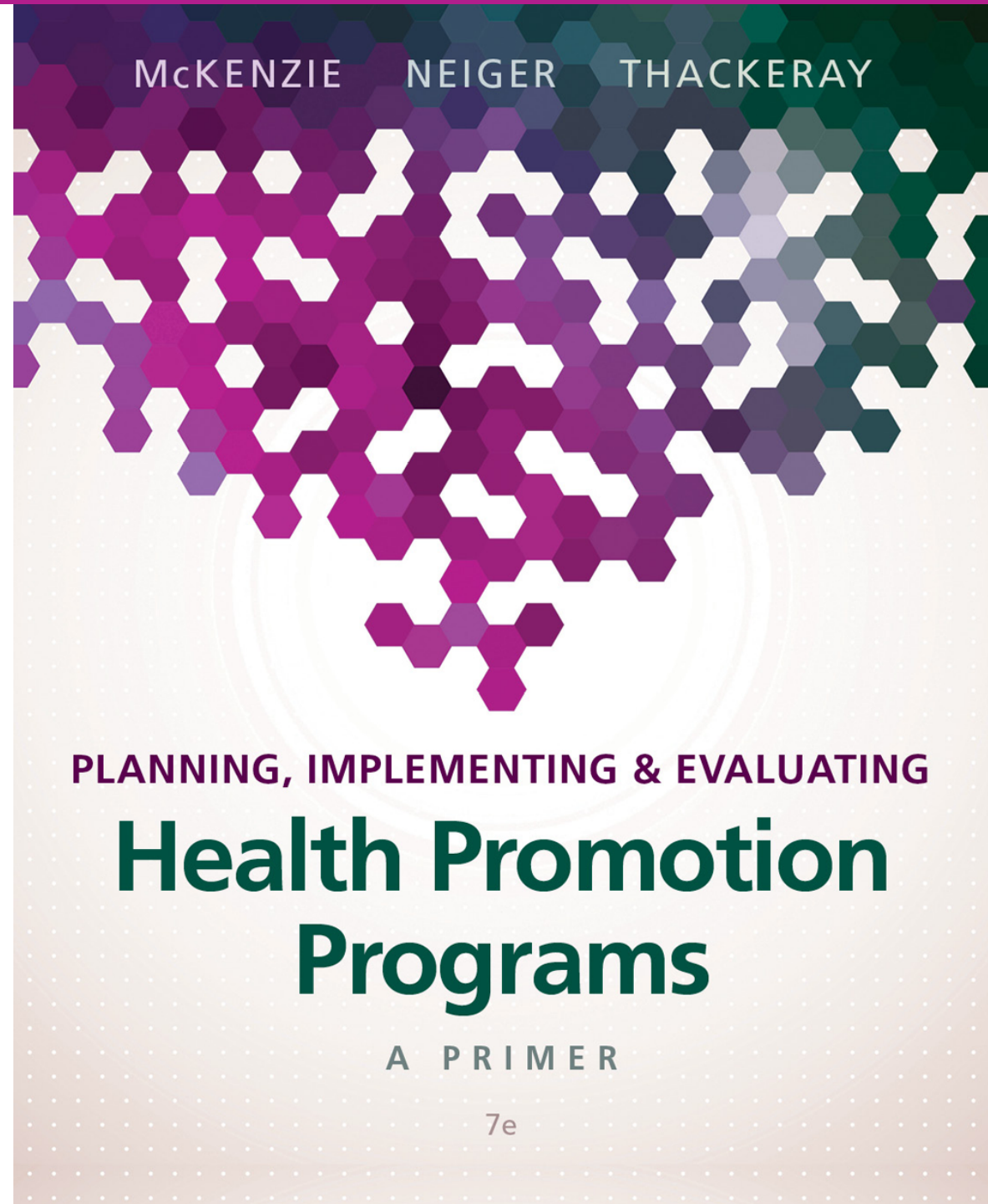


Chapter 12: Implementation: Strategies and Associated Concerns



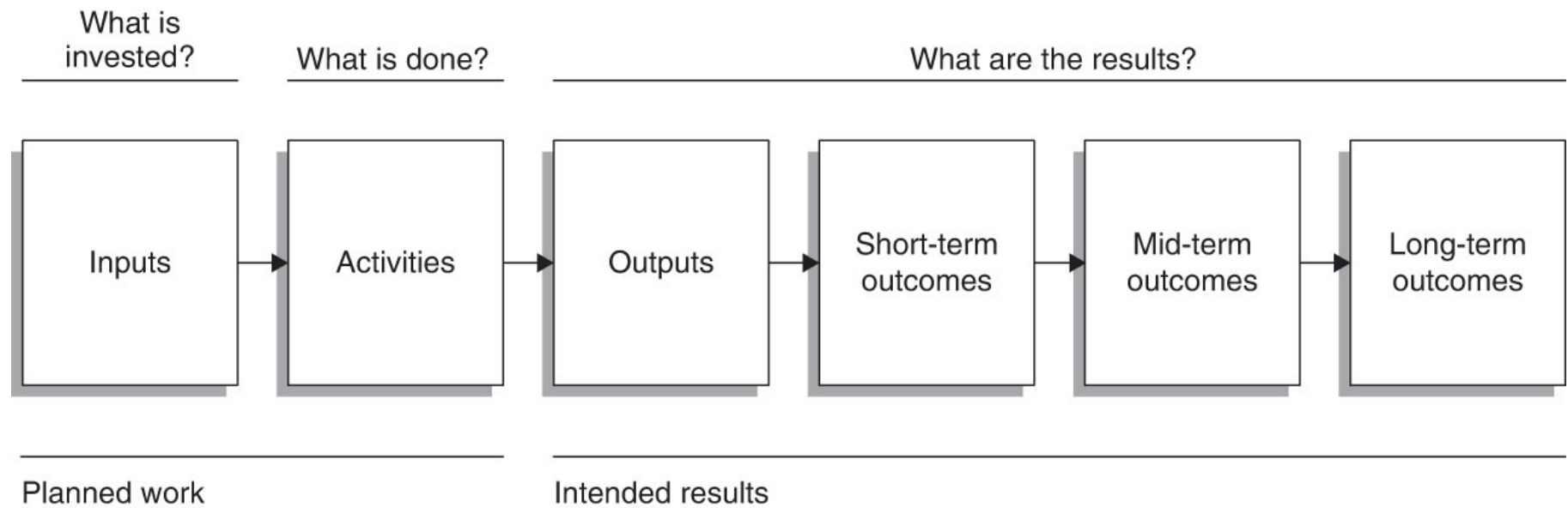
Logic Models – 1

- A logic model is a systematic and visual way for planners to share and present their understanding of the relationship among the resources they have to operate a program, the activities they plan to implement, and the outputs and outcomes they hope to achieve (CDC, 2008b; WKKF, 2004).
 - Can help all stakeholders understand the “big picture” of how planning, implementing, and evaluating all fit together

Logic Models – 2

- Three components of a logic model:
 - Inputs (resources)
 - Human resources, partnerships, equipment, supplies, materials, and community resources
 - Outputs (activities)
 - Products, services, and infrastructure
 - Outcomes (results or effects)
 - Short-term, mid-term, and long-term

Basic Logic Model



Defining Implementation

- “The act of converting planning, goals, and objectives into action through administrative structure, management activities, policies, procedures, and regulations, and organizational actions of new programs” (Timmreck, 1997, p. 328)
- One of the three stages of program diffusion, with the other two being *adoption* and *sustainability* (Bartholomew et al., 2011)

Phases of Program Implementation

- Phases are flexible in nature and can be modified to meet the many different situations and circumstances faced by planners.
- Phases of implementation:
 1. Adoption of the program
 2. Identifying and prioritizing the tasks to be completed
 3. Establishing a system of management
 4. Putting the plans into action
 5. Ending or sustaining a program

Phase 1: Adoption of the Program

- This phase is a part of the marketing process.
- Great care must go into the marketing process to ensure that a relevant product (i.e., the health promotion program) is planned so that those in the priority population will want to participate in it.

Phase 2: Identifying and Prioritizing the Tasks to Be Completed – 1

- Many tasks need to be completed when implementing a program.
 - Examples: reserving space, ordering equipment, etc.
- Tasks need to be identified and prioritized.
 - Planning timetables and timelines can help with this process.

Phase 2: Identifying and Prioritizing the Tasks to Be Completed – 2

- Types of timetables and timelines include:
 - Basic timelines
 - Task development timelines (TDTLs; Anspaugh, Dignan, & Anspaugh, 2000)
 - Gantt charts
 - PERT charts
 - Critical path method (CPM)

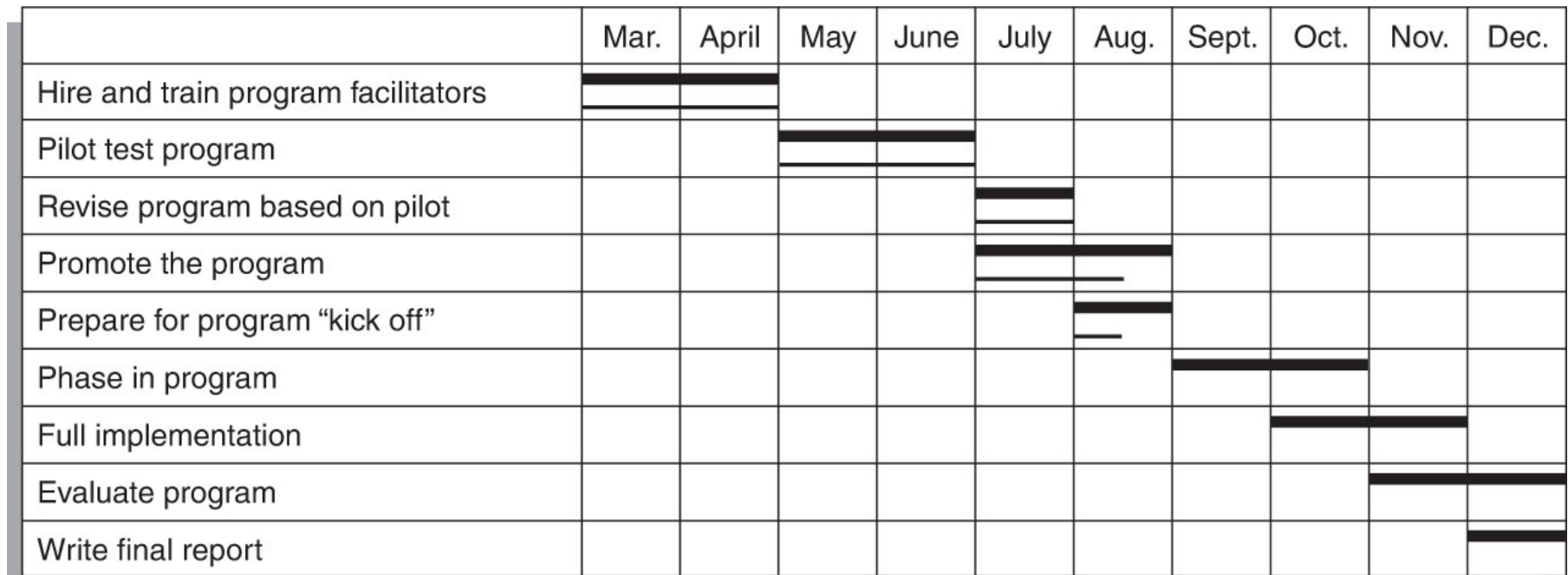
Sample Task Development Timeline

Tasks Year 1	Months											
	J	F	M	A	M	J	J	A	S	O	N	D
Develop program rationale	✓	✓										
Conduct needs assessment			✓									
Develop goals and objectives				✓								
Create intervention					✓							
Conduct formative evaluation						✓						
Assemble necessary resources						✓						
Market program						✓	✓					
Pilot test program								✓				
Refine program									✓			
Phase in intervention #1										✓		
Phase in intervention #2											✓	
Phase in intervention #3												✓

Tasks Year 2	Months											
	J	F	M	A	M	J	J	A	S	O	N	D
Phase in intervention #4	✓											
Total implementation		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Collect and analyze data for evaluation			✓									
Prepare evaluation report				✓								
Distribute report					✓							
Continue with follow-up for long-term evaluation						✓	✓	✓	✓	✓	✓	✓

Sample Gantt Chart

Date
√



 = planned time frame

 = completed

Phase 3: Establishing a System of Management – 1

- **Management** – “the process of assembling and using sets of resources in a goal-directed manner to accomplish tasks in an organizational setting” (Hitt, Black, & Porter, 2012, p. 483)
 - Includes human, financial, and technical resources
- “The efficient, satisfactory management of a health promotion program is vital to its long-term success” (Anspaugh et al., 2000, p. 124).

Phase 3: Establishing a System of Management – 2

- Good management is needed to ensure that programs are
 - Effective: meet stated goals and objectives
 - Efficient: well-organized, cost effective
- Managers need technical, interpersonal, and conceptual skills.
- Human Resources Management (HRM)
 - Four functions (or PADS):
 - Planning – defining personnel
 - Acquisition – hiring personnel
 - Development – training personnel
 - Sanction – discipline, rewards, safety
 - Professional Development

Phase 3: Establishing a System of Management – 3

- Financial Management
 - “Process of developing and using system to ensure that funds are spent for the purpose for which they have been appropriated” (Klingner et al., 2010, p. 88)
 - Accounting, fiscal year, fiscal accountability
 - Audits – internal and external
- Technical Resources Management
 - All other resources besides human and financial
 - Equipment, expertise, information, material, partnerships

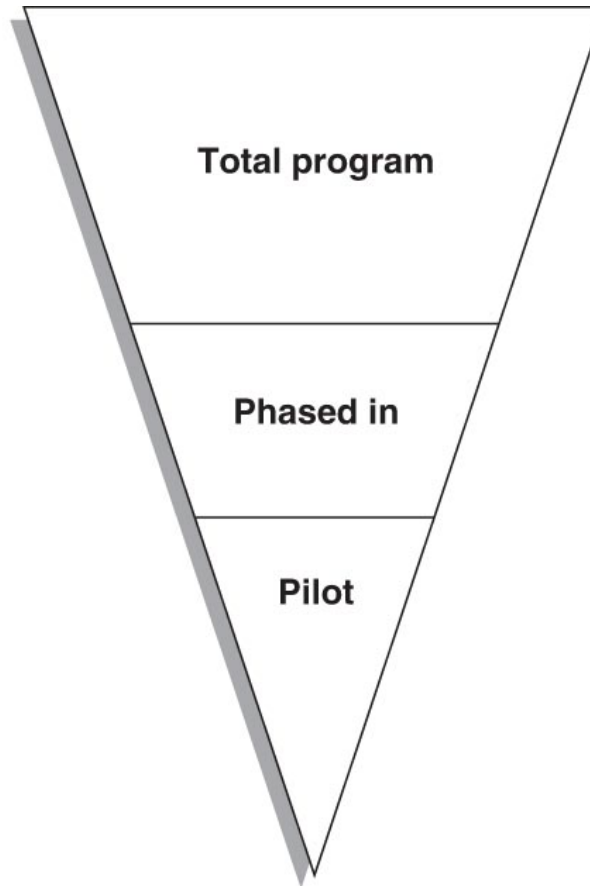
Phase 4: Putting Plans into Action – 1

- There are three major ways of putting plans into action: by phasing them in, in small segments; and by initiating the total program all at once.
 - The strategies exist in a hierarchy and it is recommended that all programs go through all three.
- Pilot testing – trying the program out with a small group from the priority population to identify any problems
- Phasing in – limiting the number of people who are exposed, then gradually increasing the numbers; by offerings, by location, by ability, by number
- Total program – all in priority population are exposed at same time

Putting Plans into Action

Advantages

- More people involved
- Evaluation more meaningful with larger group
- Easier to cope with workload
- Gradual investment
- Opportunity to test program
- Close control of program



Disadvantages

- Big commitment
- No chance to test program
- Fewer people involved
- Very few involved
- Not meeting all needs
- Hard to generalize about results

Phase 4: Putting Plans into Action – 2

- **First Day of Implementation**
 - Also referred to as program launch, program rollout, or program kickoff
- Some special planning may be necessary:
 - Decide on a first day.
 - Consider launching to coincide with other already occurring event (e.g., weight loss program and New Year's resolution).

Phase 4: Putting Plans into Action – 3

- Some special planning may be necessary (cont'd)
 - Kickoff in style.
 - Create a special event; use celebrities.
 - Seek news coverage, if appropriate.
 - Inform appropriate media representatives of your plans.
 - Make arrangements to meet the media representatives at the designated time and place.
 - Use press releases, video releases, spokespeople.
 - Consider a news hook; e.g., day in history.

Phase 4: Putting Plans into Action – 4

- Monitoring Implementation
 - **Program monitoring** involves the ongoing collection and analysis of data and other information to determine if the program is operating as planned.
- Basic monitoring data and information for a program has the following utilities (USDJ, n.d.):
 - It provides operating and descriptive data and information.
 - It provides the basic information for comparing outcomes to the program objectives.
 - It provides educational information about many aspects of the program.
 - Monitoring data serve as a preventive maintenance function by tracking indicators of critical elements.

Phase 5: Ending or Sustaining a Program

- Planners should determine how long to run a program.
- If the program met its goals and objectives and the priority population has been served to the fullest extent necessary, then the program can be ended.
- **Sustaining a program is more difficult.** Six techniques include:
 1. Working to institutionalize
 2. Seeking feedback
 3. Advocating for the program
 4. Partnering with others
 5. Revisiting and revising the rationale
 6. Establishing a resource development committee

Implementation of Evidence-Based Interventions

- The focus of **implementation science** is to study how interventions, which have been shown to be effective in one setting, can be applied to sustain improvements to population health (Lobb & Colditz, 2013).
- Tomioka and Braun (2013) created a four-step fidelity assurance protocol:
 1. Deconstruct the program into its components.
 2. Identify agencies that are ready to replicate the intervention.
 3. Closely monitor the fidelity of the program.
 4. Use the evaluation tools of the program to track progress.

Concerns Associated with Implementation – 1

- **Safety and Medical Concerns**

- Most programs are designed to improve health; thus give attention to the safety and medical concerns associated with the program.
- **Informed consent**
 - Explain nature of program.
 - Inform participants of risks or dangers and any possible discomfort.
 - Explain expected benefits.
 - Inform of alternative programs.
 - Indicate that they are free to discontinue participation at any time.
 - Allow participants to ask questions.
- Informed consent forms (waiver of liability or release of liability) do not protect planners from being sued.
 - They just make participants aware of special concerns.

Example Informed Consent Form

BOX

12.5

Application

Sample Informed Consent Form

Consent to Perform Cholesterol Screening

I hereby grant permission to the Institute for Health Promotion personnel to perform a cholesterol screening on me. I am engaging in this screening voluntarily. I have been told this screening will provide an analysis of total blood cholesterol and that a trained employee will take my blood from a finger stick sample. This finger stick may be uncomfortable. I understand that the results of this screening are considered to be preliminary in nature and in no way conclusive. Results of a blood cholesterol screening like this can be affected by a number of factors including, but not limited to, smoking, stress level, amount of exercise, hormone levels, food eaten, heredity, and pregnancy. I also understand that my physician can perform a more complete blood lipid (fat) analysis for me, if I so desire.

Further, I have been told that all the information related to this screening is considered confidential.

I have read the above statement and understand what it means. I have also had an opportunity to ask questions about the screening, and all my questions have been answered to my satisfaction.

Participant's Signature

Date

Signature of Witness

NOTE TO PROGRAM PLANNERS: To ensure this form meets all related organizational policies and local and state laws, this form should be submitted to legal counsel before use.

Concerns Associated with Implementation – 2

- **Safety and Medical Concerns (cont'd)**
 - If the act of participating in the program puts anyone at medical risk (e.g., cardiovascular exercise programs), then these individuals need to obtain medical clearance before participating.
 - Medical clearance signed by a physician
 - Steps must be taken to ensure the safety and health of all associated with the program:
 - Safe program location; appropriate security
 - Building codes met and facilities free from any hazards
 - Qualified instructors
 - Plan in case of emergency

Checklist of Items to Consider When Developing an Emergency Care Plan

BOX

12.6

Focus On

Checklist of Items to Consider When Developing an Emergency Care Plan

1. Duties of program staff in an emergency situation are defined.
2. Program staff is trained (CPR and first aid) to handle health emergencies.
3. Program participants are instructed what to do in an emergency situation (e.g., medical, natural disaster).
4. Participants with high-risk health problems are known to program staff.
5. Emergency care supplies and equipment are available.
6. Program staff has access to a telephone.
7. Standing orders are available for common emergency problems.
8. There is a plan for notifying those needed in emergency situations.
9. Responsibility for transportation of ill/injured is defined.
10. Injury (incident) report form procedures are defined.
11. Universal precautions are outlined and followed.
12. Responsibility for financial charges incurred in the emergency care process are defined.
13. The emergency care plan has been approved by the appropriate personnel.
14. The emergency care plan is reviewed and updated on a regular basis.

Concerns Associated with Implementation – 3

- **Ethical Issues**

- Situations where competing values are at play and judgment must be made on what is the most appropriate course of action
- *Code of Ethics for the Health Education Profession* guides the work of health educators.
 - Planners should have integrity, and be honest, loyal, and accountable.
- *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subject Research* has three fundamental ethical principles:
 - Respect for persons
 - Beneficence – maximizing benefits; doing good
 - Justice – fairness

Concerns Associated with Implementation – 4

- **Legal Concerns**
 - **Negligence** – failing to act in a prudent (reasonable) manner. Arises from two acts:
 - Omission – doing nothing when you should
 - Commission – doing something you should not

Concerns Associated with Implementation – 5

- **Reducing the Risk of Liability** – key to avoiding liability is to reduce risk by planning ahead
 - Be aware of legal liabilities.
 - Be aware of professional standards.
 - Keep knowledge and skills up-to-date.
 - Use certified instructors.
 - Use good judgment.
 - Require informed consent.
 - Get medical clearance.
 - Limit work to expertise.
 - Provide a safe environment.
 - Purchase insurance.

Concerns Associated with Implementation – 6

- **Program Registration and Fee Collection**
 - Establish payment procedures and a system of payment
- **Procedures for Recordkeeping**
 - HIPAA
 - Records should be kept, but ensure anonymity/confidentiality

Concerns Associated with Implementation – 7

- **Procedural Manual and/or Participants' Manual**
 - There may be a need to create a manual for the program to:
 1. Ensure that everyone understands the program and its parameters
 2. Standardize the intervention so it can be replicated and avoid Type III errors
 3. Provide ideas for facilitation
 4. Provide additional background information on the topic
 5. Provide citations for additional resources.
- **Program Participants with Disabilities**
 - Programs should meet the needs of participants with disabilities.

Concerns Associated with Implementation – 8

- **Training for Facilitators**
 - Program facilitators need to be familiar with the intervention.
 - Either by participating in the planning of the intervention or through a training session
- **Dealing with Problems**
 - Planners should anticipate and deal with problems that might arise.
- **Documenting and Reporting**
 - Keep others informed about the progress of the program for:
 1. accountability
 2. public relations
 3. motivation of present participants