

Increasing Capacity for Implementation & Ensuring Cultural Competency

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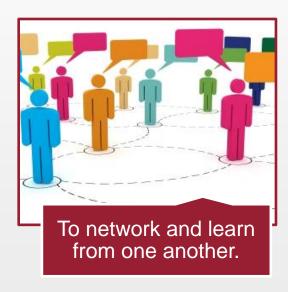
Washington State University

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Today's Objectives

To increase your capacity for high quality program implementation, while ensuring cultural competency.









Introductions

Who is here and what can we learn from one another?





Who are we?

We are translational researchers from the **Prevention Science** and **Extension** programs at WSU.





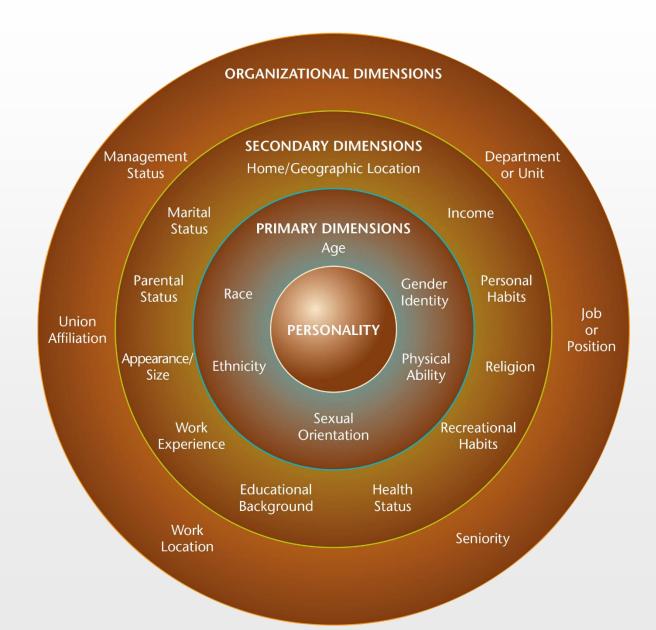
Impromptu Networking

- Goal: Get to know your colleagues & to put the objectives of this workshop into your context.
- The Questions:
 - 1) What role do you play in program implementation?
 - 2) What do you hope to learn at this workshop?

The Structure:

- Introduce yourself to someone new, respond to the questions (2 mins per person).
- When you hear the bell, introduce yourself to one more person and repeat.







Instructions for Diversity Wheel Activity:

- 1. Choose one dimension from the wheel to focus on for this activity. Identify how it influences your life. How is this dimension different from people you encounter in your daily life?
- 2. What strengths or advantages does this difference bring to your work as a coalition coordinator?
- 3. In what ways does this difference present challenges or barriers to your work?
- 4. Think about strategies you have used to reduce barriers or capitalize on strengths for the difference you identified.

ONE-TWO-FOUR-ALL



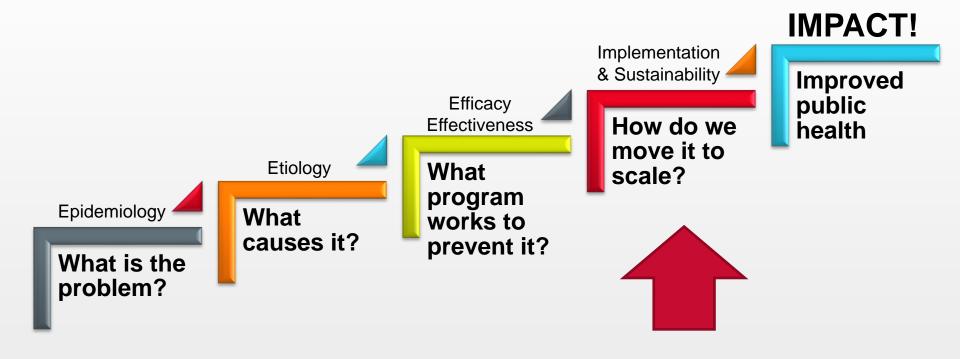
The Research

What does the latest research on program implementation and adaptation tell us?





The Big Picture



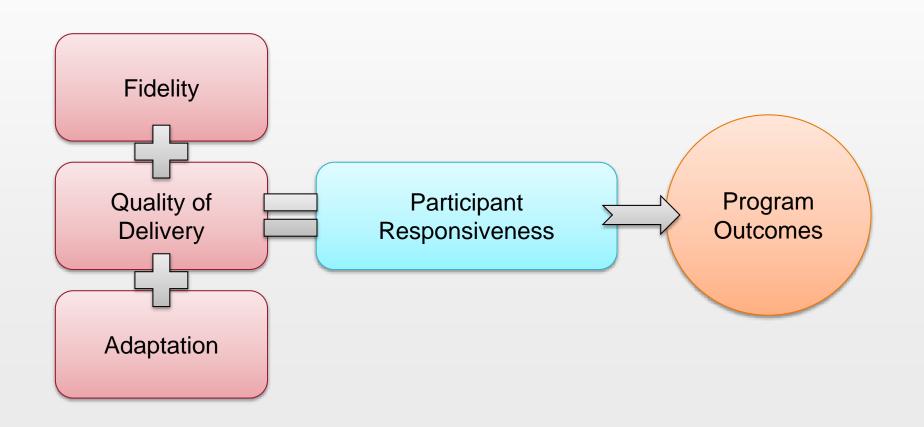


Implementation Quality: Key Components

- Quality of delivery
 - How well program is conveyed to participants
- Participant responsiveness
 - Extent to which participants are engaged
- Fidelity (adherence)
 - Degree to which program is delivered as designed
- Adaptation
 - Any change to above (addition, deletion, modification)



Implementation Quality: The Theory





The Cake Metaphor







The Fidelity Argument

- Best not to tinker with a proven-effective program.
- If making changes, cannot be assured to achieve same positive outcomes.
- Should take advantage of researchers' / program developers' expertise.





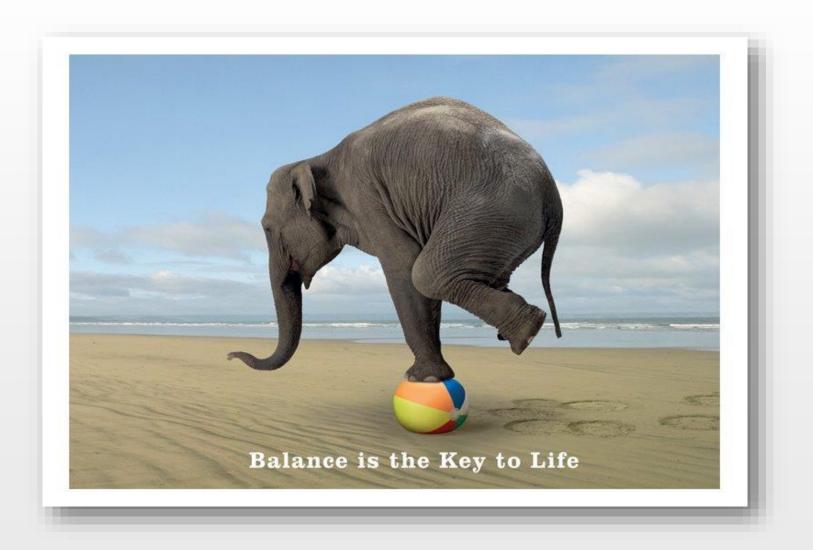
The Adaptation Argument



- In the real world, adaptations happen!
- Programs should be adapted to meet the unique conditions and needs of the local community.
- Practitioners' expertise about local community should inform local implementation.



The Middle Ground





The Evidence

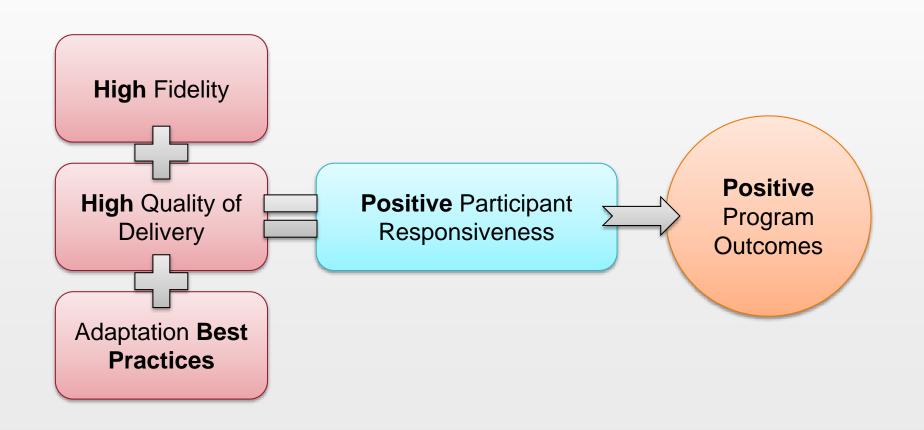
- Higher = better outcomes
 - Adherence, dose, quality of delivery (Durlak & Dupre, 2009)

- Cultural adaptations = positive impact on recruitment and retention, but small or no impact on outcomes
 - (e.g., Kumpfer et al., 2002)
- Global fidelity = weak predictor of outcomes
 - (Berkel et al., 2013; Hill & Owens, 2013)

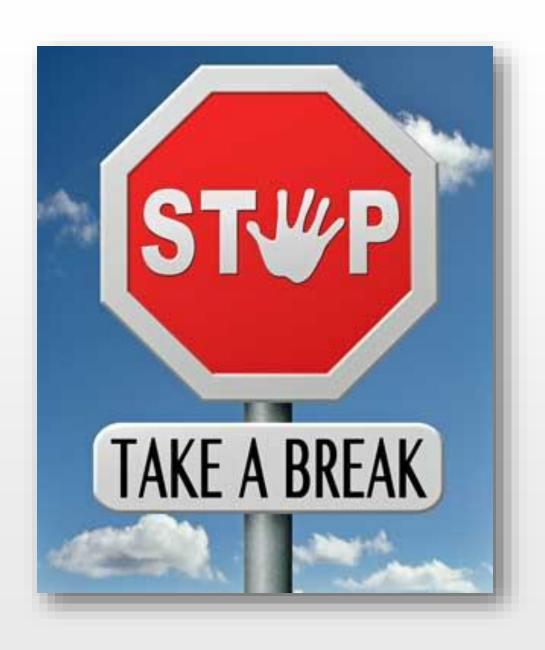


Evidence-based Implementation:

A Recipe for Success!

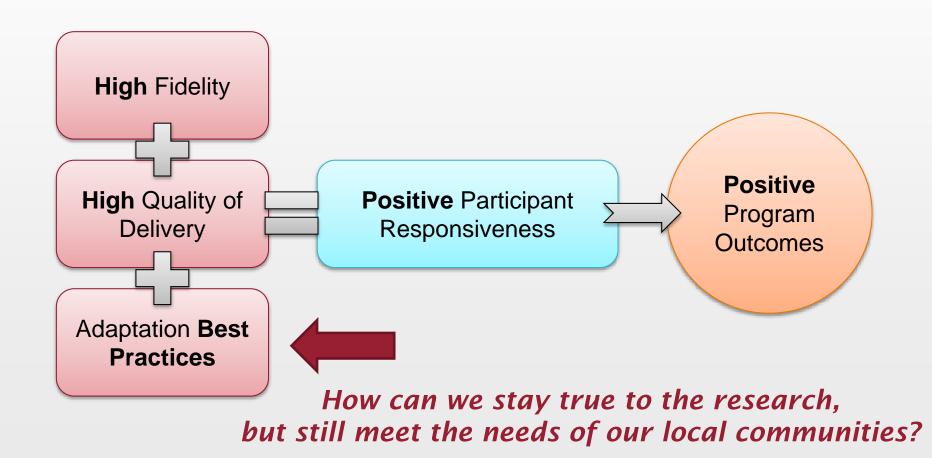








Evidence-based Implementation Theory: A Recipe for Success!





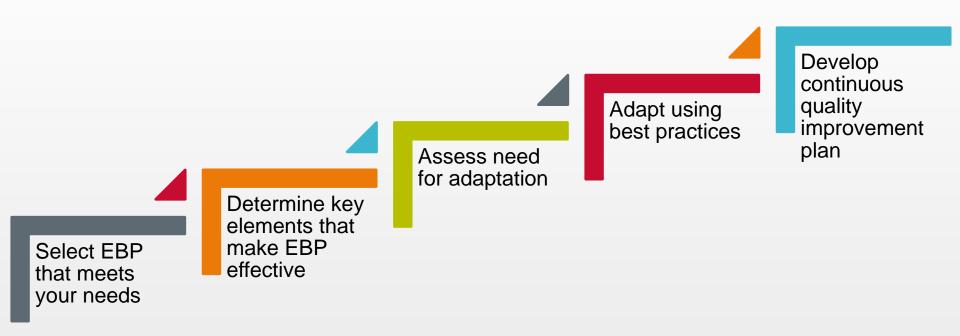
Research-based Tools

For Effective Program Implementation





A Best Practices Guide

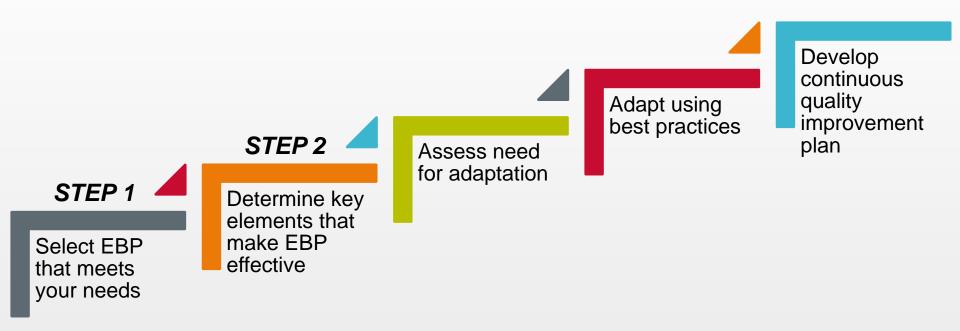


Modified and adapted from the following resources:

- Card, J. J., Solomon, J., & Cunningham (2009). How to adapt effective programs for use in new contexts. Health Promotion Practice, 12, 25-35.
- O'Connor, C., Small, S. A., Cooney, S. M. (April, 2007). Program fidelity and adaptation: Meeting local needs without compromising program effectiveness. *What works, Wisconsin Research to practice series*, Issue #4.
- Kemp, L. (2016). Adaptation and fidelity: A recipe for achieving both in population scale implementation. Prevention Science, 17, 429-438.



A Best Practices Guide

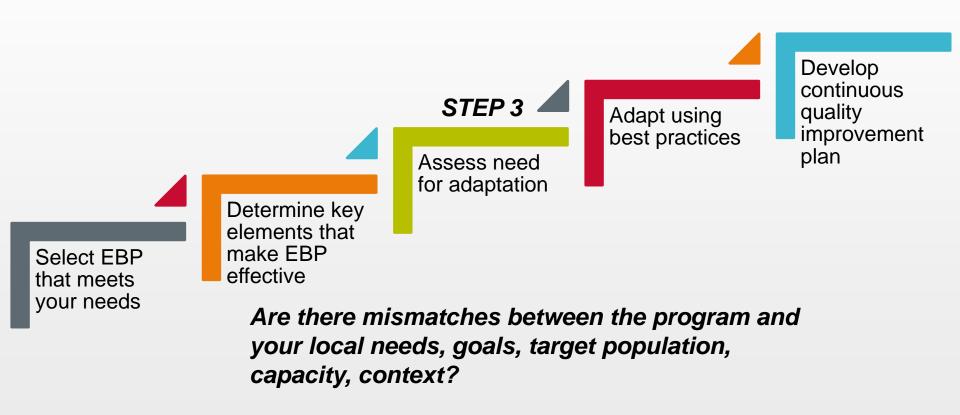


What are the core ingredients, methods & equipment?

Are they locally available? Are they sustainable?

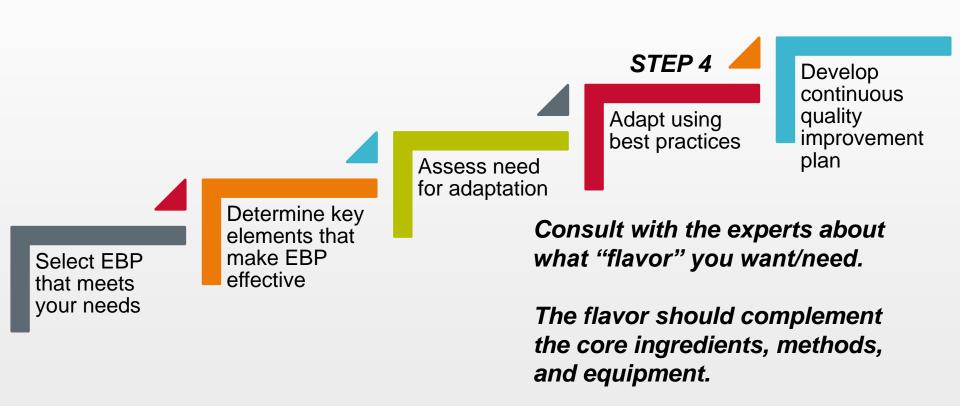


A Best Practices Guide



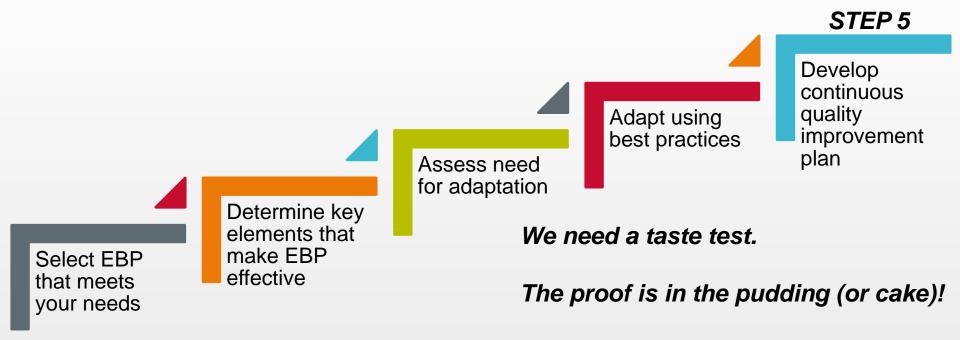


A Best Practices Guide





A Best Practices Guide





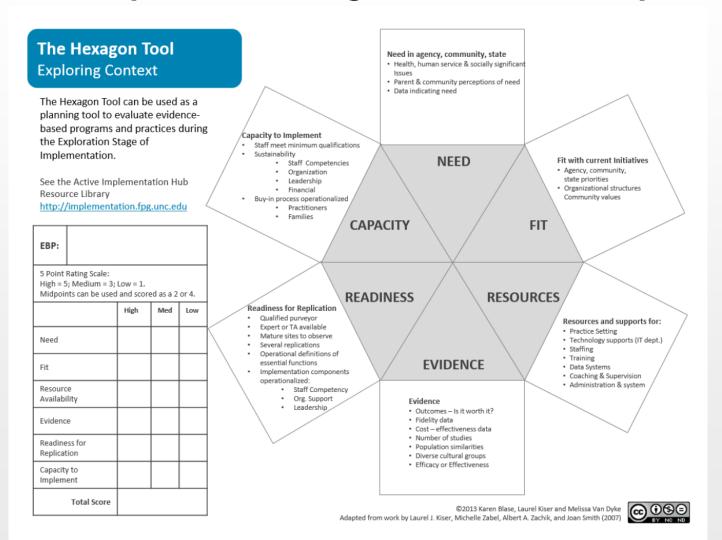
Application to Practice

How can this information be applied to real-world program implementation?





Step 1 & 2: Hexagonal Tool Activity





Step 1 & 2: Hexagonal Tool Activity

- 1. Individually reflect on one program you are currently or will soon implement complete the ratings for that program.
- 2. Identify one or two areas with low ratings and ask yourself:
 - Why are they low?
 - What (if anything) could you do to address them?
- 3. Turn to your neighbor and share what you learned. Have they had similar experiences? If so, do they have any suggestions for how to address these challenges?



Step 3: Cultural Guide Activity

- Find a partner to work with. Decide who will be the "Guide" and who will be the "Guided."
- 2. Read the scenario you are given and start the activity!
- 3. Be ready to talk about how it felt to be The Guide and how it felt to be The Guided.



When you choose a cultural guide...

- Consider both informal and formal leaders from a cultural community.
- Partner with "bridging" organizations to find appropriate guides.
- Invest time in building relationships and trust in you and your organization.
- Discuss goals that a potential guide may have for working with you. Strive for reciprocity!







Maternal Early Childhood Sustained Home Visiting: *A Case Study*

- Nurse home visiting for at-risk families
- Developed & demonstrated effective in Australia
- · Universal, comprehensive, integrated approach
- Goals are to:
 - Improve transition to parenting (during pregnancy)
 - Improve maternal health & well-being (self-care)
 - Improve child health & well-being (parent-child interactions)
 - Develop and promote parents' aspirations
 - Improve family and social relationships



Maternal Early Childhood Sustained Home Visiting: *A Case Study*

- Program is embedded in local systems
- Requires fidelity <u>AND</u> local adaptions





Maternal Early Childhood Sustained Home Visiting: *Plain Cake Recipe*

CORE INGREDIENTS

- Sustained structured nurse home visiting (minimum 25 visits until child is 2 years old)
- Supporting mother and child health and well-being
- Supporting mothers to be future oriented and aspirational
- Child development parent education program (comprehensive and structured)
- Supporting family and social relationships
- Trained postgraduate nursing workforce
- Embedded in universal primary, secondary and tertiary child and family health service (including social care practitioner in program team)



Maternal Early Childhood Sustained Home Visiting: *Plain Cake Recipe*

CORE METHODS

- Home visiting: scheduled timing and quantity
- Partnership between the nurse and the family
- Group activities
- In-reach (resources drawn into the program to support families and practitioners) and out-reach (referral) processes



Maternal Early Childhood Sustained Home Visiting: *Plain Cake Recipe*

CORE EQUIPMENT

- Practitioner and service capacity to identify and respond to families with remediable risk in the population – where and when needed
- Effective staff training and supervision systems
- Effective management and leadership
- Access to resources to support families and practitioners
- Tiered, ecological and multidisciplinary approach to support family, practitioner and service capacity building
- Proportionate universal approach with service for vulnerable families embedded within broader universal service system
- Data tools and system for fidelity and quality monitoring



Maternal Early Childhood Sustained Home Visiting: Variation Recipe

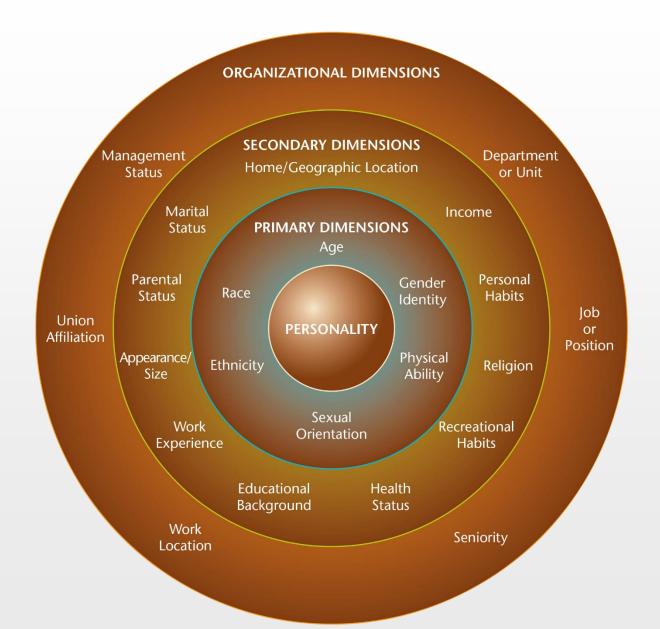
- Decisions about variations should be made in advance of implementation and in consultation with program experts.
- Is the variation consistent with the underlying theories of the program?
- Does the variation interfere with any of the core ingredients, methods, or equipment?



Step 4: MECSHV Variation Recipe Activity

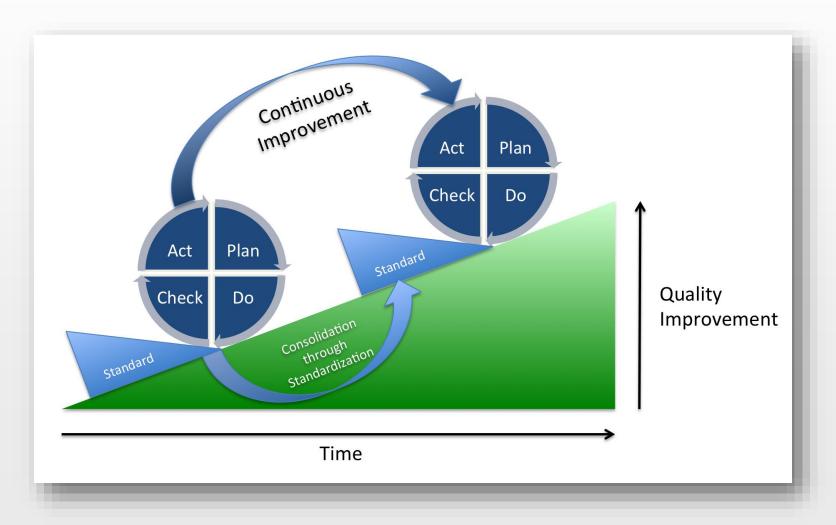
- Groups of 4-5 people
- Identify one person to be the "client"
- Everyone else will be consultants
- Your goal is to develop a list of recommendations for a MECSHV variation recipe for this community based on what you've learned about:
 - This program, and
 - Research-based implementation.



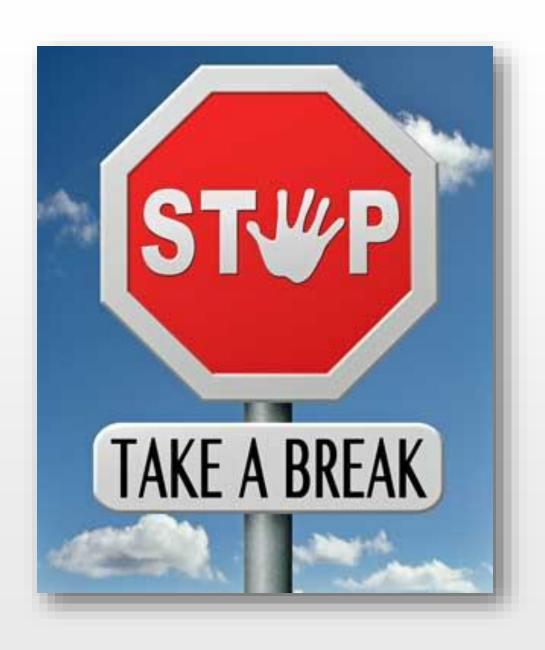




Step 5: Continuous Quality Improvement & Implementation Monitoring









Panel Discussion

- Rudy Garza
 - King County, South East Seattle Coalition
- Julissa Crow
 - Franklin County, Pasco Discovery Coalition
- Stacia Wasmundt
 - Thurston County, Thurston Together Coalition
- Nancy Fiander
 - Yakima County, White Swan Dreammakers

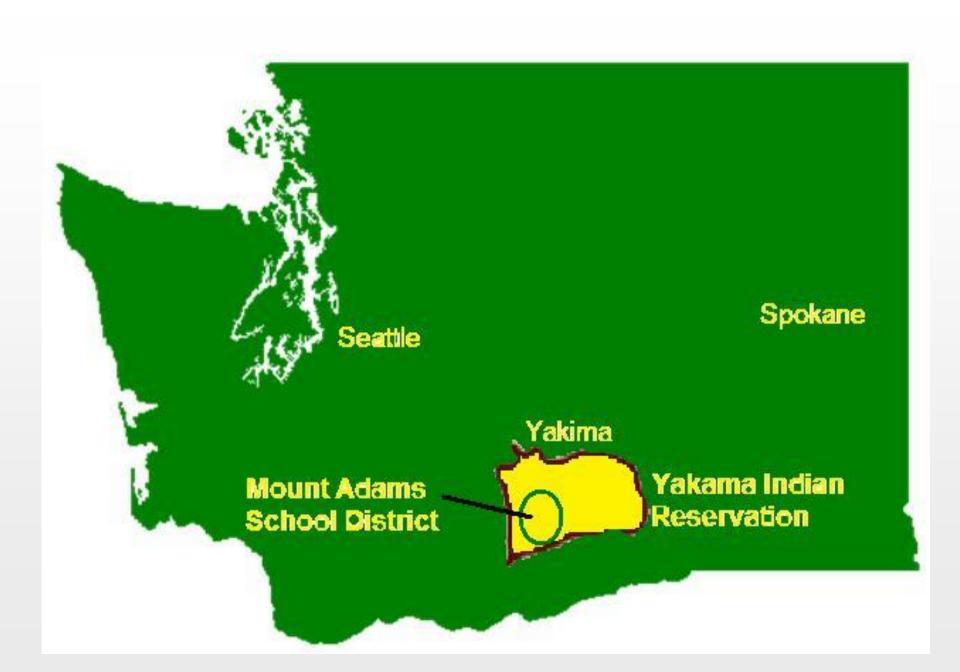
PAX as an Evidenced-based Strategy in Harrah Elementary

Successful implementation in rural native communities

Builds individual self regulation

Long term reduction in suicide and drug use

Increase high school and college graduation



Adaptation: "It takes a village to raise a child"

- Build on elders knowledge: "PAX is a new way to teach the old ways."
- Building wide implementation
- Visioning
- Tootle Time
- Community partner with Yakama Nation Programs
- Building relationships at a personal level
- Involve youth in "Bettering my world."
- Our village extends to other villages

White Swan Arts & Recreation Community Coalition



Indigenous PAX: The Journey

Quality of Delivery: Modeling Checklist

Participant Responsiveness: Spleem Counts

Fidelity: Weekly Scoreboards

Adaptation: Language





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