Implementation Science From Practice to Research

LINDA FLEISHER, PHD, MPH

SENIOR RESEARCH SCIENTIST – CHILDREN’S HOSPITAL OF PHILADELPHIA,
ASSOCIATE RESEARCH PROFESSOR - ADJUNCT, U OF PENN, PERELMAN SCHOOL OF MEDICINE
ASSOCIATE RESEARCH PROFESSOR – COLLABORATING MEMBER – FOX CHASE CANCER CENTER
Today’s Talk

Story of Dissemination & Implementation
- What’s the problem and strategies?
- What’s the opportunity?

Case examples
- Dissemination Research – PA Dissemination of Body and Soul
- Implementation Practice -- RCaDES – PASAC adaptation
- Implementation Science – iAPP & mychoice

What is happening in this emerging area?
- Training
- Organizations
- Implementation Science Journal
- Resources
THE LATEST RESEARCH SHOWS THAT WE REALLY SHOULD DO SOMETHING WITH ALL THIS RESEARCH
Improving the flow and relevance of research evidence for implementation

Dissemination & Implementation Evolution

EBM
Investigator Driven
CancerControl PLANET
NCI Dissemination Supplements
NIH-Transdisciplinary PAR

Fleisher, 2017
What is.....

Dissemination

Implementation Practice

Dissemination Research

Implementation Science Research
Definitions

Dissemination – the purposive distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread information and the associated evidence-based interventions.

Dissemination Research--addresses how information about health promotion and care interventions is created, packaged, transmitted, and interpreted among a variety of important stakeholder groups.

Implementation Practice...is a specified set of activities designed to put into practice an activity or programs. Implementation processes are purposeful and are described in sufficient detail.

Implementation Science Research...is the study of factors that influence the full and effective use of innovations in practice. The goal is not to answer factual questions about what is, but rather to determine what is required.
Conceptual Model for Implementation Research

The Core of Implementation Science

What?
- QIs
- ESTs

How?
- Implementation Strategies

Implementation Outcomes
- Feasibility
- Fidelity

Service Outcomes
- Efficiency
- Costs
- Timeliness

Patient Outcomes
- Clinical/health status
- Symptoms
- Function
- Satisfaction

*IOM Standards of Care

Proctor et al 2009 Admin. & Pol. in Mental Health Services
Unraveling the “Black Box”
Moving from passive to active D&I

"I think you should be more explicit here in Step Two!"
NIH Public Access
Author Manuscript

Bridging Research and Practice:
Models for Dissemination and Implementation Research

Rachel G. Tabak, PhD, Elaine C. Khoong, BS, David Chambers, DPhil, and Ross C. Brownson, PhD
Prevention Research Center in St. Louis, Brown School, (Tabak, Khoong, Brownson), Division of Public Health Sciences and Alvin J. Siteman Cancer Center, School of Medicine, (Brownson), Washington University in St. Louis, St. Louis, Missouri; National Institute of Mental Health (Chamber), NIH, Bethesda, Maryland

Abstract

Context—Theories and frameworks (hereafter called models) enhance dissemination and implementation (D&I) research by making the spread of evidence-based interventions more likely. This work organizes and synthesizes these models by: (1) developing an inventory of models used in D&I research; (2) synthesizing this information; and (3) providing guidance on how to select a model to inform study design and execution.

Evidence acquisition—This review began with commonly cited models and model developers and used snowball sampling to collect models developed in any year from journal articles, presentations, and books. All models were analyzed and categorized in 2011 based on three author-defined variables: construct flexibility, focus on dissemination and/or implementation activities (D/I), and the socio-ecological framework (SEF) level. Five-point scales were used to rate construct flexibility from broad to operational and D/I activities from dissemination-focused to implementation-focused. All SEF levels (system, community, organization, and individual) applicable to a model were also extracted. Models that addressed policy activities were noted.

Evidence synthesis—Sixty-one models were included in this review. Each of the five categories in the construct flexibility and D/I scales had contained at least four models. Models were distributed across all levels of the SEF; the fewest models (n=8) addressed policy activities. To assist researchers in selecting and utilizing a model throughout the research process, the authors present and explain examples of how models have been used.

Conclusions—These findings may enable researchers to better identify and select models to inform their D&I work.
From Tabak et al.

Identified 109 models

Exclusions

- 26 focus on practitioners
- 12 not applicable to local level dissemination
- 8 end of grant knowledge translation
- 2 duplicates

Included 61 models
Categorization of D&I models (theories & frameworks) for use in research studies (adapted from Tabek et al.)

<table>
<thead>
<tr>
<th>Diss. &amp;/or Implem.</th>
<th>System</th>
<th>Community</th>
<th>Organization</th>
<th>Individual</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>D – only (n=11)</td>
<td>3</td>
<td>10</td>
<td>10</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>D &gt; I (n=16)</td>
<td>5</td>
<td>14</td>
<td>16</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>D = I (n=17)</td>
<td>6</td>
<td>13</td>
<td>16</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>I &gt; D (n=5)</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>I - only (n=12)</td>
<td>2</td>
<td>10</td>
<td>12</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Total (n=61)</td>
<td>18</td>
<td>51</td>
<td>59</td>
<td>35</td>
<td>8</td>
</tr>
</tbody>
</table>
Context: Consolidated Framework for Implementation Research (CFIR)

Composed of 5 major domains:

- Intervention characteristics
- Outer setting
- Inner setting
- Characteristics of individuals involved
- Process of implementation

## RE-AIM Framework (Glasgow et al)

<table>
<thead>
<tr>
<th>Element</th>
<th>Definition</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>Percent and representativeness of population</td>
<td>Does program attract large and representative percent of population? Can program reach those with disparities?</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Positive and negative effects of the program</td>
<td>Does the program provide beneficial effects to all sub-groups and minimize negative effects?</td>
</tr>
<tr>
<td>Adoption</td>
<td>Percent and representativeness of setting and staff that provide program</td>
<td>Is the program feasible for majority of settings, including those with limited resources?</td>
</tr>
<tr>
<td>Implementation</td>
<td>The consistency and cost of providing the program and the scope of modifications required</td>
<td>Can the program be provided consistently across settings, staff, and populations and are the costs justified by the results?</td>
</tr>
<tr>
<td>Maintenance</td>
<td>The long-term effects for the participants and the sustainability for the setting</td>
<td>Does the program have lasting benefits for the population and is the program sustainable over the long-term</td>
</tr>
</tbody>
</table>
D&I Models: Significance

- Ensure inclusion of essential D&I strategies
- Enhance the interpretability of study findings
- Provide systematic structure for development, management and evaluation of interventions/D&I efforts
- Models suggest what is important to measure
- Provide explanation why an intervention works (or doesn’t work)

Evidence-based intervention: The objects of dissemination and implementation are interventions with proven efficacy and effectiveness.
Selected Projects

Community Based
- Body and Soul
- RcaDES

Digital Health
- iAPP – Integrating mHealth Apps into Practice
- myChoice
Community Based
The Body & Soul program is supported by four pillars:

1. **Pillar 1**: A pastor who is committed and involved
2. **Pillar 2**: Church activities that promote healthy eating
3. **Pillar 3**: A church environment that promotes healthy eating
4. **Pillar 4**: Peer counseling that motivates church members to eat a healthy diet

**PA Dissemination Project**
1. Disseminate the Body & Soul program in targeted counties with higher populations of African Americans
2. Evaluate and describe churches’ implementation and adoption of Body & Soul
Framework

**Potential Moderators**
- Intervention complexity – multiple pillars
- Role of community partner
- Level of technical assistance
- Discomfort with “peer counseling”

**Body and Soul Intervention**

**Adherence**
- Content
- Coverage
- Frequency
- Duration

**Outcomes**

“Fidelity”

## Body and Soul Dissemination Approach

<table>
<thead>
<tr>
<th>FCCC – Master Trainers</th>
<th>Community Partner (CP)</th>
<th>Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ID and train Community Partners (CP)</td>
<td>• ID and co-train churches</td>
<td>• Organizes Planning Team</td>
</tr>
<tr>
<td>• Provide funding to Churches</td>
<td>• Secure monthly reporting</td>
<td>• Implements Program Pillars</td>
</tr>
<tr>
<td>• Provide technical support to Churches</td>
<td>• Provides technical support to churches</td>
<td>• Reports to Community Partner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participates on education Webinar</td>
</tr>
</tbody>
</table>
Body & Soul in Pennsylvania

• 77 churches in 18 counties
  – Phase I - Pilot
    ➢ 23 churches
    ➢ Reach – 12,842
  – Phase II - Implementation
    ➢ 49 churches
    ➢ Reach – 23,032
  – Phase III - Implementation
    ➢ 5 churches
Implementation Results - Number of Activities

Churches conducted 579 activities related to the Body & Soul Pillars

Pillar 2 (healthy activities) was the most implemented pillar with 285 church activities, while Pillar 4 (peer counseling) was the least implemented with only 41 church activities.
Implementation Results Number of Pillars

- 57% of churches implemented either two or three of the pillars
- Only 24% of churches have implemented all 4 pillars
Mixed Success

Participating churches enjoyed activities (Pillar 2) but struggled with other Pillars

Peer Counseling Pillar (Pillar 4) was difficult - existing training materials were insufficient to support & acceptability of terminology

Church coordinators were unable to fully engage church members into activities

Securing data from churches in a timely fashion was problematic

RE-AIM
- Reach -- 77 churches
- Effectiveness -- NS for F&V
- Adopted -- 57% 2 or 3 pillars
- Implementation -- Variability
- Maintenance -- Many churches continuing
Reducing Cancer Disparities by Engaging Stakeholders (RCaDES) Initiative

R. Myers, PhD; M. DiCarlo, MPH, MS; M. Romney, RN, JD, MPH, A. Quinn, MPH; M. Rosenthal, MD; R. Sifri, MD; L. Fleisher, MPH, PhD; D. Bellefontaine; J. Soleiman, MPA; A. Mathis
What is the RCaDES Initiative?

- A Patient Centered Outcomes Research Institute (PCORI)-Jefferson funded project to develop a “collective impact learning community” model (2015-2017)

  - Catalyze the translation of evidence-based screening interventions into practice in health systems to reduce colorectal cancer and lung cancer disparities in health systems.
# PASAC Roadmap

## Getting Started
- Building a community
- Understanding the problem
- Strategies to address the problem – current resources & evidence-based approaches

## Adaptation 101 & Patient Education Materials
- What are the issues in CRC screening in your communities?
- What is adaptation and why is it important?
- Review & discussion of patient education materials

## Adaptation of Navigation
- Review of revised education materials
- Importance & methods of getting community input
- Review & discussion of navigation approach

## Intervention Revisions & Organizational Adaptation
- Summary of community feedback
- What is organizational adaptation?
- Review of organizational readiness & system CHNA

## Organizational Adaptation
- Discuss challenges and opportunities to implementation
- Develop recommendations for health system

## Recommendations and Conference Planning
- Development of recommendations for pilot implementation
- Develop Conference Presentation

## Annual Conference – Dec 2, 2016
Digital Health
Digital Health Initiative

• Explosion of mobile health apps in both pediatric and adult health.

• Limited evaluation of the effectiveness of mobile medical apps on health outcomes.

• DHI takes a systematic approach to conducting research

• NSF funding – focus on technology transfer and building relationships with entrepreneurs

Accelerating the integration of effective and trustworthy mHealth interventions into patient care
Integrating Apps into Pediatric Practice

FLEISHER, FIKS, GRUVER, HALKYARD
Background

Mobile apps are a helpful health management resource for many groups, with nearly 30% of adults in the US taking advantage of them.

However, many have little scientific foundation or evaluation of safety, efficacy or efficiency.

When families use digital health tools without input from their clinicians, they risk receiving unsafe or ineffective advice that may be poorly matched to their needs.
iAPP (Integrating Apps into Pediatric Practice) Aims

1. Develop stakeholder-guided, best-practice approaches to the development and integration of consumer facing mHealth apps into pediatric care.

2. Explore ways for the health care system to determine which apps are appropriate to endorse, and how to design an organizational process to integrate such apps into clinical care practice.

3. Support this decision-making process through guidance on governance, evaluation and implementation and conduct pilot studies to inform and revise recommendations.
External Scan: Methods

Interviews with Pediatric Hospitals (N=7 institutions)

- Fall 2015/Winter 2016
- Identified participants through recommendations from CHOP faculty & leadership, networking at mHealth professional meetings, review of websites for consumer facing apps
- Developed interview guide based on Implementation Science frameworks
- Included an online background survey and in-person or telephone interview

<table>
<thead>
<tr>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Boston Children’s Hospital</td>
</tr>
<tr>
<td>Sick Kids Toronto</td>
</tr>
<tr>
<td>Children’s Mercy Hospital Kansas City (2)</td>
</tr>
<tr>
<td>Vanderbilt Children’s Hospital</td>
</tr>
<tr>
<td>Nationwide Children’s Hospital</td>
</tr>
<tr>
<td>Children’s Hospital and Clinics of Minnesota</td>
</tr>
<tr>
<td>Seattle Children’s Hospital</td>
</tr>
</tbody>
</table>
Conceptual Framework

- Diffusion of Innovation in Service Organizations (Greenhalgh)
  - innovation itself
  - potential adopters
  - social influence
  - organizational culture for innovation
  - degree of commitment
  - assimilation
  - implementation
  - external forces
  - communication

- Diffusion of Innovation (Rodgers)
  - relative advantage
  - compatibility
  - complexity
  - trialability
  - observability

- Technology Acceptance Model (Davis)
  - Perceived usefulness
  - Perceived ease of use

- Strategic Approach to m-Health (Norris)
  - identification of useful applications
  - channeling of activity to grow selected apps (pilots)
  - development of strategy to move innovation into mainstream (sustainability)
No unified approach currently exists for implementing mHealth tools.

Vetting of these tools is inconsistent, generally lacking or underdeveloped in operationally developed apps.

In contrast, those developed through research are carefully evaluated, but often not disseminated.

Some had digital health policies in various stages of development and early in implementation.

Policy often at odds with “innovation”

Driven by different groups and settings (business, innovation center, researchers, administrative leadership)

Primary funding – internal & foundations
mychoice: A web-enabled Application to Address Barriers to Clinical Trial Participation in African American Cancer Patients

LINDA FLEISHER AND SARAH BASS, PIS


**Significant Formative Research**

**Phase 1:** In-depth discussions with African American cancer patients who have and have not participated in clinical trials, to elicit barriers to and facilitators of participation and validate which are most critical to the patient population.

**Phase 2:** Develop and administer the perceptual mapping survey instrument to inform message foci of decision aid.

**Phase 3:** Develop a multi-media mobile application decision aid, and conduct message and usability testing with patients and providers.

Fleisher & Bass, 2016
Development of mychoice mobile app

How are clinical trials used in cancer treatment?

When you believe you have cancer, your doctor talks to you about all your treatment options. Clinical trials might be an option for you, but making choices about whether clinical trials are right for you is a very important personal decision. Cancer clinical trials are meant to:

- Prevent the onset of cancer.
- Test new drugs or treatment approaches.
- Provide access to the latest treatment options.
- Reduce the side effects of treatment.

They help doctors understand how best to help their patients. In fact, the standard treatments we are able to give today are the result of yesterday’s clinical trials.

The choice to join a clinical trial is personal and depends on many factors, including what you think are the benefits and risks of being part of the trial and what your own values and priorities are.

I'm not sure how to find information on clinical trials.

I'm not sure that clinical trials fit with my beliefs about how to treat my cancer.

"Questions to Talk with Your Doctor About"

Here you’ll see a series of questions that help you talk with your doctor about clinical trials. As you ask your questions, write down your answers for future reference. Ask your doctor to explain any information you’d like to know more about.

- How can I find out more about cancer clinical trials?
- How might participation in a clinical trial benefit me?
- How are clinical trials regulated?
- What are the potential risks and side effects of clinical trials?
- What are the benefits and limitations of participating in a clinical trial?
Step 2 – Concerns (six options - individualized choice)

What are my concerns about clinical trials?

Tap on a category you are interested in below for information and videos. You will then have the option to come back and look at other categories.

- I'm not sure what a clinical trial is.
- I'm not sure why it is important for me to be in a clinical trial.
- I'm not sure that clinical trials fit with my beliefs about how to treat my cancer.
- I'm not sure I would want to be part of a clinical trial.
- I'm not sure how to find information on clinical trials.
- I'm not sure why I would decide to be in a clinical trial.

When you are done looking through all the categories that interest you, tap on the arrow to the right to continue.

Fleisher & Bass, 2016
Next Steps

• RCT- 18 month study at 4 cancer centers in the region
• Hybrid Type 1
  • Effectiveness – clinical trial knowledge, preparation for clinical trial discussion, patient activation, decisional conflict
  • Implementation - evaluate the organizational, patient and provider factors that influence the successful implementation of the intervention

Fleisher & Bass, 2016
Resources
Resources

National Cancer Institute – Implementation
https://cancercontrol.cancer.gov/IS/

Global Health – Fogarty International Center Toolkit
https://www.fic.nih.gov/About/center-global-health-studies/neuroscience-implementation-toolkit/Pages/default.aspx

Society for Implementation Research Collaboration
https://societyforimplementationresearchcollaboration.org/what-is-sirc/

National Implementation Research Network
http://nirn.fpg.unc.edu/
Cancer Control P.L.A.N.E.T.
The starting point for public health professionals in comprehensive cancer control planning

These countries offer comprehensive cancer control resources through their P.L.A.N.E.T portals:

- United States
- Canada

If your country does not have a P.L.A.N.E.T. portal, consider using these international agency resources for comprehensive cancer control planning, implementation, and evaluation:

- World Health Organization (WHO):
  - Cancer control: knowledge into action
- International Union Against Cancer (UICC):
  - National cancer control planning resources

Cancer Control P.L.A.N.E.T. portals include 5 steps for developing a comprehensive cancer control program:

**Step 1** Assess program priorities
Statistics for prioritizing cancer control efforts

**Step 2** Identify potential partners
Contact information for program partners and research partners

**Step 3** Research reviews of different intervention approaches
- Recommendations for population-based intervention approaches
- Recommendations on screening, counselling, and other clinical regimens

**Step 4** Find research-tested intervention programs and products
Summary statements, ratings, and products from cancer prevention and control programs tested in research

**Step 5** Plan and evaluate your program
Country, state, and province plans and budgets
Guidelines for developing a comprehensive cancer control plan
Dissemination & Implementation Models
In Research & Practice

This interactive website was designed to help researchers and practitioners to select the D&I Model that best fits their research question or practice problem, adapt the model to the study or practice context, fully integrate the model into the research or practice process, and find existing measurement instruments for the model constructs. The term ‘Models’ is used to refer to both theories and frameworks that enhance dissemination and implementation of evidence-based interventions more likely.

Select
Search for D&I Models

Adapt
Read strategies for adapting D&I Models to research or practice context

Integrate
Read strategies for incorporating D&I Models into the full spectrum of your project

Measure
Find measurement instruments for D&I Model constructs

To learn more (temporary address): http://kmt-stage.kleinbuendel.com/index.aspx
Designing for D&I

- Plan for D&I from the start
- Engage your target users
- Use social marketing approaches and learnings from the DOI literature
- Choose measures that matter in the real world
- Choose designs that allow you to generate outcomes that inform real world performance
- Prepare a business case
- Make it easy on future adopters
Knowledge Translation Planning Template©

INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process.

<table>
<thead>
<tr>
<th>(1) Project Partners</th>
<th>(2) Degree of Partner Engagement</th>
<th>(3) Partner(s) Roles</th>
<th>(4) KT Expertise on Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>researchers</td>
<td>from idea formulation straight through</td>
<td>scientist(s) with KT expertise</td>
<td></td>
</tr>
<tr>
<td>consumers - patients/families</td>
<td>after idea formulation &amp; straight through</td>
<td>consultant with KT expertise</td>
<td></td>
</tr>
<tr>
<td>the public</td>
<td>at point of dissemination &amp; project end</td>
<td>knowledge broker/specialist</td>
<td></td>
</tr>
<tr>
<td>decision makers</td>
<td>beyond the project</td>
<td>KT supports within the organization(s)</td>
<td></td>
</tr>
<tr>
<td>private sector/industry</td>
<td></td>
<td>KT supports within partner organization(s)</td>
<td></td>
</tr>
<tr>
<td>research funding body</td>
<td></td>
<td>KT supports hired for specific task(s)</td>
<td></td>
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<tr>
<td>volunteer health sector/NGO</td>
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<td></td>
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<tr>
<td>practitioners</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>other</td>
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</table>

Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.

(1) What do the partner(s) bring to the project?

(2) How will partner(s) assist with developing, implementing or evaluating the KT plan?

Action: Capture their specific roles in letters of support to funders, if requested.

To download the form and learn more:
http://www.melaniebarwick.com/training.php
Funding Opportunities

There are many funding opportunities that support the conduct of rigorous, cutting-edge dissemination and implementation research at the National Cancer Institute and across the National Institutes of Health. The most prominent funding opportunity is the Trans-NIH program announcement with special receipt, referral and/or review (PAR), *Dissemination and Implementation Research in Health*. The National Cancer Institute, along with many other participating institutes and centers across the National Institutes of Health, has issued this PAR for R03, R21 and/or R01 funding mechanisms. Below, we provide additional information about this implementation science (IS) funding opportunity as well as resources for prospective IS applicants.

Apply for Grants

- Trans-NIH PAR, *Dissemination and Implementation Research in Health*
  - R01, Dissemination and Implementation Research in Health
  - R21, Dissemination and Implementation Research in Health
    - *Note:* The R21 exploratory/developmental grant mechanism supports investigation of novel scientific ideas or new model systems, tools, or technologies that have the potential for significant impact on biomedical or biobehavioral research. An R21 grant application need not have extensive background material or preliminary information. Preliminary data are not required for R21 applications; however, they may be included if available.
  - R03, Dissemination and Implementation Research in Health
    - *Note:* The R03 small grant mechanism supports discrete, well-defined projects that realistically can be completed in two years and that require limited levels of funding. Because the research project usually is limited, an R03 grant application may not contain extensive detail or discussion. Preliminary data are not required, particularly in applications proposing pilot or feasibility studies.
# 10 key ingredients of D&I research proposals #1-6

<table>
<thead>
<tr>
<th>Proposal Ingredient</th>
<th>Key Question</th>
<th>Review Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The care gap or quality gap</td>
<td>The proposal has clear evidence that a gap in quality exists?</td>
<td>Significant impact</td>
</tr>
<tr>
<td>2. The evidence based treatment to be implemented</td>
<td>Is the evidence for the program, treatment, or set of services to be implemented demonstrated?</td>
<td>Significance innovation</td>
</tr>
<tr>
<td>3. Conceptual model and theoretical justification</td>
<td>The proposal delineates a clear conceptual framework/theory/model that informed the design and variables being tested?</td>
<td>Approach innovation</td>
</tr>
<tr>
<td>4. Stakeholder priorities, engagement in change</td>
<td>Is there a clear engagement process of the stakeholders in place?</td>
<td>Significance impact Approach Environment</td>
</tr>
<tr>
<td>5. Setting’s readiness to adopt new services/treatments/programs</td>
<td>Is there clear information that reflects the settings readiness, capacity, or appetite for change, specifically around adoption of the proposed evidence-based treatment?</td>
<td>Impact Approach Environment</td>
</tr>
<tr>
<td>6. Implementation and strategy/process</td>
<td>Are the strategies to implement the intervention clearly defined, and justified conceptually?</td>
<td>Significance impact innovation</td>
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</table>

Bridging the Evidence Chasm
Thank you and Questions