Bottom Line Up Front

Organizations That Are Not Ready To Implement Are Not Likely To Succeed With Their Interventions

Connecting Organizational Readiness and Change Management

Challenges
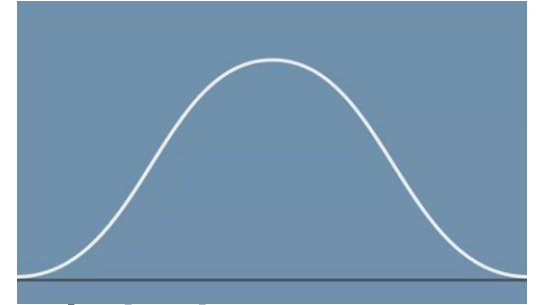
- Not all grantees succeed equally
- How do we support grantees/communities/states that are in different places of readiness **(Tailored Support)**
- How can readiness be applied to sustainability **(Sustainability)**
- How can readiness be built using a systematic approach to change **(Change Management)**
- How can readiness be used in situations where there is initial distrust to increase engagement **(Engagement)**

Overview

- "Readiness is all"
- Bridging Research and Practice:
  - The Interactive Systems Framework for Dissemination and Implementation (ISF)
- Readiness: The R=MC^2 Approach
- Strategic Readiness Directions
  - Tool Development, Research and Evaluation, Practical Application
- Case Example (CDC-OSH readiness-focused TA)
  - Some other examples (SAPRO, CFEC, health literacy in FQHCs)

"The readiness is all"

Hamlet Act 5, Scene 2
(William Shakespeare)

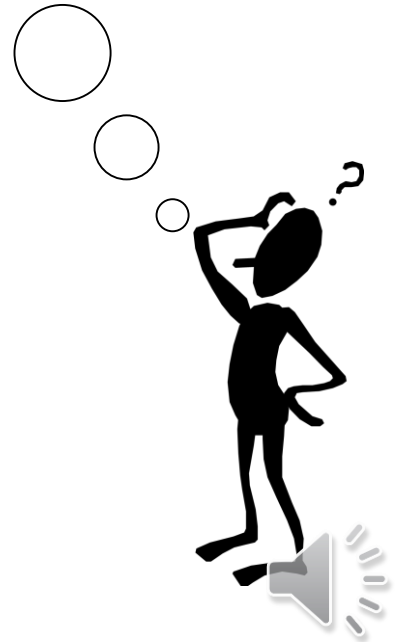# "The readiness is all"

Hamlet Act 5, Scene 2
(William Shakespeare)

Applications of R=MC²

- Air Force
- Department of Defense Sexual Assault Prevention and Response Office
- Centers for Disease Control Office on Smoking & Health
- Public schools, districts, and families
- Community colleges
- Cancer prevention centers

- Behavioral health centers
- Community coalitions
- Juvenile detention centers
- Fatherhood programs
- Rural clinics in India
- Teen pregnancy prevention centers
- Community policing
- Food banks

How can I promote change?

How do we help build readiness to implement something new?

READINESS IS EVERYWHERE

Interactive Systems Framework for Dissemination and Implementation

Delivery System

General Capacity

General Capacities

- Culture
- Climate
- Openness to change
- Use of Resources
- Leadership
- Structure
- Staff Capacity
- Process Capacities

Ready to Implement

General Capacity

General Capacities Subcomponents are *Normal*

Interactive Systems Framework for Dissemination and Implementation

Delivery System

General Capacity
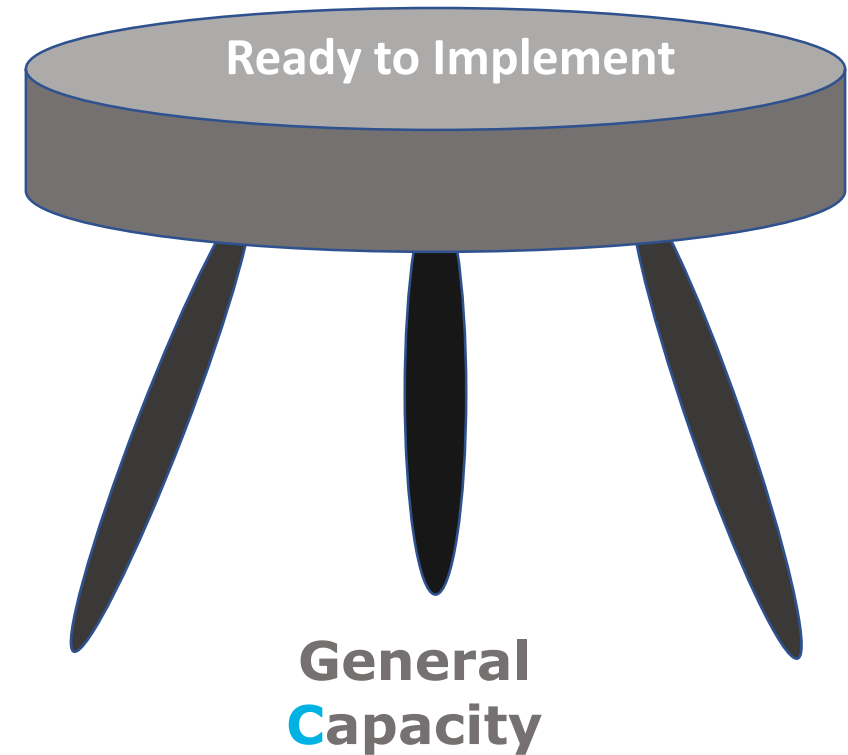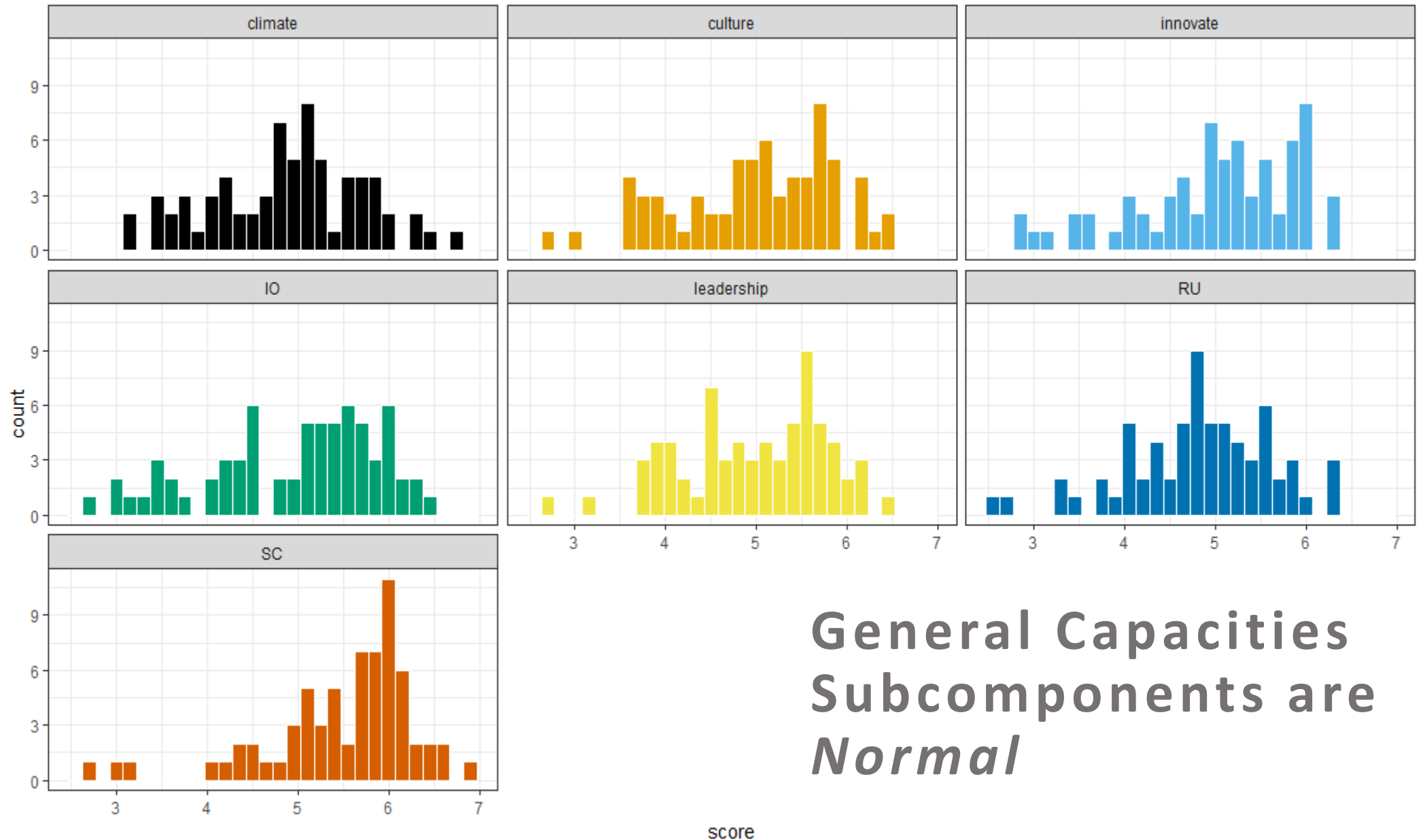
Innovation-specific Capacity
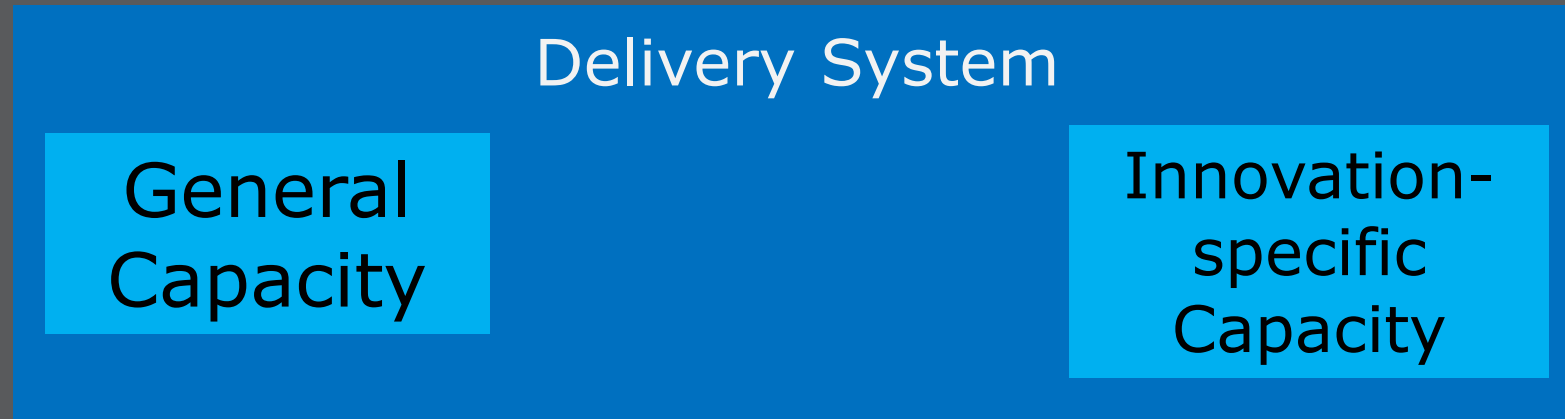
An Innovation is any _____ that is new to any _____

policy
program
process
practice

organization
state
team
unit

Innovation-Specific Capacities

- Knowledge, skills, and abilities
- Champion
- Supportive climate
- Inter-organizational Relationships
- Intra-organizational Relationships
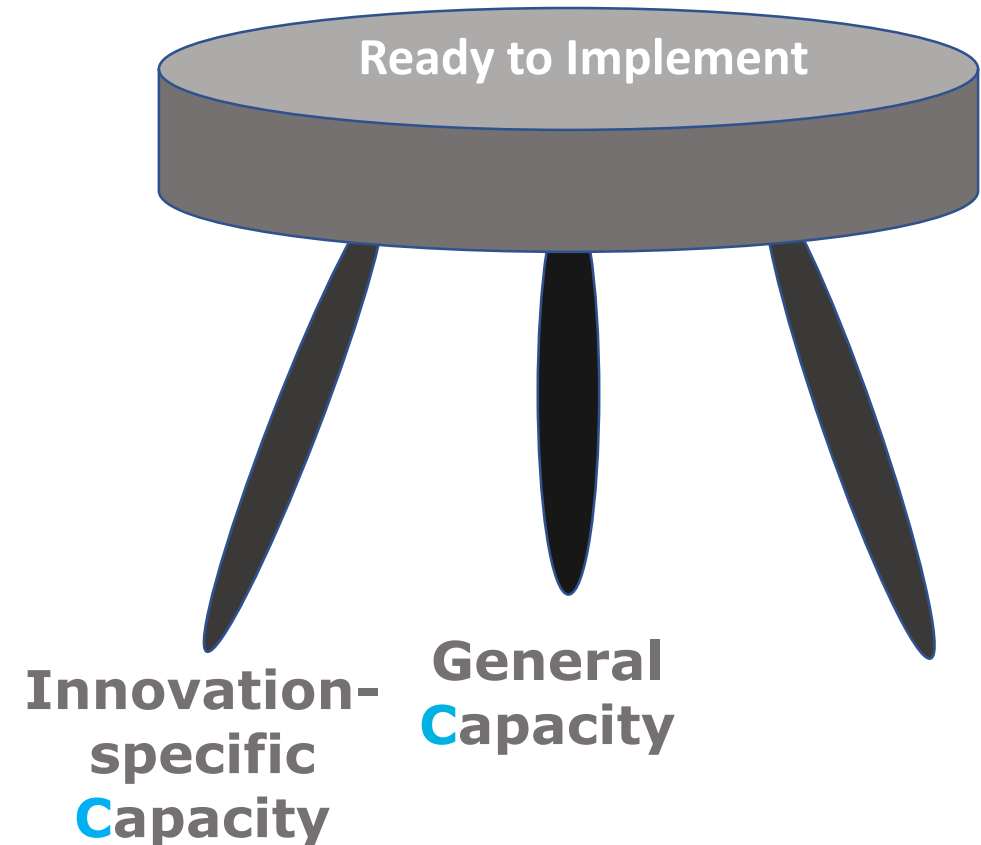
Ready to Implement

Innovation-specific Capacity

General Capacity

Interactive Systems Framework for Dissemination and Implementation

Delivery System

General Capacity

Motivation

Innovation-specific Capacity
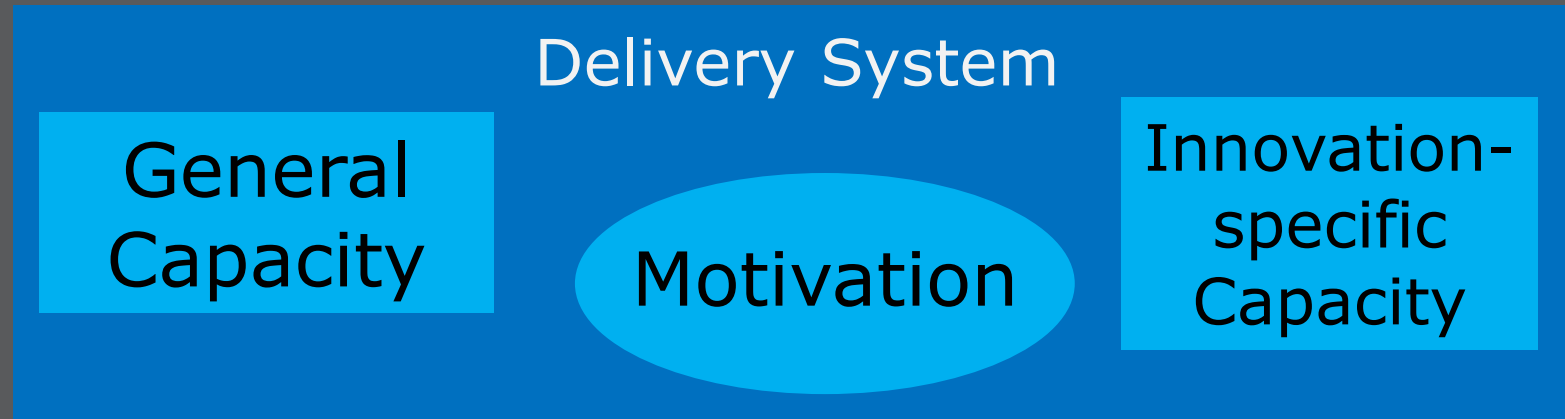
Motivation

- Relative Advantage
- Compatibility
- Complexity
- Ability to Pilot
- Observability
- Priority

Ready to Implement

Innovation-specific Capacity

General Capacity
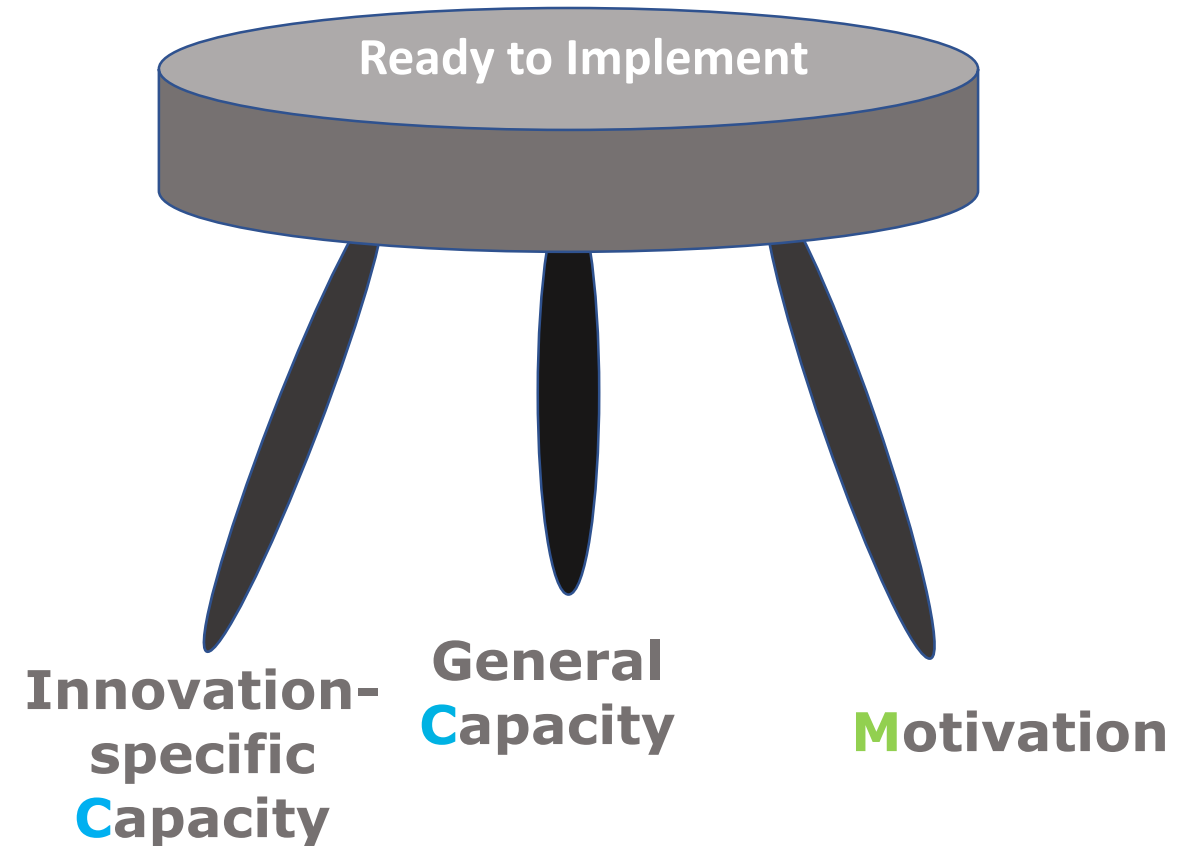
Motivation

Motivation: Degree to which we want the innovation to happen, given all priorities

Innovation-specific capacity: The human, technical and fiscal conditions important to the successful implementation of a particular innovation.

General capacity: Pertains to aspects of organizational functioning (e.g., culture, climate, staff capacity, leadership)

Organizational Readiness**:** The extent to which an organization is both **willing (motivation)** and **able (capacity)** to implement a new innovation, such as a new family finding initiative.

READINESS IS…

Readiness

=

Motivation

X

Capacity (Innovation-Specific)

X

Capacity (General)

$$R = MC^2$$

Ready to Implement

General **C**apacity

Motivation

Innovation-Specific **C**apacity

Moving Readiness Research Forward

Heat Maps

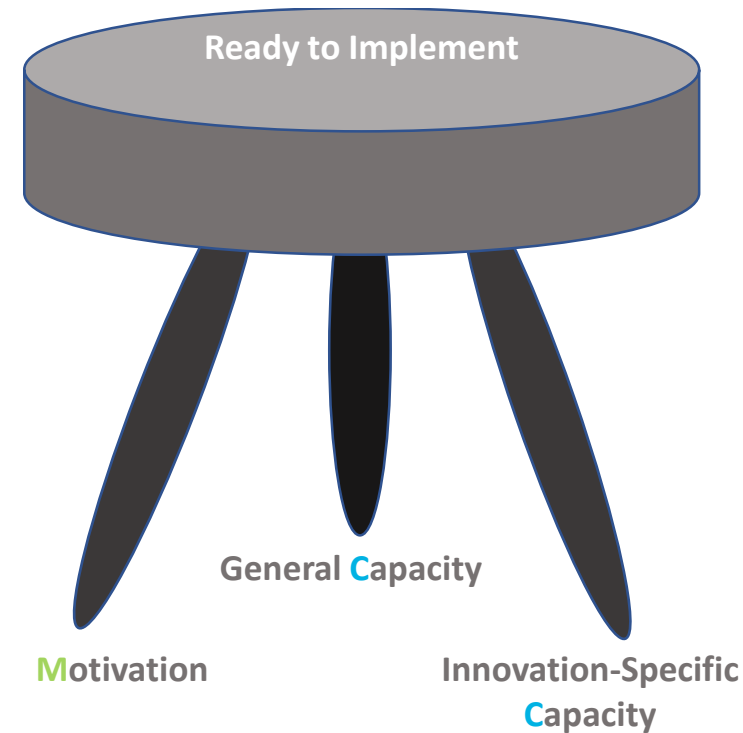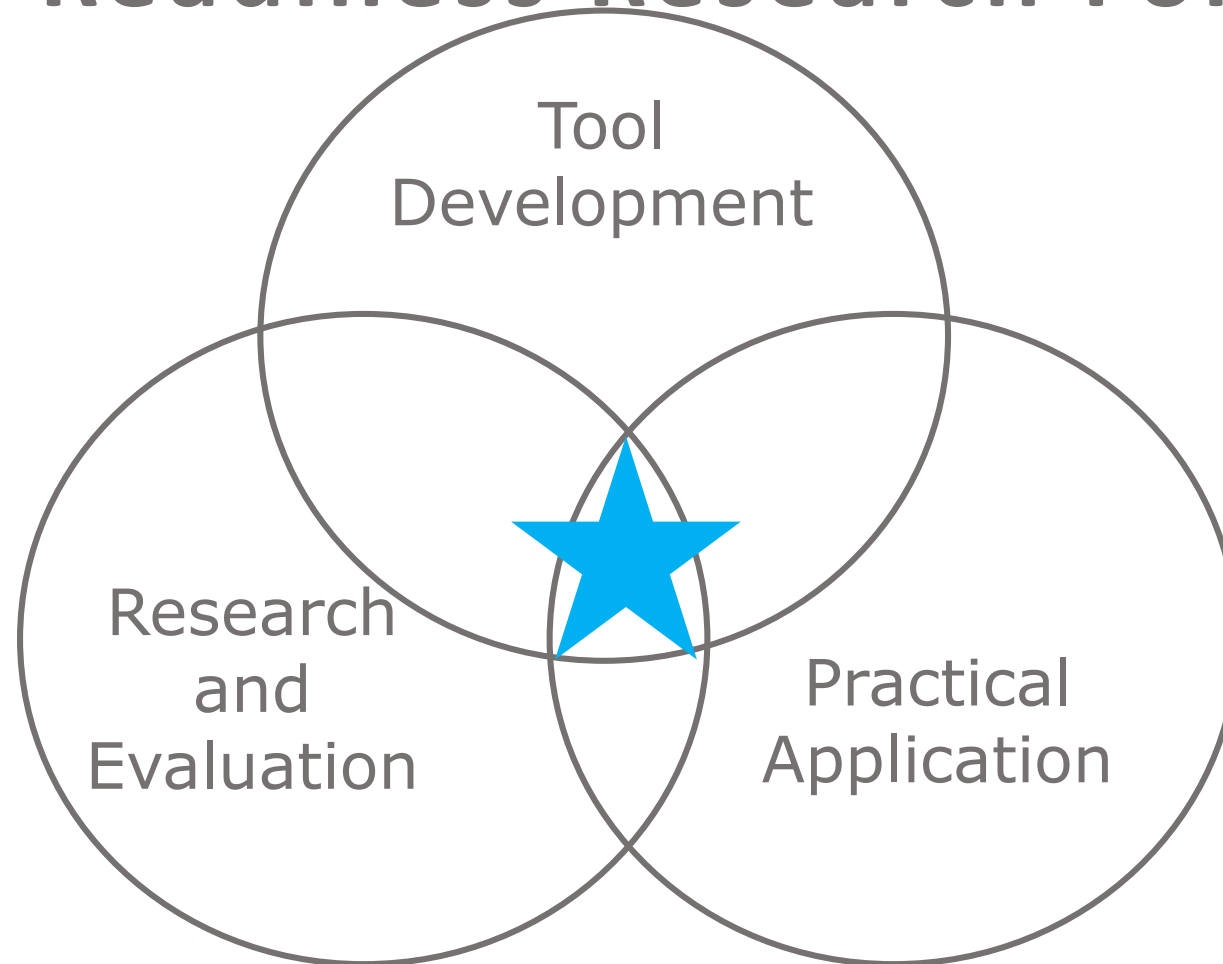| Community	Number	Culture	Climate	Structure	Innovativeness	Resource Utilization	Staff Capacity	Leadership	General Capacity
Coalition 1	9	6.94	6.83	7.00	6.94	6.86	6.94	7.00	6.93
Coalition 2	4	6.17	5.94	5.88	6.00	4.94	6.19	6.54	5.95
Coalition 3	2	6.00	6.00	5.50	6.42	5.00	6.13	5.64	5.81
Coalition 4	4	6.25	5.56	5.81	5.25	4.88	6.25	6.46	5.78
Coalition 5	7	5.81	5.68	5.86	5.76	5.18	5.82	6.06	5.74
Coalition 6	7	5.71	5.82	5.71	5.31	4.93	6.14	6.00	5.66
Coalition 7	4	5.46	6.19	5.25	6.08	5.06	5.25	6.04	5.62
Coalition 8	3	5.94	5.75	5.08	5.50	5.17	6.00	5.62	5.58
Coalition 9	6	5.43	5.83	5.63	5.42	4.79	5.83	5.88	5.54
Coalition 10	7	5.93	5.46	5.64	5.48	4.57	5.71	5.45	5.46
Coalition 11	4	5.33	5.56	5.25	5.38	4.44	5.88	5.86	5.38
Coalition 12	11	5.67	5.36	4.93	5.21	5.05	5.60	5.44	5.32
Coalition 13	6	5.67	5.29	5.54	5.25	3.33	5.63	5.76	5.21
Coalition 14	3	5.00	5.00	5.25	5.11	5.00	5.92	5.14	5.20
Coalition 15	5	5.00	5.25	4.45	4.90	4.55	4.70	5.86	4.96
Coalition 16	7	5.62	5.18	4.79	4.86	3.64	4.99	5.53	4.94
Coalition 17	7	4.88	4.80	4.96	5.04	3.82	5.25	5.27	4.86
Coalition 18	4	4.67	4.88	4.38	4.50	4.13	4.69	4.67	4.56

Research and Evaluation of Readiness

Different rates of growth in SCALE communities

Change from Month 5 to Month 23

Component — Approach_Change — Change_Equity — Relate_Abundance
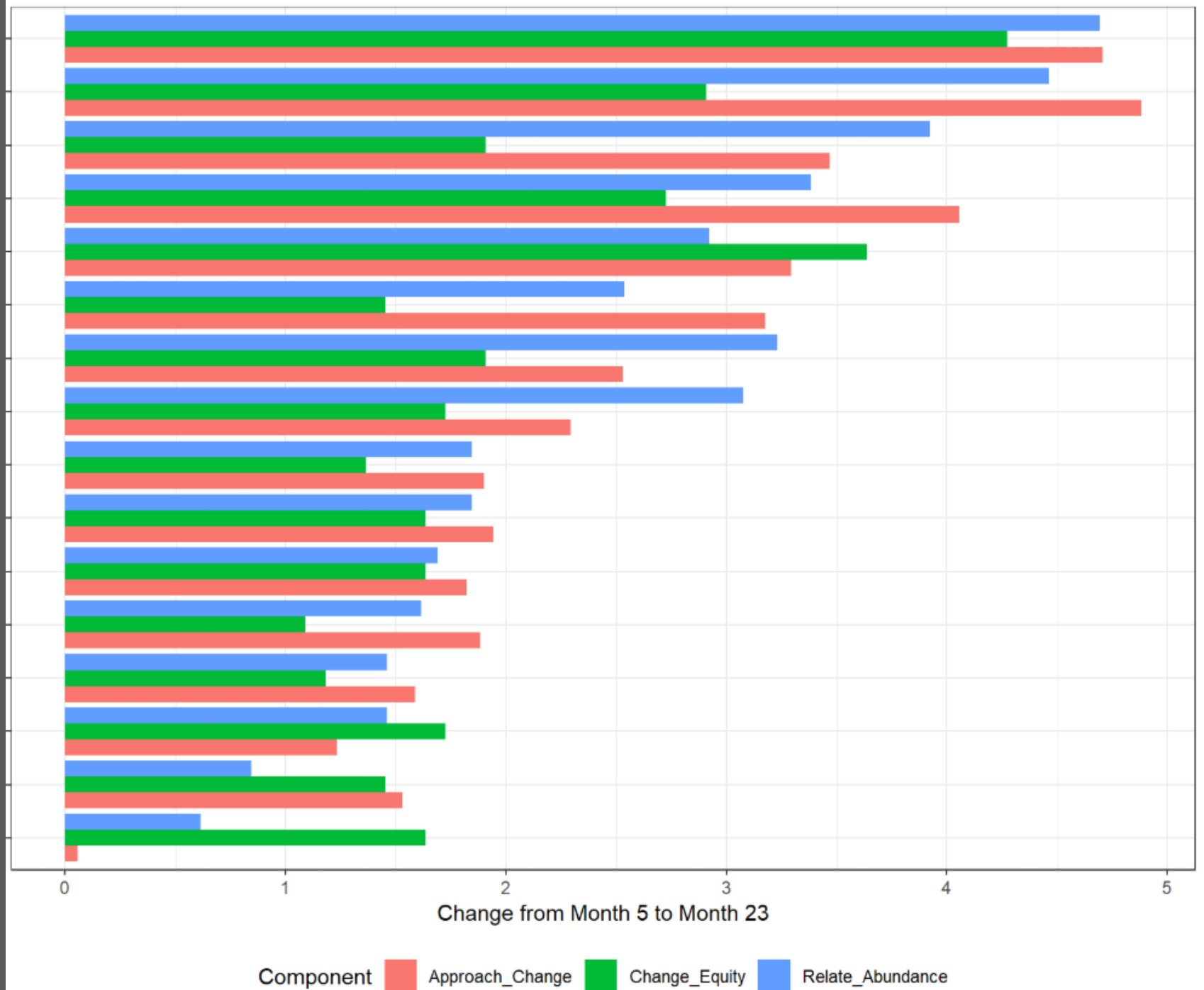
Also, non-linear growth
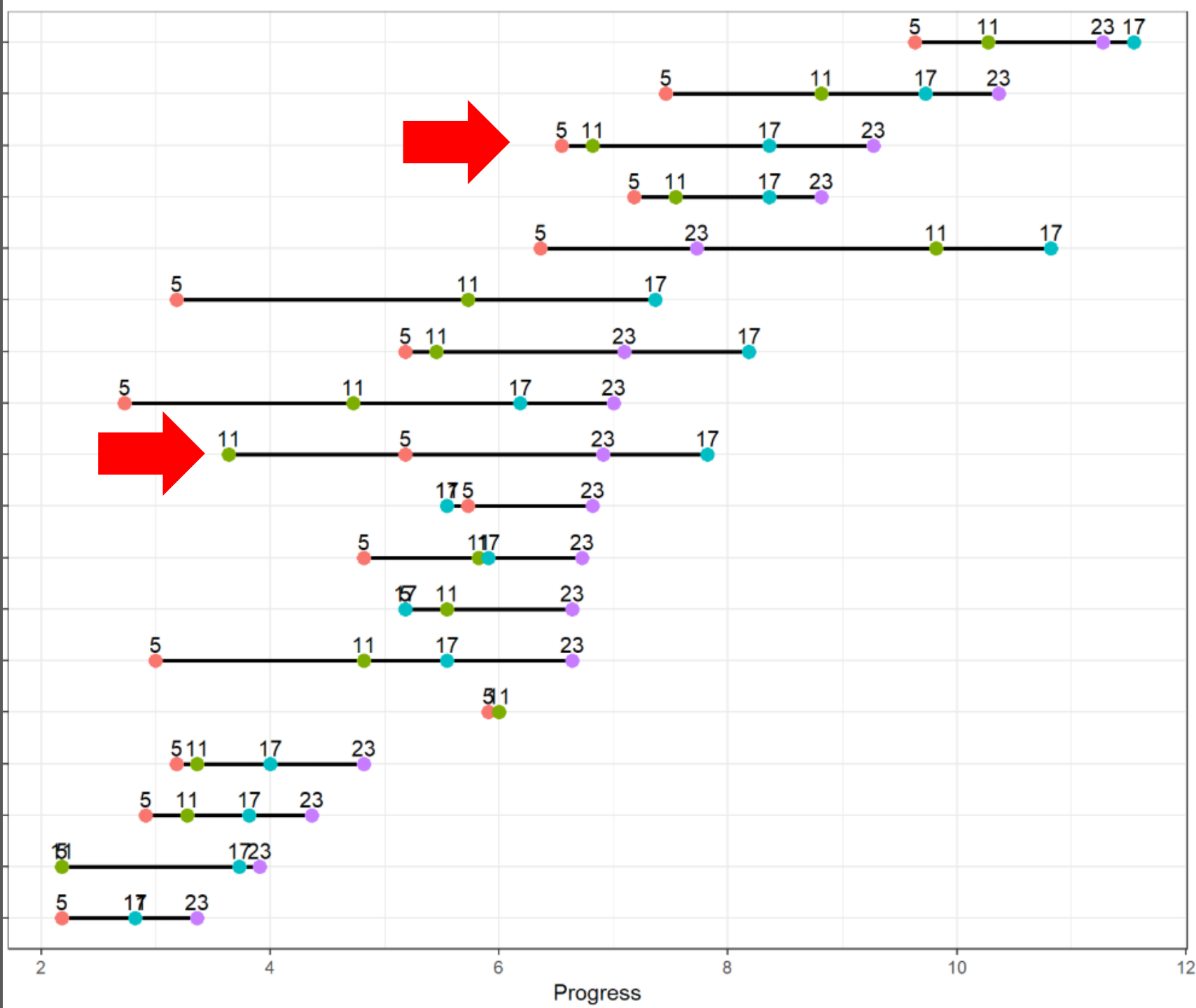
Practice Code	Overall Readiness								
	W1 Mean	W2 Mean	W1 to W2 Change	p	W3 Mean	W2 to W3 Change	p	Overall (W1 to W3) Change	p
Practice B	4.98	5.58	0.60	0.59	5.46	−0.12	0.87	0.48	0.64
Practice C	5.96	5.22	−0.74	0.16	N/A	N/A	N/A	N/A	N/A
Practice D	5.11	5.24	0.13	0.82	5.09	−0.15	0.78	−0.02	0.96
Practice E	5.77	6.37	0.60	0.02*	N/A	N/A	N/A	N/A	N/A
Practice F	5.13	5.51	0.38	0.1	5.61	0.10	0.57	0.48	0.06
Practice G	4.92	5.51	0.59	0.04*	N/A	N/A	N/A	N/A	N/A
Practice H	6.96	5.90	−1.06	0.05	6.29	0.39	0.39	−0.67	0.003**
Practice J	4.41	5.16	0.75	0.38	5.21	0.05	0.95	0.80	0.22

	Subcomponent	Exploration	Installation	Initial Implementation	Full Implementation
Motivation	Relative Advantage				
	Compatibility				
	Complexity				
	Trialability				
	Observability				
	Priority				
Innovation-specific capacity	Knowledge, Skills, and Abilities				
	Champion				
	Supportive Climate				
	Inter-organizational Relationships				
General Capacity	Organizational Culture				
	Organizational Climate				
	Organizational Innovativeness				
	Resource Utilization				
	Leadership				
	Organizational Structure				
	Staff Capacity				
	Process Capacities				

Readiness is important throughout implementation

Before you start

While you are implementing

When sustaining

Readiness is important for outcomes across multiple system levels

National

State

Community

Organization

Team

Individual

Practical Application of Readiness: A Readiness Building System

READINESS BUILDING SYSTEM

Engagement*

Assessment

Feedback and Prioritization

CMOR
Change Management of Readiness

Planning & Implementation

Process evaluation and CQI

Implementation Outcomes

Revisiting earlier steps

*Engagement is crucial in all areas of RBS
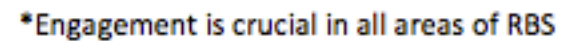
READINESS BUILDING SYSTEM
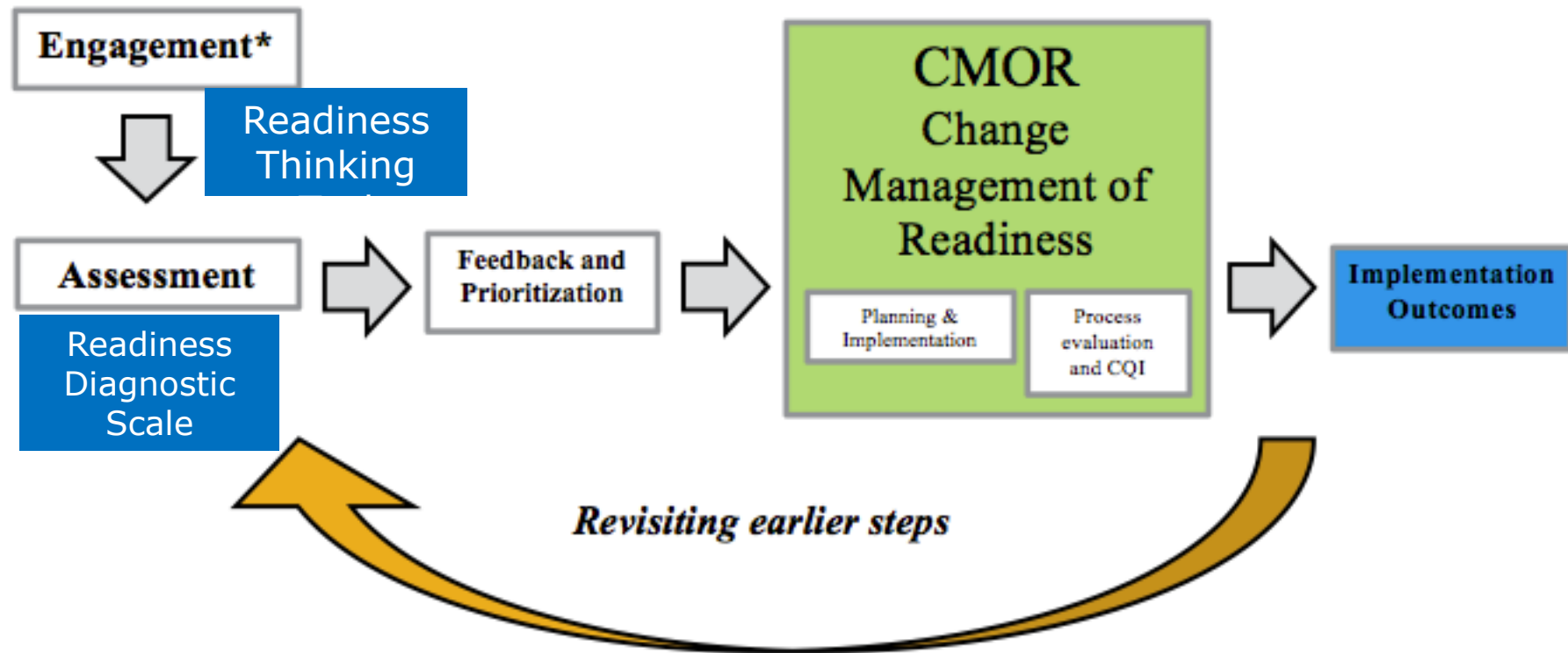
*Engagement is crucial in all areas of RBS

Interactive Systems Framework for Dissemination and Implementation

Delivery System

General Capacity

Motivation

Innovation-specific Capacity

Readiness Building Strategies

Support System

General Capacity

Motivation

Innovation-specific Capacity
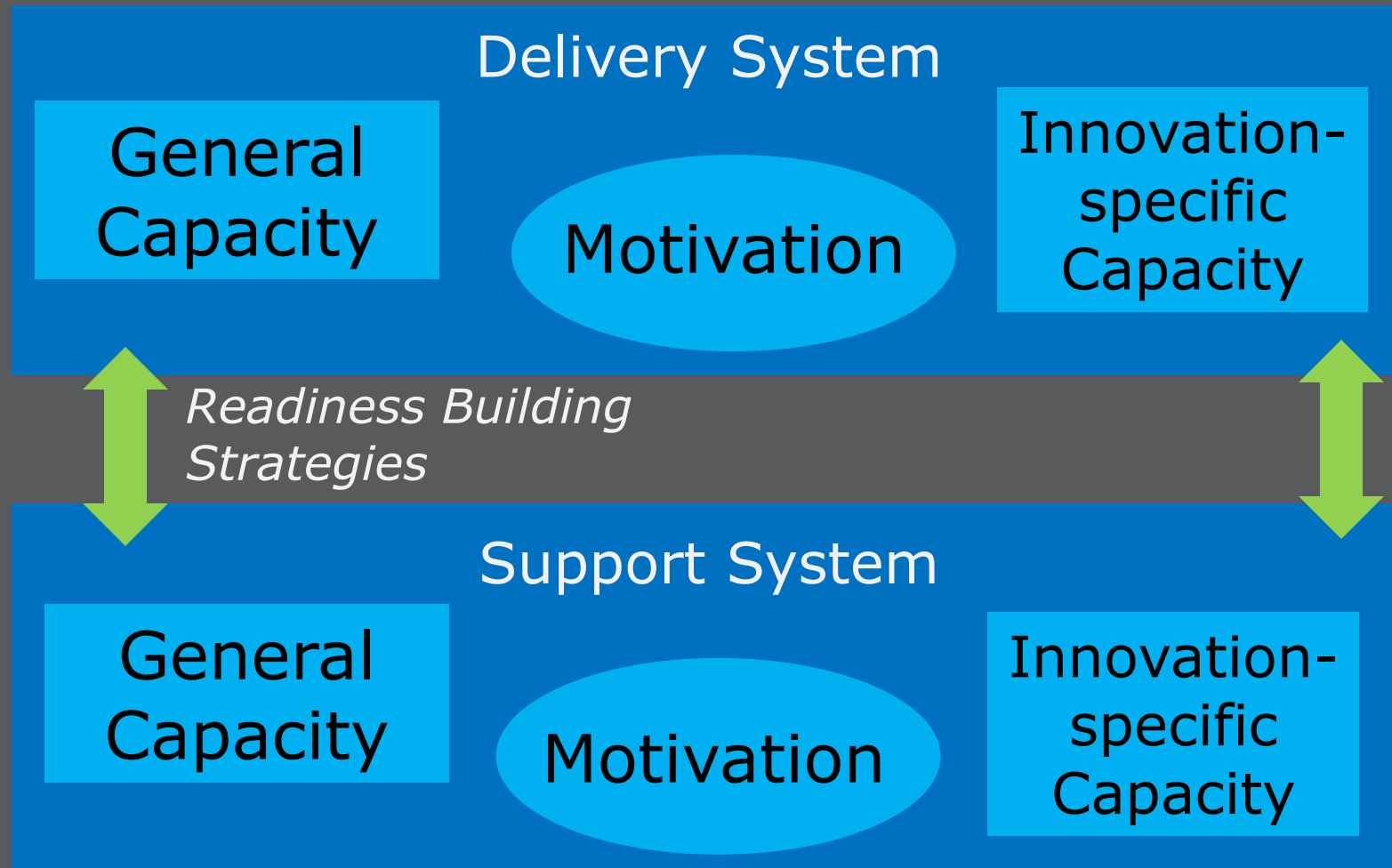
Ways to support an Innovation

Tools
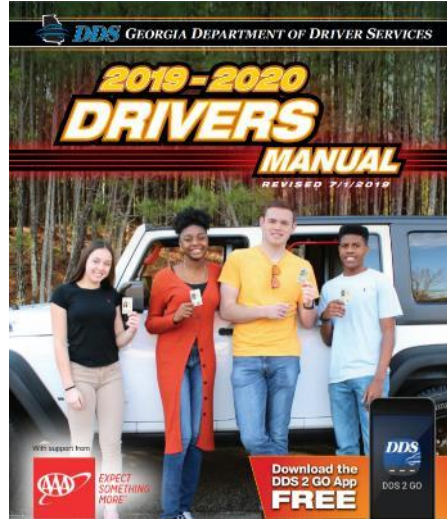
Training

Quality Assurance/ Quality Improvement

Technical Assistance

Evidence-Based System for Innovation Support (EBSIS)

(Wandersman, Chien, & Katz, 2012)

Building Readiness Through an **E**vidence-**B**ased **S**ystem for **I**mplementation **S**upport (**EBSIS**)

To Achieve Desired Outcomes

Initial Readiness

- General Capacities
- Innovation-Specific Capacities
- Motivation

+

Relationships

Training

Technical Assistance

Quality Assurance Quality Improvement

Tools

=

Readiness Outcomes *Improved:*

- General Capacity
- Innovation - Specific Capacity
- Motivation
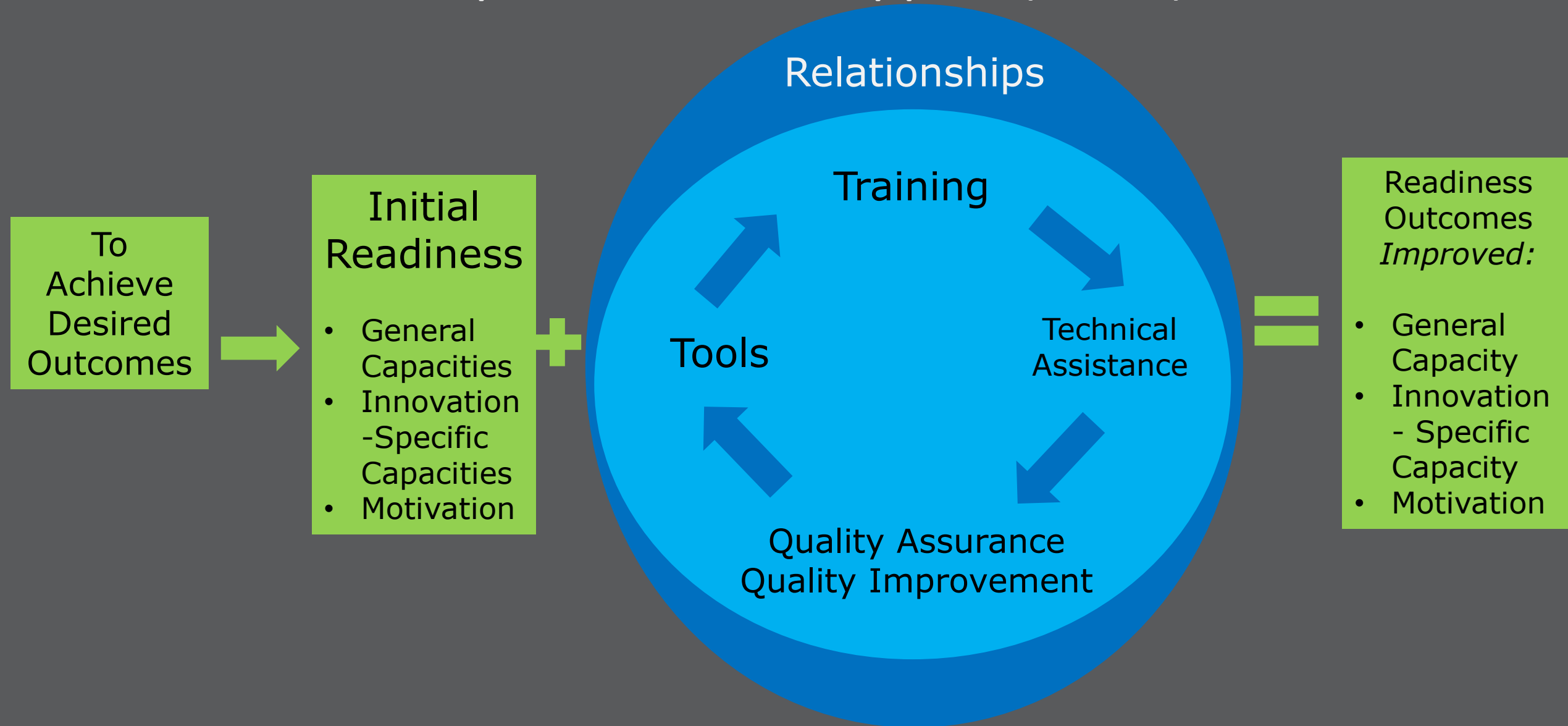
CDC OSH – What facilitated this process?
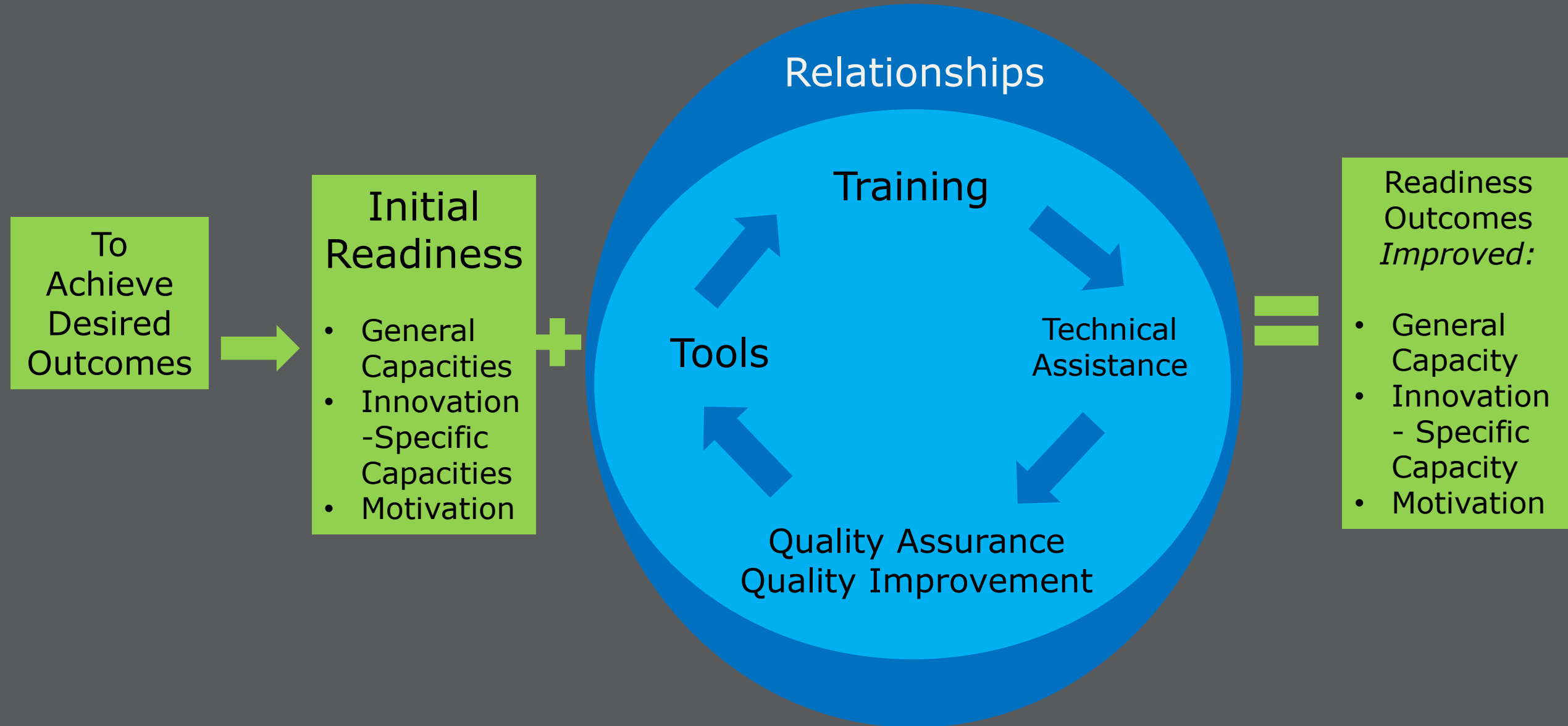
To Achieve Desired Outcomes

Initial Readiness

- General Capacities
- Innovation-Specific Capacities
- Motivation

+

Relationships

Training

Tools

Technical Assistance

Quality Assurance Quality Improvement

=

Readiness Outcomes *Improved:*

- General Capacity
- Innovation - Specific Capacity
- Motivation

A Readiness Case Example: CDC-OSH Readiness-Focused TA

Context
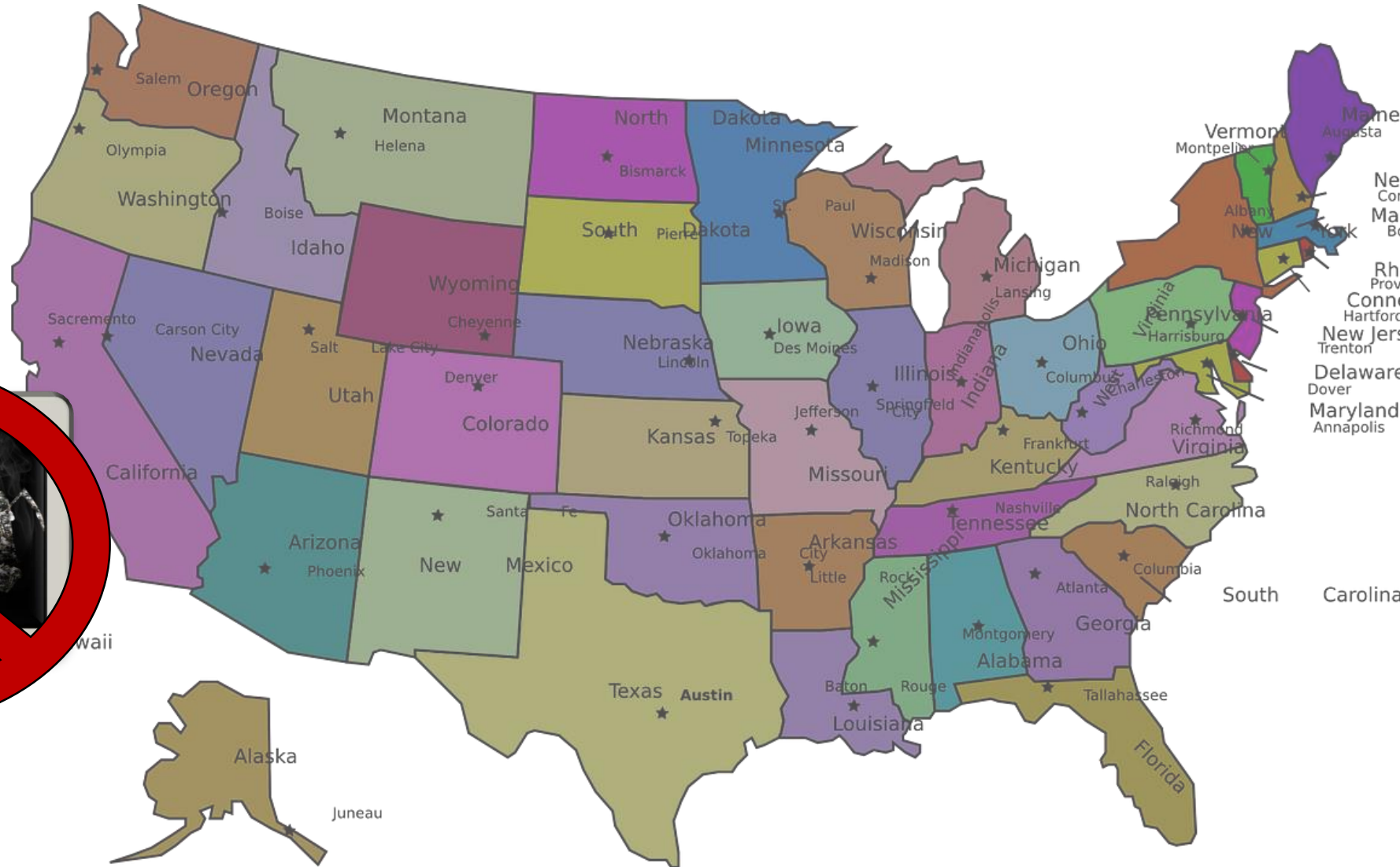
Challenges

- Different programs across states

Challenges

- Differences in how well the prevention programs were being implemented

Challenges

- Regardless of program selected, states are challenged with implementation.

Challenges

- Regardless of program selected, states are challenged with implementation.

  It's a **READINESS** issue!
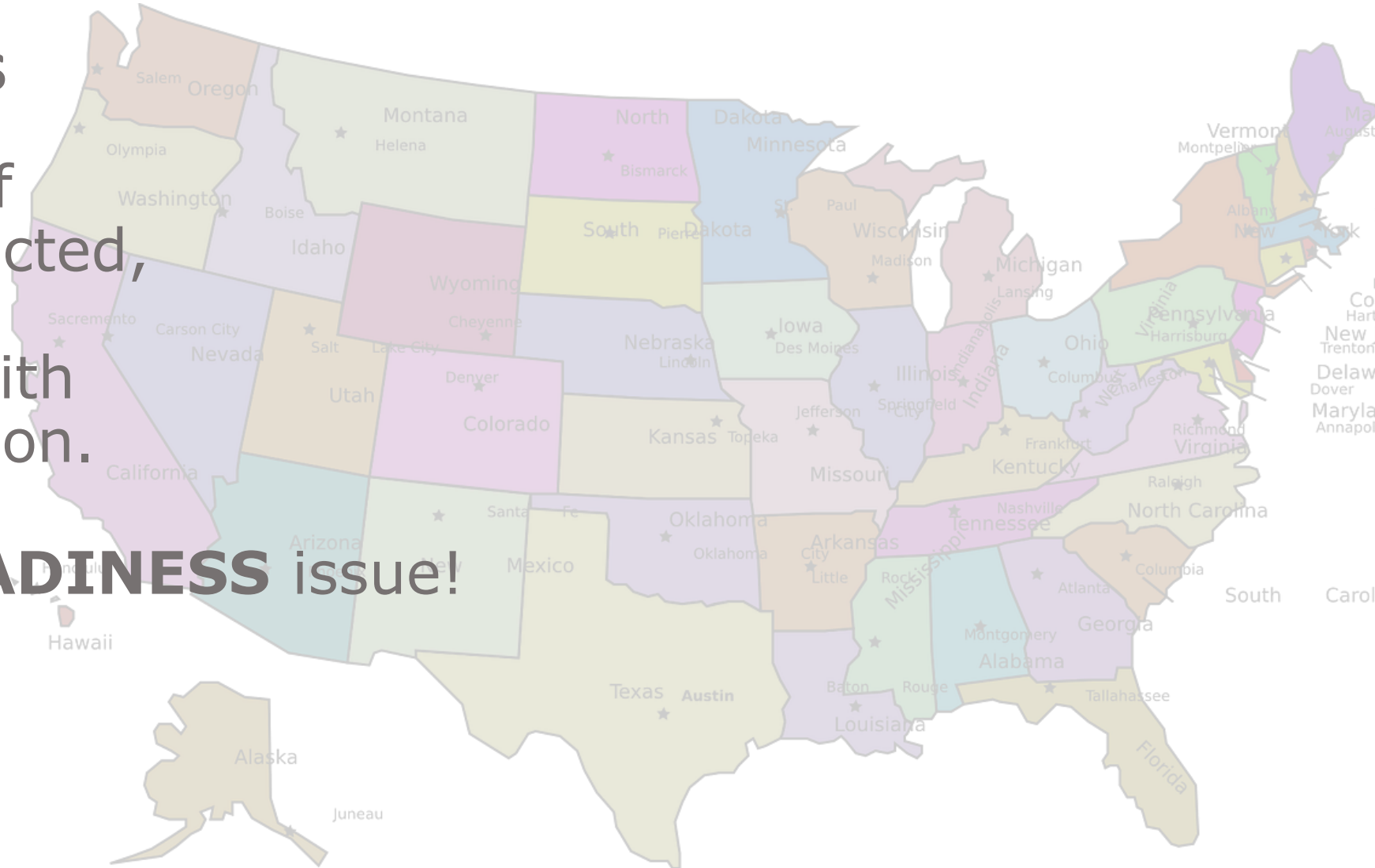
Tailored Support: A Readiness Approach

TIERS OF SUPPORT
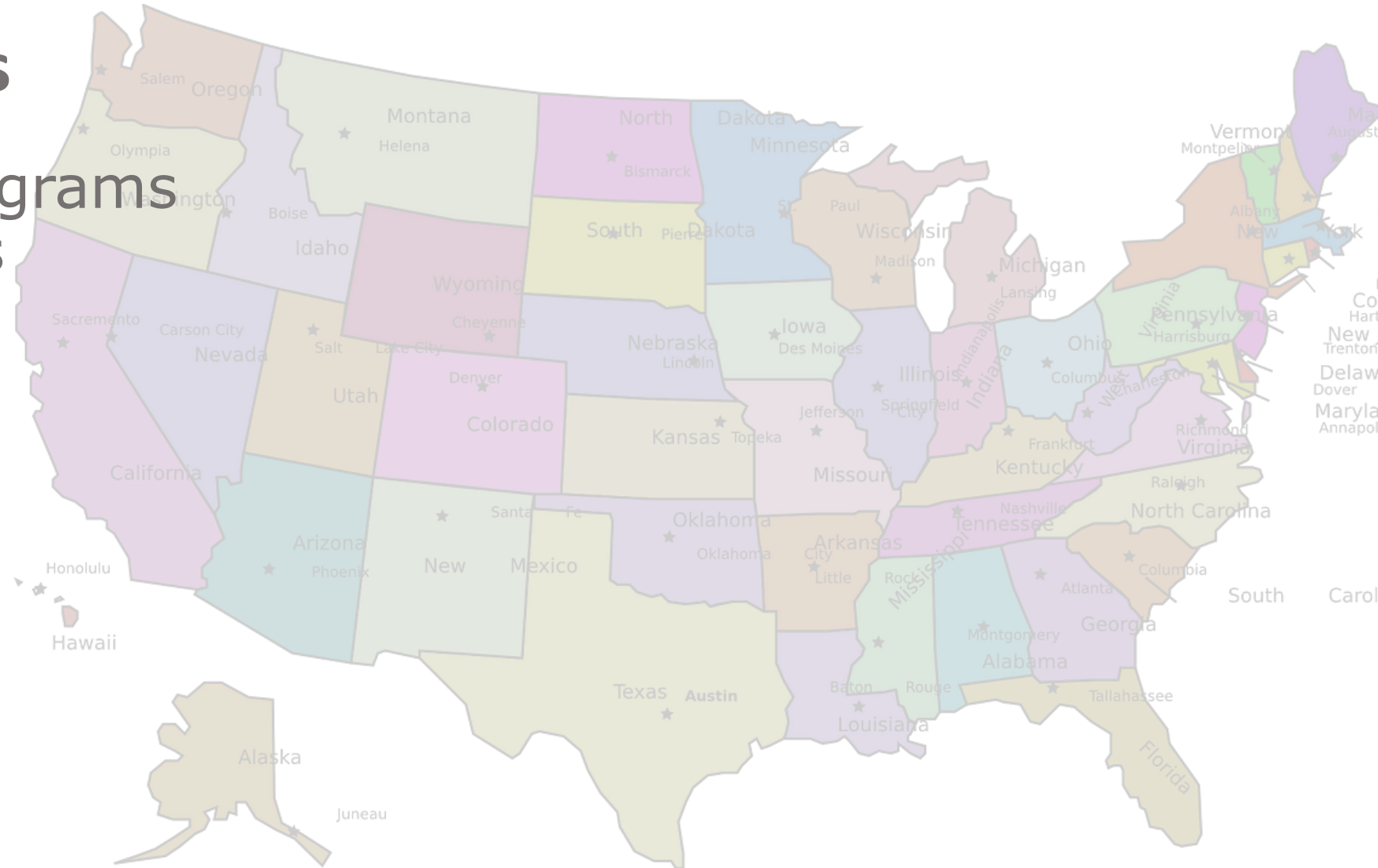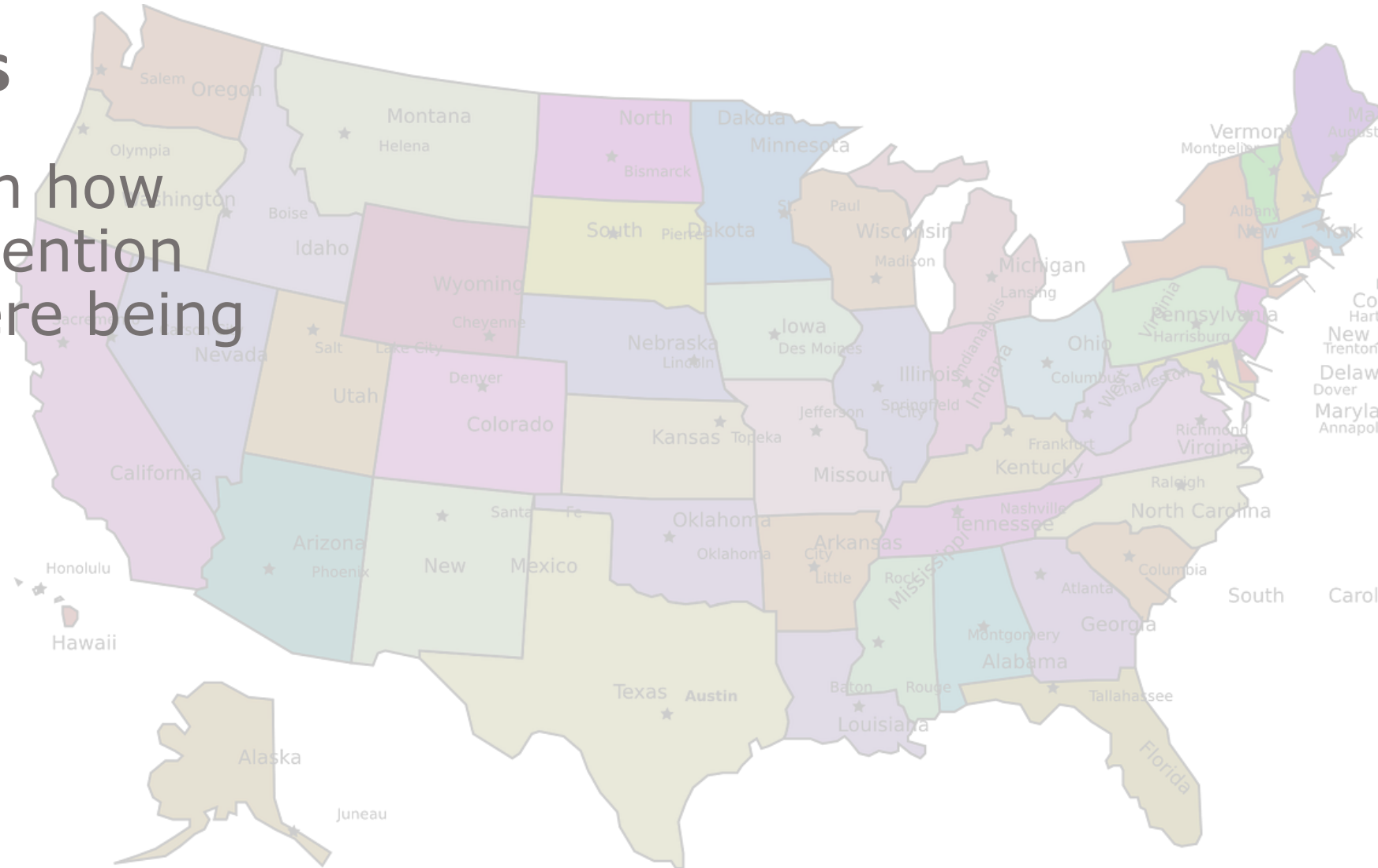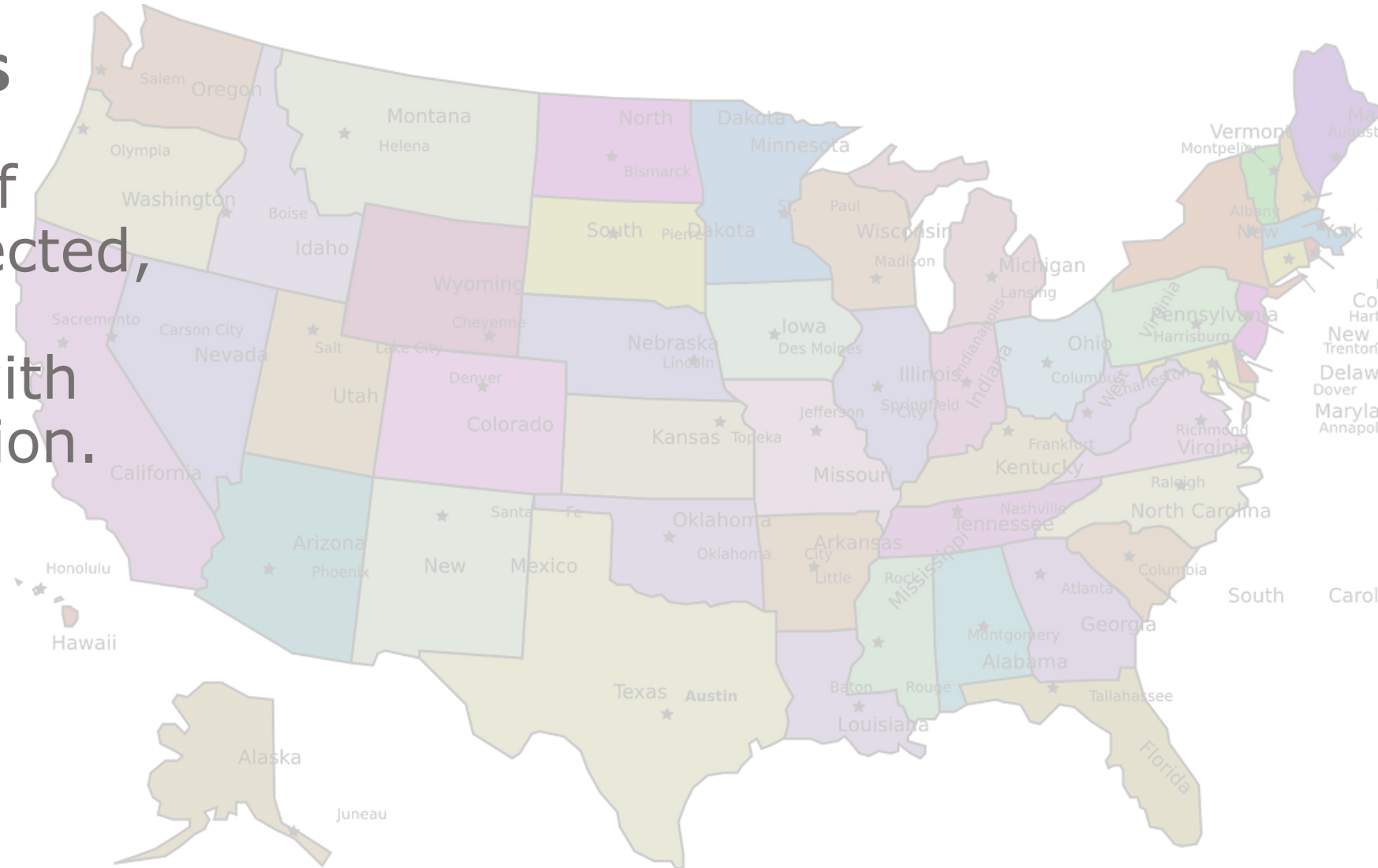
Delivery System
10 states & territories, receiving RTA to implement tobacco prevention programming

=

Primary Support System
10 CDC Project Officers, using RTA to build state readiness.

=

Secondary Support System
Readiness Support Team*, using RTA to build project officer readiness to use RTA.

=

Delivery System
(Program Managers for State/Territory)

Readiness Evaluation & Building

Primary Support System
(CDC Project Officers)

Readiness Evaluation & Building

Secondary Support System
(Readiness Support Team)

Synthesis and Translation System

Project Officers (POs) worked with states to build readiness.

- Provided *Readiness-Focused TA (RFTA)* to states.

- Aimed to build the **capacities** and **momentum** of states for implementing tobacco prevention

READINESS BUILDING SYSTEMS

Engagement*

Assessment

Feedback and Prioritization

CMOR
Change Management of Readiness

Planning & Implementation

Process evaluation and CQI

Implementation Outcomes

Revisiting earlier steps

*Engagement is crucial in all areas of RBS

READINESS BUILDING SYSTEMS

Engagement*

Assessment → Feedback and Prioritization → CMOR Change Management of Readiness (Planning & Implementation | Process evaluation and CQI) → Implementation Outcomes

Revisiting earlier steps

Quantitative survey (*Readiness Diagnostic Scale*) of one PO and one state representative

...rucial in all areas of RBS

READINESS BUILDING SYSTEMS

Engagement*

Assessment

Feedback and Prioritization

CMOR
Change Management of Readiness

Planning & Implementation
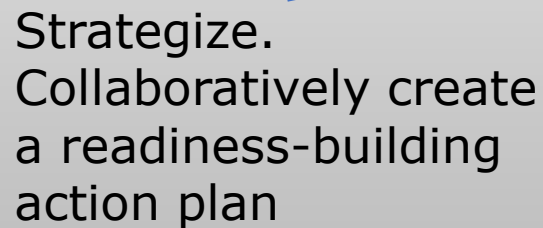
Process evaluation and CQI

Implementation Outcomes

Revisiting earlier steps

The pair interprets results & resolve discrepancies. Identify priority areas for improvement

Engagement is crucial in all areas of RBS

READINESS BUILDING SYSTEMS

Engagement*

Assessment

Feedback and Prioritization

CMOR
Change Management of Readiness

Planning & Implementation

Process evaluation and CQI

Implementation Outcomes

Revisiting earlier steps

Strategize. Collaboratively create a readiness-building action plan

s crucial in all areas of RBS
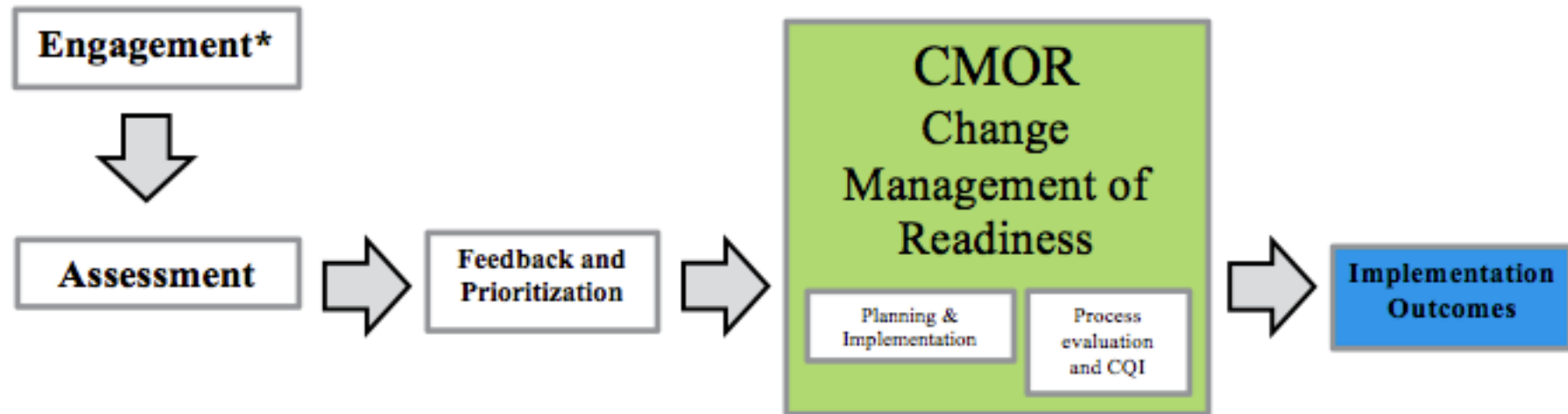
READINESS BUILDING SYSTEMS

Example of an action plan to build readiness.

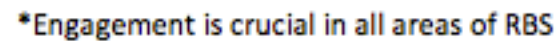Defines specific tasks, timeline, people responsible.

Readiness Action Plan for Alabama

Targeted Readiness Subcomponent: Simplicity				Rationale: To improve and develop long term relationship with s

Readiness Building Strategy	Actions Steps	Person(s) Responsible	Target Deadline	Date Completed
Strategy 1: Crystallizing	1. Develop a commitment/support letter	Melanie, Fayetta, Monica	3/31/2019	
	2. Brainstorming Session with Coordinators	Melanie, Fayetta, Monica	19-Feb-19	
	3. ADPH Leadership Letter Approval Process Chain	A Team	TBD	
Source: Repository	4. Info Session on commitment/support letter	Melanie, Fayetta, Monica	3/1/2019	
	5. Disseminate Commitment/Support Letter	A Team	TBD	
	6. Evaluate the Effectiveness of Letter	A Team	7/1/2019	
Strategy 2: Fishbone Diagram	1. Develop & design diagram	Fayetta, Melanie	3/19/2019	
	2. Brainstorming Session with Coordinators	A Team	3/19/2019	
	3. Reveiw & Revamp Power Mapping Technique	Fayetta, Melanie	4/23/2019	
Source: Repository	4. 3 - R Approach (Reveiw, Revamp, ReEnforce)	Fayetta, Melanie	TBD	
	5.			
Strategy 3: Educate Coordinators on Effective Stakeholder Engagement	1. Develop 1-Day Skill Building Workshop	Melanie, Fayetta, Monica	6/18/2019	
	2. Schedule/Conduct Workshop	Fayetta, Melanie	7/2019 date TBD	
	3. Evaluate the effectiveness of the Workshop (PRE/POST Survey)	Melanie, Fayetta, Monica	July date TBD	

READINESS BUILDING SYSTEMS

Engagement*

Assessment

Feedback and Prioritization

CMOR
Change Management of Readiness

Planning & Implementation

Process evaluation and CQI
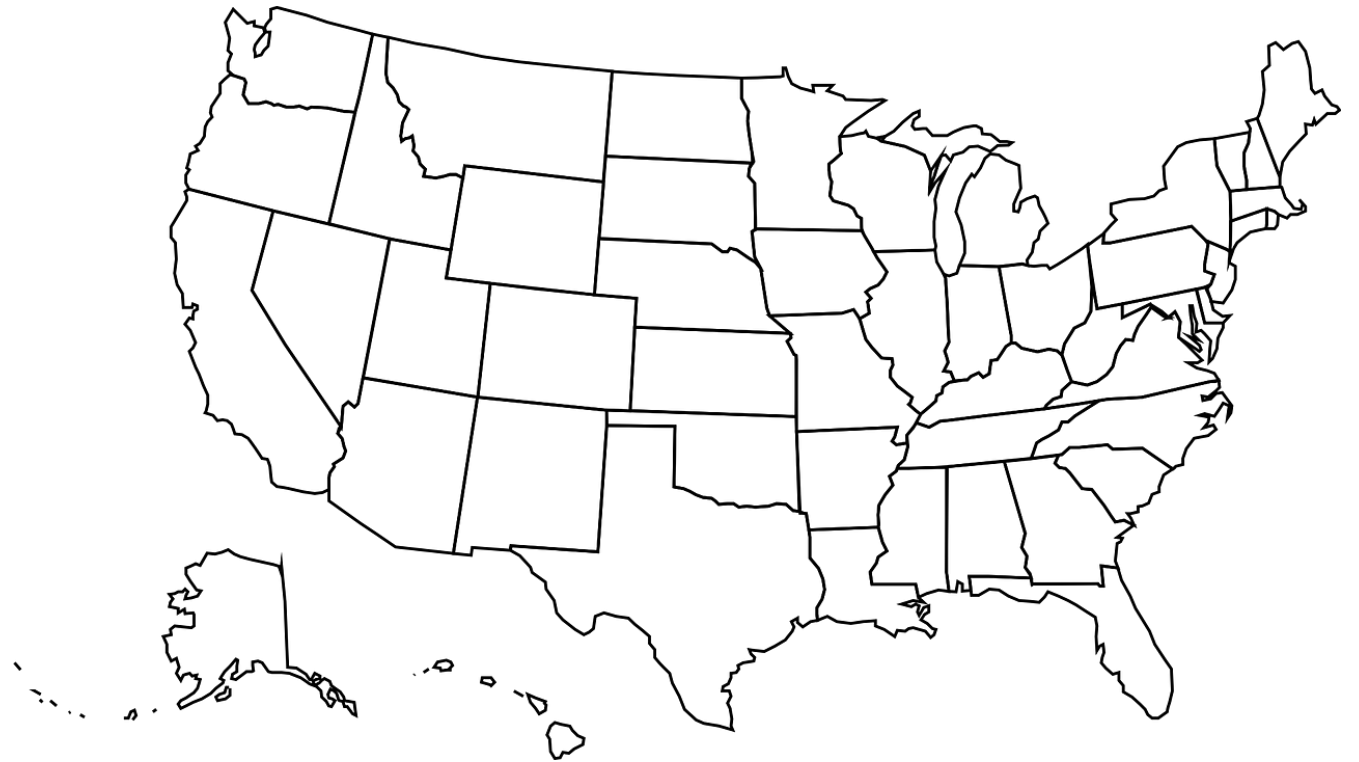
Implementation Outcomes

Revisiting earlier steps

Monitor. PO checks in with the State representative by phone to monitor progress, update or revise the action plan, and assist as needed

READINESS BUILDING SYSTEMS

Engagement*

Assessment → Feedback and Prioritization → CMOR Change Management of Readiness (Planning & Implementation | Process evaluation and CQI) → Implementation Outcomes

Revisiting earlier steps

*Engagement is crucial in all areas of RBS

How Readiness Matters

Case Example: The
State of Jefferson*

*The real name of the state
has been changed to keep
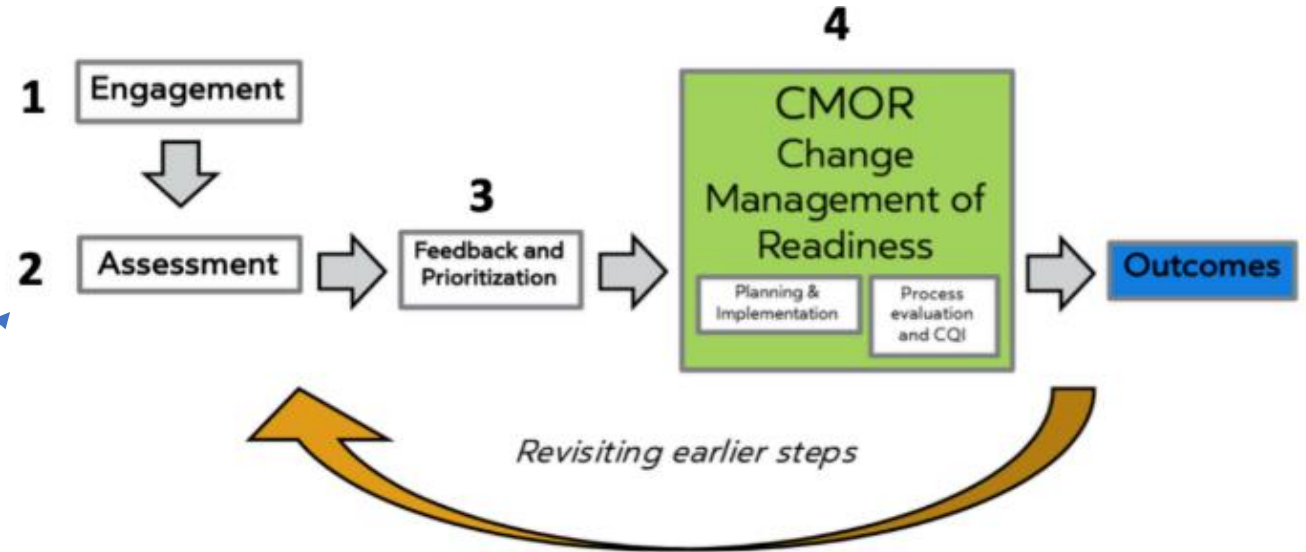results confidential

The State of Jefferson

- Goal:
  - Build readiness to improve and develop long-term relationships with stakeholders and decision makers to promote policy change.

The State of Jefferson

1 Engagement

2 Assessment → 3 Feedback and Prioritization → 4 CMOR Change Management of Readiness (Planning & Implementation, Process evaluation and CQI) → Outcomes

Revisiting earlier steps

Assessed Readiness

Provided Feedback Through Individualized Reports

The State of Jefferson

Figure 1. Readiness Diagnostic Tool Scores – Motivation
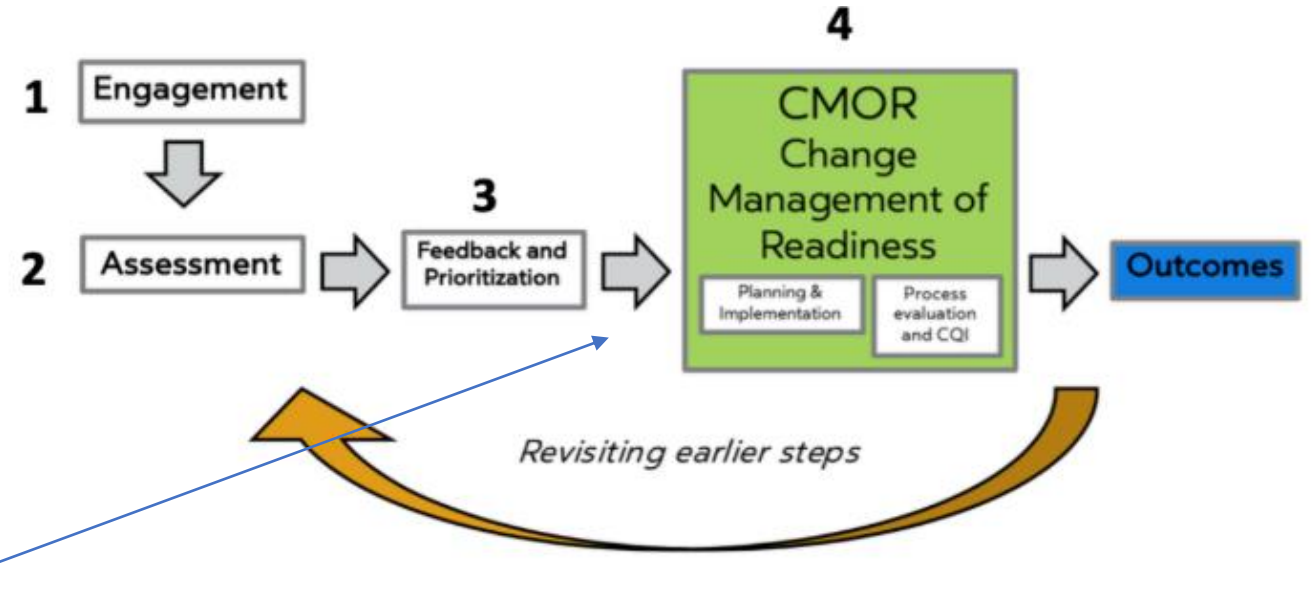
The State of Jefferson

1 Engagement

2 Assessment

3 Feedback and Prioritization

4 CMOR Change Management of Readiness
- Planning & Implementation
- Process evaluation and CQI

Outcomes

Revisiting earlier steps
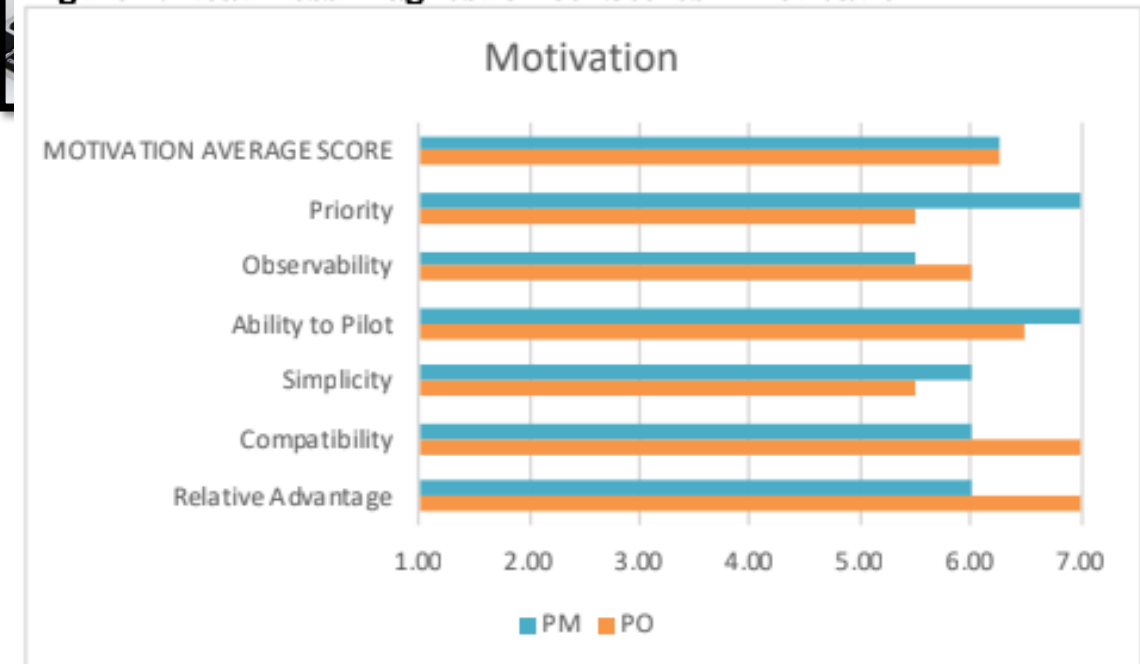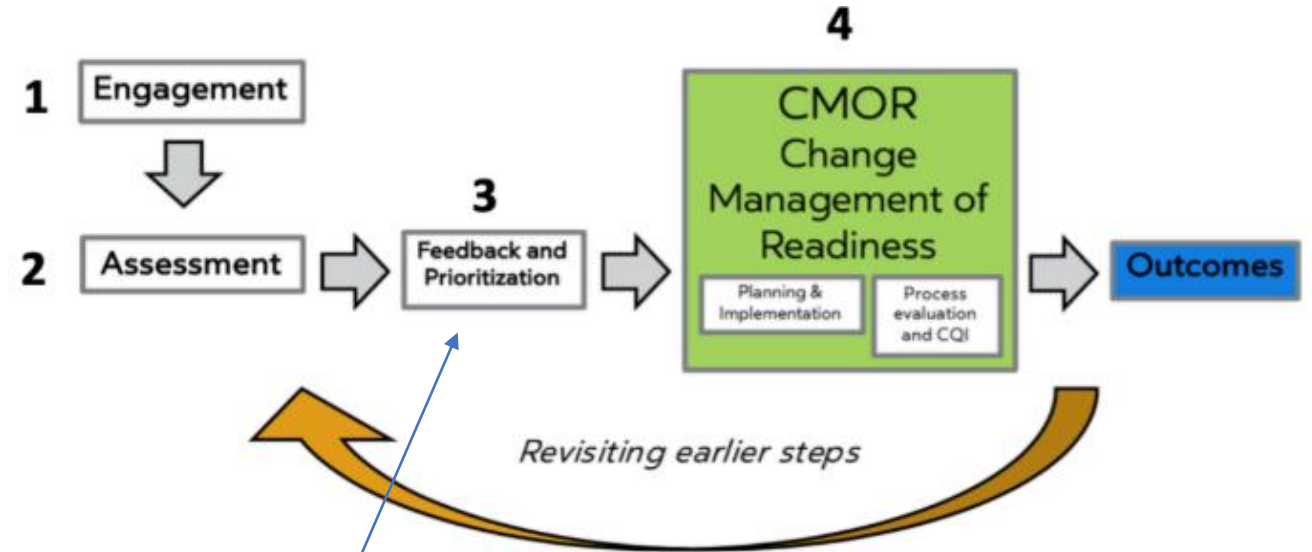
Prioritized Simplicity

The State of Jefferson

1 Engagement
2 Assessment
3 Feedback and Prioritization
4 CMOR Change Management of Readiness
- Planning & Implementation
- Process evaluation and CQI

Outcomes

Revisiting earlier steps

Selected:
- 2 strategies from the Wandersman Center repo
- 1 strategy (educational) b on experience

The State of Jefferson

- 6-month action steps 6 months
  - Example Activities:
    - Stakeholder Brainstorming Sessions
    - Using a power-mapping technique
    - Conducting a workshop.
- PO checked-in each month as part of a regular call.

The State of Jefferson

Feasibility of Readiness Building

83% Activities scheduled (first 3 months) of action plan had been completed.

2 hours to complete the entire process of reviewing the readiness scores, selecting a subcomponent to target, identifying strategies and completing the action plan.

The State of Jefferson

Program Manager – **"Simplicity"**

showed the greatest improvement since the last assessment

The State of Jefferson

Biggest benefit of RFTA?

- It provides a **structure** for states to promote policy change.

Why Readiness Mattered…

- Helped POs work with difficult situations and implementation challenges
- Helped POs/states formalize their work

Why Readiness Mattered…

"They (states) have been having issues and have run into a number of barriers and thought this would be a good tool to help them identify the barriers."

– Project Officer

"This would be a good tool to get them (local implementers) moving because sometimes start-up takes longer than anticipated."

 – Project Officer

Why Readiness Mattered…

- Most helpful part of RFTA was identifying areas of strength and areas for growth
  - Project Evaluator

Why Readiness Mattered…

"It's created a little more focus and momentum and excitement and connection. That's helped us gain more partners. The partners that we're working with are indicating they're seeing more momentum too." – Project Officer

Why Readiness Mattered…

"(We've made) more progress with this health systems change project … in **this short few months** than the 1.5 years prior."

R = MC²

It's not all

and

Lessons Learned & CQI

- Engagement process can be lengthy
- RFTA fit better with some states than others
  - Most useful for states needing extra assistance to complete activities, and seems to be most useful on the local level.
- Challenges related to timing and perceived utility of RFTA
  - ("I already know how to do TA")
- Better fit into the toolkit and workflow of project officers

Building the Ship

We have expanded the work done with CDC-OSH to improve upon limitations and advance the work.

We use a systematic approach to quality improvement

PHASE I. PILOT READINESS-FOCUSED TA CAPACITY BUILDING

Stage A. Training of Technical Assistance (ToTA) Providers. This stage focuses on developing the capacity of the TA Team for providing readiness-focused TA (Secondary Support System). Select TA providers (2-5) will receive instruction on the R=MC². The ToTA utilizes two video-based modules, where learning is interactive and synchronous. Each training module will be followed with a training evaluation that includes process and outcome metrics.

ToTA Module 1 aims to expose TA providers to the concept of readiness, specifically R=MC². It will include an empirically-grounded didactic component, followed by reflective component in which participating TA providers will use a *Readiness Thinking Tool* to ground their TA experiences. Estimated length: 90 minutes

ToTA Module 2 aims to deepen TA participant understanding of readiness through an in-depth examination of a *Readiness Diagnostic Scale*. TA participants will look closely at the assessment items, examine approaches to administering the assessment and how to analyze readiness data, and discuss what it means to provide readiness-focused TA in the context of their work. Module 2 will introduce participants to the Readiness Building System. It will also invite TA participants to identify opportunities and challenges associated with providing readiness-focused TA. Estimated length: 90 minutes

Stage B. Assessing & Building TA Readiness to Utilize R=MC². This stage focuses on measuring and building the readiness of TA providers to utilize a R=MC² readiness approach (i.e., *Readiness Thinking Tool* or adapted *Readiness Diagnostic Scale*) with their grantees. It is comprised of two interactive components.

Component 1: Assessing TA Provider Readiness: Participating TA providers will be invited to complete an online TA Readiness Questionnaire (TRQ). Responses will be aggregated, summarized in a brief report, and then shared with TA providers for collective video-based discussions. The assessment targets two objectives: i) to identify key barriers and facilitators

Sustainability

[Coloradoisready .org](#)

Sustainability

THE READINESS SURVEY RESULTS INDICATE:

>> Cross-sector partners are ready to tackle the remaining challenges of integrating care, leveraging one another's strengths and expertise. Stakeholders understand cross-sector partnerships are an effective strategy to advance integration.

>> Cross-sector partnerships fit well with how stakeholders already operate, and these partnerships are improving over time.

>> The next chapter to advance integrated care starts now. And, it's going to be authored by all of us working in partnership across sectors.

Sustainability

"Health care is complex and needs to be coordinated across many organizations. Developing strong collaborations among organizations that aligned clinically and financially are key for sustainability."

"We are better together. By pooling our abilities and knowledge, we can be successful in sustaining integrated behavioral health."

>> 2019 REPORT: READINESS FOR CROSS-SECTOR PARTNERSHIPS TO SUSTAIN AND ADVANCE INTEGRATED BEHAVIORAL AND PHYSICAL HEALTH

"How we organize care around people will transform individuals, our community, and our state."

LOREZ MEINHOLD
SENIOR POLICY DIRECTOR
THE KEYSTONE POLICY CENTER

"The biggest opportunity moving forward is to continue setting the vision and then setting ourselves accountable to the milestones for how will we'll achieve it and how we'll measure it."

>> BARBARA MARTIN, RN, MSN, ACNP-BC, MPH
DIRECTOR
COLORADO STATE INNOVATION MODEL OFFICE

"We have the conversation started. We have the partners engaged. The next step will be continuing to standardize and institutionalize this model."

BARBARA MARTIN, RN, MSN, ACNP-BC, MPH
DIRECTOR
COLORADO STATE INNOVATION MODEL OFFICE

Change Management – Intervention Mapping

- Literature is limited in describing strategies for addressing implementation barriers
  - Lack of information on how strategies should be used
  - Strategies do not describe and/or utilize theory as underpinning for mechanisms of change
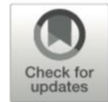
Change Management – Intervention Mapping

frontiers
in Public Health

Implementation Mapping: Using Intervention Mapping to Develop Implementation Strategies

Maria E. Fernandez[1]*, Gill A. ten Hoor[2], Sanne van Lieshout[3], Serena A. Rodriguez[1,4], Rinad S. Beidas[5,6], Guy Parcel[1], Robert A. C. Ruiter[2], Christine M. Markham[1] and Gerjo Kok[2]

Change Management – Intervention Mapping

- Department of Defense Sexual Assault and Response Office (SAPRO)
- Hierarchical structure
  - Top down mandates
- Communication to leadership is inconsistent/ineffective
  - Build communication and priority of SA program
    - Use theory-based mechanisms of change and provide talking points to leadership to increase likelihood of effective communication

Engagement

- Initial focus on relationships and building readiness to engage, before building readiness for a specific program, policy, or practice (e.g., setting up a food pantry)

- Building the **readiness** of the **steering committee** →led to **observability** (small wins) of the **coalition/collaboration**→ led to **trust** by **community members**→ led to **engagement** of community members

Diverse Experiences

Engagement With Others

- Diverse Experiences

- Assessment To Fit Context

Readiness Strategic Directions	Individual	Organization	Community	State	National	International
Assessment of readiness	- P2P: readiness for coaching - ReV: readiness for school safety	- Use of the RDT in different settings (each project) - Guidelines for customization and application (including instructions)	- RDT + Relational Coordination (RC) methods (Serve and Connect)	- RDT use in state/province policy initiatives - RDT use in state policy initiatives that depend on collaborative relationships - Development of a new readiness assessment tool building on preexisting CDC-OSH methods		- Cross-cultural and language adaptations - Adaptations for low resource settings. - Interpretations of constructs in different cultures
Research and Evaluation of readiness	ReSOLV: readiness and school safety outcomes	Linking readiness to implementation outcomes	-Hyper local data evaluation	- Evaluating how readiness TA pilot site in OSH link to outcomes.	CDC	US Air Force
Practical application of readiness		- Linking readiness scores to CMOR strategies - Exploring novel ways to visualize readiness results	- Exploring novel ways to visualize readiness results when combined with RC results	- Developing policy-based CMOR repository for state level TA - Exploring novel ways to visualize readiness results	-Direct TA to DOD installations on readiess building.	

About Us

- Interdisciplinary team
  - Core staff with affiliated faculty
- Expertise in readiness, evaluation, and implementation science
- Multiple settings, multiple innovations
- Wandersmancenter.org

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References

- Domlyn, A. M. & Coleman, S. (in press) Prioritizing equity: Contextual conditions affecting community efforts. *Health Equity, 3*(1)*.*

- Hajjar, L., Cook, B., Domlyn, A. M., Alia Ray, K., Laird, D., & Wandersman, A. (in press) Readiness and Relationships are Crucial for Coalitions and Collaboratives: Concepts and Evaluation Tools. *New Directions in Evaluation*.

- Domlyn, A. M., & Wandersman, A. (2019) Community Coalition Readiness for Implementing Something New: Using a Delphi Methodology. *Journal of Community Psychology, 47*(4), 882-897

- Scaccia, J.P., Cook, B.S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. (2015). A practical implementation science heuristic for organizational readiness: R=MC^2. *Journal of Community Psychology. 43(4). 484-501.*

Summary

- Bridging Research and Practice:
  - The Interactive Systems Framework for Dissemination and Implementation (ISF)
- Readiness: The R=MC^2 Approach
- Strategic Readiness Directions
  - Tool Development, Research and Evaluation, Practical Application
- Case Example (CDC-OSH readiness-focused TA)
  - Some other examples (SAPRO, CFEC, health literacy in FQHCs)

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