Collaborating with Community and Clinical Partners in Implementation Research

CHDIR Center or Research Partner		Implementation Steps		Community/Clinical Partner
• Surveillance & epi data • In-services presentations	→	1. Identify and Define Problem (Joint problem definition: community leads on general area; research helps to specify)	←	Local priorities, concerns and values
• Current evidence-based Practices (and Limitations) • Provide tools to help selection	→	2. Scan and Consider Approaches Brainstorm wide range of solutions; multiple opportunities for citizen/community input. Conduct simulations of most promising	←	Provide Local context, history, ideas, tacit knowledge. Make ultimate decision
• Recommend feasible evaluation plans & measures • Share implementation lessons from literature	→	3. Select Initial Program or Policy Set reasonable goals; discuss plans for Rollout and testing; evaluation (if any)	←	Input on logistics, feasibility, what outcomes are important for community and adoptees, identify potential obstacles
• Theory & info on best processes • Track changes and implementation adaptations	→	4. Program or Policy Implementation and Adaptation Learn as we go (PDSA) modify recruitment, delivery, maintenance as needed	←	Real-time feedback from clinicians, stake-holders, citizens, and policy makers
• Prepare Report – stress both successes and limitations in transparent report	→	5. Outcomes of Program Present results of project and recommendations to community groups	←	Coauthor report, describe lessons learned
• Provide guidance from national experience and diffusion literature • Consider economics and scalability	→	6. Plan for Replication, Modification, or Dissemination (or recycle to #1 above) Plan for sustainability and expansion (if warranted). Develop guidelines for implementation and adaptation, future funding and delivery	←	Provide program champions, “how to materials”; stories and case studies