

Moving From Information To Implementation

Setting Priorities and Strategy Planning

Introduction

Getting from what you know to where you want to be can sometimes be a difficult, trying and time consuming task. Keeping this process simple, effective and manageable is key. The starting point in moving from information to implementation is to set priorities (for issues and ideas), and then once an idea has been prioritized, following a strategy planning format will begin to chart the course toward implementation.

The Prioritization Process

Any process to identify opportunities and set priorities must recognize internal and external forces and factors that can impact on the potential success of those priorities. In my experience I have refined a process that incorporates the most pertinent factors in a straightforward and uncomplicated process. I recommend the following process:

Through one or a series of meetings established for this purpose, members of a health improvement process will need to:

- 1. Agree on the areas of opportunity**
- 2. Establish specific tasks and/or recommendations**
- 3. Rank order each area of opportunity and its tasks/recommendations** - the success of the health improvement effort is largely a result of the successful balancing of success with significance. Prioritizing an opportunity that is beyond the health improvement effort's ability to impact, regardless of its significance as a health problem or community issue, is self-defeating. Similarly, choosing an insignificant, regardless of how "well" it can be done, jeopardizes the perceived value of the health improvement effort. As a result, the following criteria are offered for consideration during the prioritization process:
 - Size of the problem How many people are effected?
 - Seriousness of the problem Is it life threatening, seriously debilitating, does it significantly effect quality of life?
 - Effectiveness of interventions Is there anything "we" can do about the problem - are existing "best practices" adequate?
 - Community/institutional values How closely does the issue relate to the values [mission/vision] of the community or sponsoring institution(s)?

Additionally, I believe that the most successful health status improvement initiatives incorporate the following:

- demonstrate the exchange of resources;
- demonstrate benefit to the entire population;
- incorporate policy level changes;
- are able to be evaluated;
- have the support of leadership;
- have community involvement;
- model mutual respect;
- impact positively on community infrastructure;
- incorporate elements of leadership development, training and education;
- increase capacity in the community for resource development;
- impact positively on racial or cultural relations; and
- incorporate local values, perceptions and advice.

The World Health Organization (WHO) has additionally identified components of successful community-based programming by identifying the aspects of community programs which have failed. These programs:

- Fail to encourage people to think and act for themselves
- Let people depend on external resources for answers
- Have not paid attention to the question of sustainability
- Inadequate training
- Reluctance to base programs and services on local resources and knowledge
- No involvement in the design and implementation of programs
- Medically directed needs conflict with health related needs of people
- Lack of community accountability for health improvement

Encouraging people to think and act for themselves (individual responsibility), depending on internal/community resources both as a means of sustenance and accountability, instituting training and technical assistance, and focusing on the broader determinants of health are aspects which would contribute to community programs' success.

The Implementation Planning Process

The Implementation Planning Format is a tool that assists in gathering and organizing information for the implementation of ideas. The five core areas for investigation are **people, practice(s), resources, policies, and process(es)**.

Planning, development, and implementation “considerations” also need to be factored into an implementation strategy, and these considerations are added to the five core areas for an implementation plan.

The “considerations section” includes areas to be mindful of while developing an implementation strategy. These considerations include, but are not limited to: hospital product and service line, hospital costs (e.g., risk contracts), community benefit, research and evaluation, communication and marketing, general liabilities, eligibility, roles and responsibilities in program idea, education, “ownership,” duration, costs, linkages, and technical assistance requirements.

Critically thinking and discussing considerations provides context and direction to answering the core area questions around people, practice(s), resources, policies, and process(es), for example, “Who will be responsible for evaluating and monitoring the program?” Continuing with the evaluation example, planners should consider: Who, what, and how will evaluation occur to determine where the programs have: 1) been implemented successfully, and 2) made an impact on the community? This entails determining responsibilities and roles for organizations in an evaluation strategy.

Completing the Implementation Planning Format often leads to finding the best current practices on which to build and identify the gaps in services. For any given idea, there are probably several efforts already in progress in the community that relate to the population or idea proposed. In order not to duplicate, a process is necessary that will uncover who is doing what around a particular issue or program idea, how it is being done, and how this relates/impacts products, services, community relations, and regional and local health status improvement activities.

The rationale for recommending a program idea was based (primarily) on the following: quantitative data (prevalence and incidence) and qualitative data (testimonies and daily exposure and experience). Other factors that can be used for recommending a program idea include:

- history (previous, current or planned program activities)
- internal (system or institutional) or external goals and objectives (Healthy People 2010 or CDC)
- accreditation, grant or other requirements, mandates, and obligations

Generic Idea/Program

Considerations

Who else is working on this issue/idea? - Is this a short or long-term process/project? - Costs and risks - Community benefit - Research and evaluation
communication and Marketing - etc.

People	Practice(s)	Policies	Process(es)	Resources
<ul style="list-style-type: none"> • Who are the people desired, or required for the planning, development, and implementation of the program idea? <p>Those who are currently engaged in delivering desired services, sponsoring programs, championing desired services, or who should be involved in a “new and improved” health system.</p> <p>These organizations and people include:</p> <ul style="list-style-type: none"> • Community collaborative and organizations • Key agency/organization/legislative leaders that champion the program idea • Department of Public Health (state and city) • Ecumenical organizations • Local health and human services providers • Educational institutions (school district, colleges and universities) • Policy makers. . . 	<ul style="list-style-type: none"> • What practice(s) need to be modified, enhanced or developed? • Current community activity • Describe what would need to be changed in current practice for successful implementation • For new ideas and practices include patterns of work that have to be instituted for implementation to be a success. • What are your current practices? <ol style="list-style-type: none"> a. Current community activity b. Where are these activities located? c. How are these activities delivered or marketed? d. What has been successful? What has not? e. Services provided f. Referral or other services • Do you have the desire to enhance or modify current practice to provide enhanced or new services? <ol style="list-style-type: none"> a. Why or why not? b. What is needed to provide these services? c. How do you determine your capacity or if you are “at capacity”? 	<ul style="list-style-type: none"> • What policies need to be revisited: modified, enhanced or created? • What types of policies do you have? <ol style="list-style-type: none"> a. Target population b. Eligibility c. Access to services d. Documents required e. Payments accepted 	<ul style="list-style-type: none"> • What process(es) are desired or required? • Develop time line for implementation which includes specific steps to be taken to implement, persons and organizations that are responsible for these steps including agreements needed, materials needed, policies to be modified, other administrative issues. . . • Determine when and how resources will be exchanged or obtained • What is the process for someone to receive your services? • Do you evaluate and monitor your programs and services? <ol style="list-style-type: none"> e. How? b. When? c. Who? d. Utility? (e.g., how and to who is the evaluation shared with? Is the information used to restructure the service/program?) 	<ul style="list-style-type: none"> • What resources need to be modified, enhanced or developed? • What resources do you have available? • What resources are utilized? <ol style="list-style-type: none"> a. Local b. Federal and state assistance d. Foundations e. Staff (e.g., licensed social workers, medical doctor on staff, broad base of volunteers) f. Location (e.g., address, lighting, on a bus route, traffic, parking, neighborhood) f. Facility (e.g., handicap accessible, auditorium, library, conference rooms, walking track, radio station, art studio, sleeping quarters, kitchen) g. Equipment (e.g., braille, TDD capabilities, computers, audio/visual aides, equipment)

Issue: Access to primary care
Idea: Referral service for uninsured persons using the hospital emergency room.

Considerations				
<ul style="list-style-type: none"> • Liability • Costs - administrative, medical • Duplication 		<ul style="list-style-type: none"> • Linkages • Incentives & contracts • Entrance/intake & eligibility 		<ul style="list-style-type: none"> • Education • Utilization monitoring, protocol • Sustainability
People	Practice(s)	Policies	Process(es)	Resources
<ul style="list-style-type: none"> • Hospital staff • State Public Health • Family & Children Services • Mental & Dental health service providers • Nurse practitioners and physicians assistants • Social and human service providers • Not for profits • Schools • Congregations • Private sector • Physician practice managers • Emergency room practitioners • Social workers and agencies currently doing case management for populations • Local physicians 	<ul style="list-style-type: none"> • Assessment • Education and prevention • Treatment • Current referral <u>to</u> emergency room by physicians and clinics based on payer status--who is and when are they sent to the emergency room? • Current referral patterns <u>from</u> emergency room--what is current protocol? • What are current activities around case management designed to shift patients away from emergency room? What agencies are performing these services? • Is transportation needed to make this new system work? • Functions to be performed by ER staff in a system for referring uninsured individuals to other providers 	<ul style="list-style-type: none"> • Business plan for program should be developed for acceptance by participating agencies. • Develop acceptable referral protocols from ER for uninsured persons with non-emergent cases. • Determination of case loads of uninsured persons for practices and clinics. • Determine potential for assigning regular or primary sources or places of care to referred individuals (if needed) • Bilingual/cultural considerations in light of providers currently available 	<ul style="list-style-type: none"> • Process to be followed by agencies or individuals who accept referrals from ER--reporting system? Joint-case management system? • Process for incorporating/acknowledging local physicians who accept referrals? • Transportation process for referral--sources, responsibility? • What is the process for a new referral system? What service providers have agreed to accept referrals? 	<ul style="list-style-type: none"> • Organizations involved • National and local grant opportunities/foundations • Coordinating center or person needed? • Resources from saved emergency room costs which could be diverted? • Transportation costs • Management fee to be paid to those who are managing new cases?

Issue: Lack of community's awareness of health resources available
Idea: Develop a resource manual for health-related resources in the community

Considerations				
• Costs - administrative, etc.		• Duplication of current resource inventory efforts		• Sustainability
People	Practice(s)	Policies	Process(es)	Resources
Community agencies who have developed their own resource manual United Way Information hotline representatives Crisis hotline representatives	Determine sources currently used for "referral" information by hotline or referring agencies What is the best way to disseminate the resource manual so it reaches the widest audience?	How can the information compiled for a resource manual be used by those who cannot read or see? Are there alternative forms of the resource manual which should be developed?	How will information on other resource manuals be gathered? Who will be responsible for compiling this information? How can the "use-ability" of the manual be tested?	What is the estimated cost for producing a resource manual in one or various forms?

Idea:

Collect data on number of families without health insurance and children without proper immunizations (conduct community outreach activities as part of this strategy)

Considerations				
What local institutions are collecting (have available) this data?		State level data?		Other similar efforts initiated or being planned (attempt to coordinate and share process and information)
People	Practice(s)	Policies	Process(es)	Resources
<p>Who's currently doing this?</p> <p>Who do we want involved?</p> <p>Who are the people we want to reach/impact?</p> <p>Outreach workers</p> <p>People in data related positions</p>	<p>What others ways can this data be collected?</p> <p>Existing outreach activities</p>	<p>What policies do we need to be mindful of?</p> <p>What policies need to be changed in order to get the data we need?</p> <p>Information sharing</p>	<p>How would we like to implement this strategy - who, what, where, why, when, how, etc?</p> <p>Churches</p> <p>Retail/grocery outlets</p> <p><u>Models</u> <i>Minnesota</i> Immunization Action Coalition 1573 Selby Avenue, Ste. 234 St. Paul, MN 55104 P: 651-647-9009 F: 651-647-9131 admin@immunize.org www.immunize.org</p>	<p>What is it going to take (people, money and equipment) to plan and implement this strategy?</p> <p>Existing outreach workers</p> <p>Staff</p> <p>Volunteers (community members)</p> <p><u>Models</u> www.cdc.gov/nip/ www.cdc.gov/nip/vacsafe/research/epimeth.htm</p>

Idea:

Establish multi-purpose vans will be used for transporting people to and from the health clinic to provide immunization as well as other health services needed

Considerations				
People	Practice(s)	Policies	Process(es)	Resources
<p>Who's currently doing this?</p> <p>Who do we want involved?</p> <p>Who are the people we want to reach/impact?</p>	<p>What would we like inside of the van: services, equipment, etc?</p>	<p>Practice policies</p> <p>Costs/budgets</p> <p>Insurance (risks and liabilities)</p>	<p>How would we like to implement this strategy - who, what, where, why, when, how, etc?</p> <p>Other similar efforts initiated or being planned (attempt to coordinate and share process and information)</p> <p><u>Models</u></p> <p><i>Texas</i></p> <p>Mary Lynn Fernau P: 713-792-4253 mfernau@uthouston.edu www.uthscsa.edu/hetcat/09170700.html</p> <p><i>New York</i></p> <p>http://www.ci.nyc.ny.us/html/doh/html/public/press98/pr02-198.html</p> <p>http://www.drhs.org/press_releases/news-990806.html</p>	<p>What is it going to take (people, money and equipment) to plan and implement this strategy?</p> <p><u>Models</u></p> <p><i>Lifeline Mobile</i></p> <p>250 Lowery Court, Suite A Groveport, Ohio 43125 P: 800-678-LINE [5463] F: 614-836-8040 www.lifelinemobile.com</p> <p><i>Pennsylvania</i></p> <p>St. Luke's Health Van Dr. Bonnie Coyle Director of Cmty. Dvlpmnt. St. Luke's Hospital 801 Ostrum Street Bethlehem, PA 18015 P: 610-954-4060</p>

Idea:

Develop and implement a teenage Pregnancy Prevention Program in middle and high schools that includes a male involvement competent and case management

Considerations				
People	Practice(s)	Policies	Process(es)	Resources
<p>Who's currently doing this?</p> <p>Who do we want involved?</p> <p>Who are the people we want to reach/impact?</p>	<p>What's working/not working?</p> <p>Parent/family values regarding sex education</p>	<p>Do we have the most recent and relevant policies - language, analysis and translation?</p> <p>Any policy changes?</p>	<p>How would we like to implement this strategy - who, what, where, why, when, how, etc?</p> <p><u>Models</u></p> <p><i>Pennsylvania</i></p> <p>St. Luke's Health Van Dr. Bonnie Coyle Director of Cmty. Dvlpmnt. St. Luke's Hospital 801 Ostrum Street Bethlehem, PA 18015 P: 610-954-4060</p> <p><i>Iowa</i></p> <p>http://www.dhs.state.ia.us/HomePages/DHS/teenprg.htm</p> <p><i>California</i></p> <p>Jody Vent Social Advocates for Youth 1303 College Avenue Santa Rosa, CA 95404 P: 707-544-3299 www.pressdemo.com/community/say/prevent.html</p>	<p>What is it going to take (people, money and equipment) to plan and implement this strategy?</p> <p><u>Models</u></p> <p><i>National</i></p> <p>http://aspe.os.dhhs.gov/hsp/teenp/97-98rpt.htm</p> <p>www.urban.org/family/invmale.html</p> <p>www.wested.org/ppfy/welcome.html</p>

Idea:

Develop and implement a teen peer counseling program

Considerations				
People	Practice(s)	Policies	Process(es)	Resources
<p>Who's currently doing this?</p> <p>Who do we want involved?</p> <p>Who are the people we want to reach/impact?</p>	<p>What's working/not working?</p>	<p>Do we have the most recent policy language, analysis and translation?</p> <p>Any policy changes?</p> <p><u>Funding</u></p> <p>Lilly Endowment, Inc. 2801 N. Meridian Street P.O. Box 88068 Indianapolis, IN 46208-0068 P: 317-924-5471</p> <p>Mary Reynolds Babcock Foundation 2522 Reynolda Road Winston-Salem, NC 27106 P: 748-9222 www.mrbf.org</p>	<p>How would we like to implement this strategy - who, what, where, why, when, how, etc?</p> <p><u>Models</u></p> <p><i>California</i></p> <p>Jody Vent Social Advocates for Youth 1303 College Avenue Santa Rosa, CA 95404 P: 707-544-3299 www.pressdemo.com/community/say/prevent.html</p>	<p>What is it going to take (people, money and equipment) to plan and implement this strategy?</p> <p><u>Funding</u></p> <p>Open Society Institute Youth Initiative Programs 400 West 59th Street New York, NY P: 212-548-0668 www.soros.org</p> <p>Charles Stewart Mott Foundation 1200 Mott Foundation Bldg. Flint, MI 48502-1851 P: 810-238-5651 www.mott.org</p>

Implementation Planning Format

Issue:

Idea:

Considerations				
People	Practice(s)	Policies	Process(es)	Resources

Implementation Planning Format

Issue:

Idea:

Considerations				
People	Practice(s)	Policies	Process(es)	Resources