

BUILDING ORGANIZATIONAL CAPACITY FOR EVIDENCE-BASED PROGRAMMING

JUTTA DOTTERWEICH & JANE POWERS
ACT FOR YOUTH CENTER OF EXCELLENCE,
CORNELL UNIVERSITY

*Bridging the Gaps: Eliminating
Disparities in Teen Pregnancy and
Sexual Health*

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Disclaimer

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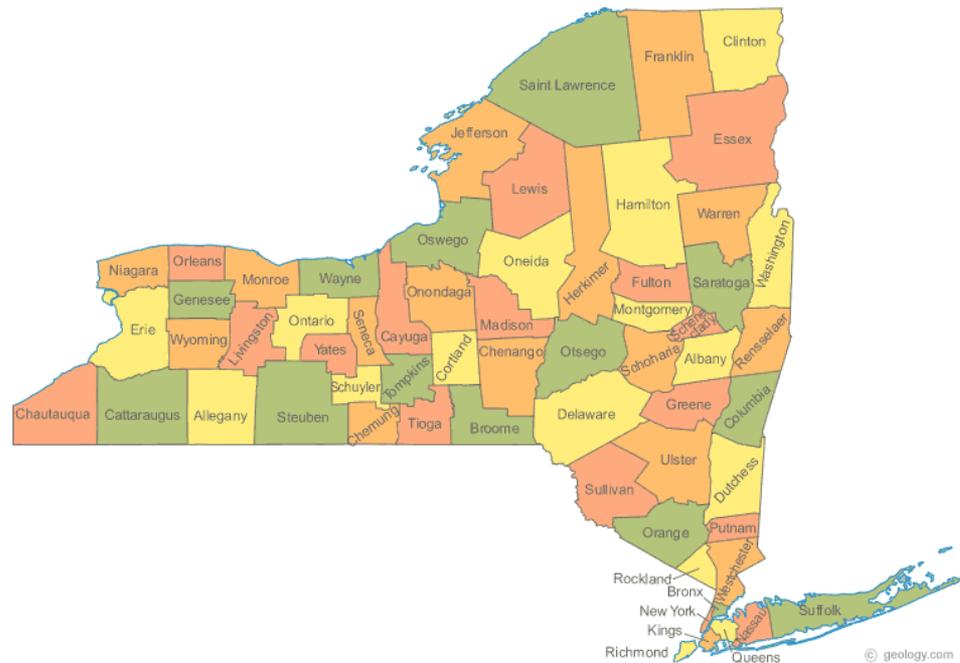
Objectives

At the end of the presentation participants will be able to

- identify at least two factors that make implementation in real settings complex
- list 3 strategies that enhance organizational capacity for implementation
- identify two tools that enhance quality implementation and can be used in their own communities

New York State Challenge 2011-2015

- 58 newly funded organizations in metro, urban and rural settings across the state
- Mandate to use evidence-based programs (EBPs)
- Build capacity for 16 different EBPs



ACT for Youth Center of Excellence



Youth Engagement

Adolescence

Sexual Health

Evaluation

CAPP



An intermediary funded by the NYS Department of Health to provide

- technical assistance and training
- information on current research and best practice
- evaluation and research

<http://www.actforyouth.net>

Program Selection

- NYS initiative includes PREP funding for 8 organizations
- NYS Department of Health aligned itself with the federal initiatives → Office of Adolescent Health (OAH) program list

http://www.hhs.gov/ash/oah/oahinitiatives/teen_pregnancy/db/



Selected EBPs

Top Choices

Be Proud! Be Responsible!

Making Proud Choices

Others

Cuidate!

Reducing the Risk

Draw the Line/Respect the Line

Project AIM (Licensed)

TOP

The EBP Challenge

To get the desired outcomes, the program needs to be implemented with fidelity

= true to its core components

- Content
- Pedagogy
- Implementation

Initial Capacity Building Efforts

- EBP selection: Promoting 'Getting to Outcomes'

http://www.actforyouth.net/health_sexuality/sexual_health/programming/

- Training for educators

Training of Educators/ Implementation training

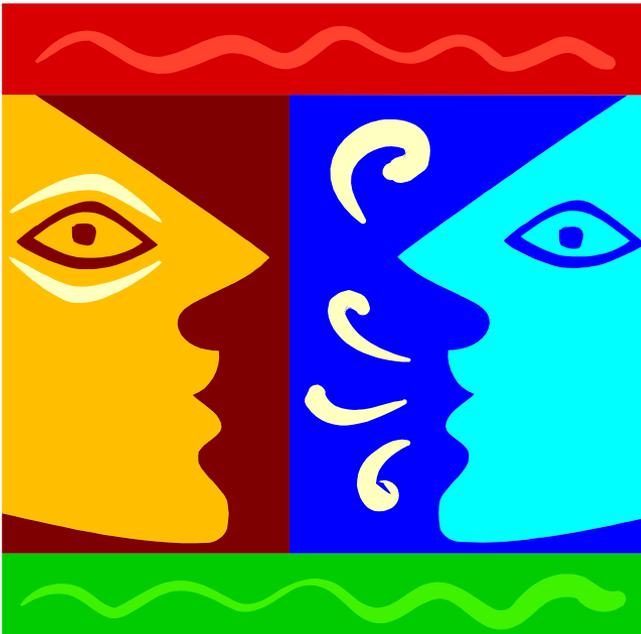
- Fidelity Checklists

http://www.actforyouth.net/health_sexuality/sexual_health/community/capp/tools.cfm

- Guidance on adaptation

http://www.actforyouth.net/health_sexuality/sexual_health/programming/evidence.cfm

Conversation: Implementation



The implementation process was more complex than anticipated:

- What are common issues and concerns?
- What are the most 'wicked' challenges?

Implementation Factors

Quality of EBP Delivery is impacted by

- Facilitator Capacities
- Organizational capacities
- Community readiness
- Policies/Funding

Emerging Implementation Science

While many EBPs have yielded positive outcomes in research settings, the record at the local level of “practice” is mixed.

Source:

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

<http://nirn.fpg.unc.edu/resources/implementation-research-synthesis-literature>

Implementation Stages

Full implementation can take 2 to 4 years:

- Exploration
- Installation
- Initial Implementation
- Implementation

Highlighting Organizational Drivers

Implementation science has taken a closer look at organizational factors

- Supervisory support
- Organizational practices and supports
- Data driven decision-making
- Administrative leadership

Resource: Active Implementation Hub

<http://implementation.fpg.unc.edu/about-the-ai-hub>

Building Capacity – Tools and Processes

- Learning Community Meetings
 - Organizations, funder and intermediary
- Develop tools
 - Implementation guidelines, master list, supervisory tools
- Develop feedback loops
 - Fidelity reports, enhanced technical assistance
- Align tools, training and communications

http://www.actforyouth.net/health_sexuality/sexual_health/community/capp/news.cfm

Learning Community Meetings

- A time to connect and learn from each other
- Establish and affirm policies and procedures
- Identify issues that need attention
 - Adjust EBP delivery to school settings
 - Engage LGBTQ youth or youth with intellectual disabilities

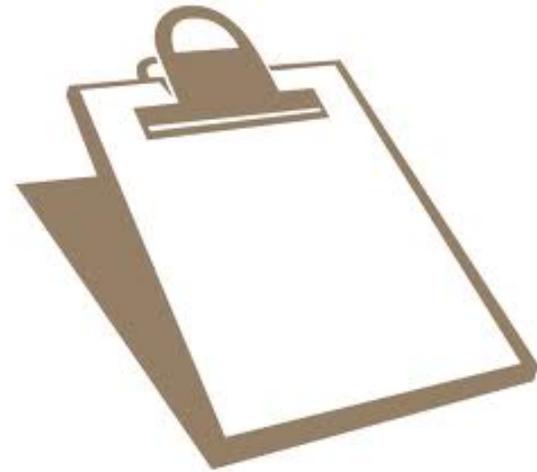
Resulting in publications, guidelines...

http://www.actforyouth.net/resources/pm/pm_lgbtq_0613.pdf

Tool: Implementation Guidelines

Each EBP has recommended implementation criteria:

- Educator requirements
- Target audience
- Group composition
- Setting
- Delivery time frame



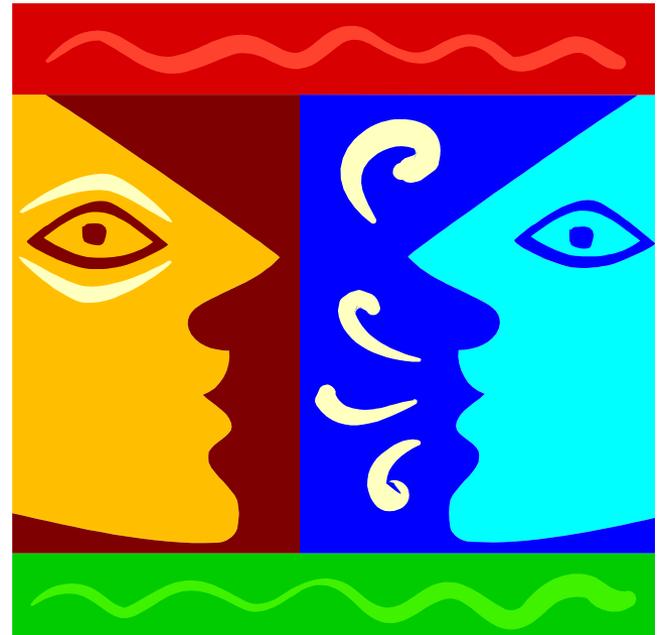
http://www.actforyouth.net/health_sexuality/sexual_health/community/capp/guidelines.cfm

Conversation: Adaptations

Adaptations are unavoidable and often needed:

How do you handle adaptations?

How do you make sure you stay true to the core components?



Adaptations Will Happen

EBPs are not perfect!

- Material might be outdated
- Culturally not adequate or relevant
- Not available or adequate for youth groups with special needs or characteristics

Tool: Adaptation Master List

- Many adaptations can be predicted and planned for
- It provides guidance to all educators implementing the program
- Documentation is critical for tracking fidelity
- It saves time!

Resource: Creating an Adaptation Master List

http://www.actforyouth.net/publications/results.cfm?t=n_masterlist&d=1

Module 2: Building Knowledge About HIV, STDs And Pregnancy

BPBR 2012

Activity	Date Activity Was Carried Out (MM/DD/YYYY) if not carried out write "O"	Was Activity Carried Out According to Directions in the Facilitator's Curriculum? Y=YES N=NO (describe changes in next column)	If Changed, <u>WHAT</u> was changed and <u>WHY</u> ? Please be specific: describe things you left out, added, or changed and WHY.	Were Changes (If Any) Pre-Approved? Y = YES N = NO
A: Myths and Facts about HIV, STDs and Pregnancy		No	See A.5 Below Reason: use language inclusive to LGBTQ youth	Yes
B: Birth Control Activity		N		Y
C: The Subject Is: HIV (DVD)		N		Y

Please use this space if you have comments on this module or any of its activities:

A.5.2 – ~~“A girl can get pregnant the first time she has sexual intercourse. Pregnancy can occur the first time someone has sex.”~~

A.5.3 – ~~“Having anal sex is high-risk poses a higher risk for getting HIV or an STD.”~~

A.5.7 – ~~“If a pregnant woman female has HIV or an STD, there is a chance she they may give it to her their baby.”~~

A.5.11 – ~~“Using a latex (or polyurethane) condom safer sex barriers...”~~

A.5.12 – ~~“If a girl female misses her their period, she is they are definitely pregnant.”~~

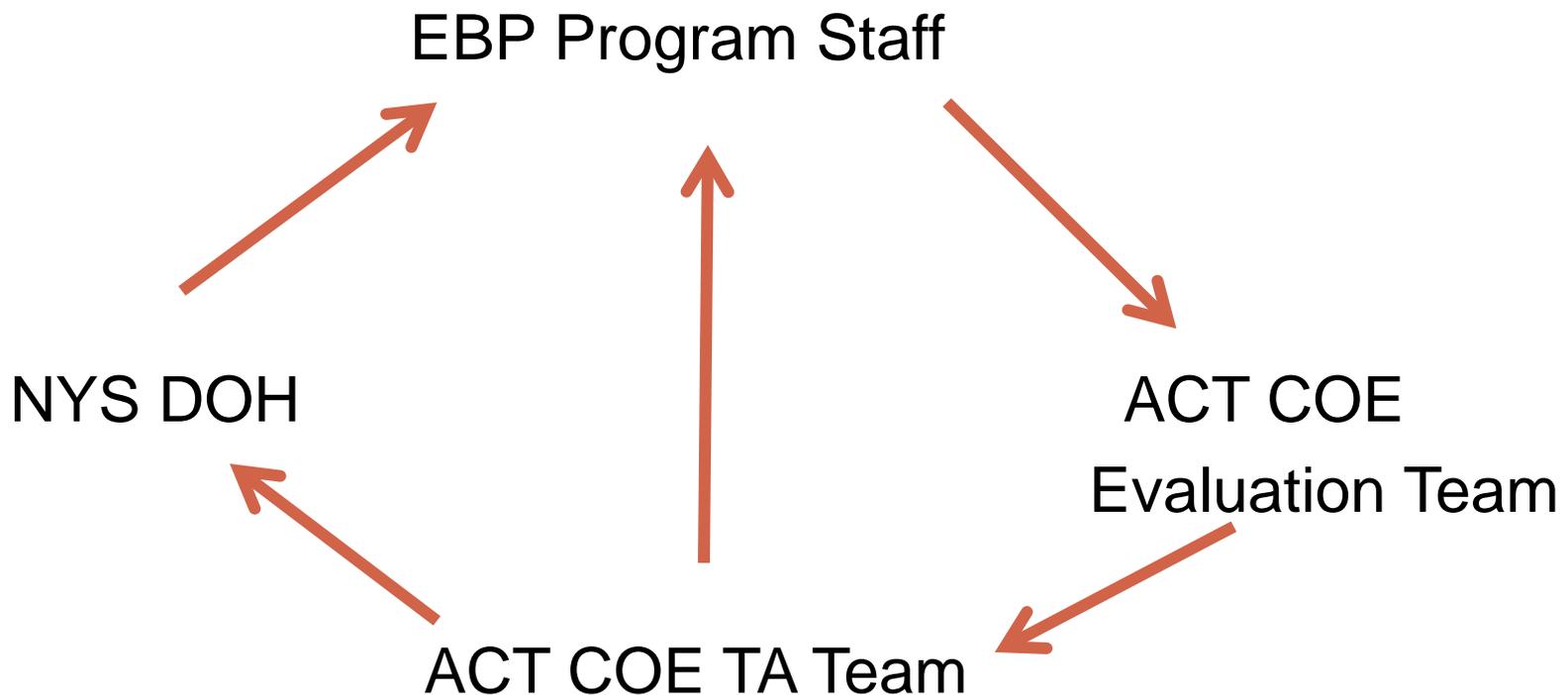
A.5.15 – ~~“You can get HIV or and STD by giving oral sex to a guy male (your mouth on his their penis).”~~

Supervisory Tools

The COE developed several supervisory tools:

- ✓ Onsite checklist (observation tool) and protocol
http://www.actforyouth.net/health_sexuality/sexual_health/community/capp/quality.cfm
- ✓ Educator Competencies and Assessment
http://www.actforyouth.net/health_sexuality/sexual_health/community/capp/strategies/

Data Feedback Loops



Feedback Loops: Data Reports

Evaluation Report: CAPP Initiative Findings																																															
Be Proud Be Responsible																																															
Data Sources: Quarterly Reports and Evaluation Packets																																															
Data Period: January 2013 – June 2013																																															
Data Source: Evaluation Packets (Attendance Records & Fidelity Checklists) Submitted to COE																																															
CAPP Initiative																																															
1. EBP Reach:	375 Cycles 6012 Participants 16 Participants/Cycle on average	5 Cycles 85 Participants 17 Participants/Cycle on average																																													
EBP Developer Guidelines	6-12 participants. Add facilitators for larger groups.																																														
2. Cycle Length:	5 week period (range 1 - 30 weeks) covering 6 sessions (range 1 - 14 sessions)	6 week period (range 2 – 8 weeks) covering 8 sessions (range 6 – 11 sessions)																																													
EBP Developer Guidelines	Developers recommend that sessions be presented over 1 – 6 days.																																														
3. Setting (# of Cycles):	<table border="1"> <caption>Setting Distribution Data</caption> <thead> <tr> <th>Setting</th> <th>CAPP Initiative (%)</th> <th>CAPP Initiative (n)</th> <th>Other (%)</th> <th>Other (n)</th> </tr> </thead> <tbody> <tr> <td>In School Classroom</td> <td>65%</td> <td>244</td> <td>40%</td> <td>2</td> </tr> <tr> <td>In School Afterschool Program</td> <td>4%</td> <td>14</td> <td>0%</td> <td>0</td> </tr> <tr> <td>Foster Care Facility</td> <td>1%</td> <td>5</td> <td>0%</td> <td>0</td> </tr> <tr> <td>Other Residential Facility</td> <td>4%</td> <td>15</td> <td>0%</td> <td>0</td> </tr> <tr> <td>Community Center/CBO</td> <td>13%</td> <td>50</td> <td>40%</td> <td>2</td> </tr> <tr> <td>Faith Based Institution</td> <td>0%</td> <td>0</td> <td>0%</td> <td>1</td> </tr> <tr> <td>Clinical Setting</td> <td>0%</td> <td>0</td> <td>0%</td> <td>0</td> </tr> <tr> <td>Other</td> <td>12%</td> <td>46</td> <td>20%</td> <td>1</td> </tr> </tbody> </table>		Setting	CAPP Initiative (%)	CAPP Initiative (n)	Other (%)	Other (n)	In School Classroom	65%	244	40%	2	In School Afterschool Program	4%	14	0%	0	Foster Care Facility	1%	5	0%	0	Other Residential Facility	4%	15	0%	0	Community Center/CBO	13%	50	40%	2	Faith Based Institution	0%	0	0%	1	Clinical Setting	0%	0	0%	0	Other	12%	46	20%	1
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EBP Developer Guidelines	Evaluated in after-school/CBO settings. Developer approves classroom settings as well.																																														

Specific Organizational Challenges



- Community readiness
- Managing frequent staff turnover

Build Capacity for Community Readiness

- Educate host settings about EBPs and implementation conditions
 - Schools

http://www.actforyouth.net/health_sexuality/sexual_health/community/capp/schools/

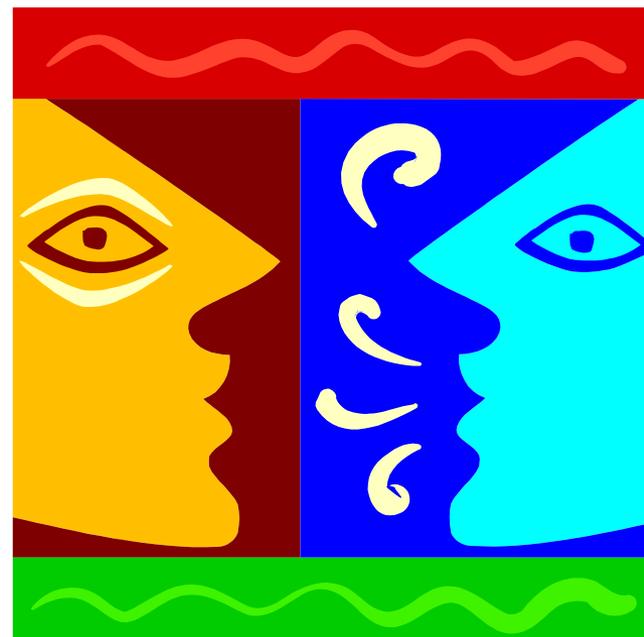
- Create buy-in from community stakeholders to support EBPs
 - Parents, faith communities, local government

http://www.actforyouth.net/health_sexuality/sexual_health/community/partners.cfm

Conversation: Managing Staff Turnover

Staff turnover evolved as an ongoing organizational challenge

- How does it affect quality implementation of EBPs?
- How have you addressed staff turnover?



Staff Turnover: Current Strategies

- Online implementation course
- Web-based, individualized orientations for new coordinators
- Re-visiting facilitator/educator job requirements

Online Implementation Training

Designed for new staff involved with implementing EBPs

- Generic to EBPs
- Length: 5 hours, self-paced
- Interactive, multi-media

<http://www.coetraining.net>

Resources

ACT for Youth Center of Excellence

<http://www.actforyouth.net>

National Implementation Research Network

<http://nirn.fpg.unc.edu/>

Active Implementation Hub

<http://implementation.fpg.unc.edu/?o=nirn>

Contact Information

Jutta Dotterweich
Director of Training
jd81@cornell.edu

Jane Powers
Project Director
jlp5@cornell.edu



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