

Enhancing the Efficacy of Health Education Interventions: Moving the Spotlight from Implementation Fidelity to Quality of the Implementation Process

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Contribution

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Health education programmes in various settings (workplace, sport club, school, hospital) are considered as effective means to improve the health of the population. Research has clearly endeavoured to provide evidence of successes, however results from programme implementation remain unclear and challenging to evaluate. Furthermore, demonstrating a positive and sustainable impact on health inequalities is difficult. The level of complexity of the factors impacting the effectiveness of prevention programmes led many authors to consider evaluation results with caution. In addition to these difficulties in the assessment of prevention programmes' effectiveness, the issues of scaling up and transferability are still rarely examined.

Transferability and scaling up of prevention interventions are still laborious

In existing literature, tools and framework, developed for programme evaluation, are often (not always) grounded in a linear programme fidelity perspective. It is assumed that when it comes to the evaluation of implementation one of two options exist: a) either the programme is delivered as planned or not; and b) either it delivers expected outcomes, or not. Conversely however, implementation is argued as being a complex process, which defies such linear one-dimensional

thinking. Multiple and interwoven contextual factors are at play, which relate, not only to the nature of the intervention, but also and more importantly to the different contexts of implementation. This complexity sets two challenges for the development of successful intervention programmes. The first challenge pertains to transferability, because within such variability and with limited options to control for them, streamlined outcomes are in reality difficult to predict. The second, is specific to wider replication of interventions which cannot be taken for granted because the determinants involved are numerous, variable and contextually influenced.

Implementation as a process of change

A given programme implementation cannot be limited to a “plug and play” process. For example, research in the school setting has shown the many different types of mechanisms involved. These mechanisms are linked to the characteristics of staff members, the setting, the community and of the programme(s). Depending on the context, the programme or the development stage of the process, professionals cope with a multitude of stimulations, try to make the most of the situation, define the status of programmes, select what fits, customize what can be used, and discard what doesn't suit, in brief, they often follow their own path.

The assumption that ‘one size fits all,’ and that contexts are homogenous and that they will all respond similarly is deeply problematic. This perspective, we argue decreases effectiveness, limits community ‘buy in’ and thus adversely impacts the sustainability of interventions. The temptation to judge contexts that fail to deliver pre-defined objectives, in a pre-defined way shows lack of insight into the inherent complexity therein. Intervention implementation needs to take the community/setting as its point of origin, and adopt as a matter of course what is commonly referred to as working from ‘the ground up.’

The health education programme is considered an added ingredient (among many others) to the existing context. It may act as a catalyst, or a revealer, sometimes even a constraint that enforces new solutions and innovation contributing to enhancing the fit between people and their surroundings. This occurs whether or not expected impact on education or health is reached, as it is the very interactions between the context and the newly introduced programme which initiate the changes expected.

Assuming that interactions between the context and the programme produce outputs implies to assess the process rather than its results. This does not mean that programme outputs become a pet peeve, contrariwise, it means that they are systematically considered in the light of the process that created them.

Method

Moving the spotlight from evidence-base and fidelity, to implementation determinants

The expectation of fidelity is to quite a large degree a utopian vision, because at a micro level contexts can vary quite significantly. Schools for example are an excellent case in point. On the macro level schools might appear similar in structure and operation, however on the micro level the internal dynamics, culture and focus of the staff might have a significant bearing on the success or failure of implementation. It's hard to imagine a standard programme could have a positive impact on schools for which management, teamwork, relationship to the community, staff competencies, and awareness of their role in health education.

Therefore there is need to shift from the over focus on ‘one size fits all’ evidence-based fidelity, to a more flexible perspective of anchoring and tailoring interventions to the different contexts. This is not a reinvention of the wheel, but rather the aim is to use existing research to conceptualize the process, and provide operational tools to support field practice, but in a flexible, applied and pragmatic manner that more effectively meets the needs of the target audience.

Find regularities in the contexts: toward typical contextual equations

There remains in the knowledge base the issue, as to what theories and frameworks work best in order to conceptualize and examine educational programme implementation research and evaluation? While many different perspectives are offered, a consensual and coherent framework has so far not emerged. Realist evaluation is among the most popular frameworks used in programme evaluation. The idea is to identify ‘what works in which circumstances and for whom?’, rather than merely ‘does it work’. However, realist evaluation is often used to understand what factors determined whether the programme was efficient or not as outlined in the programme outcomes. We suggest a slight reorientation of focus on the context.

A given context is a complex system of specific interacting factors, for example the characteristics or features in the setting, the community and stakeholders, that in their interactions create the specific conditions that exist prior to implementation. Research showed although there are many factors, these number as well as their combinations are limited. There are recurrences in combinations of contextual factors, namely Typical Contextual Equations (TCEs) occur in a given type of setting or community. For example, staff turn-over, support from the management are often encountered in school setting.

Expected Outcomes

TCEs could be compared to a setting or community implementation profile, providing a sense of what may be expected from the implementation process in a certain context. TCEs do not discard the variability embedded in contexts which would show in a detailed analysis. TCEs focus on a selection of the key factors that are critical during implementation and have drastic impact on it.

Taking together the programmes and the contexts: the implementation patterns

Rather than a paradigm shift, our suggestion is to move towards implementation research and programme design that focus on interactions between contexts and programmes. Encompassing the potential vulnerability or strength in contexts does not imply discarding the importance and potential of the programme's content and features. On the basis of TCEs, we propose to elaborate Implementation patterns with two purposes:

- as resources to characterize differences in contexts and pinpoint the existing circumstances and conditions to which the programme is brought
- as leads for action and/or programme design that support the development of policy and practices based on contextual specificities

Of course, focusing more research means on typical contextual equations and patterns of implementation is not a magic wand. Nevertheless, our work led us to consider neglecting the diversity of contexts and being only focused on "what works" from an experimental perspective is clearly a limiting factor in the design of effective health education strategies and intervention. We need to think outside the box. Indeed, thinking 'outside the box' of programme fidelity might offer a way to greatly enhance our understanding of implementation and illuminate potential solutions to the current challenges without causing harm to the process.

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