IMPLEMENTATION MAPPING
Designing Strategies to Improve Adoption, Implementation and Sustainment

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UTHealth Houston School of Public Health

COERE Annual Methods Symposium
January 18, 2024
GOALS

1. INTRODUCE
   Implementation Strategies and some challenges

2. DESCRIBE
   Implementation Mapping as a method for designing and tailoring implementation strategies

3. DEMONSTRATE
   How Implementation Mapping is used in the real world
“A LITTLE KNOWLEDGE THAT ACTS IS WORTH INFINITELY MORE THAN MUCH KNOWLEDGE THAT IS IDLE.”

-Kahlil Gibran
The Child and Adolescent Trial for Cardiovascular Health (CATCH): Intervention, Implementation, and Feasibility for Elementary Schools in the United States

Cheryl L. Perry, PhD, Deborah E. Sellers, PhD, r.t., and Kathleen Cook, MEd

Volume 24, Issue 6
MULTIFACETED STRATEGY

MULTIPLE DISCRETE STRATEGIES

IMPLEMENTATION STRATEGIES

Methods or techniques used to enhance the adoption, implementation, sustainment & scale-up of program or practice.

"Making the right thing to do the easy thing to do"

Dr. Carolyn Clancy

DISCRETE STRATEGY

SINGLE ACTION OR PROCESS

Powell et al. (2012; 2015; 2019); Proctor et al. (2013)
MULTIPLE LEVELS OF INFLUENCE

NATIONAL HEALTH POLICY
- Medicare reimbursement
- Federal efforts to reform healthcare
- National cancer initiatives
- Accreditations
- Professional standards

STATE HEALTH POLICY
- Medicaid reimbursement
- Hospital performance data policies
  (dissemination, visibility, etc.)
- State cancer plans/programs
- Regulations/limitations on
  reimbursement of clinical trials
- Activities of state-wide advocacy
  groups

ORGANIZATION/ PRACTICE SETTING
- Leadership
- Organizational structure, policies
  and incentives
- Delivery system design
- Clinical decision support
- Clinical information systems
- Patient education & navigation

PROVIDER/TEAM
- Knowledge, communication skills
- Perceived barriers, norms, test efficacy
- Cultural competency
- Staffing mix & turnover
- Role definition
- Teamwork

IMPROVED QUALITY
OF CANCER CARE
Improved Cancer-Related
Health Outcomes

FAMILY/SOCIAL SUPPORTS
- Family dynamics
- Friends, network support

LOCAL COMMUNITY
- Community Level Resources
- Medical care offerings
- Population SES
- Lay support networks
- Private cancer organizations
- Local Hospital & Cancer Services Market
- Market structure
- Level of competition
- Third-party payers/insurance
- Pay for performance initiatives
- HMO / managed care penetration
- Percent non-profit
- Specialty mix
- Local Professional Norms
- MD practice organizations
- Use of guidelines
- Practice patterns

INDIVIDUAL PATIENT
- Biological factors
- Socio-demographics
- Insurance coverage
- Risk status
- Co-morbidities
- Knowledge, attitudes, beliefs
- Decision-making preferences
- Psychological reaction/coping

(Bronfenbrenner, 1979; Taplin, et al., 2012)
A Process Too Often Haphazard

ISLAGIATT principle

“It Seemed Like A Good Idea At The Time”
DEVELOPING & REFINING A COMPILATION OF IMPLEMENTATION STRATEGIES

Expert consensus

“On a common nomenclature for implementation strategy terms, definitions, and categories that can be used to guide implementation research and practice in mental health service settings”
Challenges in Selecting Implementation Strategies

1. Some compilations may be less relevant for certain settings
2. Strategies included in compilations are broad and may represent qualitatively different things (delivery channel, assessments, processes)
3. Limitations of the empirical literature in describing strategies
4. Underutilization of conceptual models and theories in the literature
5. Implementation behaviors and conditions are not clearly specified.

DEVELOPING IMPLEMENTATION STRATEGIES

1. Conduct an assessment of factors that influence implementation processes and outcomes (e.g. characteristics of the innovation, setting, preferences of involved stakeholders, barriers, & facilitators).

2. Develop or select & tailor strategies.

“Make everything as simple as possible, but not simpler.”

Albert Einstein
Community and stakeholder engagement should be integrated with four main core processes:

1. **Brainstorm potential barriers and facilitators**
   (based on experience, past needs assessments, and published literature)

2. **Use theories and frameworks**

3. **Collect new data**

4. **Prioritize the most important and changeable factors**
METHODS FOR DESIGNING & TAILORING IMPLEMENTATION STRATEGIES

- Group Model Building
- Conjoint Analysis
- Concept Mapping
- Intervention Mapping

Baker et al. (2015); Bosch et al. (2007); Colquhoun et al. (2017); Grol et al. (2013); Powell et al. (2017)
WHAT IS INTERVENTION MAPPING?

A systematic approach to multilevel intervention development, implementation & evaluation.
HOW & WHEN

- Ecological approach to program planning
- Use theory and frameworks to inform planning
- Incorporate empirical evidence
- Change the behavior of people in the environment
- Complexity of multi-causation of problems and multi-level intervention
- Effective behavior or systems change interventions

FROM UNDERSTANDING TO INTERVENING

A framework for the planning, development, implementation & evaluation of interventions and programs
INTERVENTION MAPPING

A systematic approach to multilevel intervention development, adaptation, implementation, and evaluation.

Designing interventions based on theory, evidence, new data, and community engagement.

Adapting interventions using IM Adapt to improve fit of evidence-based interventions.

Designing implementation strategies to influence the adoption, implementation, and sustainment of evidence-based interventions (Implementation Mapping).

IMPLEMENTATION MAPPING

IMPLEMENTATION MAPPING

Stakeholder Input

Theories & Frameworks

Empirical Evidence

Implementation Strategy
COMMUNITY & STAKEHOLDER ENGAGEMENT

Participatory implementation science to increase the impact of evidence-based cancer prevention and control

Shoba Ramanadhan, ScD, MPH, Melinda M. Davis, PhD, [...], and Ross C. Brownson, PhD

Knowledge generation comes from the hands of practitioners/implementers as much as it comes from those usually playing the role of intervention researcher.

Typical Activities in Our Work with Partners

• Identification of factors influencing implementation and effectiveness outcomes
• Designing, identifying, adapting and implementing interventions
• Designing or selecting and tailoring implementation strategies
• Developing and/or adapting measures of implementation and effectiveness outcomes and determinants
• Conducting implementation research studies within practice settings (from hypothesis generation to evaluation multi-level trials to broad scale up)
Implementation Science to Address Inequities

- Focus on reach from the very beginning
- Design and select interventions for vulnerable populations and low-resource communities with implementation in mind
- Implement what works and develop implementation strategies that can help reduce inequities in care
- Develop the science of adaptations
- Use an equity lens for implementation outcomes.
# Implementation Mapping Tasks

<table>
<thead>
<tr>
<th>WHO?</th>
<th>WHAT &amp; WHY?</th>
<th>HOW?</th>
<th>IS IT WORKING?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Understanding needs &amp; assets</td>
<td>2 Planning change</td>
<td>3 Understanding needs &amp; assets</td>
<td>5 Evaluating</td>
</tr>
<tr>
<td>CONDUCT A NEEDS AND ASSETS ASSESSMENT AND IDENTIFY ADOPTERS AND IMPLEMENTERS</td>
<td>IDENTIFY ADOPTION &amp; IMPLEMENTATION OUTCOMES, PERFORMANCE OBJECTIVES, &amp; DETERMINANTS; CREATE MATRICES OF CHANGE</td>
<td>CHOOSE THEORETICAL METHODS; SELECT OR CREATE IMPLEMENTATION STRATEGIES</td>
<td>EVALUATE IMPLEMENTATION OUTCOMES</td>
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IMPLEMENTATION MAPPING LOGIC MODEL

EBI | Implementation | Outcomes
---|---|---
Evidence-Based Intervention (EBI) Program, Guideline or other Health Innovation | Implementation Strategies | Program Use Outcomes
- Contain methods (techniques) and practical applications to change determinants | Determinants of Program Use | Adoption
- Determinants of Implementation | Program Use Tasks (Performance Objectives)
- Determinants of Maintenance | Adoption Performance Objectives
- Implementation Performance Objectives
- Maintenance Performance Objectives | Maintenance
Planning process
Multilevel Implementation Context
Setting characteristics, policy climate, culture, readiness, resources

Function
Form
Implementation Strategies have change *Methods* and *Practical Applications*

- A *method* is a general process for influencing changes in the determinants of behavior and environmental conditions
  
  *(element of core functions)*

- A *practical application* is a concrete, real-word technique for the operationalizing methods in ways that fit with the intervention group and the context in which the intervention will be conducted
  
  =*how you will present and deliver the theoretical method*

  *(Forms- activities that operationalize, carry out & achieve the functions)*
Applying Theory at Different Steps

Using Implementation Mapping Logic Models Helps Articulate Mechanisms

• Mechanisms
  o “Process through which an implementation strategy operates…” (Lewis et al., 2018)
  o Greater expectation to focus on this in Type 3 studies

Great talk by Cara Lewis 1/17/24  https://www.uth.edu/implementation-science/our-work/training/annual-workshop
Demystifying the ‘Black Box’

"I think you should be more explicit here in step two."
From Classification to Causality: Advancing Understanding of Mechanisms of Change in Implementation Science

Cara C. Lewis, Predrag Klasnja, Byron J. Powell, Aaron R. Lyon, Leah Tuzzio, Salene Jones, Callie Walsh-Bailey and Bryan Weiner

Theorizing is for everybody: Advancing the process of theorizing in implementation science

Rosemary D. Meza, James C. Moreland, Michael D. Pullmann, Predrag Klasnja, Cara C. Lewis and Bryan J. Weiner

The mechanics of implementation strategies and measures: advancing the study of implementation mechanisms

Cara C. Lewis, Predrag Klasnja, Aaron R. Lyon, Byron J. Powell, Rebecca Lengnick-Hall, Gretchen Buchanan, Rosemary D. Meza, Michelle C. Chan, Marcella H. Boynton and Bryan J. Weiner
Advancing Science and Practice through the Study of Implementation Mechanisms

Collection published in Implementation Science and Implementation Science Communications

Slide courtesy of Dr. Cara Lewis  see her presentation at: https://www.uth.edu/implementation-science/our-work/training/annual-workshop
**IMPLEMENTATION OUTCOME**
The health care provider will refer patients with prediabetes to the NDPP following the referral workflow and eligibility criteria.

**CHANGE OBJECTIVES**
PO2: Identifies patients with prediabetes.

**DETERMINANTS**

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Outcome Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA2. Believes that understanding the inclusion criteria for NDPP participation is key to making an NDPP referral.</td>
<td>OE2. Expects that the identification process will help refer the patient population at risk of diabetes.</td>
</tr>
</tbody>
</table>

**THEORETICAL CHANGE METHODS**

- Modeling
- Social Cognitive Theory
- Framing
- Protection Motivation Theory
- Tailoring
- Communication-Persuasion Matrix
- Discussion
- Elaboration Likelihood Model

**PRACTICAL APPLICATIONS**

- Develop & distribute tailored educational materials. Including, gain-framed messages highlighting the NDPP eligibility criteria, policies & EHR referral pathways.
- Testimonials from health care provider about the impact of the NDPP.
- Monthly meetings between the clinic staff, NDPP, & the UTHealth to share knowledge.
- Presentations & discussions to describe how to conduct referrals, including the use of decision support tools & benefits on patient outcomes.
- Provider-to-provider mentoring
- Meetings on the progress of the providers’ goals & referrals.

**Example**
Examples
COLORECTAL CANCER CONTROL PROGRAM (CRCCP)

Project Goal
Improve effective use of EBIs recommended by the Guide to Community Preventive Services to overcome system-, provider-, and patient-level barriers to CRCS

The CRCCP aims to increase CRC screening in clinics through sustainable health system change.
FQHCS
Federally Qualified Health Centers provide health services to patients below the poverty level.

These factors can have a negative impact on providing optimal patient care and patient outcomes.

**SERVICE PATIENTS**
Comorbidities
Low health literacy

**UNDERSTAFFED**
High staff turnover

**UNDERFUNDED**
### COLORECTAL CANCER CONTROL PROGRAM (CRCCP)

<table>
<thead>
<tr>
<th>Texas FQHC Partners</th>
<th>Counties Served</th>
<th># of Clinic Sites</th>
<th>CRCS Rate (%)</th>
<th>1115 Waiver CRCS Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEXAS GULF COAST REGION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gulf Coast Health Center</td>
<td>Jefferson, Orange, Hardin/Jasper</td>
<td>5</td>
<td>4.8</td>
<td>x</td>
</tr>
<tr>
<td>Coastal Health &amp; Wellness</td>
<td>Galveston</td>
<td>2</td>
<td>15.4</td>
<td>x</td>
</tr>
<tr>
<td>Amistad Community Health Center</td>
<td>Nueces</td>
<td>1</td>
<td>18.8</td>
<td>x</td>
</tr>
<tr>
<td>Access Health</td>
<td>Austin, Colorado, Fort Bend, Waller/Wharton</td>
<td>5</td>
<td>31.8</td>
<td>x</td>
</tr>
<tr>
<td>Avenue 360</td>
<td>Harris</td>
<td>6</td>
<td>34.4</td>
<td>x</td>
</tr>
<tr>
<td><strong>EAST TEXAS REGION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope Community Medicine</td>
<td>Panola, Shelby, San Augustine</td>
<td>3</td>
<td>6.0</td>
<td>x</td>
</tr>
<tr>
<td>Genesis PrimeCare</td>
<td>Bowie, Gregg/Cass, Harrison, Marion</td>
<td>3</td>
<td>25.6</td>
<td>x</td>
</tr>
<tr>
<td>Wellness Pointe</td>
<td>Gregg, Upshur/Camp, Titus, Wood</td>
<td>5</td>
<td>27.8</td>
<td>x</td>
</tr>
<tr>
<td>East Texas Community Health Services</td>
<td>Angelina, Nacogdoches</td>
<td>3</td>
<td>53.0</td>
<td>x</td>
</tr>
<tr>
<td>Carevide</td>
<td>Collin, Hunt, Fannin, Delta, Kaufman, Hopkins</td>
<td>6</td>
<td>29.0</td>
<td>x</td>
</tr>
<tr>
<td><strong>Total: 10 FQHCs</strong></td>
<td>Urban: 16 Rural: 16 Total: 32</td>
<td>39</td>
<td>24.7</td>
<td></td>
</tr>
</tbody>
</table>
Evidence-Based Interventions (EBIs) for Increasing Colorectal Cancer Screenings

Primary EBIs
- Patient (or client) reminders
- Provider reminders
- Provider assessment & feedback strategies
- Reducing structural barriers

Supportive EBIs
- Small media
- Patient navigators
- One-on-one education
CONCEPTUAL FRAMEWORK FOR IMPLEMENTATION STRATEGY DESIGN AND TAILORING

FORMATIVE WORK
- Theories/Frameworks
  - Social Cognitive Theory, Interactive Systems Framework, R=MC2
- Organizational Needs & Readiness Assessment
- Community Engagements/Stakeholder Input

IMPLEMENTATION MAPPING
- Identify performance objectives (PO) (i.e., who has to do what to implement the EBI) & determinants for each implementation behavior and contextual factor.
- Create matrices of change objectives (determinants x PO).
- Identify methods and strategies to influence determinants.
- Plan implementation strategies.
- Develop implementation protocols & materials for implementation strategies.

IMPLEMENTATION PLAN
- Implementation Strategies.
  - Practice facilitation.
  - EHR Optimization.
  - Telementoring (via ECHO).
  - Use of Champions.
  - Professional training & technical assistance.

RE-AIM OUTCOMES
- Reach
  - Eligible patients who receive CRCS recommendation
- Effectiveness
  - Screened eligible patients
  - Followed-up with colonoscopy among those who screen positive
- Adoption
  - All EBI components
  - Implementation
  - Fidelity, Implementation level

Adapted from: Fernandez ME, Schlechter CR, ... Wetter DW. QuitSMART Utah: an implementation study protocol for a cluster-randomized, multi-level Sequential Multiple Assignment Randomized Trial to increase Reach and Impact of tobacco cessation in Community Health Centers. Implementation Science. 2020; 15: 9.
Presentations are communication tools that can be used as lectures, speeches, reports, and more. It all depends on the purpose of your presentation.
R=MC^2

Readiness = Motivation \times \text{Capacity (Innovation-Specific)} \times \text{Capacity (General)}

- **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)

(Scaccia, Cook, Lamont, Wandersman, Castellow, Katz, & Beidas, 2015)
R=MC²
Measure readiness subcomponents

MOTIVATION
• Compatibility
• Priority
• Simplicity
• Relative Advantage
• Trialability
• Observability

INNOVATION-SPECIFIC CAPACITY
• Knowledge, Skills, Abilities
• Implementation Climate
• Program Champion
• Inter-Organizational Relationships
• Intra-Organizational Relationships

GENERAL CAPACITY
• Leadership
• Organizational
  ○ Culture
  ○ Climate
  ○ Innovativeness
  ○ Structure
• Staff Capacities
• Learning Climate
• Resource Utilization
NCI R01 Development and Validation of a Measure of Organizational Readiness
TEXAS CRCCP READINESS ASSESSMENT

R=MC2

• MOTIVATION
• CAPACITY (GENERAL)
• CAPACITY (INNOVATION-SPECIFIC)

Multi-method approach: in-depth interviews, clinic-level surveys, and direct workflow observations.

EBI USE
• Use of community Guide EBIs

CLINICAL WORKFLOWS
• Patient flow
• Screening procedures

EHR USE
• Monitoring system
• Patient data
• Process improvement

IMPLEMENTATION SUPPORTS
• Patient navigators
• Small media

CLINIC DATA
• Clinic & patient characteristics
• CRCS rates

ORGANIZATIONAL NEEDS & READINESS ASSESSMENT

Scaccia, Cook, Lamont, Wandersman, Castellow, Katz, & Beidas, 2015
READINESS REPORTS

READINESS REPORT CAN BE USED TO HELP CLINICS:

Understand strengths & areas for improvement

Determine which aspects of readiness to focus efforts on & why

Develop a plan for building and/or maintaining readiness

Develop a plan for building and/or maintaining readiness
Readiness Building System

Readiness Thinking Tool

CMOR
Change Management of Readiness

Planning & Implementation
Process evaluation and CQI

Implementation Outcomes

Revisiting earlier steps

*Engagement is crucial in all areas of RBS
Building Organizational Readiness

Using Implementation Mapping to Build Organizational Readiness

Amber K. Watson1, Belinda F. Hernandez2, Jenny Kolody-Goetz1, Timothy J. Walker2, Andrea Lamont1, Pam Imml1, Abraham Wandersman1, Maria E. Fernandez1
1. Wanderer Center, Columbia, SC, United States
2. Center for Health Promotion and Prevention Research, School of Public Health, University of Texas Health Science Center at Houston, Houston, TX, United States
IDENTIFY PROGRAM ADOPTERS & IMPLEMENTERS

Different people implemented different or multiple components.

ADOPTERS

WHO WILL DECIDE TO ADOPT THIS INTERVENTION?

- Decision-making authority to start using the program.
- Directly involved in deciding to set up program components.

IMPLEMENTERS

WHO WILL IMPLEMENT THE INTERVENTION?

- Educate staff and patients.
- Communicate with technical support personnel to ensure EHR changes.
- Strong recommendation for HPV vac.
- Providing feedback about performance to clinic staff.

MAINTAINERS

WHO WILL ASSURE THE INTERVENTION CONTINUES OVER TIME?

- Ongoing staff education
- Quality measures
- Incorporate into performance reviews.
Key questions...

BEFORE...
Generating ideas about HOW

OUTCOMES
Specific goals to each adopter, implementer, and maintainer to adopt, implement, and maintain the intervention.

PERFORMANCE OBJECTIVES (PO)
Who needs to do what to adopt, implement, and maintain the intervention?

DETERMINANTS
Why would clinic leadership adopt, implement or maintain the intervention at the clinic?

MATRICES OF CHANGE
Blueprint for identifying, selecting, or developing implementation strategies.
What needs to change in implementation determinants to achieve implementation tasks?
IMPLEMENTATION STRATEGIES

Examples of implementation strategies

- PRACTICE FACILITATION
- PROJECT ECHO
- PROGRAM CHAMPION
- PROVIDER AND STAFF TRAINING
- LINKING WITH EXTERNAL PARTNERS
PROJECT ECHO

5-Step Project ECHO (Extension for Community Healthcare Outcomes) is an innovative healthcare movement, whose mission is to develop the capacity to leverage knowledge and amplify the capacity to provide best-practice care for underserved people all over the world.
Enhancing the Impact of Implementation Strategies

1) Enhance methods for designing and tailoring
2) Specify and test mechanisms of change
3) Improve tracking and reporting of strategies
4) Conduct more effectiveness research
5) Increase economic evaluations
Implementation mapping for selecting, adapting and developing implementation strategies

05 Editorial: Implementation Mapping for selecting, adapting and developing implementation strategies
Maria E. Fernandez, Byron J. Powell and Gili A. Ten Hoor

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Crystal Costa, MPH
Crystal Alexander
Damita Hines
Erik McKenny
Patenne Mathews, MPH
Cesar Rodriguez, MPH
Ileska Valencia Torres
Joe Padilla, MPH
Eunyoung Kang, PhD
IMPLEMENTATION MAPPING ADVANCES THE FIELD OF IMPLEMENTATION SCIENCE BY:

• Providing a systematic process for designing new strategies using theory, evidence, and community and stakeholder engagement

• Ensuring that strategies developed or selected address barriers to adoption, implementation, and sustainment of EBIs

• Building an actionable and pragmatic knowledge base about what strategies work for what, including clarity on the mechanisms of action

• Advancing models and frameworks to understand relationships between constructs; predictors of
Graduate Certificate in Dissemination and Implementation Science

OVERVIEW
This 15-credit hour certificate introduces the concepts of dissemination and implementation to students and other health professionals. The concepts learned while pursuing this certificate will assist researchers and practitioners in translating and testing research advances in public health and healthcare delivery to effective and efficient interventions in multiple settings.

LEARN HOW TO
- Describe the foundations of dissemination and implementation (D&I) science
- Explain the D&I theories and frameworks
- Develop and tailor strategies for implementation and dissemination
- Engage in community and stakeholder based implementation and dissemination research
- Design, analyze, measure, and evaluate the different outcomes
- Gain knowledge to adapt health interventions to improve fit in new settings.

CORE COURSES
- Health Promotion and Behavioral Sciences in Public Health: MPH level OR health promotion or theories for individuals and groups: Part 1 (3 Credit Hours)
- Organizational Behavior and Human Resource Management OR Organization and Management Theory (3 Credit Hours)
- Dissemination and Implementation Research and Practice (3 Credit Hours)
- Designing and Tailoring Implementation Strategies (3 Credit Hours)

ELECTIVE COURSES
- Facilitator Roles and Skills (1 Credit Hour)
- Healthcare Strategic Management (3 Credit Hours)
- Health Services Delivery and Performance (3 Credit Hours)
- Program Evaluation (3 Credit Hours)
- Evaluation and Improvement of Healthcare Quality (3 Credit Hours)
- Qualitative Research Methods (2 Credit Hours)
- Applied Measurement Theory (3 Credit Hours)
- Community Engagement/Community-based Participatory Research (3 Credit Hours)
HEALTH PROMOTION PLANNING: AN INTERVENTION MAPPING APPROACH

May 6-9, 2024
9AM - 4PM CST

This hybrid course will be available virtually or in-person at UTHealth Houston School of Public Health.

COURSE OBJECTIVE
Learn about Intervention Mapping, which offers a step-by-step framework for developing theory-informed and evidence-based health promotion programs and interventions rooted in the behavioral and social sciences.

COURSE DETAILS
Students will:
- Build knowledge and skills in developing, adapting, and implementing theory-informed and evidence-based health promotion programs and interventions rooted in the behavioral and social sciences.
- Focus on a topic of their interest to craft an initial evaluation plan by completing a needs assessment, program development, and implementation strategies.

The course format includes lectures, small group work using problem-based learning, group discussions, and presentations of participant projects.

4-Day Course: $1250

Register by scanning the QR code or by visiting go.uth.edu/CHPPR-Education

FACULTY

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IMPLEMENTATION MAPPING: USING INTERVENTION MAPPING TO PLAN IMPLEMENTATION STRATEGIES

May 30-31, 2024
9AM - 4PM CST

This hybrid course will be available virtually or in-person at UTHealth Houston School of Public Health.

COURSE OBJECTIVE
Learn about Implementation Mapping, a systematic approach for planning implementation strategies.

LEARNING OBJECTIVES
1. Explain how use of Implementation Mapping can facilitate implementation strategy design or selection.
2. Describe how implementation science theory and frameworks can inform the Implementation Mapping process and strategy design.
3. Demonstrate an ability to articulate implementation outcomes and tasks for various implementors.
4. Describe how to select theory-based methods and practical applications to influence determinants of implementation.
5. Describe considerations for evaluating implementation outcomes.

2-Day Course: $500

Register by scanning the QR code or by visiting go.uth.edu/CHPPR-Education

FACULTY

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QUESTIONS?

Scan to learn more and to sign up for our newsletter!
THANK YOU

Let’s talk!

How to Contact Us

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University of Texas Health Science Center at Houston School of Public Health