JANUARY 2020

ANNUAL REPORT 2019

READINESS BUILDING SYSTEMS

Advances In Readiness:
Moving the Needle for Quality
Implementation Of Policies, Programs,
Processes, and Practices.



2019 ANNUAL REPORT ON READINESS

As a learning organization, we are committed to transparency and quality improvement. This report summarizes our annual internal evaluation and self-reflection on the study of readiness. We focus on advances and key lessons learned in the science and practice of readiness. We also work in other areas of community psychology, implementation science, health promotion, and evaluation. For updates on other divisions of the Wandersman Center, contact us directly.

FOR MORE INFORMATION ON THE PROJECTS OF WANDERSMAN CENTER & PREVIOUS ANNUAL REPORTS, VISIT WWW.WANDERSMANCENTER.ORG

OVERVIEW



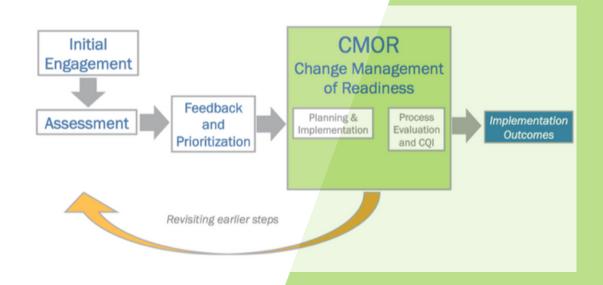
The year 2019 brought many advances in Readiness Building Systems. The annual report outlines some of our notable learnings and advances, with an emphasis on topics that may be of interest to other researchers and practitioners. Readiness Building Systems grows with each new project. We share this information as a way to document and disseminate our work in real-time to make a broader impact and to inspire others to consider readiness in their own work.

This annual report is intended to be a sampling of our work this year. The depth of the work would be too great to include all the details in a single report. Instead, we encourage readers to dig deeper by seeking out our many evaluation reports, peer reviewed publications, professional presentations, white papers, and newsletters.

Resources can be found on www.wandersmancenter.org or by request - contact jonathan.p.scaccia@wandersmancenter.org

Readiness Building Systems

Readiness Building Systems (RBS) is a strategic approach to assessing and building readiness. RBS starts with a formal assessment readiness, according to the multiple dimensions of our framework, R=MC. This provides a clear picture of the strengths and needs of the organization and its readiness to implement the innovation. We provide feedback on these results in easy-to-read reports, and engage prioritization process to collaborators in a identify which areas of readiness to build. When the organization decides what they want to change, we then work with them to determine how to build it. We have an extensive repository evidence-based evidence-informed and strategies (called the "Change Management of Readiness") and an evidence-informed process for matching strategies to organizational readiness needs ("Intervention Mapping" for readiness).



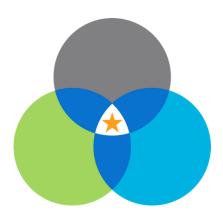
Growth in Three Strategic Directions

RBS is built in a systematic way. We adopt three complementary strategic directions to guide our work:

Practical Applications - focuses on how each of the phases of RBS can be optimized in practice. A large emphasis of practical application development is the cultural appropriateness and meaningfulness of RBS across diverse settings, people, and contexts.

Tool Development - focuses on the development of tools and resources that aid organizations in completing all phases of RBS with quality.

Research and Evaluation - focuses on scientific inquiry, including the dissemination of rigorous scientific work in peer reviewed publications and professional presentations.



Scalability

In addition to building RBS, a substantial effort was spent on developing structures to scale our work. First, we developed a method of direct TA that is rooted in readiness called Readiness Focused Technical Assistance (RFTA). The RFTA provider uses the concept of readiness to build the delivery system's capacities and motivation to improve implementation. Second, we developed a Training of the Trainer (ToT) approach for RFTA. In this ToT approach we provide technical support to the support system (TAs) to help them implement RFTA with quality. This is an expansion of the Interactive Systems Framework for Dissemination and Implementation and was used in multiple contexts domestically and abroad during this year.

Expanding Our Work

RBS is continuously growing and improving. While we made major advances this year, there is still much to learn. During the next year, we will prioritize the following areas of growth:

Engaging leadership and operational staff: We recognize that the usefulness of RBS is contingent upon the level of engagement with operational staff and support by leadership. We do not take engagement for granted and will develop a more systematic approach to engaging with partners.

R=MC2.org: We are in the process of developing a web platform that will help us disseminate our work to more organizations and make RBS accessible to more people.

Organizational-level Prevention: Lack of coordination across organizations on multiple prevention activities often leads to conflicting agendas between stakeholders, competition for limited resources, inefficient use of resources, duplicated training efforts, and less progress towards goals. To help address these issues, we are developing an organizational prevention approach that allows the organization to establish a shared vision of desired outcomes and align resources, funding, and policy towards this vision.

SECTION I.

ABOUT US

WANDERSMAN CENTER

We are about connections.

The Wandersman Center is an interdisciplinary group of community psychologists, implementation scientists, evaluators, and research and development practitioners dedicated to improving the human condition through evidence-informed quality improvement and capacity building.

We typically work with leaders in healthcare, education, and prevention who are discouraged when large investments in change efforts yield minimal results. We assist them in achieving their goals through cutting-edge and innovative planning, implementation and evaluation.

OUR MISSION

The Wandersman Center aims to help stakeholders bridge the gap between research and practice by:

- Recognizing how all change efforts take place in complex systems, with people that sometimes have different perspective and viewpoints
- Helping people at any organizational level implement evidence-based and informed practices
- Building stakeholder readiness for change by providing evidence-based training, technical assistance, coaching, and quality assurance/quality improvement.



SERVICES WE OFFER

Our services fall under three main areas:

Customized Evaluation

- Outcome
- Formative
- Process

Research Support

- Analytic (quantitative and qualitative)
- Implementation Science

Implementation Support

- Tools to succeed
- Training
- Technical assistance
- Quality assurance and quality improvement

We work in diverse settings, both domestically and internationally. Our clients range from public or government to private entities.

We often work with senior leadership and operational staff within organizations who want to spark change within their organization. We also commonly work with academic researchers, most often as coinvestigators or consultants for implementation on federally-funded or privately-funded grants.

DR. ABRAHAM WANDERSMAN

I look back in awe...

I've been doing evaluation work for decades. From the early days in planned communities to our most recent work with the United States Department of Defense, there is one thing that rings true:

It is hard to implement new things well.

Still, there are so many brilliant minds and passionate people committed to making a change. I am honored that I have the opportunity to collaborate with these folks. The caliber of excellence and dedication of the organizations we work with is astounding. People ask me when I plan to retire. But, how could I ever retire when I am surrounded by such change makers?

There is no doubt that this work is hard and tiring at times. Yet, when we look back at all we've accomplished in just one year, I am extraordinarily encouraged. Our team at the Wandersman Center are innovators. They see a problem and tackle it head-on. We do not wait for academia to catch-up. We are challenged to make things happen now.

It's my honor to present to you the 2019 Annual Report. This report began as an update to our valued funders. We now see it as a way to communicate cutting-edge information so that others can share in our learnings.

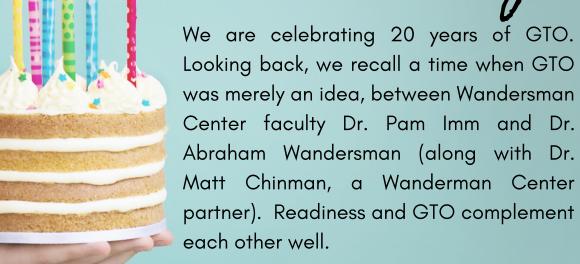
MUM

A Year Of Accomplishments Celefrate With Us!



WE ARE PROUD TO ANNOUNCE THAT OUR CHIEF OPERATING OFFICER, JONATHAN SCACCIA, PHD, WON THE SOCIETY FOR IMPLEMENTATION RESEARCH COLLABORATION'S IMPLEMENTATION PRACTICE AWARD FOR WORK WITH THE JUDGE BAKER CHILDREN'S CENTER: Where the Rubber Meets the Road — Novel Applications and Adaptations of Implementation Tools and Strategies in Real World Settings

HAPPY 20TH birthday!



SECTION II.

INTRODUCTION TO READINESS
BUILDING
SYSTEMS





 $R = MC^2$

GENERAL CAPACITIES

THE OVERALL
STRUCTURE AND
FUNCTIONING OF
THE ORGANIZATION

INNOVATION-SPECIFIC CAPACITIES THE ABILITY TO IMPLEMENT A SPECIFIC CHANGE WELL

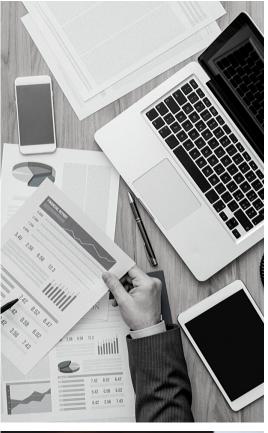
MOTIVATION

THE WILLINGNESS
TO IMPLEMENT A
SPECIFIC
INNOVATION

Our readiness work first developed early in the previous decade when we took to heart what we had learned in earlier decades of work: having the capacity to implement a new innovation is not sufficient; organizations must be both willing and able to implement it.

For organizations to succeed in implementing change, they must be ready. The readiness framework we developed, R=MC, helps organizations understand what it takes to get there and intervene to make it happen.

Our approach to readiness is very practical. It is usable in multiple settings such as schools, healthcare systems, and organizations or agencies to help them develop strategies to accelerate and improve implementation. We develop tools, theories, and resources that can be used to improve implementation and bridge the gap between research and practice.





R = MC² represents groundbreaking work. While the concept of organizational readiness is not a new one, prior to our model, readiness was largely conceptualized as a dichotomous construct; organizations were either ready or not ready. Readiness was often used to understand implementation success or failure in research. One limitation with previous conceptualizations arises from an equity standpoint, however, because it left the organizations who needed the most support - those who were not ready - without support.

R=MC² offered a new approach to support by placing readiness building at the core

We developed and adopted a systematic approach to support - known as Readiness Focused Technical Assistance (RFTA) - to help the scalability and dissemination of this work.

Read more below.

$R = MC^2$

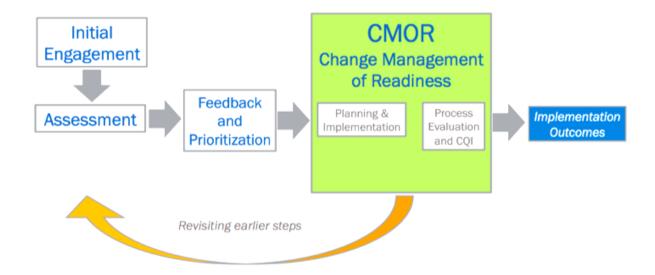
GUIDING PRINCIPLES

- Readiness is multidimensional and these dimensions interact synergistically to influence implementation.
- Readiness is innovation- specific (tied to a specific process, program, policy, or practice)
- Readiness is important throughout the life cycle of implementation (e.g., adoption, planning, implementation, sustainability).
- Readiness is important for outcomes across multiple system levels (e.g., individual, organization, community, state, nation).
- Readiness is a dynamic concept that changes over time and can be enhanced

Phases Of Readiness Building

Our R=MC² approach is formalized into a framework,

Readiness Building Systems (RBS)



RBS is a strategic approach to building readiness that involves 4 phases:

- 1. Initial Engagement. We understand the importance of relationship-building and getting to know the organizations with whom we work to support buy-in and ongoing engagement.
- 2. Assessment. We conduct a formal assessment of readiness, according to the multiple dimensions of R=MC. This provides a clear picture of the strengths and needs of the organization and its readiness to implement the innovation.
- 3. Feedback and Prioritization. We provide feedback on assessment results in a form of easy-to-read reports, and engage collaborators in a prioritization process to help them identify which areas of readiness to build.
- 4. Change Management Of Readiness. We guide organizations through the process of selecting or developing strategies using an extensive repository of evidence-based and evidence-informed strategies for building readiness, and an empirically-based method for developing new strategies. We help organizations collaboratively plan, monitor, and evaluate readiness building strategies in a systematic way.

Three Strategic Directions

The major advances in readiness we made this year (see Section III) were possible because of the strategic approach we adopt for learning. Our research informs our practice; and our practice informs our research. This helps accelerate work and keep it meaningful for practical applications.

Our work focuses on three strategic directions with a primary focus on the intersection of the three:

PRACTICAL APPLICATIONS

Applications of readiness to improve implementation in the real-world.

TOOL DEVELOPMENT

Development of tools and technical assistance to improve readiness.

RESEARCH & EVALUATION

Advance the science of readiness for implementation.

SECTION III.

REFLECTIONS ON 2019

What's Happened in 2019

Partners & Projects Where Readiness Was Applied

The Department of Defense's Sexual Assault Prevention and Response Office (SAPRO) has been working to expand the military's ability to prevent sexual assault. We partnered with them and the RAND Corporation to develop a strategic approach to improving the implementation of sexual assault prevention programs using readiness as a key component of the process. We coached branches of the US military and the military service academies in a systematic readiness building process to increase the capacity and motivation to plan, implement, and evaluate evidence-informed sexual assault prevention programs.

Centers For Disease Control and Prevention's Office on Smoking and Health (CDC-OSH) helps states to implement comprehensive tobacco prevention and control strategies that protect kids from using tobacco, help people who smoke quit, reduce exposure to secondhand smoke and address disparities; however, the strategies and capacity across states vary. We helped CDC-OSH adopt an evidence-informed, readiness approach to support states (state departments of public health) in tobacco policy implementation.

The United States Air Force is committed to reducing sexual harassment and sexual assualt and preventing suicide at all installations domestic and abroad. The Wandersman Center partnered with the Air Force and RAND Corporation to help support implementation of prevention programming at each installation. We assessed readiness of all installations, which helped installations address their individual needs.



Serve & Connect is a 501c(3) with a mission of igniting community change through police and community partnership. The Wandersman Center partners with Serve & Connect as their research and evaluation arm. In 2019, Wandersman Center focused on Serve & Connect's pilot COMPASS initiative, which aims to build readiness and relationships to strengthen youth empowerment and safety in disadvantaged communities in South Carolina.



Wandersman Center worked with the University of Colorado-Boulder to support data analysis of Safe Community, Safe Schools, and Communities That Care interventions. A highlight of this work was the use of network analysis to examine how relationships between readiness subcomponents vary among projects. We are also looking to develop a data-informed version of the Readiness Thinking Tool.



Wandersman Center and the Centre for Addiction and Mental Health are looking at readiness for implementing a treatment for childhood psychosis. We are currently examining differences between roles (leadership and front line staff) and how they impact implementation.



Partnership in Implementation Science for Geriatric Mental Health (PRISM) integrates implementation research for scaling up sustainable, evidence-based mental health interventions with research capacity-building activities for East Asia. The mental health implementation research hub, based in Thailand and China, focuses on reducing the gap in treatment and support for community-residing older adults in general, and elders with Alzheimer's disease and related dementias in particular. Readiness is used to support provinces in implementation of interventions.



Limited health literacy may have a greater impact on one's health status than socio-economic factors (e.g., age, race, education level, income). Therefore, programs targeting health literacy may be a high impact approach to health improvement nationwide. Readiness to implement a health literacy initiative within the clinic setting is paramount in successful The utilization of a readiness implementation. diagnostic tool developed in partnership with the Wandersman Center enabled researchers at the University of South Carolina and community partners to determine two clinic sites capable of implementing a health literacy pilot program. The successful implementation of this pilot program led to funding from The Duke Endowment to scale up this initiative to clinics statewide (Grant #: 6816-SP). A readiness diagnostic scale will form the backbone of clinic site scaled-up selection for the initiative allowing researchers and partners to collect information across a wide range of clinics and ensure implementation in those ready to undertake the program.



The Center of Medication Optimization at UNC's College of Pharmacy's mission is to bring together health care stakeholders to create impactful realworld research, generate evidence, disseminate best practices and advance education that integrates optimization value-based medication into delivery and payment models. Wandersman Center faculty used readiness affiliated to implementation of UNC specialty clinics implementing Comprehensive Medication Management.



Time banking is an innovative way to store the value of services in exchange for food bank withdrawals. We are examining readiness to put this unique currency in place in Western Pennsylvania.



Spreading Community Accelerators through Learning and Evaluation (SCALE) is part of the Institute for Healthcare Improvement's 100 Million Healthier Lives initiative, funded by the Robert Wood Johnson Foundation. SCALE aims to improve health, well-being, and equity in communities. We initiated work with SCALE over four years ago and continue to co-lead the evaluation, with readiness being a key part of this work.



ReSOLV is a longitudinal study focused on school safety in communities led by the American Institutes for Research (AIR) and funded by the National Institute of Justice (NIJ). The Wandersman Center is proud to partner with AIR on ReSOLV as content experts on readiness. We lead the data team in customizing readiness assessment measures for different stakeholder grups (community, school, parents, students) and lead the data team for school level readiness.



The Farley Health Policy Center (FHPC) at the University of Colorado Anschutz Medical Campus strives to advance policy that overcomes fragmented systems and addresses the wholeness of a person. In 2019, the Wandersman Center collaborated with the FHPC to assess readiness for state-wide cross-sector partnerships to advance and sustain integrated behavioral and physical health in Colorado. This effort resulted in the development of the Readiness for Cross-Sector Partnerships (RCP) questionnaire.



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We are collaborating with a team of experts at the Center for Health Promotion and Prevention Research at the University of Texas School of Public Health and the University of South Carolina on a 5 year grant funded by the National Cancer Institute to further develop and validate a measure of organizational readiness in Federally Qualified Health Centers based on R=MC. We will then adapt the measure for use in other settings.



South Carolina is one of 11 states to receive federal funding through the Every Student Succeeds Act for a center to improve family engagement in poverty schools, particularly minority families, migrant families, and families with special needs children. The Carolina Family Engagement Center aims to provide high quality technical assistance to schools and teachers in the planning, implementation, and evaluation of school and classroom level family engagement plans. Readiness assessment reports for each school and classroom give the TA providers a road map for strengthening teacher and school readiness to actively invest in their plans for family engagement.



The Sickle Cell Disease Implementation Consortium (SCDIC) is a national consortium, funded by the NIH Heart, Lung, and Blood Institute, designed to improve the quality of care for Sickle Cell Disease. Readiness will play an important role for various interventions in hospital settings across the United States, such as technology-based interventions to improve physician adherence to best practices in emergency departments. The project helped spread the value of readiness through the medical research community.



This year brought many notable advances in readiness. As practical implementation scientists, we are primarily focused on scientific advancement that helps further the application of readiness in real-world contexts. We draw upon our practical experiences to drive scientific inquiry.

In this section, we review key advances in each of our 3 strategic directions: Practical Applications, Tool Development, and Research & Evaluation.

Below we highlight some of the notable findings and accomplishments over the past year. Additional advances can be found in peer reviewed publications, professional presentations, and project-specific reports (available upon request). Here, we highlight notable findings that we believe are generalizable (or at least stimulating) to other contexts and can help others in practical applications.

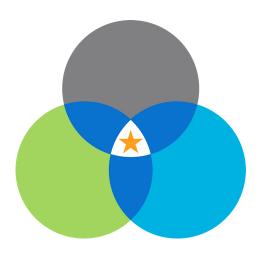


STRATEGIC DIRECTION #1

PRACTICAL APPLICATIONS

Our broad scope of projects during this year has supported developments in each phase of the Readiness Building System (RBS). Experiences allowed us to test out different practices and build our repertoire of practice-based evidence. It is insufficient to be only empirically based; we must also develop strategies that are meaningful across diverse settings.

In this section, we share key learnings that helped us sharpen our skills in the practice of implementing RBS.





ASSESSMENT PHASE

Key Learning

Both Assessment Tools & Methods Of Assessment Must Be Culturally Appropriate.

Coming from an academic background, our team is accustomed to using survey methods to collect data. This is how the Readiness Diagnostic Scale, our "gold standard" measurement tool, was originally created. While we have long recognized the importance of being culturally competent in our work, this year we expanded our thinking to obtain valid data with diverse populations. Our standard practice is to engage stakeholders in the development and administration of surveys. This helps with cultural appropriateness and response rates.







Still, from a measurement perspective, there is a tendency in the field to think of the survey itself (e.g., how the items are worded, bias, fairness) when determining cultural appropriateness. This is necessary but insufficient. It is not enough for the items on a survey to show measurement invariance across diverse populations. The method of collection must be culturally appropriate as well. This is an important observation and consideration for all researchers, not just our work in readiness. If we want to collect data with diverse populations, we must not only ask the right questions, we must also ask them in the right way. Paper and pencil surveys (or any adapted form thereof) are not always the right way. Sometimes, you have to think outside the box and collect data in unique ways.

Before assessing readiness, we ask...

WHAT ARE THE MOST VALID TOOLS FOR MEASURING READINESS WITH THIS POPULATION?

WHAT IS THE MOST VALID MECHANISM FOR COLLECTING THIS DATA?



One of the most fascinating parts of our work is the opportunity to learn from our partners. We pride ourselves in our connections. Our relationships with others help drive our work and accelerate scientific advancement by ensuring key stakeholder input and perspectives. This especially rings true for our experiences with community members in North Columbia, South Carolina through our work with Serve & Connect, a 501c(3) aimed at building police-community partnerships.

The areas where we worked were disadvantaged, economically and socially, with a strong history of police-community tensions. Serve & Connect aimed to reduce these tensions. But before this work could begin, community members and the police had to come together - they had to be ready for change to happen.

We aimed to assess the readiness of community members and police to join together to improve community conditions. On the surface, it was logical for us to use the Readiness Diagnostic Scale (a quantitative measure) to assess readiness. We anticipated needing a few surface-level adaptations to increase the cultural appropriateness.

We quickly realized however that being culturally competent required much more than simple surface-level adaptations. Valid data means more than psychometrics. The standard academic approach would not work for people who were historically disconnected from academia - and would risk making matters worse. We needed to develop a fundamentally new way of collecting readiness data.

We believe that a community leader said it well, "surveys are a very white thing to do".

Thus, we tapped into the local expertise about how to engage their own community. We developed a plan for a "dot survey", which entailed writing a few key questions on large paper and providing sticker "dots" for community members to respond. It was a very unconventional method for collecting data. By thinking outside the box, we were able to get the information we needed without deterring the populations we sought information from. It was a way for us to speak their language.

WHAT WE'VE LEARNED IN 2019

PRACTICAL APPLICATIONS

Key Learning

Sometimes the value comes at the item-level.

When we develop tools for assessment, we are often interested in the underlying constructs e.g., readiness components such as "motivation" or subcomponents such as "relative advantage". This is especially true when used for inference and generalizability in research contexts. Our practical experiences this year, however, have taught us that the readiness assessment has been helpful and meaningful to organizations at the item-level as well. In addition to knowing which subcomponents were high or low, organizational leaders found it helpful to know the specific scores for each survey item of the subcomponents.

This observation sparked two areas of work. First, it prompted us to go back to the assessment tools and review items to ensure that we are capturing the span of the construct. We wanted to ensure that items were capturing all the different ways the subcomponent could look - e.g., for leadership, we wanted to make sure we had multiple aspects of leadership measured such as integrity supportiveness. For broader constructs (e.g., culture, climate) we began developing subscales subsumed under each subcomponent that can later be used as a follow-up assessment, as needed.

Second, we established a process of reviewing the assessment results with a particular emphasis on the item- level results. We found that debriefing after a readiness assessment was helpful in the prioritization process, and allowed the organizations we work with to better understand why certain subcomponents were low or high. The qualitative aspect added information that augmented the quantitative assessment. Gathering qualitative data helped to inform the results of the quantitative assessment.

We recognize that emphasis on the items of a scale is not considered a best practice in research settings. As practical implementation scientists, however, we value the input of practitioners and develop resources they find valuable. If they express that using the items is meaningful, then it is our practice to develop an approach that meets their need for specific items, while simultaneously maintaining scientific rigor. We have successfully accomplished this through our practical applications.





FEEDBACK & PRIORITIZATION PHASE

Our work this year in the Feedback & Prioritization phase of RBS focused on building user-friendly reports. As practical implementation scientists we care about how organizations and communities understand and use data. The goal is not simply reporting results, but instead providing information that is easily accessible to the end users.

To accomplish this, we engaged in a systematic process to understand best practices in report design. This included a systematic review of the literature, collaborations with colleagues at the University of Illinois-Chicago Institute for Healthcare Design, partnering with branding experts, and formal collaborations with end users. This process of learning best practices for providing feedback led to the principles that guide our work.

GUIDING PRINCIPLES FOR FEEDBACK

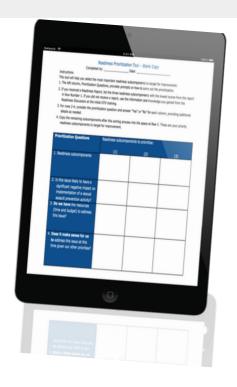
- All reports and readiness assessment findings must be simple to read and compatible with the natural language of the end user.
- Reports must be formatted in a way that facilitates readability and scanability.
- The level of detail included should match the needs of the end user. More isn't always better and too little may not be enough.
- If actions are expected from the report, then it should be clear what is expected without providing too much additional information that can confuse the reader.
- Input from community collaborators should be integrated early on in the process and reports should be customized to organizational needs. Different mechanisms for feedback should be considered.
- Paper reports may be outdated or incompatible with organizational culture and needs. Other modes of delivery should be considered, such as online portals, apps, or interactive feedback.

WHAT WE'VE LEARNED IN 2019

PRACTICAL APPLICATIONS

In 2019, we also worked on ways to improve the prioritization process. After a readiness assessment, organizations and communities are expected to synthesize the results of the assessment and decide which of the readiness subcomponents they will for readiness building. A prioritize notable contribution this year for this stage of RBS was the development of the Prioritization Tool. This is an easy-to-use tool that asks a series of questions about the subcomponents being considered. By asking and answering these questions, organization can filter what is important and feasible to work on. This helps organizations understand and act upon readiness data without needing advanced knowledge the evaluation.





PRACTICAL APPLICATIONS

CHANGE MANAGEMENT OF READINESS PHASE

IF 2018 WAS THE YEAR OF THE READINESS ASSESSMENT, 2019 WAS THE YEAR OF CHANGE MANAGEMENT OF READINESS.

OUR WORK OVER THIS YEAR HAS BEEN STRATEGIC IN SUPPORTING ORGANIZATIONAL CHANGE LOOKING TO INNOVATE.

When we initiated our work on readiness, we focused primarily on the assessment of readiness. We assumed surfacing the problems would lead to a logical solution. For example, if simplicity was a concern, organizations would take steps to make the intervention seem less complicated. Our unique approach to consultation (guided by our three strategic directions) illustrated the gap in this assumption. Organizations needed a more systematic approach to build readiness.

The problem was that there was no straightforward empirical study of readiness building – and we didn't have time to start from scratch in a series of randomized control trials. It was the proverbial ship we were building – as we were trying to sail! We needed an innovative and novel approach that drew upon accumulated knowledge from outside our typical silos.

As a result, we developed the Change Management Of Readiness database ("CMOR database"), a repository of strategies that can be used to build each readiness subcomponent. The CMOR database is a significant advance in the field of implementation science. It provides ideas for building readiness and helps organizations match their readiness needs to change management strategies.

WHAT IS CHANGE MANAGEMENT?

A collective term to describe approaches to prepare, support, and help organizations change. Change Management is cross-disciplinary, spanning many fields, from behavioral and social sciences to information technology and business solutions.

IMPROVING CMOR WITH INTERVENTION MAPPING

Despite the contribution of the CMOR database, as a learning center, we wanted to improve. One of the identified weaknesses was the "menu-like" nature of the database and the possibility that a new strategy was missing. We wanted to make sure we captured local expertise and were not too prescriptive. We needed a system to help stakeholders develop their own effective strategies, not to tell local experts what to do. We spent the second half of 2019 on a concentrated effort to develop this system.



We adopted a process called Intervention Mapping, a systematic approach to designing, adapting, and implementing programs and practices developed by L.K. Bartholomew, GS Parcel, and G Kok and extended by Wandersman Center affiliated faculty, Maria Fernandez. Fernandez described Implementation Mapping that focused on using the process to plan implementation strategies. At the Wandersman Center, we applied Intervention Mapping to help organizations either identify existing strategies to build readiness based on their needs, or to develop theory and evidence-based strategies using a step by step process. Our readiness building process involves direct collaboration with organizations to create specific readiness building strategies that fit their context.

Our readiness-based Intervention Map represents the state-of-the-art of organizational change.

Intervention Mapping For Readiness

Intervention Mapping guides readiness building with the following questions:



What subcomponent of readiness needs to be addressed for program implementation, evaluation and sustainability?



What do adopters, implementers, and maintainers need to do to change that readiness subcomponent?



Why would adopters, implementers, and maintainers do it (knowledge, attitudes, skills, self-efficacy, outcome expectations)?



What theory-based methods already exist to influence these adoption, implementation, and maintenance behaviors & conditions related to readiness?



How do we operationalize change methods into actionable strategies that fit the unique context of the organization?

WHAT WE'VE LEARNED IN 2019

PRACTICAL APPLICATIONS



Leaders want many good things to happen. However, they are often busy with multiple priorities and there isn't momentum to move a specific initiative forward.

The type of comprehensive support needed for change is not there. This can cause friction and challenges for those in charge of implementing the initiative.

We have seen this issue arise in every initiative.

Wandersman Center accepted the challenge of supporting prevention personnel in increasing leadership support. We used readiness focused technical assistance and Intervention Mapping to help make it happen.

Below is an example of how we addressed it in a military installation working on sexual assault prevention:

From the assessment and prioritization phase, leadership buy-in was identified as a concern that front line implementers wanted to improve.

We engaged them in a detailed and purposeful conversation about what exactly needed to change. The TA provider prompted the team to think about how leadership would display support and what specifically they would need to succeed.

Through guided discussions, the team drew upon theory-based change methods that influence both attitudes and skills to ensure that leadership believed that sexual assault prevention was a priority and had the capabilities of making it a priority. This resulted in clear, easy-to implement bottom-up strategies that can be used to get leadership on board.

The readiness focused intervention mapping process helped identify what needs to be done and how this could be accomplished to lead to change.

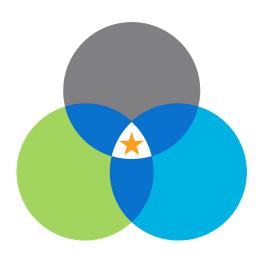
STRATEGIC DIRECTION #2

TOOL DEVELOPMENT

We started 2019 with a strong foundation in assessment. Previously, assessment was the primary focus of our readiness work. Our gold standard tool was the Readiness Diagnostic Scale, which is described in detail in the 2018 annual report (available on www.wandersmancenter.org).

Building from this strong foundation, we explored assessment again this year, guided by the question:

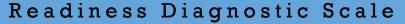
How can we best assess readiness to ensure results are practical, compatible, and useful in diverse contexts?





TOOL DEVELOPMENT

In 2019, we developed multiple tools that help us cater support to the needs of an organization. These different tools help us customize our support to different types of organizations, solving different types of problems, and with differing levels of capacity.



Based on extensive pilot testing and refinement, the Readiness Diagnostic Scale is psychometrically sound and has been used across settings and contexts (results available upon request). We continue to develop the scientific rigor of this instrument through a R01 funded through NIH.



Readiness Thinking Tool

A practical tool designed to stimulate readiness-based thinking about a problem. Used to facilitate discussions with organizations about potential barriers and facilitators of implementation.

Prioritization

Tool

Prompts organizations to answer questions in an effort to finalize which subcomponents to prioritize. These clarifying questions guide organizations to prioritize the readiness subcomponents to build.

Innovation-Specific Capacity Assessment

Measures innovation-specific capacities separately from general capacities. Used to help sites identify capacities needed to implement a particular prevention activity well.

Action Planning Tool

Used to document specific tasks associated with each readiness-building strategy. Organizations are encouraged to include who is responsible for each task and a timeline for when each task should be completed.

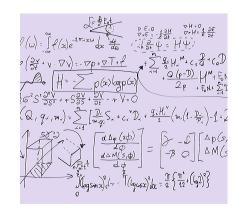
Spotlight On NIH-Funded Work

Through NIH funding, we engaged in a systematic measurement process to help test and improve the validty of the Readiness Diagnostic Scale. This work is funded by NIH grant #R01 CA228527-01, awarded to our affiliated faculty Maria Fernandez at the University of Texas (co-PI Heather Brandt, University of South Carolina). This 5-year project focuses on tool development and generalizability of the tool in different contexts. This year, we collaborated with implementation science experts (outside of Wandersman Center affiliates and faculty) and community health centers implementing colorectal cancer screenings to improve and validate the instrument.

Our overarching aim is to develop a generalizable tool that can be used in multiple settings to assess readiness in a valid and reliable way. Improvements have been made to the broader subcomponents (e.g., culture) by breaking them down into more specific, malleable dimensions. The project team conducts interviews and focus groups with community health centers to understand their impressions of the revised scales. In the upcoming project years, we will test validity in the context of health care, as well as in a completely different substantive area, nutrition in schools. At the end of the project, we will have developed and tested a valid, yet practical, measure that can be adapted across contexts.







Spotlight On Readiness Building Guides

Aligned with our goal of moving beyond assessment, our work this year included the development of two readiness guides to highlight the activities of RBS.

The first guide was used as a support tool for the United States Air Force. After installations selected which subcomponents of readiness they wanted to build, the Air Force Readiness Guide offered specific action steps for readiness building. These suggestions and strategies were derived from the CMOR database described above. The content in this guide was co-created with key stakeholders in the military to ensure compatibility with military culture.

The second Readiness Building Guide provides an introduction to the RBS with a focus on prevention. This Prevention Readiness Guide was developed to provide an example of how the readiness building tools can be used in organizations and agencies that are focusing on prevention activities to reduce and prevention sexual assault in large populations (e.g., university and military settings).



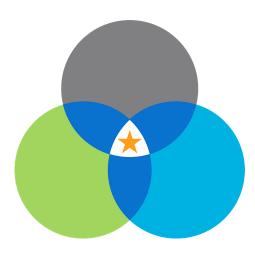
IF YOU ARE INTERESTED IN THE
READINESS BUILDING GUIDE,
DOWNLOAD IT AT
WANDERSMANCENTER.ORG
SHARE YOUR THOUGHTS ON
TWITTER

@WANDERSMANC

STRATEGIC DIRECTION #3

RESEARCH & EVALUATION

We stay actively involved in research and ongoing evaluation projects. Check out Wandersman Center publications and professional presentations of 2019.





PUBLICATIONS

Peer Reviewed

- Cook, B. S., Alia Ray, K., & Wandersman, A., (2020). Trust, momentum, and readiness: Trust-building in police-community partnerships. The Community Psychologist, 53(1), 34-36.
- 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.
- Scott, V.C., Alia, K., Scaccia, J.P., Ramaswamy, R., Stout, S., Leviton, L., & Wandersman, A. (revise and resubmit.) Formative Evaluation and Complex Health Improvement Initiatives: A Learning System to Improve Theory, Implementation, Support, and Evaluation.
- Reid, A., Abraczinskas, M., Scott, V., Stanzler, M., Parry, Scaccia, J.P, Wandersman, A., & Ramaswamy, R. (2019). Using collaborative coalition processes to advance community health, well-being, and equity: A multiple case study analysis from a national community transformation initiative. Health Education and Behavior. https://doi.org/10.1177/1090198119838833
- 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

Book Chapters

- Domlyn, A., Kenworthy, T., Scaccia, J.P., Scott, V.C. (2020). Readiness for Integrating Behavioral Health and Primary Care: Application of the R=MC2 Framework. In, Russeft, D. & Power, T.M. (Eds.) Casebook of Needs Assessments. Sage Publications. Thousand Oaks, CA.
- Scott, V.C., Scaccia, J.P. Alia, K. (under review). Using Evaluation to Promote Improvements in Health Service Settings. In, Kilmer, R. & Cook, J. (Eds) Evaluation research: Partnership approaches for community change. Sage Publications. Thousand Oaks, CA.
- Imm, P., Brolin, M., Yost, J., & Stone, O. (under review). Empowerment Evaluation. In Kilmer, R., & Cook, J. (Eds.). Evaluation research: Partnership approaches for community change. Sage Publications. Thousand Oaks, CA.

PROFESSIONAL PRESENTATIONS

- Stout, S., Scaccia, J.P., Coleman, S., Howard, P., & Domlyn, A. (2019). Making Community Health Transformation Concrete: Developing and Using the Community Transformation Map. Presented at American Public Health Association. Philadelphia, PA, 11.6.19
- Cook, B.S., & Wandersman, A. (2019). Using GTO to Promote Family Engagement in Education. Presented at American Evaluation Association, Minneapolis, MN. 11.15.19
- Franks, R. & Scaccia, J.P.(2019, September). Where the Rubber Meets the Road: Novel Applications and Adaptations of Implementation Tools and Strategies in Real World Settings. Presented at the Society for Implementation Research and Collaboration. Seattle, WA. 9.18.19
- Snapper, L., Scott, V., & Kenworthy, T. (2019, June). Evaluating Readiness for Community-Based Cross-Sector Partnerships to Integrate Care: Tool Development and Implementation to Improve Partnership Effectiveness. In T. Kenworthy (Chair), The Role of Relationships for Readiness: Partnerships at the Foundation of Community Change. Symposium conducted at the Biennial Society for Research and Action Conference, Chicago, IL.
- Watson, A., Wandersman, A., Johnson, J., Osher, D., Esan, O. (September, 2019).
 Readiness to Address "Wicked" Problems. Interactive Workshop for Global
 Implementation Conference 2019, Glasgow, Scotland.
- Wandersman, A., Salveron, M. (September 2019). Implementation-informed evaluation: Improving Theory, Implementation, and Support for evolving complex initiatives. Masterclass Presentation for Global Implementation Conference 2019, Glasgow, Scotland.
- Fixen, D., Rycroft-Malone, J., Wandersman, A. (September 2019). Conceptual and Methodological Issues in Implementation Research and Evaluation. Interactive Workshop for Global Implementation Conference 2019, Glasgow, Scotland.

RESEARCH AND EVALUATION

PROFESSIONAL PRESENTATIONS

- Kenworthy, T., Collins, D., Johnson, K., & Wandersman, A. (2019, June). The Role of Motivation and Capacity in Sustainability: A Five-and-a-Half Year Follow Up Study of Evidence-Based Substance Use Prevention Interventions. In A. Watson (Chair), Sustainability in Action: What Does It Take to Sustain? Lessons from Community Coalitions. Symposium conducted at the Biennial Society for Research and Action Conference, Chicago, IL.
- Cook, B. S., & Wandersman, A. (2019). Using Getting To Outcomes (GTO) to Improve Family Engagement in Schools. Multi-paper symposium presentation at the Society for Community Research and Action, Chicago, IL. 6.26.19
- Domlyn, A. M., Lamont, A., Wandersman, A., Chen, H., Levkoff, S. E., Chuengsatiansup, K. (June, 2019). Adapting GTO to improve global health: The Development of GTO-Thai. Presentation for 17th Biennial Society for Community Research and Action Conference, Chicago, IL.
- Domlyn, A. M., Cook, B., Wandersman, A. (May, 2019). Health Equity Prioritization among Community Coalitions: A QCA Analysis. Presented at the Society for Prevention Research Annual Meeting, San Francisco, CA.
- Mattson, S.A., Kington, B., Dymnicki, A., Spier, E., Scaccia, J.P. (2019) Understanding School Team's Readiness to Inform the Implementation and Evaluation of the Safe Communities Safe Schools Model Aimed at Reducing School Violence. Presented at the Society for Prevention Research. 5.28.19. San Francisco, CA.
- Fernandez, Maria (2019). Measuring Contextual Factors Influencing Implementation.
 12th Annual Conference on the Science of Dissemination and Implementation Research in Health. Dec 3-6 Washington DC. 2019



Wandersman Center and AIR colleagues at the Global Implementation Conference in Glasgow 2019.



SCALING UP & DISSEMINATION

"We need to practice what we preach and make quality implementation at scale happen."

- Dr. Abraham Wanderman

SCALING UP

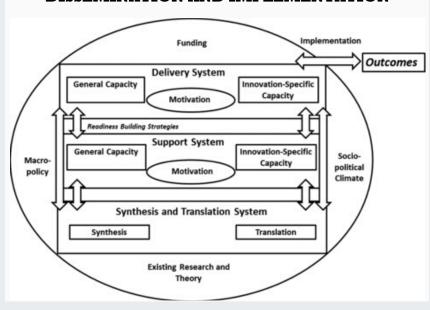
We recognize the importance of integrating evidence-informed systems of dissemination across all of our work. Scalability of RBS was a priority item during this year.

Our approach is based on the Interactive Systems Framework for Implementation and Dissemination; specifically, the bidirectional relationship between the delivery system and the support system.

We found that while the ISF was sufficient for smaller scale projects where we are able to provide direct support (referred to as "Direct TA"), large scale dissemination required us to adapt the ISF to include a secondary support system.

Depending on project needs, we use two different approaches for readiness support: Direct Technical Assistance (an operationalization of the ISF), Train the Trainers (or TA providers; an expansion of the ISF).

THE INTERACTIVE SYSTEMS FRAMEWORK FOR DISSEMINATION AND IMPLEMENTATION



DIRECT TECHNICAL ASSISTANCE (TA)

INTRODUCING READINESS-FOCUSED TA (RFTA)

Direct technical assistance (TA) is a support strategy where a program developer or implementation expert works directly with the implementation team at an organization to facilitate success.

The Wandersman Center has a long history of providing TA to organizations. The formation of RBS has been transformative in how we conduct this work.

This year, we developed a new approach to TA, referred to as Readiness-Focused TA (RFTA), whereby a primary focus of the TA relationships is to build the readiness of the delivery system to implement an innovation well.

Low readiness is a barrier to implementation. Building readiness is therefore a facilitator of success.

In RFTA, the TA provider guides the organization through the phases of RBS. Readiness is assessed by the TA provider, who analyzes the results and feeds it back to the organization in a user-friendly format. The TA then guides the organization through the prioritization process and co-develops readiness-building strategies to help build readiness. Together, the TA provider and organization monitor readiness and improve over time.

TRAINING OF THE TRAINER (TOT)

WHEN THE NEED EXCEEDS SUPPORT CAPACITIES

The direct TA approach has advantages for organizations working directly with readiness experts and developers, though it is not always feasible when the scale of the project is large.

This year, the Wandersman Center was fortunate to work with multiple large-scale initiatives that required us to adopt a system for scalability.

We scale using a Training Of The Trainer approach (ToT; or, in this case, Technical Assistance For The Technical Assistants).

"Scalability and Quality are not inversely related. It is possible to achieve quality at scale."



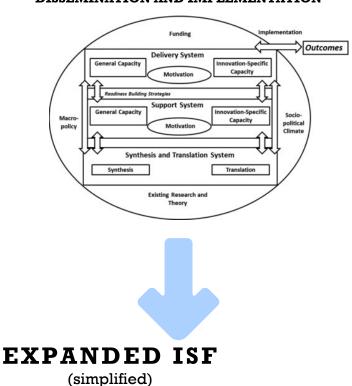
ToT

EXPANDING THE ISF

ADD ANOTHER SUPPORT SYSTEM TO FACILITATE CHANGE

In order to scale up readiness, we expanded the ISF to include an additional tier of support. The support system provides support to the delivery system for program implementation. Wandersman Center, in turn, provides support to the support system on readiness.

THE INTERACTIVE SYSTEMS FRAMEWORK FOR DISSEMINATION AND IMPLEMENTATION



PRIMARY SUPPORT SYSTEM -INTERNAL

SECONDARY SUPPORT SYSTEM -WANDERSMAN CENTER

SYNTHESIS AND TRANSLATION SYSTEM

TOT - CASE EXAMPLE 1

NATIONAL IMPLEMENTATION OF TOBACCO POLICY

ARE STATES READY TO MAKE A CHANGE?

Sacramento

Denver

S T A T E SNashville Charlotte

Cisco San Jose

Fresho

Las Vegas

Oklahoma
City

Birmingham

Jacksonvil

Jacksonvil

Fort

Dallas

New

Austin

Tampal

Austin

Miami

Indianapolis

This year, we had the honor of continuing work with Centers For Disease Control and Prevention's Office on Smoking and Health (CDC-OSH). CDC-OSH supports states working (or funded) to implement tobacco prevention and control policies using a range of approaches and resulting in varying levels of impact.

OSH provides critical linkages, expertise, resources and technical assistance to states and saw an opportunity, through RFTA, to increase the value and impact of these efforts.

CDC-OSH decided that RFTA would be an effective mechanism to support states. This would allow them to focus on the common implementation factors across all states, even though each state is implementing a different strategies.

Dedicated to quality, the CDC-OSH wanted to make sure that they were implementing RFTA with fidelity themselves. Thus, we implemented a secondary support system (ToT) approach. We provided support to CDC-OSH on RFTA, who then used this knowledge to support the states.

An interesting aspect of this work is that we modeled RFTA through our relationship with the Project Officers, so they not only received educational support (e.g., how to do RFTA, coaching), they also engaged in a readiness building process themselves. We helped CDC-OSH get ready to use RFTA.

ToT provided an effective mechanism to scale up support so that states were ready for policy level change.

TOT - CASE EXAMPLE 2

THE CHALLENGE OF EDUCATIONAL REFORM



There is no doubt that the education system in this country could use improvement - and there are hundreds of ideas out there on how to improve! The problem is that the educational system in this country is not easy to change. It is a complicated system, comprised of thousands of individuals in different contexts.

We recently began work with the Carolina Family Engagement Center, aimed at increasing family engagement in schools across the state of South Carolina. This is a multi-level project:

States - Regions - Districts - Schools - Classrooms - Families - Student

In order to support family engagement, we needed to ensure that the whole system was ready for change. Thus, we work with the regional liasons as a secondary support system. We work with these liaisons on building their readiness to provide effective support. The liaisons in turn use RFTA to build readiness at the district and school levels. We use our relationship (the second tier of support) with the support system to model RFTA.

By adopting the ToT approach, we were able to initiate change in a complicated and largescale system. When schools are ready, change happens.

SCALING UP AND DISSEMINATION

TOT - CASE EXAMPLE





GOING GLOBAL

The ToT approach also helped us spread readiness to the area of global health, particularly in areas where language or cultural barriers get in the way of direct Technical Assistance.

We are currently working on a multiyear grant, funded National Institute of Mental Health Special Emphasis Panel Global Mental Health (U19), PIs are Sue Levkoff (University of South Carolina) Hongtu (Harvard University) and Chuengsatiansup (Health Ministry of Thailand). The project aims to improve cognitive functioning of Thai elders with dementia by implementing a physical activity intervention. A focus of the project is on methods for scaling and cross-cultural up implementation.

Readiness will be an important aspect of implementation, especially considering culture differences across the localities. During the pilot of the intervention, the Thai team expressed an interest in assessing readiness. The problem was that the implementation teams within each locality did not speak English. We were unable to provide direct TA.

We adopted a ToT approach, where we submitted tools and trainings for the Thai colleagues who then made them culturally competent; we taught them about readiness and how to use readiness to support implementation. The Thai colleagues then took this new skill and applied it to support the local communities implementing the physical activity intervention. In this way, the Thai communities were able to reap the benefits of readiness, despite language barriers.

SECTION V.

LOOKING AHEAD

"I'll retire when we have solved all the challenges in helping organizations be ready to implement with quality. I think I'll be working for quite some time."

- Dr. Abraham Wandersman

PRIORITY AREAS

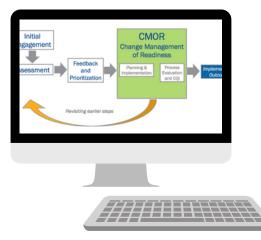
Our strategic planning process yields three primary priority areas for 2020:

Engagement

To help organizations reach outcomes, we must first be able to engage them in a Readiness Building System. It is our experience that senior leadership may want to engage in a readiness-building process, but obtains no buy-in from front-line staff. This presents challenges when working with front line staff. We are currently building a systematic approach to engage stakeholders at all levels. Key partnerships and collaborations with Relational Coordination Analytics has helped propel this work.

R=MC2.org

We always seek compatibility of our work with the changing needs of organizations and communities. We strive to make our work easily accessible and usable across the globe in a scalable way. For this reason, we are currently in the process of developing and refining an interactive web platform for readiness. We anticipate this will transform the way readiness work is adopted by communities.



Organizational Level Prevention Systems

Organizations implementing prevention programming commonly experience a situation where multiple priority prevention areas (e.g., sexual assault, versus suicide prevention, vs drug abuse prevention) compete with each other for resources. This presents a major implementation and sustainability barrier. The lack of coordinated prevention activities often leads to .conflicting agendas among stakeholders, competition for limited resources, inefficient use of resources, duplicated training efforts, and less progress towards goals. We are discussing an organizational-level prevention approach that would allow the organization to establish a shared vision of desired outcomes and align resources, funding, and policy towards this vision.

SECTION VI.

CONTACT US

Meet The Team



AMBER WATSON











DR. PAM IMM



Affiliated Faculty

- Dr. Michelle Abraczinskas, REACH Institute, Arizona State University
- Dr. Kassy Alia, Serve & Connect
- Dr. Gail Bienstock, Carolina Family Engagement Center
- Dr. Martha Brown, RJAE Consulting
- Ariel Domlyn, University of South Carolina
- Dr. Maria Fernandez, University of Texas, Houston
- Dr. Paul Flaspohler, Miami University
- Dr. Debbie Hamm, Carolina Family Engagement Center
- Dr. Belinda Hernandez, University of Texas, Houston
- Tara Kenworthy, University of South Carolina
- Dr. Laura Leviton, Robert Wood Johnson Foundation (former)
- Dr. Melanie Livet, University of North Carolina
- Dr. Michael Marks, Independent Consultant
- Rumana Rabbina, University of North Carolina
- Dr. Victoria Scott, University of North Carolina Charlotte

Our Work Moves Fast ...

STAY UP TO DATE



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