

Dissemination and Implementation Models in health research and practice: an online interactive tool

**QUERI Implementation Seminar
July 2, 2015**

Borsika A. Rabin, Ph.D., M.P.H., Pharm.D.
Ischemic Heart Disease QUERI Center
VA Eastern Colorado Health Care System, Denver, Colorado

Department of Family Medicine and Adult and Child Center for Health
Outcomes Research and Delivery Science
School of Medicine, University of Colorado
www.ucdenver.edu/implementation

Acknowledgement

Most of the work presented here was funded through the [National Cancer Institute](#) (project number 1P20 CA137219) and the [Adult and Child Center for Health Outcomes Research and Delivery Science](#), School of Medicine, [University of Colorado](#) and was inspired and supported by many colleagues from around the country.

Some of whom are:

Chase Cameron

Michelle Henton

Channing Tate

Russell Glasgow

Ross Brownson

Sandra Mitchell

Rachel Tabak

D&I Models defined

Theories present a systematic way of understanding events or behaviors by providing interrelated concepts, definitions, and propositions that explain or predict events by specifying relationships among variables. They are abstract, broadly applicable and not content- or topic-specific.

Frameworks are strategic or action-planning models that provide a systematic way to develop, manage, and evaluate interventions.

Models is used to describe theories and frameworks collectively.

Poll question #1

What level of experience do you have conducting implementation research?

- (1) Served as principal investigator
- (2) Served as co-investigator
- (3) Participated in other role
- (4) Observed other colleagues do it
- (5) Have not participated yet

Poll question #2

Has this work in implementation research (IR) used a D&I model?

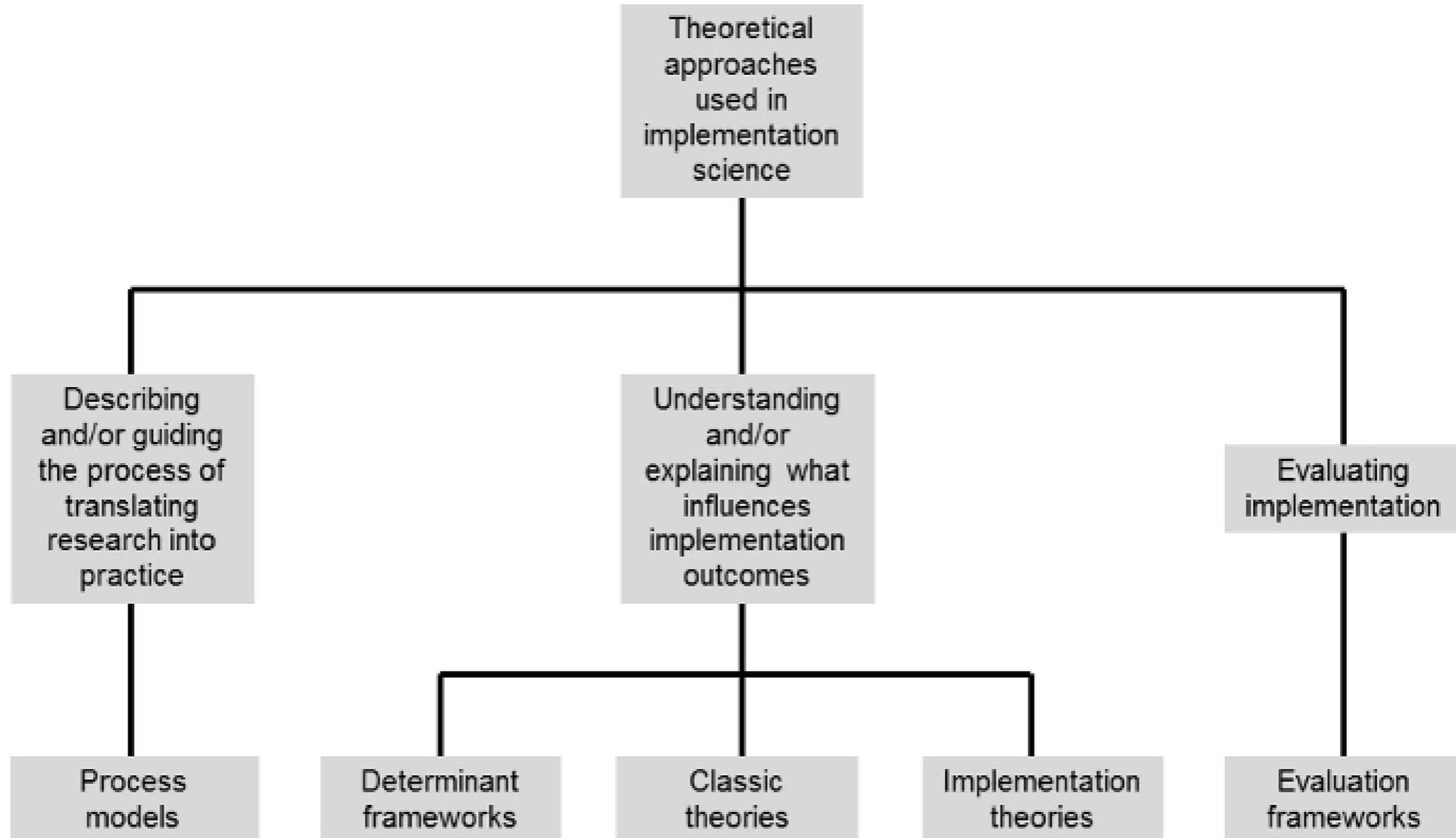
- (1) Yes – to inform implementation strategy
- (2) Yes – to inform evaluation
- (3) Yes – for both strategy and evaluation
- (4) No, it did not include a D&I model
- (5) I have not yet participated in IR

D&I Models: Significance

What can they do:

- Ensure inclusion of essential D&I strategies
- Enhance the interpretability of study findings
- Provide systematic structure for the development, management, and evaluation of intervention/D&I efforts

Three aims of the use of theoretical approaches in implementation science and the five categories of theories, models and frameworks



Characteristics of strong D&I studies

- 1. Significance:** The proposal meets the goal of D&I PAR to improve practice through research
- 2. Use of mixed methods:** The proposal utilizes mixed methods (quantitative and qualitative), as encouraged by the PAR.
- 3. Sampling strategy and selection criteria:** Regardless of the method, sampling strategies and selection criteria are well-articulated and justified.
- 4. Sustainability:** The proposal addresses the sustainability of the project or innovation.
- 5. Feasibility and Generalizability:** D&I is concerned with real-world applicability of interventions and innovation. Strong proposals promote interventions that are feasible and practical for real-world settings.
- 6. Targeting diverse, underserved and understudied populations and settings.**
- 7. Potential for advancing the methods for dissemination and implementation.**
- 8. Community Collaboration:** To be relevant to real-world settings, D&I research must foster collaboration with communities and community-based organizations.
- 9. Strong Study Teams:** Proposals feature strong, experienced, inter-disciplinary study teams.
- 10. Conceptual frameworks:** proposals present relevant and specific frameworks, theories or models to guide their work.

+2 weaknesses:

- 1.** The proposal fails to clearly articulate its overall significance, aims, relevance to the field of D&I, or generalizability to broader settings and populations.
- 2.** The proposal fails to adequately articulate its framework, theoretical background and conceptual models.

10 key ingredients of D&I research proposals #1-6

Proposal Ingredient	Key Question	Review Criteria
1. The care gap or quality gap	The proposal has clear evidence that a gap in quality exists?	Significant impact
2. The evidence based treatment to be implemented	Is the evidence for the program, treatment, or set of services to be implemented demonstrated?	Significance innovation
3. Conceptual model and theoretical justification	The proposal delineates a clear conceptual framework/theory/model that informed the design and variables being tested?	Approach innovation
4. Stakeholder priorities, engagement in change	Is there a clear engagement process of the stakeholders in place?	Significance impact Approach Environment
5. Setting's readiness to adopt new services/treatments/programs	Is there clear information that reflects the settings readiness, capacity, or appetite for change, specifically around adoption of the proposed evidence-based treatment?	Impact Approach Environment
6. Implementation and strategy/process	Are the strategies to implement the intervention clearly defined, and justified conceptually?	Significance impact innovation



Published in final edited form as:

Am J Prev Med. 2012 September ; 43(3): 337–350. doi:10.1016/j.amepre.2012.05.024.

Bridging Research and Practice:

Models for Dissemination and Implementation Research

Rachel G. Tabak, PhD, Elaine C. Khoong, BS, David Chambers, DPhil, and Ross C. Brownson, PhD

Prevention Research Center in St. Louis, Brown School, (Tabak, Khoong, Brownson), Division of Public Health Sciences and Alvin J. Siteman Cancer Center, School of Medicine, (Brownson), Washington University in St. Louis, St. Louis, Missouri; National Institute of Mental Health (Chambers), NIH, Bethesda, Maryland

Abstract

Context—Theories and frameworks (hereafter called models) enhance dissemination and implementation (D&I) research by making the spread of evidence-based interventions more likely. This work organizes and synthesizes these models by: (1) developing an inventory of models used in D&I research; (2) synthesizing this information; and (3) providing guidance on how to select a model to inform study design and execution.

Evidence acquisition—This review began with commonly cited models and model developers and used snowball sampling to collect models developed in any year from journal articles, presentations, and books. All models were analyzed and categorized in 2011 based on three author-defined variables: construct flexibility, focus on dissemination and/or implementation activities (D/I), and the socio-ecological framework (SEF) level. Five-point scales were used to rate construct flexibility from broad to operational and D/I activities from dissemination-focused to implementation-focused. All SEF levels (system, community, organization, and individual) applicable to a model were also extracted. Models that addressed policy activities were noted.

Evidence synthesis—Sixty-one models were included in this review. Each of the five categories in the construct flexibility and D/I scales had/contained at least four models. Models were distributed across all levels of the SEF; the fewest models ($n=8$) addressed policy activities. To assist researchers in selecting and utilizing a model throughout the research process, the authors present and explain examples of how models have been used.

Conclusions—These findings may enable researchers to better identify and select models to inform their D&I work.

Published in final edited form as:

Nurs Outlook. 2010 ; 58(6): 287–300. doi:10.1016/j.outlook.2010.07.001.

A Thematic Analysis of Theoretical Models for Translational Science in Nursing: Mapping the Field

Sandra A. Mitchell, CRNP, PhD, AOCN¹, Cheryl A. Fisher, RN-BC, EdD¹, Clare E. Hastings, RN, PhD, FAAN¹, Leanne B. Silverman, BA¹, and Gwennyth R. Wallen, RN, PhD¹

¹Clinical Center, National Institutes of Health, Bethesda, MD

Abstract

Background—The quantity and diversity of conceptual models in translational science may complicate rather than advance the use of theory.

Purpose—This paper offers a comparative thematic analysis of the models available to inform knowledge development, transfer, and utilization.

Method—Literature searches identified 47 models for knowledge translation. Four thematic areas emerged: (1) evidence-based practice and knowledge transformation processes; (2) strategic change to promote adoption of new knowledge; (3) knowledge exchange and synthesis for application and inquiry; (4) designing and interpreting dissemination research.

Discussion—This analysis distinguishes the contributions made by leaders and researchers at each phase in the process of discovery, development, and service delivery. It also informs the selection of models to guide activities in knowledge translation.

Conclusions—A flexible theoretical stance is essential to simultaneously develop new knowledge and accelerate the translation of that knowledge into practice behaviors and programs of care that support optimal patient outcomes.

Keywords

Translational science; evidence-based practice; knowledge translation; dissemination research; theory

Published in final edited form as:

Am J Prev Med. 2012 September ; 43(3): 337–350

SYSTEMATIC REVIEW

Open Access

Bridging Research and Practice
Models for Dissemination and ImplementationRachel G. Tabak, PhD, Elaine C. Khoong, BS,
Brownson, PhDPrevention Research Center in St. Louis, Brown
Public Health Sciences and Alvin J. Siteman Center
Washington University in St. Louis, St. Louis, Missouri
(Chambers), NIH, Bethesda, MarylandDisseminating research findings: what should
researchers do? A systematic scoping review of
conceptual frameworksPaul M Wilson^{1*}, Mark Petticrew², Mike W Calnan³, Irwin Nazareth⁴

Abstract

Context—Theories and frameworks (hereafter implementation (D&I) research by making the... This work organizes and synthesizes these models in D&I research; (2) synthesizing this information model to inform study design and execution.

Evidence acquisition—This review began with and used snowball sampling to collect models, presentations, and books. All models were analyzed using author-defined variables: construct flexibility, fidelity activities (D/I), and the socio-ecological framework rate construct flexibility from broad to operation to implementation-focused. All SEF levels (system applicable to a model) were also extracted. Models

Evidence synthesis—Sixty-one models were categorized in the construct flexibility and D/I scale were distributed across all levels of the SEF; the To assist researchers in selecting and utilizing authors present and explain examples of how these

Conclusions—These findings may enable researchers to inform their D&I work.

Abstract

Background: Addressing deficiencies in the dissemination and transfer of research-based knowledge into routine clinical practice is high on the policy agenda both in the UK and internationally. However, there is lack of clarity between funding agencies as to what represents dissemination. Moreover, the expectations and guidance provided to researchers vary from one agency to another. Against this background, we performed a systematic scoping to identify and describe any conceptual/organising frameworks that could be used by researchers to guide their dissemination activity.

Methods: We searched twelve electronic databases (including MEDLINE, EMBASE, CINAHL, and PsycINFO), the reference lists of included studies and of individual funding agency websites to identify potential studies for inclusion. To be included, papers had to present an explicit framework or plan either designed for use by researchers or that could be used to guide dissemination activity. Papers which mentioned dissemination (but did not provide any detail) in the context of a wider knowledge translation framework, were excluded. References were screened independently by at least two reviewers; disagreements were resolved by discussion. For each included paper, the source, the date of publication, a description of the main elements of the framework, and whether there was any implicit/explicit reference to theory were extracted. A narrative synthesis was undertaken.

Results: Thirty-three frameworks met our inclusion criteria, 20 of which were designed to be used by researchers to guide their dissemination activities. Twenty-eight included frameworks were underpinned at least in part by one or more of three different theoretical approaches, namely persuasive communication, diffusion of innovations theory, and social marketing.

Conclusions: There are currently a number of theoretically-informed frameworks available to researchers that can be used to help guide their dissemination planning and activity. Given the current emphasis on enhancing the uptake of knowledge about the effects of interventions into routine practice, funders could consider encouraging researchers to adopt a theoretically-informed approach to their research dissemination.

16/j.outlook.2010.07.001.

Conceptual Models for Translational
Research in the FieldMeryl A. Fisher, RN-BC, EdD¹, Clare E. Hastings,
PhD¹, and Gwennyth R. Wallen, RN, PhD¹
Bethesda, MD

of conceptual models in translational science may vary.

A thematic analysis of the models available to inform

models for knowledge translation. Four thematic areas: (1) knowledge transformation processes; (2) strategic planning; (3) knowledge exchange and synthesis for interpreting dissemination research.

The contributions made by leaders and researchers at development, and service delivery. It also informs the knowledge translation.

It is essential to simultaneously develop new that knowledge into practice behaviors and programs

e; knowledge translation; dissemination research;

Published in final edited form as:

Am J Prev Med. 2012 September ; 43(3): 337–350

SYSTEMATIC REVIEW

Open Access

Bridging Research and Practice
Models for Dissemination and Implementation

Rachel G. Tabak, PhD, Elaine C. Khoong, BS,
Brownson, PhD

Prevention Research Center in St. Louis, Brown
Public Health Sciences and Alvin J. Siteman C

Washi
(Cham

Disseminating research findings: what should researchers do? A systematic scoping review of conceptual frameworks

Paul M Wilson^{1*}, Mark Petticrew², Mike W Calnan³, Irwin Nazareth⁴

**etical Models for Translational
the Field**

heryl A. Fisher, RN-BC, EdD¹, Clare E. Hastings,
¹, and Gwennyth R. Wallen, RN, PhD¹
Bethesda, MD

Abstr

Wealth of existing models for D&I:

- 61 with research focus (Tabak et al., 2012)
- additional 25+ with practitioner/clinician focus (Mitchell at al., 2010)
- 33 frameworks from a UK perspective (Wilson et al. 2010)

Co
im
Th
in
mo
Ev
an
pre
aut
act
rat
to
ap
Ev
cat
we
To
aut
Co
inf

ence may
e to inform
thematic areas
strategic
sis for
earchers at
orms the
new
nd programs
research;

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)[FAQ](#)[Glossary](#)[Contact Us](#)[Home](#)[Resources](#)[Submit Models](#)[About Us](#)

This interactive website was designed to help researchers and practitioners to select the D&I Model that best fits their research question or practice problem, adapt the model to the study or practice context, fully integrate the model into the research or practice process, and find existing measurement instruments for the model constructs. The term 'Models' is used to refer to both theories and frameworks that enhance dissemination and implementation of evidence-based interventions more likely.

Select

Search, view, and select
D&I Models

Adapt

Read strategies for
adapting D&I Models to
research or practice
context

Integrate

Read strategies for
incorporating D&I Models
into the full spectrum of
your project

Measure constructs

Find a list of constructs
and links to measurement
tools associated with the
D&I Models

To learn more: www.dissemination-implementation.org

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)[FAQ](#)[Glossary](#)[Contact Us](#)[Home](#)[Resources](#)[Submit Models](#)[About Us](#)

This interactive website was designed to help researchers and practitioners to select the D&I Model that best fits their research question or practice problem, adapt the model to the study or practice context, fully integrate the model into the research or practice process, and find existing measurement instruments for the model constructs. The term 'Models' is used to refer to both theories and frameworks that enhance dissemination and implementation of evidence-based interventions more likely.

Select

Search, view, and select
D&I Models

Adapt

Read strategies for
adapting D&I Models to
research or practice
context

Integrate

Read strategies for
incorporating D&I Models
into the full spectrum of
your project

Measure constructs

Find a list of constructs
and links to measurement
tools associated with the
D&I Models

To learn more: www.dissemination-implementation.org

Models utilized in D&I R01s

Model	Frequency (%)
Rogers' Diffusion of Innovations + RE-AIM	1 (2%)
Nonspecific reference	2 (4%)
Rogers' DOI alone or in combination with other	5 (11%)
RE-AIM alone or in combination	7 (15%)
Specific theory/framework: <ul style="list-style-type: none"> - Cooperation Extension System - Community Readiness Model - Quality Assurance Model (2) - Self-regulation Theory of Health Behavior - Collaborative Depression Core Model - Cognitive Behavioral Theory - Advanced Recovery Theory - Program Change Model 	9 (20%)
No theory/framework	22 (48%)

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)

[FAQ](#)

[Glossary](#)

[Contact Us](#)

[Home](#)

[Resources](#)

[Submit Models](#)

[About Us](#)

Google™ Custom Se



Search, view, and select D&I Models through one of the following:

[View All D&I Models](#)

Review and choose among available D&I Models. You can also see all [references for the D&I models](#).

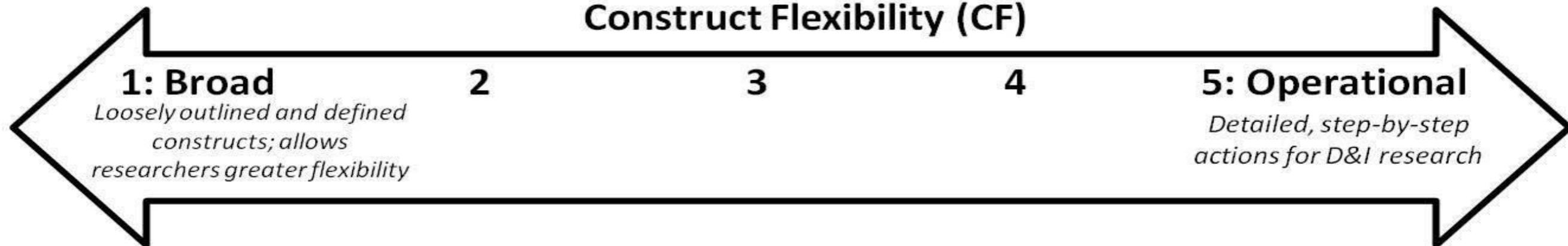
[Search D&I Models](#)

Search for D&I Models using specific criteria.

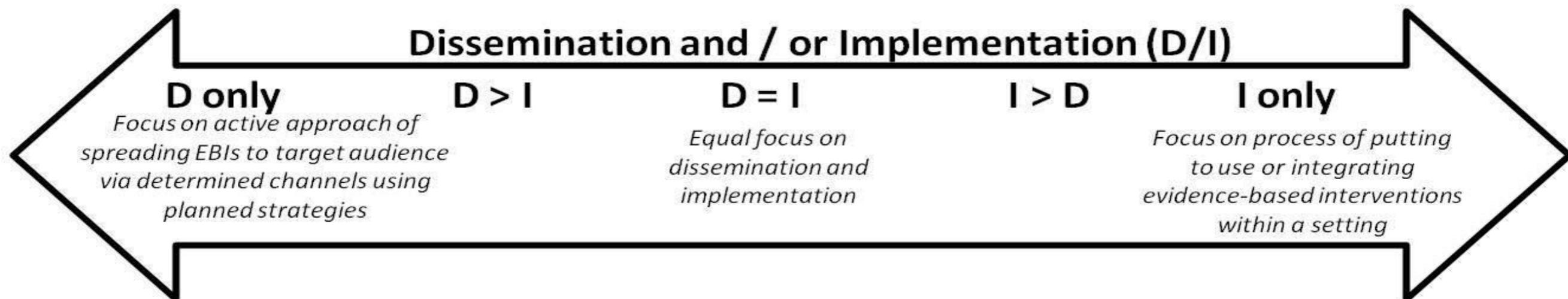
Once you have selected a D&I Model that best fits your research question, you can learn more about applying your model on the [ADAPT](#) or [INTEGRATE](#) pages. Additionally, you can find list of constructs and affiliated measures associated with the selected D&I Model on the [MEASURE](#) page.

Model Categories

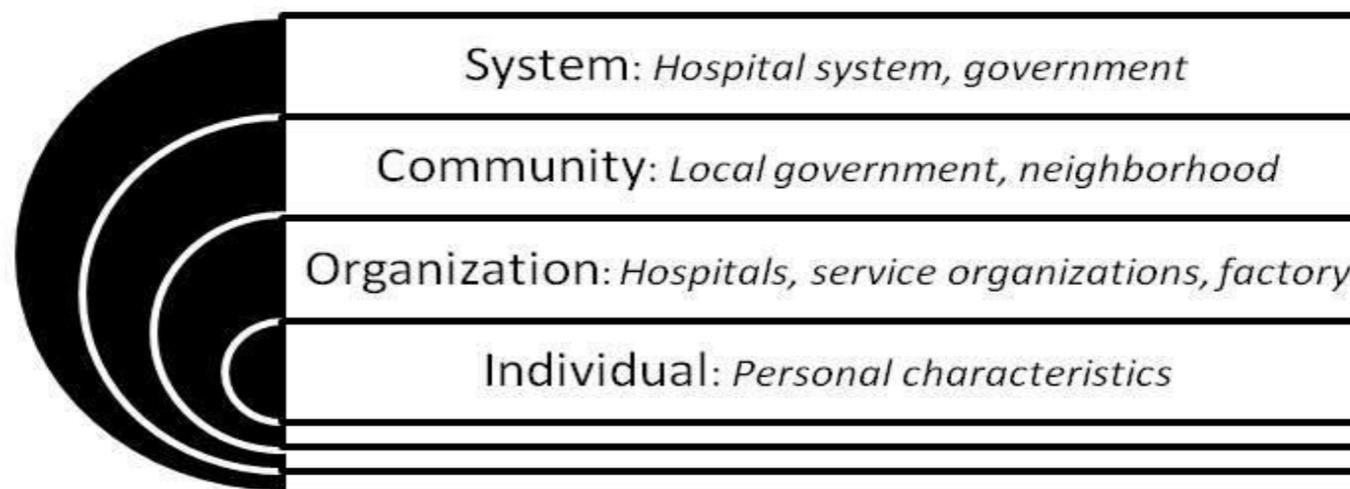
Construct Flexibility (CF)



Dissemination and / or Implementation (D/I)



Socio-ecological Framework (SEF)



View All D&I Models

The list of all D&I Models and their characteristics. You can compare up to five models by selecting the check box next to the model name. Additional information on each model can be found by clicking on the Description link under each Model name.

Compare Models

	Sort	Sort	Sort						Sort	Sort	
	Model 	D &/or I 	Construct Flexibility 	Socio-Ecological Levels 					Field of Origin 	# Times Cited 	Rating 
				Individual	Organization	Community	System	Policy			
<input type="checkbox"/>	"4E" Framework for Knowledge Dissemination and Utilization Description 	D=I	3	I	O	C			Aging and mental health	35	
<input type="checkbox"/>	A Model for Evidence-Based Practice Description 										
<input type="checkbox"/>	ACE Star Model of Knowledge Transformation Description 	D>I	4	I	O		S		Nursing		
<input type="checkbox"/>	Active Implementation Framework Description 	I-Only	3	I	O	C			Any domain	904	

Search D&I Models

You can search for D&I Models by entering a keyword OR by selecting from the categories below.

Enter keyword for model search:

Submit Keyword Search

----- **OR** -----

Dissemination & Implementation Models can be searched using individually set criteria.

D And/Or I 

Dissemination Only

Implementation Only

Any

Socio-Ecological Levels 

Individual Organization

Community System

Policy All

Constructs 

Acceptability/feasibility

Awareness Barriers and facilitators

Communication Communication channels Complexity

Context Context - Inner setting

Development of an intervention

Engagement Evaluation

External

Model Details

Model Name	Consolidated Framework for Implementation Research
D and/or I 	I-Only
Construct Flexibility 	4
Socio-Ecological Levels 	Organization Community
Field of Origin 	Health services
Practitioner/Researcher 	
Constructs 	<p>Adaptation and evolution</p> <p>Communication channels</p> <p>Complexity</p> <p>Context - Outer setting</p> <p>Engagement</p> <p>Evaluation</p>

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)[FAQ](#)[Glossary](#)[Contact Us](#)[Home](#)[Resources](#)[Submit Models](#)[About Us](#)

This interactive website was designed to help researchers and practitioners to select the D&I Model that best fits their research question or practice problem, adapt the model to the study or practice context, fully integrate the model into the research or practice process, and find existing measurement instruments for the model constructs. The term 'Models' is used to refer to both theories and frameworks that enhance dissemination and implementation of evidence-based interventions more likely.

Select

Search, view, and select
D&I Models

Adapt

Read strategies for
adapting D&I Models to
research or practice
context

Integrate

Read strategies for
incorporating D&I Models
into the full spectrum of
your project

Measure constructs

Find a list of constructs
and links to measurement
tools associated with the
D&I Models

To learn more: www.dissemination-implementation.org

Adapt

+/- Expand All

+/- What are the benefits of using existing models?

Researchers can choose from a wealth of existing models. There are many benefits to using an existing model. It encourages researchers to build on previous findings. Demonstrating a new application of the model increases the generalizability of the model thereby enhancing the field's understanding of a model and its constructs.

+/- Why adapting of D&I models might be necessary?

A researcher will almost always adapt a model in some way; therefore, adaptation is often an important part of using a model. Adaptation often improves the appropriateness of the selected model to the intervention being disseminated or implemented, the population, and the setting. Further, adaptation contributes to the field by testing modifications to existing models, such as disregarding pieces shown to be ineffective or adding ones with additional evidence. Models should be viewed as living documents, or works in progress, not as static entities.

+/- What should be considered before adapting a D&I model?

+/- What type of modifications can be made to D&I models?

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)[FAQ](#)[Glossary](#)[Contact Us](#)[Home](#)[Resources](#)[Submit Models](#)[About Us](#)

This interactive website was designed to help researchers and practitioners to select the D&I Model that best fits their research question or practice problem, adapt the model to the study or practice context, fully integrate the model into the research or practice process, and find existing measurement instruments for the model constructs. The term 'Models' is used to refer to both theories and frameworks that enhance dissemination and implementation of evidence-based interventions more likely.

Select

Search, view, and select
D&I Models

Adapt

Read strategies for
adapting D&I Models to
research or practice
context

Integrate

Read strategies for
incorporating D&I Models
into the full spectrum of
your project

Measure constructs

Find a list of constructs
and links to measurement
tools associated with the
D&I Models

To learn more: www.dissemination-implementation.org

Integrate

+/- Expand All

+/- **When should a D&I model be selected?**

Selection of a model should occur as part of study planning and design. The [Select](#) section of this website provides assistance for the selection of an appropriate D&I model.

+/- **What are some resources describing the use of D&I models?**

Several resources provide more-detailed guidance on how to use a selected model to inform a D&I study:

[Veteran Affairs' Quality Enhancement Research Initiative](#)

[National Cancer Institute's Implementation Science Team](#)

[Training Institute for Dissemination and Implementation Research in Health](#)

[Canadian Knowledge Translation Clearinghouse](#)

+/- **In what stages of the research study should D&I models be used?**

+/- **How can D&I models support the evaluation of studies?**

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)[FAQ](#)[Glossary](#)[Contact Us](#)[Home](#)[Resources](#)[Submit Models](#)[About Us](#)

This interactive website was designed to help researchers and practitioners to select the D&I Model that best fits their research question or practice problem, adapt the model to the study or practice context, fully integrate the model into the research or practice process, and find existing measurement instruments for the model constructs. The term 'Models' is used to refer to both theories and frameworks that enhance dissemination and implementation of evidence-based interventions more likely.

Select

Search, view, and select
D&I Models

Adapt

Read strategies for
adapting D&I Models to
research or practice
context

Integrate

Read strategies for
incorporating D&I Models
into the full spectrum of
your project

Measure constructs

Find a list of constructs
and links to measurement
tools associated with the
D&I Models

To learn more: www.dissemination-implementation.org



NIH Public Access
Author Manuscript

Am J Prev Med. Author manuscript; available in PMC 2013 September 01.

Published in final edited form as:

Am J Prev Med. 2012 September ; 43(3): 337–350. doi:10.1016/j.amepre.2012.05.024.

Bridging Research and Practice:

Models for Dissemination and Implementation Research

Rachel G. Tabak, PhD, Elaine C. Khoong, BS, David Chambers, DPhil, and Ross C. Brownson, PhD

Prevention Research Center in St. Louis, Brown School, (Tabak, Khoong, Brownson), Division of Public Health Sciences and Alvin J. Siteman Cancer Center, School of Medicine, (Brownson), Washington University in St. Louis, St. Louis, Missouri; National Institute of Mental Health (Chambers), NIH, Bethesda, Maryland

Abstract

Context—Theories and frameworks (hereafter called models) enhance dissemination and implementation (D&I) research by making the spread of evidence-based interventions more likely. This work organizes and synthesizes these models by: (1) developing an inventory of models used in D&I research; (2) synthesizing this information; and (3) providing guidance on how to select a model to inform study design and execution.

Evidence acquisition—This review began with commonly cited models and model developers and used snowball sampling to collect models developed in any year from journal articles, presentations, and books. All models were analyzed and categorized in 2011 based on three author-defined variables: construct flexibility, focus on dissemination and/or implementation activities (D/I), and the socio-ecological framework (SEF) level. Five-point scales were used to rate construct flexibility from broad to operational and D/I activities from dissemination-focused to implementation-focused. All SEF levels (system, community, organization, and individual) applicable to a model were also extracted. Models that addressed policy activities were noted.

86 unique models emerged from the two systematic reviews



NIH Public Access
Author Manuscript

Nurs Outlook. Author manuscript; available in PMC 2011 November 1.

Published in final edited form as:

Nurs Outlook. 2010 ; 58(6): 287–300. doi:10.1016/j.outlook.2010.07.001.

A Thematic Analysis of Theoretical Models for Translational Science in Nursing: Mapping the Field

Sandra A. Mitchell, CRNP, PhD, AOCN¹, Cheryl A. Fisher, RN-BC, EdD¹, Clare E. Hastings, RN, PhD, FAAN¹, Leanne B. Silverman, BA¹, and Gwennyth R. Wallen, RN, PhD¹

¹Clinical Center, National Institutes of Health, Bethesda, MD

Abstract

Background—The quantity and diversity of conceptual models in translational science may complicate rather than advance the use of theory.

Purpose—This paper offers a comparative thematic analysis of the models available to inform knowledge development, transfer, and utilization.

Method—Literature searches identified 47 models for knowledge translation. Four thematic areas emerged: (1) evidence-based practice and knowledge transformation processes; (2) strategic change to promote adoption of new knowledge; (3) knowledge exchange and synthesis for application and inquiry; (4) designing and interpreting dissemination research.

Discussion—This analysis distinguishes the contributions made by leaders and researchers at each phase in the process of discovery, development, and service delivery. It also informs the selection of models to guide activities in knowledge translation.

Conclusions—A flexible theoretical stance is essential to simultaneously develop new knowledge and accelerate the translation of that knowledge into practice behaviors and programs

Each model coded using the Tabak et al criteria (when not from this review), references and example citations identified, and was abstracted by a trained reviewers (3) to identify the elements associated with each model and their definitions.

Elements were merged and sorted in an alphabetical order.

Total of 916 elements (some duplicates and 56 dropped)

Elements were classified into larger groups, 'constructs' based on similarity of meaning (naturally emerging groups first and additional items classified by PI and reviewed by co-authors in three rounds)

Total of 44 constructs

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)[FAQ](#)[Glossary](#)[Contact Us](#)[Home](#)[Resources](#)[Submit Models](#)[About Us](#)[View All D&I Models](#)[Search D&I Models](#)[Select](#)[Adapt](#)[Integrate](#)[Measure constructs](#)

Measure constructs

The following page provides a list of constructs affiliated with D&I models and links to measures for these constructs. Additional information on each construct is provided when clicking the Description button.

Construct	Definition	Number of Models	Measure
Acceptability/feasibility Description	<p>Acceptability: Perception among implementation stakeholders that a given treatment, service, practice or innovation is agreeable, palatable, or satisfactory....[D]ifferent from the larger construct of service satisfaction...it is more specific, referencing a particular treatment or set of treatments, while satisfaction typically references the general service experience." Stakeholders need specific knowledge about aspects or components of the treatment/innovation are needed in order for acceptability to be assessed. Acceptability should be considered in conjunction with other constructs throughout the implementation process (e.g. acceptability must be considered for adoption during the early stages).</p> <p>Feasibility: The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting. Related to appropriateness but may include other concerns specific to an agency or</p>	5	GEM D&I link: Acceptability GEM D&I link: Feasibility

Construct Details

Construct 	Acceptability/feasibility
Definition 	<p>Acceptability: Perception among implementation stakeholders that a given treatment, service, practice or innovation is agreeable, palatable, or satisfactory....[D]ifferent from the larger construct of service satisfaction...it is more specific, referencing a particular treatment or set of treatments, while satisfaction typically references the general service experience." Stakeholders need specific knowledge about aspects or components of the treatment/innovation are needed in order for acceptability to be assessed. Acceptability should be considered in conjunction with other constructs throughout the implementation process (e.g. acceptability must be considered for adoption during the early stages).</p> <p>Feasibility: The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting. Related to appropriateness but may include other concerns specific to an agency or organization like resources or staff training needs. Feasibility should be considered during the early stages of implementation during adoption.</p>
Elements 	<p>Usability and adaptability</p> <p>Agreement</p> <p>Fidelity</p> <p>Penetration</p> <p>Acceptability</p> <p>Sustainability</p> <p>Uptake</p>

Acceptability/feasibility	5
Adaptation and evolution	23
Adopter/implementer/decision maker characteristics	46
Adoption	22
Awareness	5
Barriers and facilitators	28
Champion/field agent	15
Communication channels	36
Compatibility	3
Complexity	5
Context	6
Context - Inner setting	77
Context - Outer setting	57
Cost	4
Development of intervention	13
Dissemination	16
Dose	1
Engagement	6
Evaluation	58
External validity/generalizability	3
Fidelity	5
Fit	8

Goals	3
Identification	27
Implementation	35
Innovation characteristics	37
Knowledge and knowledge synthesis	83
Knowledge transfer and utilization	6
Maintenance and sustainability	27
Observability	3
Outcomes	6
Outcomes - Health/QOL/Satisfaction/Clinical	18
Outcomes - Implementation	19
Outcomes -Quality Improvement/Practice or Policy change	18
Patient/target audience characteristics and needs	14
Pre-implementation	9
Process	19
Reach	3
Readiness	10
Relative advantage	6
Stakeholders	19
Strategies	104
Translation	4
Trialability	4
Grand Total	916

Dissemination & Implementation Models in Health Research & Practice

Need Help?

[Tutorial](#)[FAQ](#)[Glossary](#)[Contact Us](#)[Home](#)[Resources](#)[Submit Models](#)[About Us](#)

This interactive website was designed to help researchers and practitioners to select the D&I Model that best fits their research question or practice problem, adapt the model to the study or practice context, fully integrate the model into the research or practice process, and find existing measurement instruments for the model constructs. The term 'Models' is used to refer to both theories and frameworks that enhance dissemination and implementation of evidence-based interventions more likely.

Select

Search, view, and select
D&I Models

Adapt

Read strategies for
adapting D&I Models to
research or practice
context

Integrate

Read strategies for
incorporating D&I Models
into the full spectrum of
your project

Measure constructs

Find a list of constructs
and links to measurement
tools associated with the
D&I Models

LIVE DEMO

To learn more: www.dissemination-implementation.org

Total Visits to Site	21,603
Average per Day	122
Average Visit Duration	00:03:25
International Visits	47.04%
Visits from United States	52.95%
Report Period: January 1st, 2015- June 25th, 2015	

Total Visitors	9,518
Visitors Who Visited Once	6,583
Visitors Who Visited More Than Once	2,935
Average Visits per Visitor	2.27
Report Period: January 1 st , 2015- June 25 th , 2015	

Next steps and how can you help

- Which D&I models are we missing?
- Can you rate and comment on models?
- What process could be undertaken to conduct a formal confirmation of the proposed constructs by an expert group?
- Should we consider the alignment of the elements with CFIR?
- Add linkage to more measure repositories
- Expand Adapt and Integrate sections

Poll question #3

Based on this presentation and demo are you thinking of using the website to inform your implementation work?

- (1) Yes – to support my current work**
- (2) Yes – to help with grant writing**
- (3) Yes – for both**
- (4) No – this is not within the scope of my work**
- (5) Not sure**

QUESTIONS/ANSWERS

GET IN TOUCH:

borsika.a.rabin@gmail.com