The Role of a State-Level Prevention Support System in High Quality Implementation and Sustainability of Evidence-based Programs

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Prevention Research Center Seminar
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Today’s Roadmap

- State of Prevention Science
- Prevention Policy & Research in PA
- Taking Research to ACTION
- Where do we go from here?
State of Prevention Science

“...my administration will value science. We will make decisions based on facts, and we understand that facts demand bold action...”

-President-elect Barack Obama, December 15, 2008
Strides in Prevention Science
Several Barriers Remain
EBPs still represent the minority of prevention programs

Research has shown that many (most?) aren’t being implemented with fidelity

There is tension between advocates of strict fidelity and those who encourage local adaptation

Very few programs measure or monitor implementation fidelity and quality

Sustainability remains a challenge
Bridging the Gap

Science of Prevention

Public Health Impact
1. Identify problem or disorder(s) and review information to determine its extent
2. With an emphasis on risk and protective factors, review relevant information – both from fields outside prevention and from existing preventive intervention research programs
3. Design, conduct, and analyze pilot studies and confirmatory and replication trials of the preventive intervention program
4. Design, conduct and analyze large-scale trials of the preventive intervention program
5. Facilitate large-scale implementation and ongoing evaluation of the preventive intervention program in the community

Wandersman’s Interactive Systems Framework (ISF)
Implementing Prevention – Prevention Delivery System

Supporting the Work – Prevention Support System

Distilling the Information – Prevention Synthesis & Translation System

- General Capacity Use
- Innovation-Specific Capacity Use
- General Capacity Building
- Innovation-Specific Capacity Building
- Synthesis
- Translation

Macro Policy

Climate

Existing Research and Theory

Funding
Prevention Policy & Research in Pennsylvania

The Interactive System Framework in Action
CTC: Creating fertile ground...

Collect local data on risk and protective factors
Use data to identify priorities
Select and implement evidence-based program that targets those factors
Re-assess risk and protective factors
Form local coalition of key stakeholders

Leads to community synergy and focused resource allocation
EBP Initiative*: Planting the seeds...

*programs funded under the EBP initiative 1998-2008
But the gap remains…
Interactive Systems Framework

Implementing Prevention – Prevention Delivery System

- General Capacity Use
- Innovation-Specific Capacity Use

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EVIDENCE-BASED PREVENTION & INTERVENTION SUPPORT CENTER

EPiSCenter
A unique partnership between policymakers, researchers, and communities to bring science to bear on issues of public health and public safety

The EPISCenter is a project of the Prevention Research Center, College of Health and Human Development, Penn State University, and is funded by the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Public Welfare as a component of the Resource Center for Evidence-Based Prevention and Intervention Programs and Practices.
A unique partnership between policymakers, researchers, and communities to bring science to bear on issues of public health and public safety.
EPISCeter’s 3 Key Functions

- Build general prevention capacity
- Build program-specific capacity
- Facilitate interaction/communication between systems
Translational Research

- Epidemiology
- Etiology
- Theory

Rigorous Testing of Hypothesized Programs, Practices, and Policies

Type 1

Type 2

Real world settings: Training, Financing, Support, Sustainability

*National Institutes of Health, 2009*
Improving Implementation Quality

- Annual, web-based survey of EBP implementers (N = 32)

- Programs with more assets reported higher adherence
  - E.g., positive characteristics of the implementer, implementation organization, and the community

- Program type differences

Dariotis et al. (2008)
Improving Implementation Quality

- Same web-based survey (N = 94, 154 instances of adaptations)

- Most common...
  - Adaptations: procedures, dose, content
  - Reasons: limited time/resources, retaining/recruiting
  - Program type differences

- Qualitative data: majority of changes were negative; reaction to logistic barriers

Moore et al. (in preparation)
Improving Sustainability

- Same web-based survey (N = 60, two years beyond seed funding)
- Implementers accurately predicted sustainability
- Predictors of sustainability:
  - program staff characteristics and support, school and community support, school administrator support, and training/technical assistance.

Tibbits et al. (2010)
Improving Sustainability

- With larger sample (N = 73) and two additional waves

- Universal predictors:
  - community coalition functioning, implementers’ knowledge of the program’s logical model, ongoing communication with trainer, sustainability planning, and communication to key external stakeholders

- Program type differences

Rhoades et al. (in preparation)
Taking Research to ACTION

Implications for EBPs in PA
EPISCenRe Conceptual Model

- **Resource Center Steering Committee**
  - (Policy Makers & Funders)
- **EBP Grantees & Community Coalitions**
  - (Prevention Delivery System)
- **EPISCenRe**
  - (Prevention Support System)
  - **Technical Assistance**
    - Build general prevention capacity among practitioners and policy makers
    - Facilitate communication across the IG systems
    - Build program-specific capacity to support a menu of EBPs
    - Continuous Quality Improvement
- **Penn State’s Prevention Research Center**
  - (Prevention Synthesis & Translation System)

**Increased capacity to address key barriers**
- Wide-Scale Dissemination of EBPs
- High Quality Implementation of EBPs
- Long-term Sustainability of EBPs

**Improved Public Health Impact**
Increasing Capacity to Address Barriers

- Funding requirements
- Proactive technical assistance (TA)
  - General
  - Program-specific
Funding Requirements

- Involvement with collaborative board
- Outcomes reports to key stakeholders
- Quality Assurance process
Proactive TA: General

- Regular one-on-one site consultations
  - At least twice over course of multi-year grant

- Site-specific implementation plans
  - Strengths
  - Accomplishments
  - Challenges
  - Actions steps
Proactive TA: Program-specific

- TA providers specialize in specific programs
- Program-specific networking meetings

Program-specific resources
- FAQs & Implementation manuals
- Logic Models
- Evaluation tools & Performance Measures
Summary & Future Directions

Where do we go from here?
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- Support systems desperately needed to move EBPs to public health impact

- PA represents a model state-level system
  - Well-connected PSS = key infrastructure

- Can this system achieve level of saturation and tipping point necessary to achieve state-level impact?
Shameless EPISC Center Plugs

- **Type II Reading Group** (1st Fri of month, 12-1pm)
  - February 4th
  - March 4th
  - April 1st
  - May 6th

- **Type II Poster Session**: Wed, April 6th 4-5pm

- **JOB OPENING**: Research Associate Position
Thank You!

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