



Research-Policy Partnership: Regulatory and Practice Innovations to Advance EBP Dissemination and Implementation



Brian K. Bumbarger
NIH D & I Conference
March 2011



It is not enough to be busy. So are the ants. The question is: What are we busy about?

Henry David Thoreau





Research-Policy Partnership: Regulatory and Practice Innovations to ~~Advance EBP~~ ~~Dissemination and Implementation~~

achieve public health impact



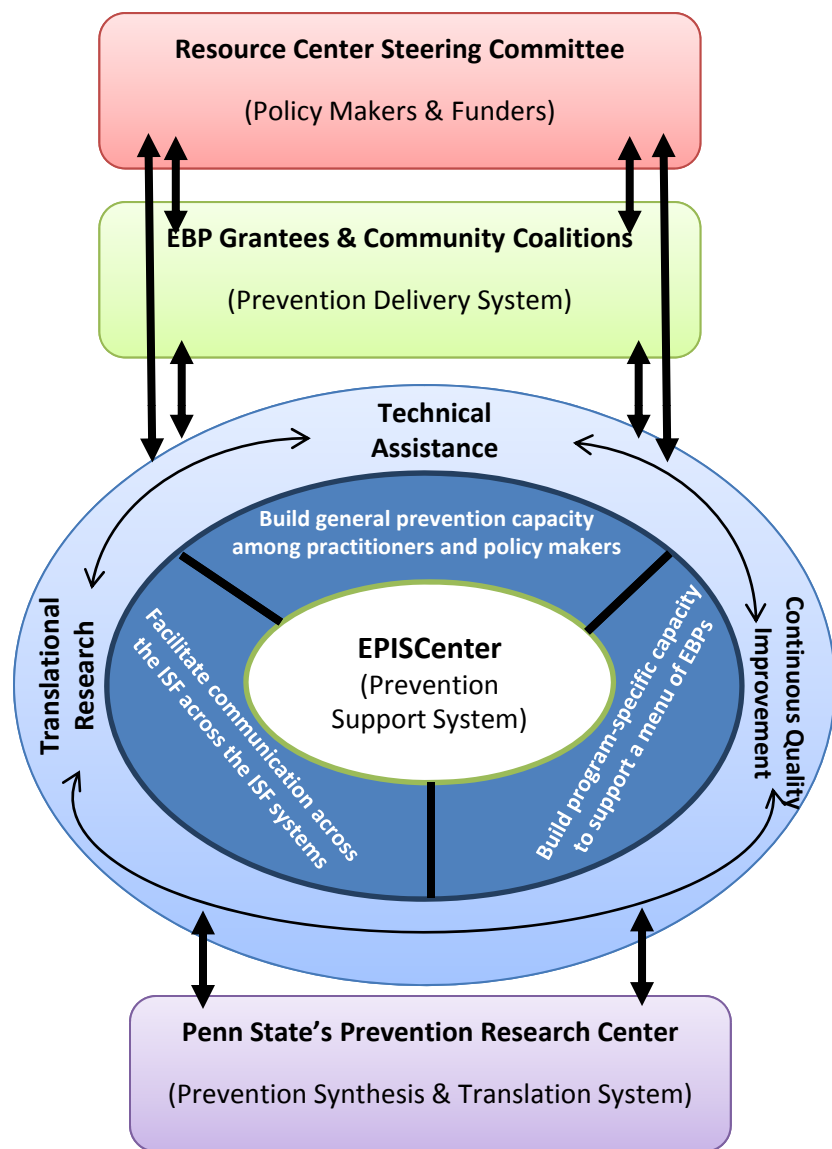
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The challenges

- Having community-based prevention work be more focused and strategic
- Increase (carefully planned) adoption of EBPs by communities
- Ensure high quality implementation
- Sustain (effective) programs long-term
- Achieve sufficient saturation to reach a tipping point

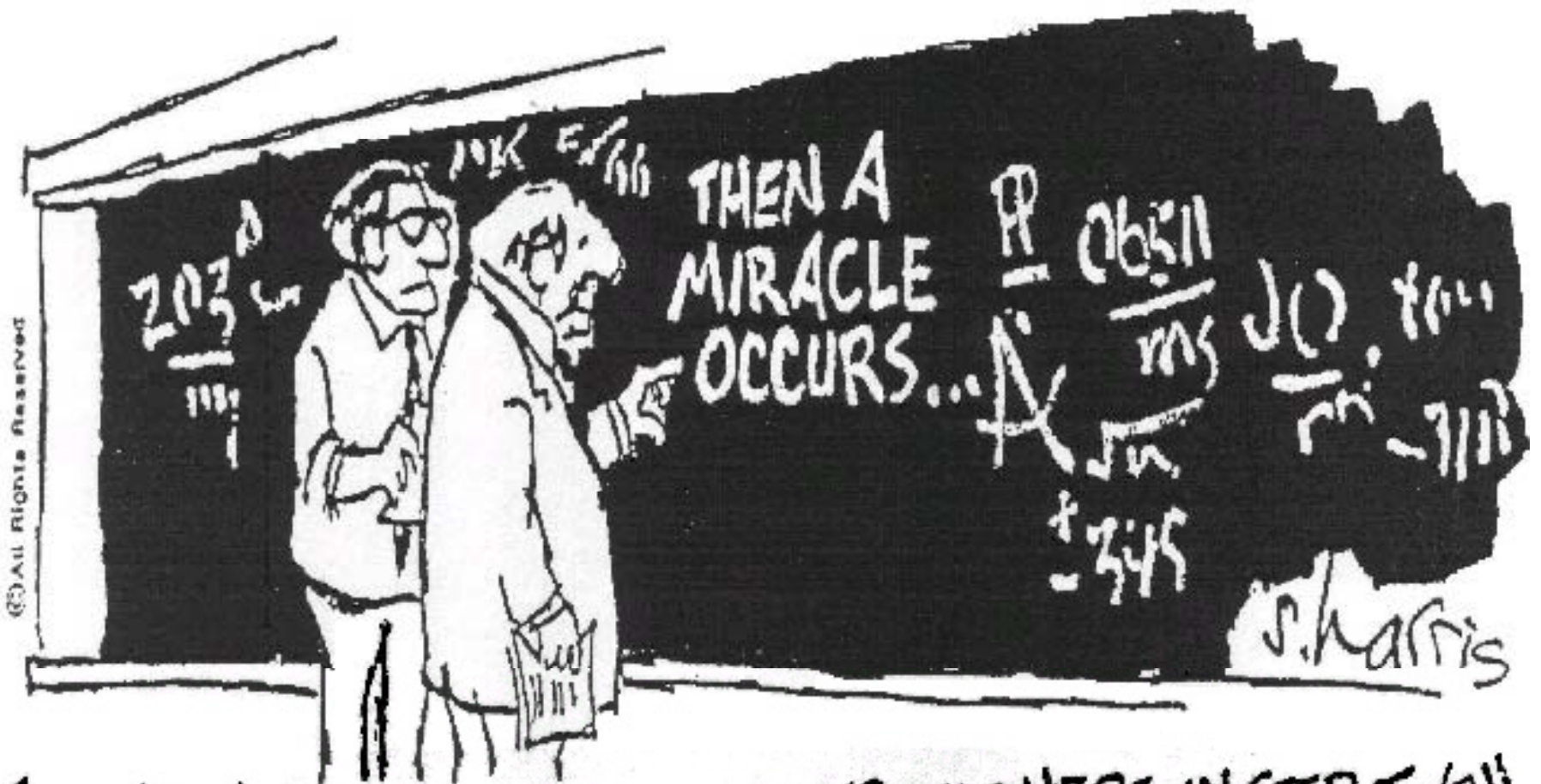
Prevention Support System as Infrastructure



- Infrastructure for both TA and Research (braided)
- Role of TA provider gives access to populations (scale)
- A logical cycle of research, TA, CQI
- Ensures immediacy and policy relevance of research
- Recognizing and engaging funders/policy makers as active stakeholders, not just a “context”
- Broker and facilitator across agencies

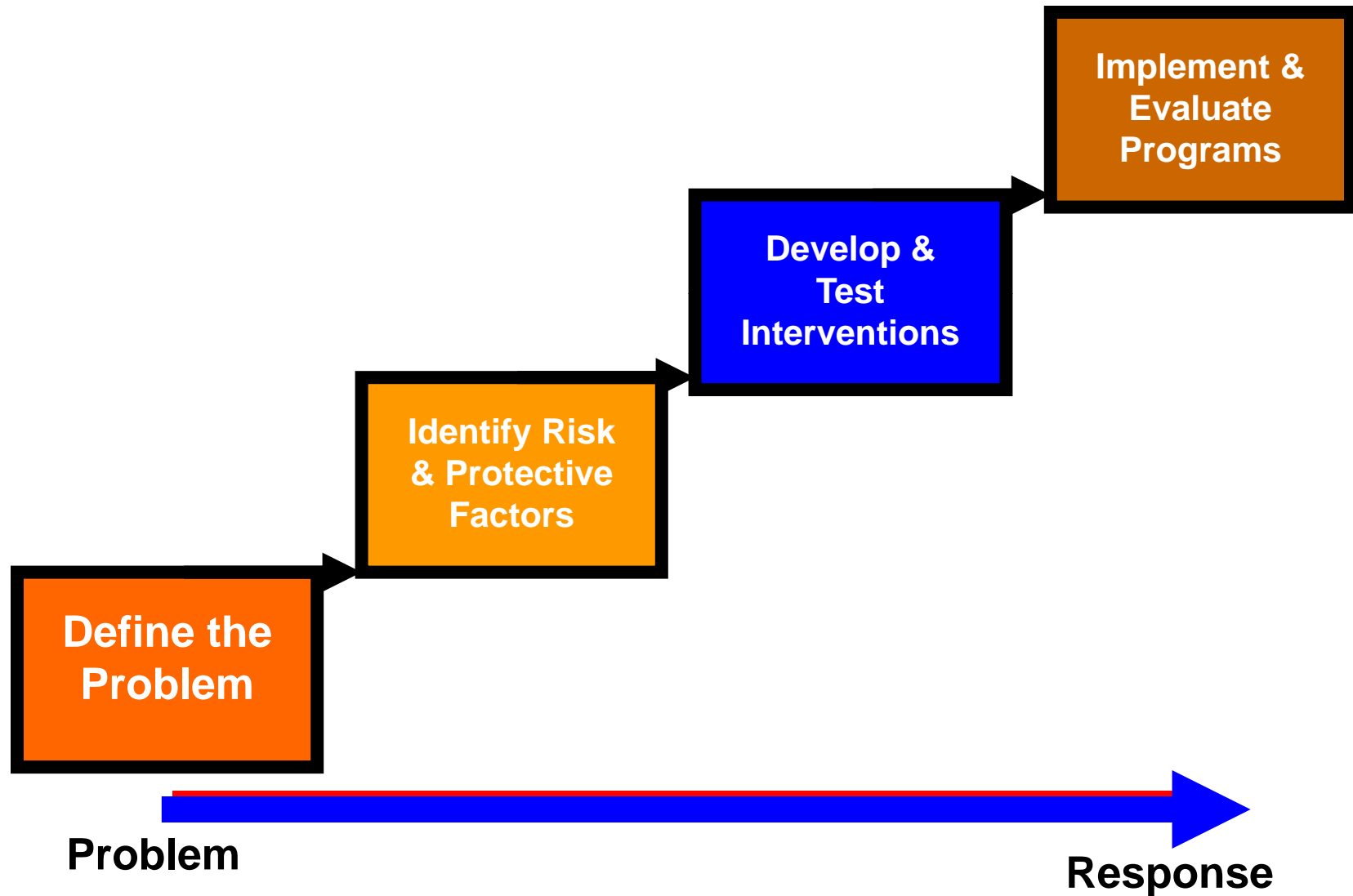
Other “big picture” lessons...

- Some balance between evidence-based practices and practice-based evidence
- Operating systems to prepare communities, focus efforts, and create fertile ground for EBPs
 - These also require active TA and attention to fidelity
- Intentional behavior change model – from extrinsic to intrinsic motivation
 - Demonstrate, experience, build capacity, increase sense of efficacy
 - Greater focus on understanding, communicating and educating on logic models

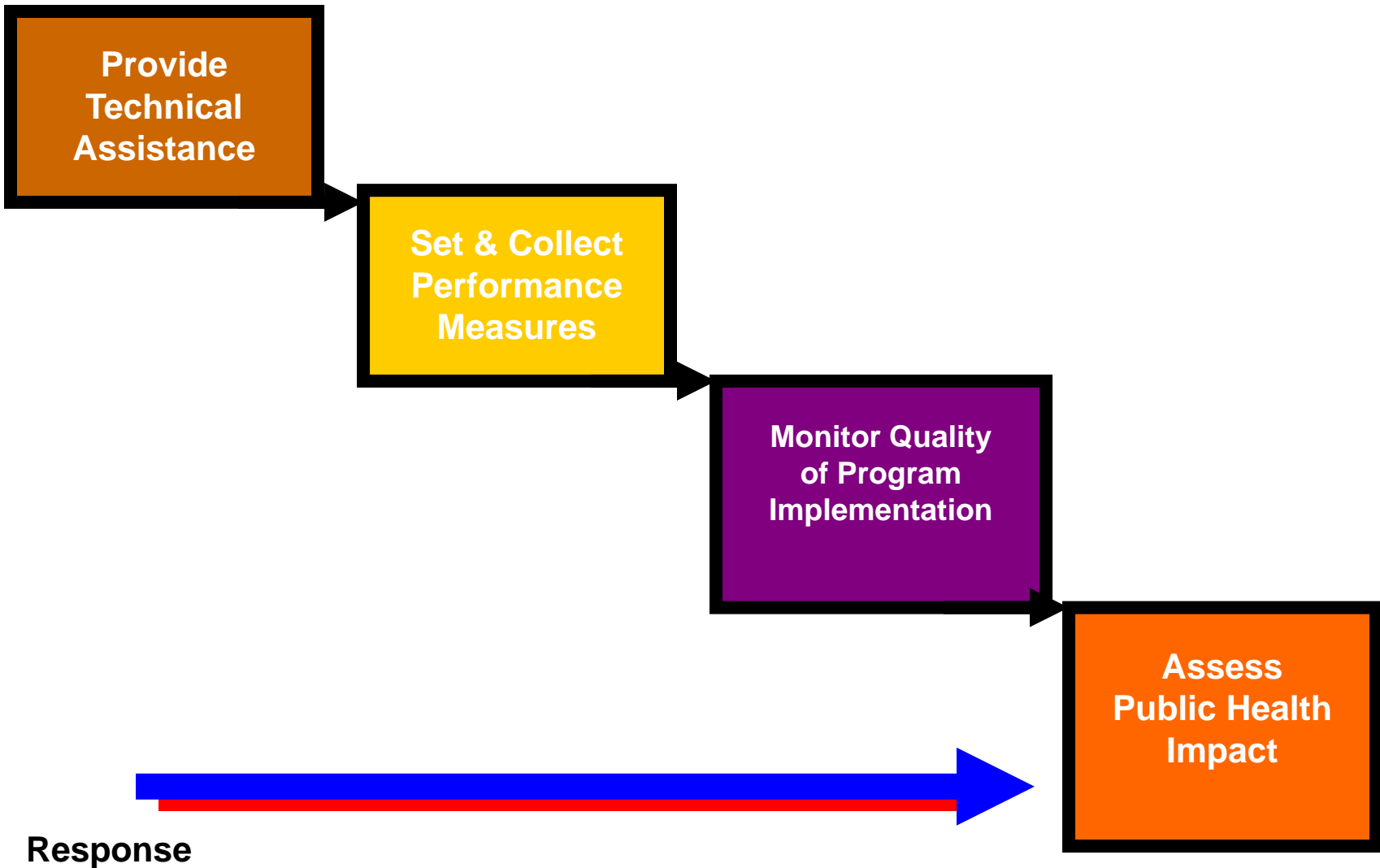


"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

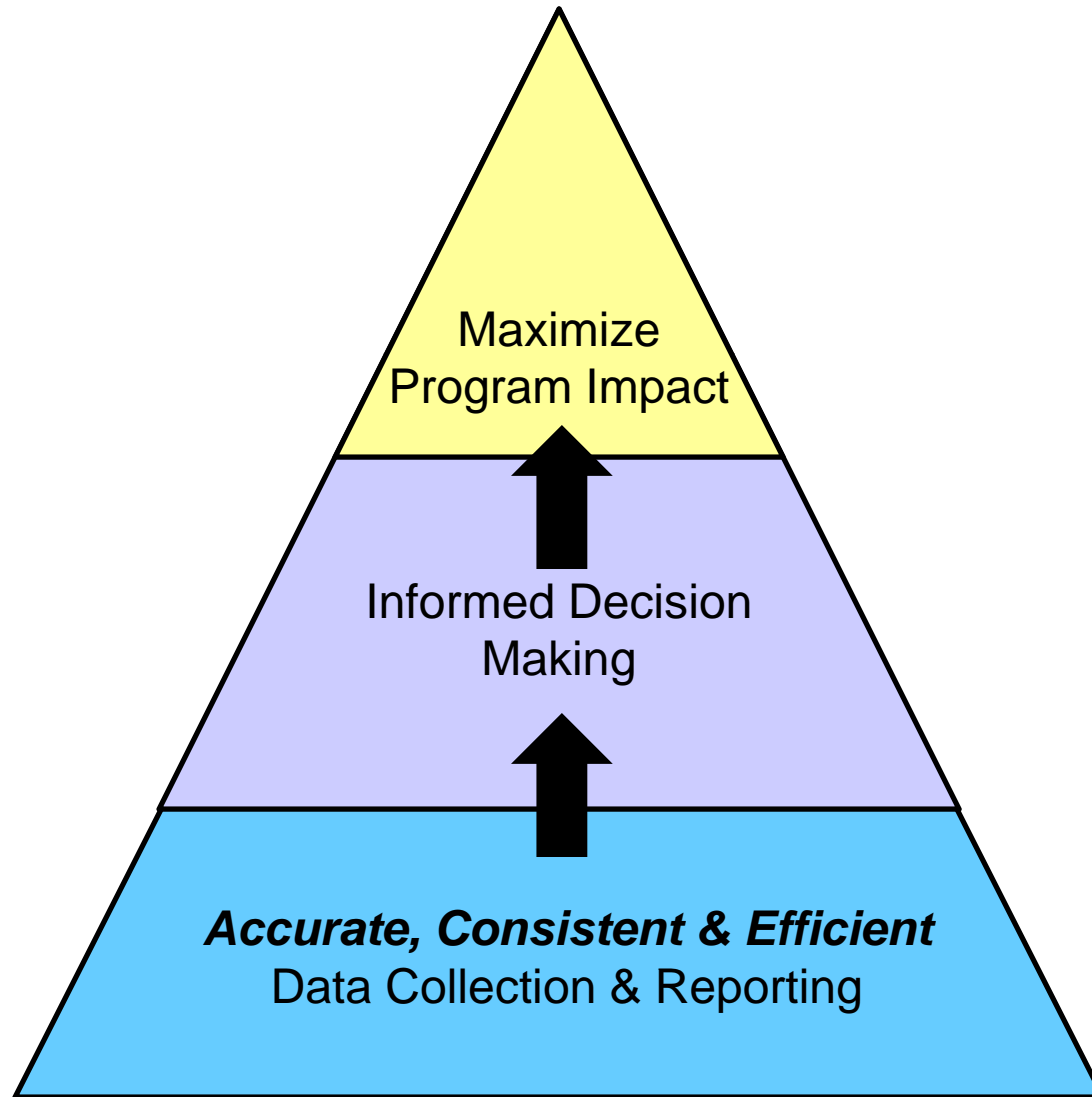
Moving From Prevention Science TO . . .



...Prevention Service



Linking Data to Action



Using Technology to Engage Stakeholders in High Quality Implementation: The INSPIRE Project

Meg Small, Vittal Prabhu, Celene Domitrovich, Brian K. Bumbarger, Brittany L. Rhoades, & Sandee Kyler

The EPISCenter, Prevention Research Center, Penn State University

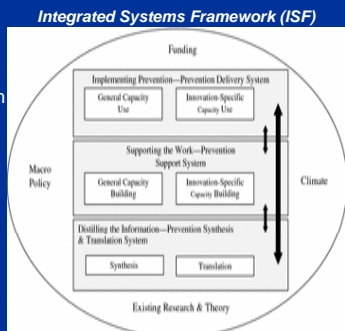
INSPIRE: Integrated System for Program Implementation and Real-time Evaluation

Why INSPIRE?

Evidence-based Prevention Programs (EPBs) proliferate, but high quality implementation and sustainability are necessary to achieve public health impact.

INSPIRE is an integration platform designed to be used as part of a planned change process to improve the quality of EBP implementation by engaging four critical stakeholder groups:

- 1) Policy-makers & Funders
- 2) Prevention Delivery System
- 3) Prevention Support System
- 4) Prevention Synthesis System



Wandersman et al., 2008

RELATIONSHIPS DRIVE CHANGE

- Provide "unbiased" basis for collective action
- Move actors toward supportive problem solving tactics
- Help people feel good about progress & motivated to continue or correct

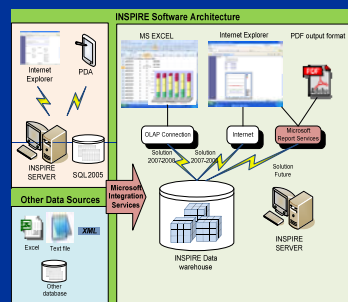
TECHNOLOGY & PLANNED CHANGE

- INSPIRE helps facilitate these relationships (e.g., the arrows in the ISF) by:
- Increasing motivation
 - Addressing perceived competing priorities
 - Increasing comfort and competence
 - Promoting true partnerships across all levels

How does INSPIRE work?

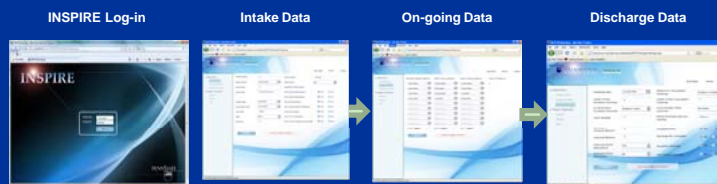
•Primary Functions include:

- 1) Data Integration
- 2) Data Communication
- 3) Data Analysis

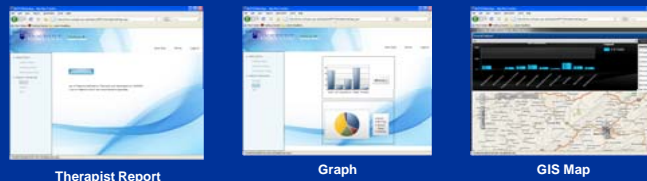


INSPIRE for Multidimensional Treatment Foster Care: An Illustration

DATA ENTRY



REPORT GENERATION



Benefits of INSPIRE to Key Prevention Stakeholders



Future Directions

- Build and test the INSPIRE for multiple types of prevention programs including universal, selected, and indicated
- Pilot the system with the stakeholder groups:
 - 1) Policy-makers & Funders
 - 2) Prevention Delivery System
 - 3) Prevention Support System
 - 4) Prevention Synthesis System
- Refine the data integration and communication tools

Policy and Practice Innovations

- Communities of practice
- Including common public health language in RFAs
- Statewide surveillance systems
 - Focus on underlying causal mechanisms vs. narrowly defined behavioral outcomes
- Find a small number of things that work, and do them well
- Community collaboratives as local prevention infrastructure
- Ongoing monitoring of implementation
 - Requires tools, skills, and motivation

Some concrete examples: Funding Requirements

- Data-informed needs assessment every 2-3 years
 - Primarily from state surveillance survey
- 4 year funding, with graduated local match required
- Detailed letters of support from both program developer and local coalition
 - Fosters culture of regular communication
- Performance measures tied to program logic model
 - Including implementation/fidelity measures
- Quality assurance verification by program developer
 - Including recommendations for strengthening imp.
- Narrative outcomes report

Thank You!

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