**Psychology 992-606**

**Foundations of Dissemination and Implementation Science**

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| **Professor:** Amy Drahota, Ph.D.**Office:** doesn’t really matter now, does it?**Email:** drahotaa@msu.edu (Best way to contact)*Email note: Please use “D&I” in the subject***Cell:** (619) 961-6426 (Worst way to contact) | **Term:** FALL 2020**Class Day:** Wednesdays 9:10am – 12:00pm**Zoom Registration URL**: <https://msu.zoom.us/meeting/register/tJMof-uqrzssH9e4dNeiaDqmYx1BWQ6dZryv>**Office Hours:** By appointment |

***Course Overview***

One of the stumbling blocks in any translational research agenda is the movement of evidence-supported interventions/information from academic settings to an actual practice milieu. The purpose of this course is to provide students with a foundation in dissemination and implementation (D&I) science—both research and application—and its function as a mechanism to facilitate this movement to overcome the often-noted research-to-practice gap. While the course focuses more heavily on *D&I science research*, we will also discuss the application of this research into applied settings. Overall, this course will familiarize students with the current state of the knowledge, theories and frameworks, research design, and methods for studying the dissemination, adoption, implementation, and sustainment of interventions in the context of organizations and systems as well as de-implementation and mis-implementation (emerging constructs within the field).

***Specific Learning Objectives***

By the end of this course, students will be able to:

1. Define and describe D&I research, its importance and its language, and how its objectives, methods, and outcomes differ from other research approaches
2. Define and understand evidence-based practice/guidelines, the rigor of efficacy and effectiveness trials, and challenges experienced translating these practices into community settings, as well as the role and opportunity of practice-based evidence
3. Articulate a research or evaluation question related to the dissemination and implementation of practices in community-based settings within the student’s research area of interest
4. Describe the importance of theories/frameworks in the development of dissemination and implementation research projects and apply methods for selecting those best suited to a specific research question
5. Understand the concept of D&I strategies, identify the major types of strategies, and considerations in deciding appropriate strategies for different research questions
6. Describe the main outcomes used in dissemination and implementation research, how they differ from measures used in other studies, and how D&I outcomes can be measured
7. Describe the main randomized and non-randomized methods used in dissemination and implementation research, the advantages and disadvantages of each, and factors that affect the choice of appropriate methods for a given study
8. Discuss the importance of community-academic partnerships and culturally-adapted interventions, as well as contextually relevant practice/policy implementation strategies
9. Understand ethical considerations in the design and conduct of dissemination and implementation research

***Required Readings:*** *Readings are expected to be completed by the date listed in the syllabus*

* Brownson, R. C., Colditz, G. A., & Proctor, E. K. (2018). *Dissemination and implementation research in health: Translating science to practice.* (2nd edition). New York, NY: Oxford.
* Additional required readings are available through the Course D2L and/or through the MSU library.

***Format***

This course is an online, synchronous course (meeting together through zoom at the scheduled time and day, per the registrar’s schedule) that will involve assigned readings, groups discussion and intellectual debates of the concepts, student-led discussions, written assignments and collaborative learning through ongoing peer-review feedback.

***Course Expectations***

Because you are an awesome and remarkable graduate student, I expect you to take ownership of your learning by fully engaging in the class activities. Engaging consists of attending and actively participating in this class by coming thoroughly prepared, contributing to class discussions, and providing constructive peer-review. Additionally, timely log-in to class is expected.

**Of importance, we all bring unique intellectual perspectives, interests, expertise, and observations to the table. In order for our diversity to facilitate a rich learning environment, we must all commit to respectful and active scholarly discourse.**

* In order to have an informed dialogue, reading and weekly reflections (see below) should be completed prior to class meetings.
* All work is expected to be cited appropriately in APA style. Carefully proofread your written work for spelling and grammar.
* Except under extremely unusual circumstances, assignments must be submitted by the due date and time.
* The instructor retains the authority to modify the course outline, readings, and assignments at her discretion. Appropriate notification will be given to students if any changes to the course are made.

***Course Requirements***

Most weeks, you will be expected to submit article critiques through the course D2L. Article critiques will help guide in-class discussions. In addition, over the course of the semester, you will also be expected to develop either an NIH-style R21 proposal or a foundation-style grant proposal. A series of 5 mini-assignments will allow you to develop and obtain feedback from your classmates and the instructor to inform the final version of your proposal. Your completed grant proposal will be presented orally and submitted in written form at the end of the semester. Several funded NIH R21 D&I grant proposals are available for your review at the following URL: <https://cancercontrol.cancer.gov/IS/sample-grant-applications.html>.

***Assignments and Grading Criteria***

**Reading Evaluations:** Most weeks, you will submit a brief written evaluation or application emerging from your reflections on the readings assigned to the week. These evaluations are meant to support integration of knowledge from the weekly reading with previously learned content and/or with a critical eye research methods, hypotheses or constructs, or to the application of research results. Note: This should not be a summary, but rather an evaluation or discussion of the articles and how these concepts could inform implementation research or application in your area of interest, and especially to your own D&I grant. Please see the **Reading Evaluation Template on D2L**.

Due: In order to allow your classmates adequate time to reflect on these posts in order to lead the discussion, posts are **due by ­­­­­­Mondays 5pm of each week**.

Grading: Each evaluation will be worth a total of 10 points. You will be graded on the quality, complexity, and relevance of the post. One missed or the lowest graded evaluation will be dropped. Evaluations will account for a total of 100 points toward your final grade in the class. **Worth: 100 points**

**Discussion Leader:** During most class sessions, one student will lead the class discussion on the week’s assigned reading materials. This will involve reflecting on the reading evaluations from other students and combine these posts with the discussion leader’s own reflections and critiques of the reading materials.

Grading: Students will be evaluated based on providing an overview (thorough yet concise) of the topic/ readings (10 points), integrating readings with posted evaluations by classmates (10 points), preparing a sufficient variety and number of open-ended, on-topic questions to stimulate a 1-hour discussion (10 points), and facilitating participation so that most classmates contribute (10 points).  **Worth: 40 points**

**Mini-Assignments:** As part of this course, you will develop a grant proposal (NIH R21 or foundation grant) related to your graduate research or topic of interest. Dr. Drahota will work with you to identify an appropriate topic if necessary. To advance the development of your proposal, there will be a total of 5 “mini-assignments” that will allow you to develop and refine your thoughts and plans, and obtain feedback from Dr. Drahota and your peers prior to completing and presenting your final proposal. As detailed below, some will be written assignments and others will be brief oral presentations. Dr. Drahota will provide written feedback for each assignment to assist with your continued proposal development. Peers will provide a peer-review of the proposal toward the end of the semester. You also may be asked to give a brief description of the contents of your written assignments during class. Note: For several weeks, there will be both a reading evaluation and a “mini assignment” due.

**Mini-assignment 1: One-page summary of the proposed topic and research question(s), if possible, for the implementation research proposal, including description and current status of the intervention.**

Grading: The assignment should include the proposed purpose, target population for the clinical or public health intervention, target population of service providers, nature and duration of the clinical or public health intervention; description of current state of knowledge about the effectiveness of the clinical/public health intervention and current state of knowledge about the implementation approach, if applicable; and a description of the research question(s) or specific aim(s). **Worth: 35 points**

**Mini-assignment 2: One-page summary of the choice of D&I framework and the rationale for how it fits with the identified clinical or public health intervention (from mini-assignment 1) and/or implementation context.**

Grading: Identify and describe the D&I framework that you’ve chosen and justify how it is appropriate for the proposed implementation context and intervention. **Worth: 20 points**

**Mini-assignment 3: Description of dissemination or implementation strategy choice and rationale for why it is appropriate in the context and/or with your selected intervention.**

Grading:Proposed strategy must be appropriate for the context of proposed dissemination or implementation intervention and justification including clear connection with proposed framework. **Worth: 20 points**

**Mini-Assignment 4: One-page summary of study design, outcomes and operational definitions.**

Grading: Study design/approach appropriate to problem and data sources, outcomes clearly defined and realistic, and operational definitions that indicate measurement. **Worth: 25 points**

**Mini-assignment 5: Ten-minute oral presentation of specific aims, significance, approach, and innovations of your proposed implementation research project followed by 5 minutes of Q&A.**

The presentation summarizes the contents of mini-assignments 1-4 and places them in the general format of the R21 or RWJF proposal.

Grading: The presentation will be graded on the inclusion of the following elements: 1) background; 2) aims (goal of the proposed project and specific objectives; 3) significance (if successful, what would the study contributions be to knowledge?  …to improving clinical or public health practice and outcomes?  …health outcomes?  …to delivery of services?); 4) research approach (what framework will be used?  Which aspects of the framework will be emphasized in the research?  What is the proposed strategy?  What is the proposed target population for implementation activities?); initial thoughts about the innovation of the project (what is innovative about the project, including new methods, shift paradigms, novel approaches?); smooth flow of the presentation; and response to questions.  **Worth: 50 points**

**Pseudo Mini-assignment 6: Draft proposal to assigned peer reviewer and Dr. Drahota for feedback.**

The draft proposal should have all of the sections required for the NIH R21 or RWJF proposal and incorporation of the ongoing feedback from Dr. Drahota on mini-assignments 1-4. Please note that this is intended to provide you with additional feedback from reviewers other than Dr. Drahota since proposals are reviewed by multiple individuals prior to receiving impact scores and funding decisions. These reviews may vary dramatically from one another with each reviewer perhaps picking up on different aspects that require feedback. ***This draft proposal will not be graded.*** Instead, it will provide an opportunity for additional feedback from Dr. Drahota and will provide the opportunity for a classmate to practice and hone their review skills. This draft will be due to Dr. Drahota and your assigned peer on November 18 on or before 11:59pm.

**Peer-Review:** **Students will review and prepare a written critique of a peer’s draft paper/proposal. Feedback will be shared during an in-class review session.**

Grading: See NIH guideline for reviewing proposals <https://grants.nih.gov/grants/peer/guidelines_general/reviewer_orientation.pdf>. Sample summary statements can be found at <https://www.niaid.nih.gov/grants-contracts/sample-applications#r21>. Additional resources related to how to provide thoughtful and constructive feedback have been assigned and also available: <https://teachingcenter.wustl.edu/resources/writing-assignments-feedback/commenting-on-student-writing/>. Thoughtful and thorough review of the proposal, written clearly and presented with both strengths and weaknesses using the ELI Review (found on the course D2L website) to include comments on the following sections: Overall Impact of proposed study, Significance of the problem, Innovations of the study, Approach to the research study (i.e., research design).  **Worth: 50 points**

**Final Presentation:** **A final, comprehensive 10-miniute presentation, with an additional 5 minutes of Q and A, of the final proposed implementation project will be presented on the last day of the course.**

Grading: Nature and magnitude of problem that the proposed project seeks to address clear; aims and reason for conducting implementation research at this point in time justified; theoretical framework on which the proposal is based succinctly presented and appears appropriate and logical; study measures and outcomes appropriate to specific aims; methodological approach (i.e., research design) succinctly outlined and appear feasible and appropriate; presentation flow clear and finishes on time; response to questions accurate or adequately reflective. **Worth: 75 points**

**Final Grant Proposal: Written six-page proposal.**

Grading: See R21 criteria: <https://grants.nih.gov/grants/guide/pa-files/par-19-275.html>. Points will be provided based on specific aims page, significance, approach, innovation, and clarity of writing, including respecting length requirement. **Worth: 100 points**

***Grading Requirements and Scale***

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| **Grading Item** | **Points** |  |  |  |
| Reading Evaluations* One missed or the lowest graded post will be dropped
 | 10 points each (Total: 100 points) | **Point Range** | **Point Value** |
| Discussion Leader | 40 | 465 – 500  | 4.0 |
| Mini-Assignment 1 | 25 | 440 – 464  | 3.5 |
| Mini-Assignment 2 | 20 | 415 – 439  | 3.0 |
| Mini-Assignment 3 | 15 | 390 – 414  | 2.5 |
| Mini-Assignment 4 | 20 | 365 – 389  | 2.0 |
| Mini-Assignment 5 | 30 | 340 – 364 | 1.5 |
| Peer Review | 50 | 300 – 339  | 1.0 |
| Final Presentation | 75 | < 300 | 0 |
| Final Grant Proposal | 100 |  |  |
| Discussion Participation | 25 |  |  |
| **TOTAL** | **500** |  |  |

***Course Outline and Schedule***

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| History, Language, Theory and Strategies in Implementation Science Research |

**Week 1 – September 2, 2020: *No class session***

**Week 2 – September 9, 2020: Course Overview and Introduction to Implementation Science**

In our first session together, we will review the syllabus, course expectations and major assignments. We will begin our discussion of the purpose, scope, and history of implementation science research.

Core Readings:

1. Colditz G. A. & Emmons, K. M. (2018). The promise and challenges of dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 1-18). New York, NY: Oxford.
2. Dearing, J. W., Kee, K. F., & Peng, T-Q. (2018). In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 47-61). New York, NY: Oxford.
3. Lopez-Class, M., Peprah, E., Zhang, X., Kaufmann, P. G., & Engelgau, M. M. (2016). A strategic framework for utilizing late-stage (T4) translation research to address health inequities. *Ethnicity & Disease, 26*(3), 387-394.
4. Proctor, E. K., Powell, B. J., Baumann, A. A., Hamilton, A. M., & Santen, R. L. (2012). Writing implementation research grant proposals: Ten key ingredients. *Implementation Science, 7*, 96.

Choose **1 reading** from the below (NIH RFA or Robert Wood Johnson Foundation RFA):

1. NIH PAR-16-236: Dissemination and Implementation Research in Health (R21). <https://grants.nih.gov/grants/guide/pa-files/par-19-275.html>
2. Robert Wood Johnson Foundation, Evidence for Action Call for Proposal. <https://anr.rwjf.org/viewCfp.do?cfpId=1523&cfpOverviewId=>

Choose **1 reading** from below:

1. Balas, E. A., & Boren, S. A. (2000). Managing clinical knowledge for health care improvement. In J. Bemmel & A.T. McCray (Eds). *Yearbook of medical informatics 2000: Patient-centered systems.* Stuttgart, Germany: Schattauer Verlagsgesellschaft.
2. Bhattacharyya, O., Reeves, S., & Zwarenstein, M. (2009). What is implementation research? Rationale, concepts, and practices. *Research on Social Work Practice, 19,* 491.
3. Cabassa, L. J. & Baumann, A. A. (2013). A two-way street: Bridging implementation science and cultural adaptations of mental health treatments. *Implementation Science, 8,* 90.
4. Lobb, R. & Colditz, G. A. (2013). Implementation science and its application to population health. *Annual Review of Public Health, 34,* 235-251.
5. O’Toole, L. J. (2000). Research on policy implementation: Assessment and prospects. *Journal of Public Administration Research and Theory, 10*(2), 263-288.
6. Peters, D. H., Adam, T., Alonge, O., Agyepong, I. A., & Tran, N. (2013). Implementation research: What it is and how to do it. *BMJ,* 347, f6753.
7. Shelton, R. C., Lee, M., Brotzman, L. E., Wolfenden, L., Nathan, N., & Wainberg, M. L. (2020). What is dissemination and implementation science?: An introduction and opportunities to advance behavioral medicine and public health globally. *International Journal of Behavioral Medicine, 27,* 3-20.

Due:

* Completed readings for today’s class – Be prepared for a class discussion

**Week 3 – September 16, 2020: D&I Terminology and Ethics of Implementation Science**

We spend the first part of the class discussing the language of implementation science research as well as the conceptual and operational definitions of D&I outcome variables. We will then discuss the ethics of dissemination and implementation science and research.

Core Readings:

1. Colditz G. A. & Emmons, K. M. (2018). Terminology for Dissemination and Implementation Research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 19-46). New York, NY: Oxford.
2. Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health, 38*, 65-76.
3. Dubois, J. M. & Prusaczyk, B. (2018). Ethical issues in dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 63-71). New York, NY: Oxford.
4. Gopichandran, V., Luyckx, V. A., Biller-Andorno, N., Fairchild A., Singh, J., Tran, N. et al. (2016). Developing the ethics of implementation research in health. *Implementation Science, 11,* 161.

Choose **1 reading** from below:

1. Proctor, E. K., Landsverk, J., Aarons, G. A., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental health, 36*(1), 24-34.
2. Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. S. (2015). A practical implementation science heuristic for organizational readiness: R = MC2. *Journal of Community Psychology, 43*(4), 484-501.
3. Chambless, D. L. & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66*(1), 7-18.
4. Chaney, E., Rabuck, L. G., Uman, J., Mittman, D. C., Simons, C., Simon, B. F., Ritchie, M., Cody, M., & Rubenstein, L. V. (2008). Human subjects protection issues in QUERI implementation research: QUERI Series. *Implement Science, 3,* 10.
5. Hutton, J. L., Eccles, M. P., & Grimshaw, J. M. (2008). Ethical issues in implementation research: A discussion of the problems in achieving informed consent. *Implement Science, 3,* 52.
6. Macklin, R. (2014). Ethical challenges in implementation research. *Public Health Ethics, 7*(1), 86-93.
7. Wilson, P. M., Sales, A., Wensing, M., Aarons, G. A., Flottrop, S., Glidewell, L. et al., (2017). Enhancing the reporting of implementation research. *Implementation Science, 12*, 13.

Due:

* Readings for today’s class
* Reading Evaluation 1

**Week 4 – September 23, 2020: Theories, Frameworks and Constructs**

**Discussion Leader: MK**

Good theory should describe appropriate constructs, explain mechanisms of action, and predict outcomes. This week, we will discuss theories used to guide the design of dissemination and implementation strategies and research. In addition, several frameworks commonly used in D&I science research will be introduced.

Core Readings:

1. Lewis, C. C., Boyd, M. R., Walsh-Bailey, C., Lyon, A. R., Beidas, R., Mittman, B. et al. (2020). A systematic review of empirical studies examining mechanisms of implementation in health. *Implementation Science, 15,* 21.
2. Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science, 10*, 53.
3. Ridde, V., Pérez, D., & Robert, E. (2020). Using implementation science theories and frameworks in global health. *BMJ Global Health, 5*(4), e002269.
4. Tabak, R. G., Chambers, D. A., Hook, M., & Brownson, R. C. (2018). The conceptual basis for dissemination and implementation research: Lessons from existing models and frameworks. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 73-88). New York, NY: Oxford.

Choose **2 reading** from below (Please note that each paper describes one specific D&I framework/model):

1. Brownson, R. C., Eyler, A. A., Harris, J. K., Moore, J. B., & Tabak, R. G. (2018). Getting the word out: New approaches for disseminating public health science. *Journal of Public Health Management and Practice, 24*(2), 102-111.
2. Chinman, M., Acosta, J., Ebener, P., Burkhart, Q., Clifford, M. Corsello, M., et al. (2012). Establishing and evaluating the key functions of an interactive systems framework using an assets-getting to outcomes intervention. *American Journal of Community Psychology, 50,* 295-310.
3. Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4,* 50.
4. Drahota, A. Chlebowski, C., Stadnick, N., Baker-Ericzén, M., & Brookman-Frazee, L. (2017). Dissemination and implementation of behavioral treatments for anxiety in ASD. In C. M. Kerns, P. Renno, E. A. Storch, P. C. Kendall, & J. J. Wood (Eds.), *Anxiety in Children and Adolescents with Autism Spectrum Disorder: Evidence-Based Assessment and Treatment.* Atlanta, GA: Elsevier.
5. Gaglio, B., Shoup, J. A., & Glasgow, R. E. (2013). The RE-AIM Framework: A systematic review of use over time. *American Journal of Public Health, 103*(6), e38-e46.
6. Glisson, C., Hemmelgarn, A., Green, P., & Williams, N. J. (2013). Randomized trial of the Availability, Responsiveness and Continuity (ARC) organizational intervention for improving youth outcomes in community mental health programs. *Journal of the American Academy of Child and Adolescent Psychiatry, 52*(5), 493-500.
7. Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *The Milbank Quarterly, 82*(4), 581-629.
8. Helfrich, C. D., Damschroder, L. J., Hagedorn, H. J., Daggett, G. S., Sahay, A., Ritchie, M., Damush, T., Guihan, M., Ullrich, P. M., & Stetler, C. B. (2010). A critical synthesis of literature on the promoting action on research implementation in health services (PARIHS) framework. *Implementation Science, 5*, 82.
9. Moullin, J. C., Dickson, K. S., Stadnick, N. A., Rabin, B., & Aarons, G. A. (2019). Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Science, 14,* 1.
10. Tabak, R. G., Khoong, E. C., Chambers, D. A., & Brownson, R. C. (2012). Bridging research and practice: Models for dissemination and implementation research. *American Journal for Preventive Medicine, 44*(3), 337-350.

Due:

* Readings for today’s class
* Reading Evaluation 2
* Mini-Assignment 1: One-page summary of the proposed topic and, if possible, specific research question(s) for the implementation research proposal, including description and current status of the intervention

**Week 5 – September 30, 2020: Identifying and Specifying D&I Strategies**

**Discussion Leader: Funmi**

Dissemination and implementation strategies are the specific actions designed to disseminate, implement, and sustain interventions in usual care or community settings. This week, we will review common strategies used to implement interventions in human service settings, steps for conceptually specifying strategies, and research evidence supporting the effectiveness of strategies.

Core Readings:

1. Kirchner, J. E., Waltz, T. J., Powell, B. J., Smith, J. L., & Proctor, E. K. (2018). Implementation strategies. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 245-266). New York, NY: Oxford.
2. Fixsen, D. L., Blasé, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice, 19,* 531-540.
3. Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science, 10,* 21.
4. Waltz, T. J., Powell, B. J., Fernandez, M. E., Abadie, B., & Damschroder, L. J. (2019). Choosing implementation strategies to address contextual barriers: Diversity in recommendations and future directions. *Implementation Science, 14*, 42.

Choose **2 readings** from the following:

1. Cook, C. R., Lyon, A. R., Locke, J., Waltz, T., & Powell, B. J. (2019). Adapting a compilation of implementation strategies to advance school-based implementation research and practice. *Prevention Science, 20*, 914-935.
2. Fernandez, M. E., ten Hoor, G. A., van Lieshout, S., Rodriguez, S. A., Beidas, R. S., Parcel, G. et al., (2019). Implementation mapping: Using intervention mapping to develop implementation strategies. *Frontiers in Publis Health, 7*, 158.
3. Go, V. F., Morales, G. J., Tuyet Mai, N., Brownson, R. C., Viet Ha, T., & Miller, W. C. (2016). Finding what works: Identification of implementation strategies for the integration of methadone maintenance therapy and HIV services in Vietnam. *Implementation Science, 11*, 54.
4. Leeman, J., Birken, S. A., Powell, B. J., Pohweder, C., & Shea, C. M. (2017). Beyond “implementation strategies”: Classifying the full range of strategies used in implementation science and practice. *Implementation Science, 12*, 125.
5. Powell, B. J., McMillen, J. C., Proctor, E. K., Carpenter, C. R., Griffey, R. T., Bunger, A. C., Glass, J. E., & York, J. L. (2012). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review, 69*(2), 123-157.
6. Proctor, E. K., Powell, B. J., & McMillen, J. C. (2013). Implementation strategies: Recommendations for specifying and reporting. *Implementation Science, 8,* 139.
7. Squires, J. E., Sullivan, K., Eccles, M. P., Worswick, J., & Grimshaw, J. M. (2014). Are multifaceted interventions more effective than single-component interventions in changing health-care professionals behaviours? An overview of systematic reviews. *Implementation Science, 9*, 152.
8. Waltz, T. J., Powell, B. J., Matthieu, M. M., Damschroder, L. J., Chinman, M. J., Smither, J. L., Proctor, E. K., & Kirchner, J. E. (2015). Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: Results from the Expert Recommendations for Implementing Change (ERIC) study. *Implementation Science, 10*, 109.

Due:

* Readings for today’s class
* Reading Evaluation 3
* Mini-Assignment 2: One-page summary of the choice of D&I framework and the rationale for how it fits with the identified clinical or public health intervention (from mini-assignment 1) and/or implementation context

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| Design and Methods for Conducting D&I Research or Evaluation in Community Settings |

**Week 6 – October 7, 2020: Study Types and Designs, Part 1**

**Discussion Leader: Jen**

We will review the purpose and examples of three main types of implementation studies: pre-implementation, observational, and interventional studies. Our session will conclude with a discussion of research design issues including pragmatic approaches, as well as the importance of external validity.

Core Readings:

1. Brown, C. H., Curran, G., Palinkas, L. A., Aarons, G. A., Wells, K. B., Jones, L., Collins, L. M., Duan, N., Mittman, B. S. et al. (2017). An overview of research and evaluation designs for dissemination and implementation. *Annual Review of Public Health, 38,* 1-22.
2. Curran, G. M., Bauer, M., Mittman, B., Pyne, J. M., & Stetler, C. (2012). Effectiveness-implementation hybrid designs: Combining elements of clinical effectiveness and implementation research to enhance public health impact. *Medical Care, 50*(3), 217-226.
3. Green, L. W. & Nasser, M. (2018). Furthering dissemination and implementation research: The need for more attention to external validity. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 301-316). New York, NY: Oxford.
4. Landsverk, J., Brown, H. C., Smith, J. D., Chamberlain, P., Curran, G. M., Palinkas, L. et al. (2018). Design and analysis in dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 201-228). New York, NY: Oxford.

Choose **2 readings** from below:

1. Gaglio, B. & Glasgow, R. E. (2018). Evaluation approaches for dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 317-334). New York, NY: Oxford.
2. Luke, D. A., Morshed, A. B., McKay, V. R., & Combs, T. B. (2018). Systems science methods in dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 157-173). New York, NY: Oxford.
3. Palinkas, L. A. & Cooper, B. R. (2018). Mixed methods evaluation in dissemination and implementation science. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 335-353). New York, NY: Oxford.
4. Raghavan, R. (2018). The role of economic evaluation in dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 89-106). New York, NY: Oxford.

Due:

* Readings for today’s class
* Reading Evaluation 4

**Week 7 – October 14, 2020: Study Types and Designs, Part 2**

**Discussion Leader: Corbin**

Selecting the optimal study design for implementation research often depends on the unique knowledge gaps and implementation context. We will continue our previous discussion by exploring several research designs used in dissemination and implementation science research. In particular, we will consider the appropriateness, rigor, and feasibility of these designs for addressing key implementation research questions. Additionally, in class, we will be introduced to Configurational Comparative Methods (CCMs) and data analysis using QCA and CNA – the most prominent CCMs of causal discovery.

Core Readings:

1. None

Choose **1 reading of each type of design**:

*Case Studies and Exploratory Designs:*

1. Frattaroli, S. & Teret, S. P. (2006). Understanding and informing policy implementation: A case study of the domestic violence provisions of the Maryland Gun Violence Act. *Evaluation Review, 30*(3), 347-360.
2. Norris, J. M., White, D. E., Nowell, L., Mrklas, K., & Stelfox, H. T. (2017). How do stakeholders from multiple hierarchical levels of a large provincial health system define engagement? A qualitative study. *Implementation Science, 12,* 98.
3. Palinkas, L. A., Aarons, G. A., Chorpita, B. F., Hoagwood, K., Landsverk, J., & Weisz, J. R. (2009). Cultural exchange and the implementation of evidence-based practices: Two case studies. *Research on Social Work Practice, 19*(5), 602-612.
4. Ploeg, J., Markle-Reid, M., Davies, B., Higuchi, K., Gifford, W., Bajnok, I. et al. (2014). Spreading and sustaining best practices for home care of older adults: A grounded theory study. *Implementation Science, 9*, 162.
5. Rocque, M., Welsh, B. C., Greenwood, P. W., & King, E. (2014). Implementing and sustaining evidence-based practice in juvenile justice: A case study of a rural state. *International Journal of Offender Therapy and Comparative Criminology, 58*(9), 1033-1057.

*Cluster Randomized Trials:*

1. Brown, C. H., Chamberlain, P., Saldaña, L., Padgett, C., Wang, W., & Cruden, G. (2014). Evaluation of two implementation strategies in 51 child county public service systems in two states: Results of a cluster randomized head-to-head implementation trial. *Implementation Science, 9*, 134.
2. Chinman, M., McCarthy, S., Hannah, G., Byrne, T. H., & Smelson, D. A. (2017). Using Getting to Outcomes to facilitate the use of an evidence-based practice in VA homeless programs: A cluster-randomized trial of an implementation support strategy. *Implementation Science, 12,* 34.
3. Garner, B. R., Godley, S. H., Dennis, M. L., Hunter, B. D., Bair, C. M. L., & Godley, M. D. (2012). Using pay for performance to improve treatment implementation for adolescent substance use disorders: Results from a cluster randomized trial. *Archives of Pediatrics & Adolescent Medicine, 166*(10), 938-944.
4. Knight, D. K., Belenko, S., Wiley, T., Robertson, A. A., Arrigona, N., Dennis, M. et al. (2015). Juvenile Justice-Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS): A cluster randomized trial targeting system-wide improvement in substance use services. *Implementation Science, 11*, 57.

*Interrupted Time Series:*

1. Biglan, A., Ary, D., & Wagenaar, A. C. (2000). The value of interrupted time-series experiments for community intervention research. *Prevention Science, 1*(1), 31-49.
2. Hanbury, A., Farley, K., Thompson, C., Wilson, P. M., Chambers, D., & Holmes, H. (2013). Immediate versus sustained effects: Interrupted time series analysis of a tailored intervention. *Implementation Science, 8*, 130.
3. Ramsay, C. R., Matowe, L., Grilli, R., Grimshaw, J. M., & Thomas, R. E. (2003). Interrupted time series designs in health technology assessment: Lessons from two systematic reviews of behavior change strategies. *International Journal of Technology Assessment in Health Care, 19*(4), 613-623.
4. Yelland, J., Riggs, E., Szwarc, J., Casey, S., Dawson, W., Vanpraag, D., et al. (2015). Bridging the gap: Using an interrupted time series design to evaluate systems reform addressing refugee maternal and child health inequities. *Implementation Science, 10,* 62.

*Mixed Methods:*

1. Beidas, R. S., Wolk, C. L. B., Walsh, L. M., Evans, A. C., Hurford, M. O., & Barg, F. K. (2014). A complementary marriage of perspectives: Understanding organizational social context using mixed methods. *Implementation Science, 9*, 175.
2. Birken, S. A., Lee, S. –Y. D., Weiner, B. J., Chin, M. H., & Schaefer, C. T. (2013). Improving the effectiveness of health care innovation implementation: Middle managers as change agents. *Medical Care Research and Review, 70*(1), 29-45.
3. Duan, N., Bhaumik, D. K., Palinkas, L. A., & Hoagwood, K. (2014). Optimal design and purposeful sampling: Complementary methodologies for implementation research. *Administration and Policy in Mental Health, 42*(5), 524-532.
4. Lang, J. & Bory, C. (2015). Statewide implementation and sustainment of evidence-based treatment using learning collaboratives: A five-year mixed-methods study. *Implementation Science, 10*(Suppl 1), A78.

*Stepped Wedge:*

1. Brown, C. A. & Lilford, R. J. (2006). The stepped wedge trial design: A systematic review. *BMC Medical Research Methodology, 6*, 54-63.
2. Chamberlain, P., Brown, C. H., Saldaña, L., Reid, J., Wang, W., Marsenich, L., et al. (2008). Engaging and recruiting counties in an experiment on implementing evidence-based practice in California. *Administration and Policy in Mental Health, 35*(4), 250-260.
3. Crain, A. L., Solberg, L. I., Unützer, J., Ohnsorg, K. A., Maciosek, M. V., Whitebird, R. R. et al. (2013). Designing and implementing research on a statewide quality improvement initiate: The DIAMOND study and initiative. *Medical Care, 51*(9), e58-e66.

Due:

* Readings for today’s class
* Reading Evaluation 5

**Week 8 – October 21, 2020: Construct Operationalization and Measurement (Still under construction)**

**Discussion Leader: Andrew**

Currently, the field is limited by a lack of well-developed and psychometrically sound measurement tools (although, more are emerging with each passing year). Our discussion will focus on measurement and instrumentation issues to consider including levels of analysis, relevance to stakeholders, context, and implementation stage.

Possible add:

1. Bunger, A. C., Powell, B. J., Robertson, H. A., MacDowell, H., Birken, S. A., & Shea, C. (2017). Tracking implementation strategies: A description of a practical approach and early findings. *Health Research Policy and Systems, 15*(1), 15.

Core Readings:

1. Chaudoir, S. R., Dugan, A. G., & Barr, C. H. I. (2013). Measuring factors affecting implementation of health innovations: A systematic review of structural, organizational, provider, patient, and innovation level measures. *Implementation Science, 8,* 22.
2. Lewis, C. C., Proctor, E. K., & Brownson, R. C. (2018). Measurement issues in dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 229-244). New York, NY: Oxford.
3. Willmeroth, T., Wesselborg, B., & Kuske, S. (2019). Implementation outcomes and indicators as a new challenge in health services research: A systematic scoping review. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 56,* 1-17.
4. Purtle, J., Dodson, E. A., & Brownson, R. C. (2018). Policy dissemination research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 433-447). New York, NY: Oxford.

Choose **1 reading** from below:

1. Ehrhart, M. G., Aarons, G. A., & Farahnak, L. R. (2014). Assessment the organizational context for EBP implementation: The development and validity testing of the Implementation Climate Scale (ICS). *Implementation Science, 9,* 157.
2. Emmons, K. M., Weiner, B., Fernandez, M. E., & Tu, S.-P. (2012). Systems antecedents for dissemination and implementation: a review and analysis of measures. *Health Education & Behavior*, *39*(1), 87–105.
3. Glisson, C., Landsverk, J., Schoenwald, S., Kelleher, K., Hoagwood, K. E., Mayberg, S., Green, P., & The Research Network on Youth Mental Health (2008). Assessing the Organizational Social Context (OSC) of mental health services: Implications for research and practice. *Administration and Policy in Mental Health, 35,* 98-113.
4. Miake-Lye, I. M., Delevan, D. M., Ganz, D. A., Mittman, B. S., & Finley, E. P. (2020). Unpacking organizational readiness for change: An updated systematic review and content analysis of assessments. *BMC Health Services Research, 20(1)*, 106.
5. McHugh, S., Dorsey, C. N., Mettert, K., Purtle, J., Bruns, E., & Lewis, C. C. (2020). Measures of outer setting constructs for implementation research: A systematic review and analysis of psychometric quality. *Implementation Research and Practice, 1,* 1-20.
6. Powell, B. J., Mandell, D. S., Hadley, T. R., Rubin, R. R., Evans, A. C., Huford, M. O., & Beidas, R. S. (2017). Are general and strategic measures of organizational context and leadership associated with knowledge and attitudes toward evidence-based practices in public behavioral health settings? A cross-sectional observational study. *Implementation Science, 12,* 64.
7. Weiner, B. J., Mettert, K. D., Dorsey, C. N., Nolen, E. A., Stanick, C., Powell, B. J., & Lewis, C. C. (2020). Measuring readiness for implementation: A systematic review of measures’ psychometric and pragmatic properties. *Implementation Research and Practice, 1*, 1-29.

Due:

* Readings for today’s class
* Reading Evaluation 6
* Mini-Assignment 3: Description of dissemination or implementation strategy choice and rationale for why it is appropriate in the context and/or with your selected intervention

**Week 9 – October 28, 2020: Specific D&I Measures (Still under construction)**

**Discussion Leader: Jaleah**

As realized during the previous week’s discussion, measurement and instrumentation issues continue in D&I science research. Yet, the number of measures of notable and relevant constructs have grown in the past 5 years. As a result, we will review specific measures during the class session and discuss ongoing psychometric considerations for these measures.

Due:

* Readings for today’s class
* Reading Evaluation 7

**Week 10 – November 4, 2020: Participatory Approaches for D&I Science Research**

**Discussion Leader: Rosaura**

Understanding the context of implementation and maximizing success has been hypothesized to depend on strong partnerships with community-based providers, leaders, administrators, and policy-makers. This session will focus on the research supporting participatory approaches and strategies for engaging partners in implementation research.

Core Readings:

1. Drahota, A., Meza, R., Brikho, B., Naaf, M., Estabillo, J., Gomez, E., Vejnoska, S., Dufek, S., Stahmer, A. C., & Aarons, G. A. (2016). Community-Academic Partnerships: A systematic review of the state of the literature and recommendations for future research. *Milbank Quarterly, 94*, 163-214.
2. Minkler, M. Salvatore, A. L., & Chang, C. (2018). Participatory approaches for study design and analysis in dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp.175-190). New York, NY: Oxford.
3. Riley, B. L., Willis, C. D., Holmes, B., Finegood, D. T., Best, A., & McIsaac, J,-L. D. (2018). Systems thinking and dissemination and implementation research. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 143-155). New York, NY: Oxford.

Choose **1 reading** from below:

1. Cabassa, L. J., Gomes, A. P., Meyreles, Q., Capitelli, L., Younge, R., Dragatsi, D., … Lewis-Fernández, R. (2014). Using the collaborative intervention planning framework to adapt a health-care manager intervention to a new population and provider group to improve the health of people with serious mental illness. *Implementation Science,* *9*, 178.
2. Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*, 173–202.
3. Lau, A. S., Rodriguez, A., Bando, L., Innes-Gomberg, D., & Brookman-Frazee, L. (2020). Research community collaboration in observational implementation research: Complementary motivations and concerns in engaging in the study of implementation as usual. *Administration and Policy in Mental Health and Mental Health Services Research, 47*(2), 210-226.
4. Schmittdiel, J. A., Grumbach, K., & Selby, J. V. (2010). System-based participatory research in health care: An approach for sustainable translational research and quality improvement. *Annals of Family Medicine, 8*(3), 256–259.

Due:

* Readings for today’s class
* Reading Evaluation 8
* Mini-Assignment 4: One-page summary of study design, outcomes, and operational definitions of variables (e.g., measures)

**Week 11 – November 11, 2020: Adaptation and Fidelity (still under construction)**

**Discussion Leader: Ana**

Intro here

Core Readings:

1. Allen, J. D., Shelton, R. C., Emmons, K. M., & Linnan, L. A. (2018). Fidelity and its relationship to implementation effectiveness, adaptation, and dissemination. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 267-284). New York, NY: Oxford.
2. Baumann, A. A., Cabassa, L. J., & Stirman, S. W. (2018). Adaptation in dissemination and implementation science. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (pp. 285-300). New York, NY: Oxford.
3. Chambers, D. A. & Norton, W. E. (2016). The Adaptome: Advancing the science of intervention adaptation. *American Journal of Preventative Medicine, 51*(4S2), S124-S131.

Choose **XX readings** from below:

1. Kirk, M. A., Moore, J. E., Stirman, S. W., & Birken, S. A. (2020). Towards a comprehensive model for understanding adaptations’ impact: The model for adaptation design and impact (MADI). *Implementation Science, 15*, 56.
2. Stirman, S. W., Baumann, A. A., & Miller, C. J. (2019). The FRAME: An expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science, 6*, 14.
3. IMPLEMENTATION FIDELITY 🡪 Stages of Implementation Completion
4. IMPLEMENTATION FIDELITY 🡪 Systematic Review

Due:

1. Readings for today’s class
2. Reading Evaluation 9

**Week 12 – November 18, 2020: Student Presentations**

No readings are due today. During today’s session, each student will present their *developing* R21/RWJF proposal (emphasis on *developing*) for 10 minutes and then answer questions or respond to comments for 5 minutes. The presentations will summarize the contents of mini-assignments 1-4. Presentations should include the following elements: 1) A brief introduction to the intervention itself; 2) The aims (goal of the proposed D&I research and specific objectives; 3) Significance (if successful, what would the study contributions be to knowledge? …to improving clinical or public health practice and outcomes? …health outcomes? …to delivery of services?); 4) Approach (what framework will be used?  Which aspects of the framework will be emphasized in the research?  What is the proposed strategy?  What is the proposed target population for implementation activities?); and 4) Innovation (what is innovative about the proposed project, including new methods, shift paradigms, novel approaches?).

Core Readings:

1. None

Due:

* Mini-Assignment 5: Ten-minute oral presentation of specific aims, significance, approach, and innovations of your proposed implementation research project followed by 5 minutes of Q&A
* Pseudo min-assignment 6: Proposal draft for your peer reviewer and emailed to Dr. Drahota **at or before 11:59pm EST on Friday, 11/20/2020**

**Week 13: Asynchronous class – How to review proposals and provide feedback to peers**

Development of a proposal can be challenging/ is challenging, and feedback from peers as well as more experienced researchers is vital to point out areas of strength and areas that may be improved upon. However, there is often little formal instruction on *HOW* to provide feedback. This week, you will read about providing feedback and watching a tutorial on providing written and verbal feedback to others.

Core Readings:

1. NIH guideline for reviewing proposals <https://grants.nih.gov/grants/policy/review/rev_prep/critiques.htm>, as well as sample summary statements at <https://www.niaid.nih.gov/grants-contracts/sample-applications#r21>
2. <https://teachingcenter.wustl.edu/resources/writing-assignments-feedback/using-peer-review-to-help-students-improve-their-writing/>
3. Review example summary statements found on the course D2L.

Core Webinars:

1. A Jury of Peers: Untangling D&I Grant Reviews with the People Who Chair Them (presented by NCI): <https://youtu.be/LQLz5hlGSdE>
2. Crossing the Finish Line of Grant Submission: R’s from the Perspectives of the PI’s (presented by NCI): <https://youtu.be/dNLHhvErKW4>

**Week 14 – December 2, 2020: Sustainment (still under construction) and Proposal Feedback**

**Discussion Leader: Malu**

This class will be split between discussing sustainment and providing peer review of the proposal you were assigned to review.

Core Readings:

1. Hailemariam, M., Bustos, T., Montgomery, B., Barajas, R., Evans, L. B., & Drahota, A. (2019). Evidence-based intervention sustainability strategies: A systematic review. *Implementation Science, 14*, 57.

Choose **XX readings** from below:

1. Hunter, S. B., Han, B., Slaughter, M. E., Godley, S. H., & Garner, B. R. (2017). Predicting evidence-based treatment sustainment: Results from a longitudinal study of the Adolescent-Community Reinforcement Approach. *Implementation Science, 12,* 75.
2. Hodge LM, Turner KM. Sustained implementation of evidence-based programs in disadvantaged communities: a conceptual framework of supporting factors. Am J Community Psychol. 2016;58:192–210.
3. Aarons GA, Green AE, Willging CE, Ehrhart MG, Roesch SC, Hecht DB, Chaffin MJ. Mixed-method study of a conceptual model of evidence-based intervention sustainment across multiple public-sector service settings. Implement Sci. 2014;9:183.
4. Hodge LM, Turner KM, Sanders MR, Filus A. Sustained implementation support scale: Validation of a measure of program characteristics and workplace functioning for sustained program implementation. J Behav Health Serv Res. 2016;1–22.
5. Scheirer MA, Dearing JW. An agenda for research on the sustainability of public health programs. Am J Public Health. 2011;101:2059–67.
6. Brookman-Frazee L, Stadnick N, Roesch S, Regan J, Barnett M, Bando L, Innes-Gomberg D, Lau A. Measuring sustainment of multiple practices fiscally mandated in children’s mental health services. Adm Policy Ment Health. 2016;43:1009–22.
7. Aarons GA, Green AE, Trott E, Willging CE, Torres EM, Ehrhart MG, Roesch SC. The roles of system and organizational leadership in system-wide evidence-based intervention sustainment: a mixed-method study. Adm Policy Ment Health. 2016;43:991–1008.
8. Green AE, Trott E, Willging CE, Finn NK, Ehrhart MG, Aarons GA. The role of collaborations in sustaining an evidence-based intervention to reduce child neglect. Child Abuse Negl. 2016;53:4–16.
9. Schell SF, Luke DA, Schooley MW, Elliott MB, Herbers SH, Mueller NB, Bunger AC. Public health program capacity for sustainability: a new framework. Implement Sci. 2013;8:15.
10. Washington University in St Louis. Program sustainability assessment tool. 2012. <https://sustaintool.org/>. Accessed 27 Oct 2015.

Due:

1. Readings for today’s class
2. Reading Evaluation 10
3. Reviews of your assigned student proposal. Be prepared to discuss this feedback during class. Bring your written review to class AND submit them through \_\_\_\_\_\_\_\_ **by 9am on 12/2/2020**

**Week 15 – December 9, 2020: De-implementation and Mis-implementation (topic under construction)**

**Discussion Leader: Aksheya**

TBD

Core Readings:

1. *Book chapter HERE*
2. Norton, W. E. & Chambers, D. A. (2020). Unpacking the complexities of de-implementing inappropriate health interventions. *Implementation Science, 15*(1), 2.
3. Brownson, R. C., Allen, P., Jacob, R. R., Harris, J. K., Duggan, K., Hipp, P. R., & Erwin, P. C. (2015). Understanding mis-implementation in public health practice. *American Journal of Preventative Medicine, 48*(5), 543-551.

Choose **XX readings** from below:

1. Wang, V., Maciejewski, M. L., Helfrich, C. D., & Weiner, B. J. (2018). Working smarter not harder: Coupling implementation to de-implementation. *Healthcare, 6*, 104-107.
2. Burton, C., Williams, L., Bucknall, T., Edwards, S., Fisher, D., Hall, B. et al. (2019). Understanding how and why de-implementation works in health and care: Research protocol for a realist synthesis of evidence. *Systematic Reviews, 8*, 194.

Due:

1. Readings for today’s class
2. Reading Evaluation 11

**Week 16 – Date TBD based on student availability: Final Presentations**

Today’s session will be devoted to each student presenting a final, comprehensive 10-miniute presentation, with an additional 5 minutes each for of Q and A. This will be a presentation of each student’s final proposed implementation project. Each presentation should include: the nature and magnitude of problem that the proposed project seeks to address clear; aims and reason for conducting implementation research at this point in time justified; theoretical framework on which the proposal is based succinctly presented and appears appropriate and logical; potential study partners identified and justified; study outcomes appropriate to aims; methods, including succinctly outlined and appear feasible and appropriate; dissemination plan logical; presentation flow clear and finishes on time; response to questions.

Please note that any feedback received during presentations can be incorporated into the final proposal, which is due to Dr. Drahota (through the D2L course site) at or before 5pm EST on December 18, 2020.

Core Readings:

1. None

Due:

* Student presentations
* Submit your final grant proposal **at or before 5pm EST** on **December 18, 2020** (submit through D2L: Assignments)