DESIGNING SUSTAINABLE PROGRAMS FOR PUBLIC HEALTH IMPACT

Paul Estabrooks, Ph.D.
Russell E. Glasgow, Ph.D.
OVERVIEW

- General Issues in Creating Practical, Sustainable Programs
- Producing Public Health Impact—The RE-AIM Model
- Creating Sustainable Programs
BARRIERS TO IMPLEMENTATION AND DISSEMINATION

Characteristics of the Intervention:

Context Adaptable?

- High cost
- Intensive time demands
- High level of staff expertise required
- Difficult to learn or understand
- Not packaged or “manualized”
- Not developed considering user needs
- Not designed to be self-sustaining
- Highly specific to particular setting
- Not modularized or customizable
BARRIERS TO IMPLEMENTATION AND DISSEMINATION
(cont.)

Characteristics of Potential Adopting “Settings”:

Context Issues

Competing demands occur
Program imposed from outside
Finance or organizations are unstable
Clients and setting have specific needs
Resources are limited
Time is limited
Organizational support is limited
Prevailing practices that work against innovation
Perverse incentives or regulations that oppose change
BARRIERS TO IMPLEMENTATION AND DISSEMINATION (cont.)

Characteristics of Research Design Used:

Context Informative?

Not relevant, diverse, or representative:
- Sample of patients
- Sample of settings
- Sample of clinicians

Failure to evaluate cost
Failure to assess implementation
Failure to evaluate maintenance
Failure to evaluate sustainability

BARRIERS TO IMPLEMENTATION AND DISSEMINATION (cont.)

Interactions among the Three Other Barrier Types; Fit

Because of barriers, the program reach or participation is low

- Intervention is not flexible
- Intervention is not appropriate for the target population
- Staffing pattern does not match intervention requirements
- Inconsistent organization and intervention philosophies
- Inability to implement intervention adequately

Simplified Systems Model for Translational Research

Program or Policy

As Tested

Critical Elements

Fit

Appropriate For Question

Broader Health Policy and Cultural Context

Research Design

Partnership

Delivery Site(s)

Organization

Clinic

Program Delivery Staff

“The law of halves” ... a story
## ULTIMATE IMPACT OF MAGIC DIET PILL

<table>
<thead>
<tr>
<th>Dissemination Step</th>
<th>Concept</th>
<th>% Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% of Clinics Use</td>
<td>Adoption</td>
<td>50%</td>
</tr>
<tr>
<td>50% of Clinicians Prescribe</td>
<td>Adoption</td>
<td>25%</td>
</tr>
<tr>
<td>50% of Patients Accept Medication</td>
<td>Reach</td>
<td>12.5%</td>
</tr>
<tr>
<td>50% Follow Regimen Correctly</td>
<td>Implementation</td>
<td>6.2%</td>
</tr>
<tr>
<td><strong>50% of Those Taking Correctly Benefit</strong></td>
<td><strong>Effectiveness</strong></td>
<td><strong>3.2%</strong></td>
</tr>
<tr>
<td>50% Continue to Benefit After 6 Months</td>
<td>Maintenance</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
MORAL OF THE STORY?

“Focus on the Denominator”

(Each step of the dissemination sequence, or each “RE-AIM” dimension is important)
RE-AIM FRAMEWORK FOR FOCUSING ON KEY ISSUES IN INTEGRATING RESEARCH INTO PRACTICE
Late 1990s: Increasingly clear that major problems moving research into practice.

Helpful models for understanding (e.g., Rogers) and planning (e.g., Green & Kreuter) health care programs but no systematic models for translation.

Almost total focus on efficacy. Assumed that linear “automatic” process of efficacy → effectiveness → dissemination.
RE-AIM TO HELP PLAN, EVALUATE, AND REPORT STUDIES

- **R** Increase **Reach**
- **E** Increase **Effectiveness**
- **A** Increase **Adoption**
- **I** Increase **Implementation**
- **M** Increase **Maintenance**

PURPOSES OF RE-AIM

- To broaden the criteria used to evaluate programs to include external validity and context.
- To evaluate setting issues relevant to program adoption, implementation, and sustainability.
- To help close the gap between research studies and practice by:
  - Informing design of interventions
  - Providing guides for adoptees
  - Suggesting standard reporting criteria to increase transparent reporting
RE-AIM ELEMENTS: REACH

**Definition:** The number, percent of target audience, and representativeness of those who participate.

**Example:** 65% of chronic illness patients invited to group medical visit attended initial session; those declining more likely to be Latino.

**Key Issues:** Does program reach those at highest risk? Are different promotional approaches or visit options required?
RE-AIM ELEMENTS: EFFECTIVENESS

Definition: Change in temporally appropriate outcomes, and impact on quality of life and any adverse outcomes.

Example: Mailed reminder/telephone outreach program increased colon cancer and mammography screening rates by 20%; with no adverse effects on quality of life or cardiovascular screening rate.

Key Issues: Logic model helps to clarify anticipated effects; quality of life provides common metric across conditions and interventions; anticipate unintended consequences.
RE-AIM ELEMENTS: ADOPTION

**Definition:** Number, percent and representativeness of settings and clinicians who participate.

**Example:** Six months after CME introduction, 52% of primary care physicians have used panel management tool—but only 30% of specialty care providers.

**Key Issues:** Need to focus on “denominator” and barriers among non-users. Do initial adoptees include peer opinion leaders?
RE-AIM ELEMENTS: IMPLEMENTATION

**Definition:** Extent to which a program or policy is delivered consistently, and the time and costs of the program.

**Example:** Patients being asked about their race/ethnicity 65% of the time; takes an average 30 seconds of time, but not all reception staff asking consistently.

**Key Issues:** Consistency across staff, program components, and time. Balance between fidelity and local customization.
RE-AIM ELEMENTS: MAINTENANCE

Definition:

Individual/member target: Long-term effects and attrition.

Setting/clinician: Extent of discontinuation, modification, or sustainability of program.

Example: At one-year follow-up, was 58% attrition from Internet weight loss program; those present maintained weight loss. Only 40% of clinicians initially referring continued to do so.

Key Issues: Does attrition bias results; qualitative approaches to understanding program adaptation.
RECOMMENDED PURPOSE OF TRANSLATION/EFFECTIVENESS RESEARCH

To determine the characteristics of interventions that can:

- **Reach** large numbers of people, especially those who can most benefit.
- Be widely **adopted** by different settings.
- Be consistently **implemented** by staff members with moderate levels of training and expertise.
- Produce **replicable** and **long-lasting** effects (and minimal negative impacts) at reasonable cost.
RE-AIM SELF-RATING EXERCISE

Choose a specific program you are considering for implementation
RATE (RE-AIM) YOUR PROGRAM

REACH

1. What percent of your target population has received or participated in your program?
   
   _____ %

2. How confident are you that your program is successfully attracting all members of your target population regardless of race/ethnicity, gender, age, or socio-economic status?

   1  2  3  4  5  6  7  8  9  10

   Not at all  Somewhat  Completely
RATE (RE-AIM) YOUR PROGRAM

EFFECTIVENESS

3. To what extent is your program achieving the full key targeted outcomes that you had hoped for?

1 2 3 4 5 6 7 8 9 10
Not at all  Somewhat  Completely

4. How confident are you that your planned program is being implemented without producing unintended adverse consequences (e.g., staff doing less of other recommended activities)?

1 2 3 4 5 6 7 8 9 10
Not at all  Somewhat  Completely
RATE (RE-AIM) YOUR PROGRAM

ADOPTION

5. What percent of other clinics or organizations like yours do you estimate will be willing to participate in your innovation after you are done testing?

____ %

6. How confident are you that your program will be adopted by those settings and staff who provide services for people in your target population who have the highest need?

1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Completely
7. What percent of the time are all the various program components of your intervention are being consistently delivered as intended?

_____ %

8. How confident are you that the program can be delivered by a variety of staff representing a variety of positions and levels of the organization?

1 2 3 4 5 6 7 8 9 10

Not at all  Somewhat  Completely
RACE (RE-AIM) YOUR PROGRAM

MAINTENANCE

9. How confident are you that the program will produce lasting benefits for participants (1-2 years or longer)?

1  2  3  4  5  6  7  8  9  10

Not at all  Somewhat  Completely

10. How confident are you that your program will be sustained in your setting 2 years after it is introduced?

1  2  3  4  5  6  7  8  9  10

Not at all  Somewhat  Completely
<table>
<thead>
<tr>
<th></th>
<th>RE-AIM SCORING AND PROFILE SHEET</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Reach = Percent in Item #1 plus (10 x Item 2 Score) =</td>
<td>( \frac{\text{Score}}{2} = )</td>
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<tr>
<td>2)</td>
<td>Effectiveness = (10 x Score on Item #3) plus (10 x Item 4 Score) =</td>
<td>( \frac{\text{Score}}{2} = )</td>
</tr>
<tr>
<td>3)</td>
<td>Adoption = Percent in Item #5 plus (10 x Item 6 Score) =</td>
<td>( \frac{\text{Score}}{2} = )</td>
</tr>
<tr>
<td>4)</td>
<td>Implementation = Percent in Item #7 plus (10 x Item 8 Score) =</td>
<td>( \frac{\text{Score}}{2} = )</td>
</tr>
<tr>
<td>5)</td>
<td>Maintenance = (10 x Item 9 Score) plus (10 x Item 10 Score) =</td>
<td>( \frac{\text{Score}}{2} = )</td>
</tr>
</tbody>
</table>
RE-AIM PROFILE

Walk Kansas

Reach  Effectiveness  Adoption  Implementation  Maintenance

0  10  20  30  40  50  60  70  80  90  100

Walk Kansas
A couple of other programs

- Diabetes prevention class
- Environmental-level physical activity intervention
- Individual-level physical activity intervention
Application of Model to Diabetes Prevention

DPP Intervention

Tested in
- Multiple Settings
- Research Staff Delivery
- Diverse Samples

Delivery Sites

Organization
- Prevention Department

Clinic
- Approval of PIC & MOA

Primary Care
- Electronic Medical Record
- Space Limits
- Limited Staff Time

Dietitians
- Clinic Staff Engagement
- Scheduling, Cost, & Co-pay

Frequent Contact
- Re-invention of intervention retaining critical elements but drastically reducing contact
- Fit

Appropriate For Question

Demonstration Project

Broader Health Policy and Cultural Context
1. National Organizational Campaign To Promote Healthy Lifestyles
2. Prevention Department Desire to Provide Diabetes Prevention Program

Partnerships across organizational structure defined necessary results for decision to deliver broadly across multiple clinics

Note: PIC=Physician in Charge; MOA=Medical Office Administrator
Participant Path

Recruitment During Stress Test Visit
Treadmill; Accelerometer; Surveys; Weight; Height
DAY 1

Mailing 1: WEEK 2

Computer session; Choose rec facility
WEEK 1

IVR 1 WEEK 4

Mailing 2: WEEK 5

Randomization Week 0

1 week passes

1 week passes

1 week passes

1 week passes

1 week passes

7 weeks pass

7 weeks pass

5 weeks pass

Begin contacting participants for 6-mo f/u

1 week passes

1 week passes

1 week passes

1 week passes

1 week passes

Mailing 3 WEEK 13

Mailing 4 WEEK 21

IVR 2 WEEK 12

IVR 3 WEEK 20

12 month follow-up visit
Accelerometer; Surveys; Weight
WEEK 52

18 month follow-up visit
Treadmill; Accelerometer; Surveys; Weight
18 MONTHS

KEY:
Clinic Visit
IVR Call
MAILING
Environmental Intervention Arm
Interactive Mapping Interface
What to do when you receive a voucher:

1) Establish a one year membership with the study participant as you normally would for anyone interested in arranging a membership, effective immediately.

2) The study participant will give you his/her study voucher instead of paying for the one year membership.

3) Be sure that the study participant’s name is written on the voucher and fax it to the research study project manager (contact information listed below).

4) Kaiser Permanente will disperse payment for recreation center memberships once a week. The research project manager will phone the facility to make payment by credit card every Friday. Membership rights should be granted to the study participant immediately, despite the fact that you may not received payment on the day that membership begins. This payment method has been approved by the facility recreation manager.

Instructions for Participating Recreation Facilities CardiACTION Research Study

As part of your partnership with the CardiACTION research study, you will receive vouchers for a free 6-month membership from some of our study participants.

What to do when you receive a voucher:

1) Establish a one year membership with the study participant as you normally would for anyone interested in arranging a membership, effective immediately.

2) The study participant will give you his/her study voucher instead of paying for the one year membership.

3) Be sure that the study participant’s name is written on the voucher and fax it to the research study project manager (contact information listed below).

4) Kaiser Permanente will disperse payment for recreation center memberships once a week. The research project manager will phone the facility to make payment by credit card every Friday. Membership rights should be granted to the study participant immediately, despite the fact that you may not received payment on the day that membership begins. This payment method has been approved by the facility recreation manager.
Nearby Parks:
1. **Horizon Park**: 3.00 miles north from your home, features include fields and walking trails.
   
   **Walking/Driving direction**: Start out going NORTHEAST on E. Powers Pl → Turn RIGHT onto E. Berry Dr. → Turn LEFT onto S. Danube St. → Turn RIGHT onto E. Smoky Hill Rd. → Turn LEFT onto S. Himalaya Rd. → End at **Horizon Park**.

2. **Cherry Creek State Park**: 2.50 miles west from your home, wildlife habitat, multi-user trails, pond and creek, camping, picnic sites (4201 South Parker Road, Aurora, CO 80014).
   
   **Walking/Driving direction**: Start out going NORTHEAST on E. Powers Pl → Turn RIGHT onto E. Berry Dr. → Turn RIGHT onto S. Danube St. → Turn RIGHT onto E. Orchard St. → Turn RIGHT onto S. Parker Rd. → End at **Cherry Creek State Park**.

Nearby Parks:
1. **Montbello Central Park**: 2.00 miles northwest from your work, features include a baseball field, soccer field, lighted softball field and tennis courts.
   
   **Walking/Driving direction**: Start out going SOUTH on Kittredge St. → Turn Right onto E. 40th Ave. → Turn RIGHT onto Andrews Dr. → End at **Montbello Central Park**.

2. **Rocky Mountain Arsenal**: 2.24 miles north from your work, 2400 acres, features include fishing, nature programs and tours, wildlife watching.
   
   **Walking/Driving direction**: Start out going SOUTH on Kittredge St. → Turn Right onto E. 40th Ave. → Turn RIGHT onto Chambers Rd. → End at **Rocky Mountain Arsenal**.
Automated telephone messages

- Example message...

- Public courts and recreation fields are great resources for getting in some physical activity. Basketball, tennis, lawn bowling, badminton, and soccer...are all activities that are fun and can be done at many places in Denver!
Individual Intervention Arm
CardiACTION plan

Clayton’s CardiACTION Plan: Reducing risk of heart disease

**Benefits of increased physical activity:**
1. Helps me maintain or improve my health
2. Helps me maintain or lose weight

**To increase my physical activity to 150 minutes each week, the activities I have chosen are:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycling for 30 minutes</td>
<td>Tuesday, Thursday</td>
</tr>
<tr>
<td>Walking for 30 minutes</td>
<td>Monday, Wednesday, Friday</td>
</tr>
</tbody>
</table>

**These obstacles might get in my way:**

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t enjoy exercise/exercise bores me</td>
<td>I don’t have anyone to be active with or to support me</td>
</tr>
</tbody>
</table>

**To overcome my obstacles, I will use these strategies:**

<table>
<thead>
<tr>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can incorporate movement into my daily routine.</td>
</tr>
<tr>
<td>2. I can learn a new activity by checking with my local recreation center or YMCA for classes.</td>
</tr>
<tr>
<td>3. I can try different activities until I find a routine I like.</td>
</tr>
<tr>
<td>1. I can find and join an online physical activity support group</td>
</tr>
<tr>
<td>2. I can find opportunities to increase my informal, everyday movement.</td>
</tr>
<tr>
<td>3. Make appointment with training coach</td>
</tr>
</tbody>
</table>

**Here’s how I will deal with temptations:**

I know that if I get in some physical activity like Bicycling and Walking I will be more alert and energized while I am reading for information.
Dear Anthony,

I am pleased to send you the CardiACTION Newsletter! This is the first of four editions you will receive over the next 6 months. Each newsletter will be personalized and will include strategies to help you on track with your goals.

Your CardiACTION plan is a good place to write down any changes you make to your goals during the automated phone calls you will receive from us.

Your newsletter will also include a note from Joe who successfully completed a program very similar to CardiACTION. Joe will share his story about changing from a sedentary lifestyle to an active, healthier lifestyle.

Today I want to emphasize how important it is for you to commit to your CardiACTION plan. Although your treadmill stress test indicated that you don't currently have a heart problem, you are still at high risk of developing heart disease in the future. In fact, people who are referred to stress testing, including those who pass the test, are at a higher risk of early death. That's why I strongly recommend that you follow your CardiACTION plan.

My guess is that you're already aware of the consequences to your heart and your overall health by not being physically active. If you are tempted to skip your planned activity, you might remember that loved ones are also impacted by your health condition.

I know there are many things that demand your time. Including physical activity into your schedule probably feels like a difficult task and less rewarding than other things on your to-do list. But your goal of 195 minutes per week is very achievable.

Be sure to review your CardiACTION plan for the strategies you chose to overcome obstacles and temptations. Carry a copy of your plan and commit to your goals daily. I know you can be successful, and I look forward to watching your progress.

Sincerely,

[Signature]

Jay Reusch, M.D.
Chief of Cardiology
Kaiser Permanente Colorado
As your behavioral coach, I’m excited to have this opportunity to help empower you to improve your health and strengthen your heart. My own CardiACTION goal is for you to turn the beat around. So, my letter is titled Turn the Beat Around and it will provide information, strategies, and resources for you to accomplish your CardiACTION goals. I encourage you to share this letter with family and friends so they can support your efforts and maybe even make positive changes for themselves.

Moderate physical activity prevents heart disease, stroke, diabetes, and some cancers. Did you know that being physically active can also improve your overall quality of life and even save you money because of fewer healthcare costs? Here are just a few of the many benefits you can look forward to from daily physical activity:

- Increased energy, improved concentration, and better sleep
- Improved mood and decreased stress, depression, and anxiety
- Stronger bones and joints and better muscle tone
- Protection against cancer of the colon, breast and cervix
- Continued independence at an older age

Remember, moderate physical activity is any activity that makes your heart beat faster and makes you breathe more heavily. As you build up to this and greater activity levels, you’ll begin to be less tired during the session because of your increased endurance.

Of course if you aren’t used to doing much physical activity, it’s natural to feel tired after just a few minutes. But if you start slowly and build up to your goal, you’ll be sure to be successful. It may take a little time for you to feel many of the benefits of regular physical activity, but just by getting started you’ve made a huge accomplishment.

Consider keeping a record of your sessions and include how you feel during the session and throughout the day. I’ve included a sample that you can use if you like. Eventually you’ll notice that throughout the day you are able to respond to sudden physical and emotional demands more readily and with less strain. Looking back on your “activity log” you’ll be able to see your accomplishments and the physical and emotional benefits of physical activity!

Glenna

On the Lighter Side
“I feel like my body has gotten totally out of shape, so I got my doctor’s permission to join a fitness club and start exercising. I decided to take an aerobics class for seniors. I bent, twisted, gyrated, jumped up and down, and perspired for an hour. But, by the time I got my leotards on, the class was over.”
Hi, my name is Joe. I'm 57 years old, have a wonderful wife, Paula, and three great kids. About three years ago, I successfully completed an active living program similar to CardiACTION and believe it saved my life. My doctor at Kaiser asked if I would share my story with a group of folks who have agreed to participate in Kaiser's CardiACTION program.

So, in each CardiACTION newsletter, I'll share some of my experiences changing my lifestyle. The road to success was paved with sweat and, sometimes, fear but the more I stuck to my plan, the more I believed in myself and the better I felt.

Here's some history. I was an active guy when I was younger. I played ball in school and took up tennis in my late 20's. I had a job that required a lot of walking around, heavy lifting and climbing. My wife and I also spent a lot of time playing with our kids.

Then I got promoted to a higher level at my company with a lot more desk time. My kids got involved with sports at school and soon I found myself participating in sports only from the comfort of my couch or the bleachers.

Over the years, my check-ups with my doctor were pretty much OK. I wasn't grossly overweight and I felt good most of the time. But about four years ago, my doctor saw some things that concerned him enough to have me take a stress test. Just hearing that news got my heart pounding. What if the test confirmed there really was something wrong with my heart?

Like you, my stress test turned out OK, but my doctor told me I was still at risk for heart problems in the future. He strongly recommended I begin regular physical activity. Since I had no idea where to begin or where I would find the time, my doctor suggested an active living program that would help me develop an action plan for physical activity. On one hand...

I was nervous about starting the program. I thought it could take too much time, and I wondered if I could really change my habits. On the other hand, what if I developed heart disease and couldn't provide for my family? I realized not doing anything was the worst thing I could do for myself and my family. So, I enrolled in the active living program.

In the next newsletter, I'll share with you what it was like for me to get started and what helped me when I doubted my ability. I hope that you find my journey helpful to you. I know we are different people, but one thing we share is the risk of heart disease and an opportunity to take control to lessen that risk. Believe in yourself. It's half the battle.

Joe
CardiACTION

"Exercise and application produce order in our affairs, health of body, cheerfulness of mind, and these make us precious to our friends."
- Thomas Jefferson

Taking the first step

Walking is one of the easiest ways to be physically active. You can do it almost anywhere and at any time. Walking is also inexpensive. All you need is a pair of shoes with sturdy heel support. Walking will:
- Give you more energy
- Make you feel good
- Help you to relax
- Reduce stress
- Help you sleep better
- Tone your muscles
- Increase the number of calories your body uses

Walking right is very important.
- Walk with your chin up and your shoulders held slightly back.
- Walk so that the heel of your foot touches the ground first. Roll your weight forward.
- Walk with your toes pointed forward.
- Swing your arms as you walk.
- Walk at a level where you can feel your breathing but can still talk or carry on a conversation with a friend.

Physical Activity Goal for

<table>
<thead>
<tr>
<th>Surgeon General's Recommended Amount of Physical Activity</th>
<th>Your Physical Activity Goal</th>
<th>Your Previous Amount of Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200</td>
<td>160</td>
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</tbody>
</table>
Automated telephone calls

- Tailored based upon goal attainment
- Potential to complete new action plan
  - Change Barriers
  - Change Strategies
  - Change Goals
- Assess mediators used for mailing tailoring
RE-AIM PROFILE

Individual

Reach  Effectiveness  Adoption  Implementation  Maintenance

CA Indiv
RE-AIM PROFILE

Variables:
- Reach
- Effectiveness
- Adoption
- Implementation
- Maintenance

Legend:
- Walk Kansas
- CA Environ
- CA Indiv
- Dprev
## RE-AIM Questions to Ask and Ways to Enhance Overall Impact

<table>
<thead>
<tr>
<th>RE-AIM Dimension</th>
<th>Questions to Ask of Potential Programs</th>
<th>Possible Ways to Enhance Dissemination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REACH</strong> (Individual Level)</td>
<td>What percent of the target population comes into contact? Does program reach those most in need? Will participants be representative of the targeted population?</td>
<td>Formative evaluation with potential users with those declining Small scale recruitment studies to test methods Identify and reduce barriers Use multiple channels of recruitment</td>
</tr>
<tr>
<td><strong>EFFECTIVENESS</strong> (Individual Level)</td>
<td>Does program achieve key targeted outcomes? Does it produce unintended adverse consequences? How will impact on quality of life (QOL) be assessed?</td>
<td>Incorporate more tailoring to individual Reinforce via repetition, multiple modalities, social support and systems change Use stepped care approach Evaluate adverse outcomes and QOL for program revision and cost-to-benefit analyses</td>
</tr>
<tr>
<td><strong>ADOPTION</strong> (Setting/Organizational Level)</td>
<td>What percent of target settings and organizations will use? Will these organizations having underserved or high-risk populations use it? Does program help the organization address its primary mission?</td>
<td>Conduct formative evaluation with adoptees and settings that decline Recruit settings that have most contact with target audience Provide different cost options and customization of intervention Develop recruitment materials outlining program benefits and required resources</td>
</tr>
<tr>
<td><strong>IMPLEMENTATION</strong> (Setting/Organizational Level)</td>
<td>How many staff within a setting will try this? Can different levels of staff implement the program successfully? Are different components delivered as intended?</td>
<td>Provide delivery staff with training and technical assistance Provide clear intervention protocols Consider automating all or part of the program Monitor and provide staff feedback and recognition for implementation</td>
</tr>
<tr>
<td><strong>MAINTENANCE</strong> (Individual and Setting Levels)</td>
<td>Does the program produce lasting effects at individual level? Can organizations sustain the program over time? Are those persons and settings that show maintenance those most in need?</td>
<td>Reduce level of resources required Incorporate “natural environmental” and community supports Conduct follow-up assessments and interviews to characterize success at both levels Incorporate incentives and policy supports</td>
</tr>
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Self-rating Quiz

Adoption

1. How confident are you that you will be able to attract a large percent of the target settings or delivery agents to deliver the program?
   Moderately confident

2. How confident are you that you will successfully include all settings or delivery agents regardless of race/ethnicity, gender, age, or socio-economic status of the people they serve?
   Moderately confident

3. How confident are you that your program will reach those settings or delivery agents who provide services for people in your target population who have the highest need?
   Moderately confident

4. How confident are you that this program helps the targeted setting or delivery agents to address its primary organizational mission?
   Moderately confident

Score: 7

WAYS TO IMPROVE ADOPTION
A MIXED SUCCESS STORY...

“My secret of success is redefining success.”
Sure Sustainability Is Important, But How Do You Do It?
Outline

- Essential Elements for Sustainability
- Developing a sustainability action plan
- Active for Life Case Study
- Recommendations
Essential for Sustainability

- Producing Evidence and Materials to Promote the Program.
- Funding Development Committee.
- Fostering & Utilizing Program Champions.
- Keeping the Community Involved.
- Planning for a sustainable program delivery team.
- Integration into Existing Operations
- Have markers to let you know when you are “done”
Sustainability Action Plan

Purpose: To provide a contextually flexible process that will result in a higher likelihood of the programs becoming institutionalized and maintained.

Step 1: Address the factors that could influence the sustainability of your program.

Step 2: Examine the current and future resources available for program delivery and identify changes that could make the program more sustainable.

Step 3: Detail specific strategies to ensure sustainability.
Step 1 Overview

Address the factors that could influence the sustainability of your program.

- Sustainability Needs Assessment
- Initial Plan
- Enabling Strategies
Step 2 Overview

Identify potential operational and program adaptations that you think will make the program more sustainable while at the same time keeping the program’s essential elements and examine the current and future resources available to deliver the program.

- Adaptation Activity
- Connections Map
- Funding Matrix Worksheet
Step 3 Overview

Long-term Sustainability: Putting it all together with planning and periodic re-evaluation.

- What are the action items?
- Who is responsible?
- When will it be done?
  - Producing Evidence and Materials to Promote the Program
  - Funding Development Committee.
  - Fostering & Utilizing Program Champions.
  - Keeping the Community Involved.
  - Planning for a sustainable program delivery team.
    Integration into Existing Operations.
  - After 6-12 months review the evaluation criteria from each of the action plans
12 sites funded by RWJF to deliver one of two evidence-based physical activity programs for older adults

Completed the 3 step sustainability action plan

Completed a final survey reflective of perceptions of potential for the project to be sustained after grant award period
Program Adaptations

Percent of Grantees

Original  Minor  Major  Not

0  20  40  60
Projected Adaptations

**Major:**
- Use program as a basis for expansion (e.g., nutrition; stress)
- Shift telephone counseling principles to current in-person staff contacts.
- Offer through worksites to all adults over 18 years old
- Change program length
- Combine with or use as an adjunct to ongoing programs

**Minor:**
- Fee for use program
- Reduce handouts or replace with personal diaries
- Use volunteer instructors
- Use program resources that are on line
- Reduce participant incentives
Funding Proportions for Sustainability

- Internal Organizational Funds:
  - Average 45%; Range 0-100%

- Grants
  - Average 25%; Range 0-80%

- External sources
  - Average 11%; Range 0-30%
  - Includes sources such as state funds or foundation support

- Fees for Service
  - Average 19%; Range 0-80%
Funding Proportions for Sustainability

Future Financial Support by Likelihood of Sustainability

Percent of Funding

Definite | Hope to | Definite | Hope to | Definite | Hope to | Definite | Hope to
---------|---------|----------|---------|----------|---------|----------|---------
External | Grant   | Internal | Fees    |
0        | 20      | 40       | 60      | 80       | 100     | 0        | 20      |
Board of Directors or Champions

About 50% of “definites” compared to 25% of “hope to’s” have such a group

Examples of members of champion groups:

- Advisory board of champions who provide support and advocacy
- Executive directors of organization who provide assistance in grant seeking, hosting of program, and support marketing/recruitment efforts
- Regional health services board that is responsible for those who administer AFL.
Infrastructural and Plans for Evaluation

* With one exception, all sites indicated the pilot evaluation data was important in the sustainability process.
Examples of Infrastructure

- Commitment from public health leadership to continue the services
- Existing staff that can continue to support the project beyond the Grant period.
- ALED program is in line with mission and vision, management in place to continue to direct
- Created health manager position to oversee this program
- AFL coordinator integrated into regular staff with additional duties
- Program Management integrated into current staff roles
Mission, Vision, and Policy

- The majority of sites have components of the organizational mission that addressed physical activity promotion for older adults.

- Only 2 sites implemented policy directives related to AFL
  - Board of Trustees recommendation for organizational administration to develop comprehensive plan to address obesity, poor nutrition and sedentary lifestyles.
  - Redirected Title III recreational funding to agencies offering evidence based programming.
  - Health District added ALED facilitation and trainer training to fitness focused Health Educators job description.
Changes in Mission

1/3 of grantee organizations had shifts in mission or structure

Positives:
- New focus on disease prevention/self management
- New focus on obesity

Negatives
- Change in focus from service delivery to broader supporting role for larger geographic regions
- Culture of organization no longer supportive of psychosocial service offerings
Grantee Perceptions of the Sustainability Planning Process

- **Organization related:**
  - Proactive planning and increased sense of accountability
  - Template to generate a shared organizational vision on sustainability
  - Highlighted elements that may not have been addressed with the time crunch when recruiting participants

- **Partnership related:**
  - Helped identify and coordinate key players, their strengths and roles, sharing our visions
  - Formalized process—gave some leverage
  - Some felt partnerships were less involved with this than they expected
What Worked Well for Grantees

- Written plans focused our strategies
- Funding Matrix and Outcomes
- Values Clarification Exercise
- Identifying potential resources for support
- Budget development
- Templates in general
- Pushed for collaboration
- Ideas around fostering program and organizational champions
- Continual review of action plan
- Needs assessment tools & Connections map
- Opportunities to share with other grantees
- Adaptable process
What Didn’t Work Well for Grantees

- Getting the partners involved
- Formality of reporting
- Some components weren’t relevant for each grantee
- Felt difficult to focus on sustainability when recruitment was ongoing
- Connections map and funding matrix
- Sometime asked to provide detail on things that we didn’t have enough information on
- Didn’t come to a true consensus on the best approach to sustainability
Summary

- Sites that have a strong belief the future sustainability of their programs have:
  - A more balanced plan for financial support from internal, grant, external, and fee for service sources
  - A greater likelihood of having a champion group
  - A greater likelihood of infrastructure for AFL program management and facilitators

- Coalitions were dynamic and, on occasion, difficult to navigate

- The sustainability plan was viewed positively by grantees, but there was some concern related to focusing on sustainability so early in the process.
Questions, Comments, & Smart Remarks