic approach using the Theoretical Domains Framework. *Implementation Science*, 7(38), 1–8.
4. Hill, Z., Dumbaugh, M., Benton, L., Källander, K., Strachan, D., ten Asbroek, A., ... Meek, S. (2014). Supervising community health workers in low-income countries: A review of impact and implementation issues. *Global Health Action*, 7, 1–10.
5. Edmunds, J. M., Beidas, R. S., & Kendall, P. C. (2013). Dissemination and implementation of evidence-based practices: Training and consultation as implementation strategies. *Clinical Psychology*, 20(2), 152-165.

6. Beidas, R.S., Becker-Haimes, E.M., Adams, D.R. Skriner, L., Stewart R.E., Wolk, C.B., Butenheim, A.M., Williams, N.J., Inacker, P., Richey, E., Marcus, S.C. Feasibility and acceptability of two incentive-based implementation strategies for mental health therapists implementing cognitive-behavioral therapy: a pilot study to inform a randomized controlled trial. *Implementation Science* (2017) 12:148.

**Video:**

1. Patel, V. (2012). Mental health for all by involving all. (<https://www.youtube.com/watch?v=yzm4qpAKrBk>)

**Module 5 (2/26 – 3/11/2018): Assessing Organizational-Level Determinants; Organizational-Level Implementation Strategies (Part 1)**

- Assessing organizational-level determinants such as organizational structure, organizational Culture and climate, networks and communications, psychological safety, organizational readiness for change, implementation climate, and leadership.
- Foundational principles of organizational change
- Implementation teams
- Facilitation
- Examples of innovative organizational implementation strategies

**Introductory PowerPoint:**

- “Assessing organizational-level (or “inner setting”) determinants of implementation”
- “Foundations of organizational implementation strategies and common strategies”
- “How innovative implementation strategies are addressing common organizational-level determinants of implementation”

**Readings:**

1. Kimberly, J. R., & Cook, J. M. (2008). Organizational measurement and the implementation of innovations in mental health services. *Administration and Policy in Mental Health and Mental Health Services Research*, 35, 11–20.
2. Aarons, G. A., Horowitz, J. D., Dlugosz, L. R., & Ehrhart, M. G. (2012). The role of organizational processes in dissemination and implementation research. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 128–153). New York: Oxford University Press.
3. Aarons, G. A., Ehrhart, M. G., & Farahnak, L. R. (2014). Aligning leadership across systems and organizations to develop a strategic climate for evidence-based practice implementation. *Annual Review of Public Health*, 35, 255–274.
4. Saldana, L., & Chamberlain, P. (2012). Supporting implementation: The role of community development teams to build infrastructure. *American Journal of Community Psychology*, 50(3-4), 334–346.
5. Wensing, M., Laurant, M., Ouwens, M., & Wollersheim, H. (2013). Organizational implementation strategies for change. In R. Grol, M. Wensing, M. Eccles, & D. Davis (Eds.), *Improving patient care: The implementation of change in health care* (2nd ed., pp. 240–253). Chichester, West Sussex: Wiley-Blackwell.

**Videos:**

1. Edmondson, A. (2014). Building a psychologically safe workplace.  
(<https://www.youtube.com/watch?v=LhoLuui9gX8>)
2. Glisson, C. (2012). Organizational effectiveness.  
(<https://www.youtube.com/watch?v=hCGI0owg3Wl>)
3. Green, P. (2012). Measuring organizational social context.  
(<https://www.youtube.com/watch?v=jGNBqQtIFKE>)

**Tools:**

1. Consolidated Framework for Implementation Research Qualitative Interview Guide Generator (<http://www.cfirwiki.net/guide/app/index.html#/>)
2. Organizational Readiness for Implementing Change Measure  
(<https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-9-7>)

**SPRING BREAK 3/12-3/16/2018****Module 6: Organizational-Level Implementation Strategies (Part 2)**

- Foundational principles of organizational change
- Implementation teams
- Facilitation

## Introductory PowerPoint:

- “Foundations of organizational implementation strategies and common strategies”

**Readings:**

1. Aarons, G. A., Ehrhart, M. G., Farahnak, L. R., & Hurlburt, M. S. (2015). Leadership and organizational change for implementation (LOCI): a randomized mixed method pilot study of a leadership and organization development intervention for evidence-based practice implementation. *Implementation Science*, 10(11), 1–12.
2. Glisson, C., & Williams, N. J. (2015). Assessing and changing organizational social contexts for effective mental health services. *Annual Review of Public Health*, 36, 507–23.
3. Ezeanolue, E. E., Obiefune, M., Ezeanolue, C. O., Ehiri, J. E., Osuji, A., Hunt, A. T., ... Ogedegbe, G. (2015). Effect of a congregation-based intervention on uptake of HIV testing and linkage to care in pregnant women in Nigeria (Baby Shower): A cluster randomised trial. *Lancet Global Health*, 3, e692–700.
4. Hurlburt, M., Aarons, G.A. Fettes, D., Willging, C., Gunderson, L., Chaffin, M.J. Interagency Collaborative Team model for capacity building to scale-up evidence-based practice. *Children and Youth Services Review* 39 (2014) 160–168.

**Videos:**

1. JoAnn Kirchner and Mona Richie - Facilitation: An evidence-based implementation strategy  
([http://www.hsrd.research.va.gov/for\\_researchers/cyber\\_seminars/archives/video\\_archive.cfm?SessionID=1144](http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1144))

2. Hemmelgarn, A. (2012). ARC strategy.  
(<https://www.youtube.com/watch?v=FTSGGvKAmck>)
3. Ezeanolue, E. (2016). Finding the Walgreens and CVS in congregation-based health interventions: Evidence from the Baby Shower Trial.  
(<https://www.youtube.com/watch?v=ZB9cbs3zDY4>)

#### Tools:

1. Implementation Climate Measures  
(<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-014-0157-1>  
and <http://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-9-46>)
2. National Implementation Research Network Implementation Teams Module  
(<http://4mplementation.fpg.unc.edu/module-3>)

#### Additional Readings (optional)

1. Kotter, J. P., & Schlesinger, L. A. (2008). Choosing strategies for change. *Harvard Business Review*, 130–139.

### Module 7: Assessing and Changing the Enabling Environment; Multi-Level Determinants and Implementation Strategies

- Policy implementation research
- Importance of addressing the enabling environment (i.e., the “outer setting” or “policy ecology”)
- Effective implementation may require multilevel implementation strategies
- These strategies should be carefully selected and thoughtfully aligned
- Case examples illustrate the need and potential utility of these strategies

#### Introductory PowerPoint:

- “The oft-neglected outer context: The need for the identification, development, and testing of strategies that address financial, policy, and societal structures”
- “The importance of addressing multi-level determinants in implementation research and practice”

#### Readings:

1. Hardee, K., Gay, J., Croce-Galis, M., & Peltz, A. (2014). Strengthening the enabling environment for women and girls: What is the evidence in social and structural approaches in the HIV response? *Journal of the International AIDS Society*, 17(18619), 1-12.
2. Kok, M. C., Kane, S. S., Tulloch, O., Ormel, H., Theobald, S., Dieleman, M., ... de Koning, K. A. M. (2015). How does context influence performance of community health workers in low- and middle-income countries? Evidence from the literature. *Health Research Policy and Systems*, 13, 1–14.
3. Powell, B. J., Beidas, R. S., Rubin, R. M., Stewart, R. E., Benjamin Wolk, C., Matlin, S. L., ... Mandell, D. S. (2016). Applying the policy ecology framework to Philadelphia’s behavioral health transformation efforts. *Administration and Policy in Mental Health and Mental Health Services Research*, 43, 909-926.
4. Hulscher, M., Wensing, M., & Grol, R. (2013). Multifaceted strategies for improvement. In R. Grol, M. Wensing, M. Eccles, & D. Davis (Eds.), *Improving patient care: The*

*implementation of change in health care* (2nd ed., pp. 278–287). Chichester, West Sussex: Wiley-Blackwell.

5. Weiner, B. J., Lewis, M. A., Clauser, S. B., & Stitzenberg, K. B. (2012). In search of synergy: Strategies for combining interventions at multiple levels. *JNCI Monographs*, *44*, 34–41.
6. Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2015). Methods to improve the selection and tailoring of implementation strategies. *Journal of Behavioral Health Services & Research*. <http://doi.org/10.1007/s11414-015-9475-6>

#### Videos:

1. Evans, A. (2016). Promoting mentally health cities. <https://www.youtube.com/watch?v=9Fi0uMuluY4>
2. Lewis, M. & Economos, C. (2013). Across the board: How multilevel interventions can improve the health of our communities. (<https://researchtoaction.cancer.gov/cyber-seminars/across-board-how-multilevel-interventions-can-improve-health-our-communities>)

#### Additional Reading (Optional):

1. Nilsen, P., Stahl, C., Roback, K., & Cairney, P. (2013). Never the twain shall meet?: A comparison of implementation science and policy implementation research. *Implementation Science*, *8*(63), 1–12.
2. Raghavan, R., Bright, C. L., & Shadoin, A. L. (2008). Toward a policy ecology of implementation of evidence-based practices in public mental health settings. *Implementation Science*, *3*(26), 1–9.

#### Module 8: Sustainability and Scale-Up; Future Directions in Implementation Research and Practice

- Defining sustainability and scale-up
- State of the literature and key conceptual frameworks
- Consolidate “lessons learned” in the course
- Cast the vision of what is to come in implementation research and practice

#### Introductory PowerPoint:

- “The challenges of sustainment and scale-up”
- “A provisional agenda for the future of implementation research and practice”

#### Readings:

1. Wiltsey Stirman, S., Kimberly, J., Cook, N., Calloway, A., Castro, F., & Charns, M. (2012). The sustainability of new programs and innovations: A review of the empirical literature and recommendations for future research. *Implementation Science*, *7*(17), 1–19.
2. Chambers, D. A., Glasgow, R. E., & Stange, K. C. (2013). The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implementation Science*, *8*(117), 1–11.
3. Milat, A. J., Bauman, A., & Redman, S. (2015). Narrative review of models and success factors for scaling up public health interventions. *Implementation Science*, *10*(113), 1–11.

4. Yamey, G. (2012). What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science. *Implementation Science*, 8(11), 1–11.
5. Hoagwood, K. E., Olin, S. S., Horwitz, S., McKay, M., Cleek, A., Gleacher, A., ... Hogan, M. (2014). Scaling up evidence-based practices for children and families in New York state: Toward evidence based policies on implementation for state mental health systems. *Journal of Clinical Child & Adolescent Psychology*, 43(2), 145–157.

**Videos:**

1. Chambers, D. A. (2013). Building a lasting impact: Implementation science and sustainability. ([https://www.youtube.com/watch?v=J8vp1wKt\\_YI](https://www.youtube.com/watch?v=J8vp1wKt_YI)).
2. Samuels, B., Chamberlain, P., Wuczyn, F., & Anderson, C. (2014). At scale implementation of evidence-based interventions: Policy, practice, and evaluation perspectives. (<https://www.youtube.com/watch?v=JImLEXnDs8Y>).

**Tool:**

1. Program Sustainability Assessment Tool (<https://sustaintool.org>)