

Implementing policies and programs in chronic disease prevention

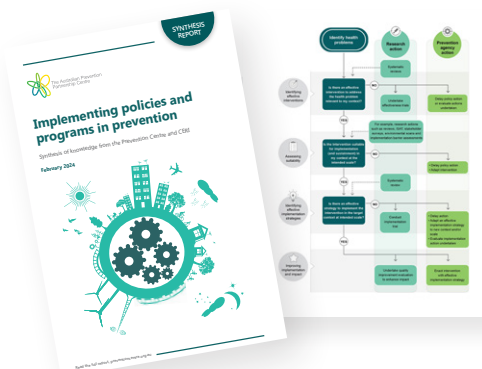
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This document summarises the findings from a synthesis of research conducted by the Prevention Centre and members of the Collaboration for Enhanced Research Impact (CERI).

Key messages

Too many evidence-based interventions fail to realise their potential due to poor implementation, but evidence and tools exist that show how we can overcome this trend.

- ⚙️ Partnerships between researchers and policy agencies lead to improved implementation and greater impact on chronic disease.
- ⚙️ Assessing scalability from the start is critical in enhancing implementation success.
- ⚙️ Intervention sustainability should be assessed early in the intervention planning phase.
- ⚙️ Evaluation should be undertaken across the program lifecycle to optimise implementation.



Access the [Knowledge Synthesis report](#) and [accompanying decision tree poster](#) that illustrates the evidence to implementation pathway process.

What is the issue?

When well implemented, investment in primary prevention can result in significant health, social and economic benefits and is a crucial strategy for improving population health and wellbeing. But just one third of tested chronic disease prevention programs are implemented at scale.

The potential benefits of prevention efforts are often impeded by implementation challenges such as a lack of resources, inadequate delivery infrastructure, limited workforce capacity, a lack of community support and low public awareness.

Implementation research is a scientific inquiry that seeks to understand how interventions, programs or policies are adopted, implemented and sustained in real-world settings. It can support policy and practice by identifying and addressing the factors that influence the success or failure of an intervention, and by providing strategies and tools to optimise implementation and impact.

Implementation research is a common theme across research conducted by members of the [Collaboration for Enhanced Research Impact](#) (CERI), a collaboration of the Prevention Centre and 11 NHMRC Centres of Research Excellence. CREs are expected to achieve impact through facilitating implementation of their research findings.

What did we do?

[The National Centre of Implementation Science](#) (NCOIS) led a synthesis of knowledge generated by CERI. This involved collection of literature from all CERI members and review by a working group of implementation specialists.





Two policy dialogues were held with national policy partners to formulate the research questions and identify the implications of the synthesis findings. This ensured the findings below are relevant and applicable to our key stakeholders.

This synthesis does not provide an exhaustive review of all evidence in relation to the research questions, but rather provides a summary of relevant work conducted nationally by members of CERI that can help to focus the evidence needs and priorities reported by policy agencies in Australia.

What did we find?

We found that implementation research can provide significant value to prevention policy makers and practitioners.

The knowledge synthesis provided evidence and tools to support implementation. It can support policy makers and practitioners to:

	Select a policy or program most likely to be effective
	Think about the best ways of delivering policies and programs to realise their true potential
	Scale up and adapt policies and programs to different contexts to improve reach and equity
	Sustain policies and programs so that adherence and delivery doesn't slip over time and subsequently impact outcomes.

What are some useful workforce and partnership approaches to improve the use of research to enhance the implementation of prevention programs and their impact?

Our evidence consistently shows that prevention programs that arise out of partnerships between researchers and policy agencies lead to improvement in implementation and greater impact on chronic disease.

- One of the most important ways of improving implementation is through the establishment of effective **research-policy-practice partnerships**.
- Partnerships between academia and policy agencies exist on a continuum. **Implementation is most effective when co-creation or policy-led approaches are used.**
- **A wide variety of strategies are available to build capacity for agency involvement in implementation partnerships**, and hence the generation and use of evidence to inform implementation.
- **Consider the role of other organisations** such as NGOs or other agencies as partners in implementation and implementation research.

How can scaled up programs be adapted to local contexts and priority populations and retain their beneficial effects on individuals and communities?

Our findings suggest that assessing scalability from the start is critical in enhancing implementation success. Key steps to support the scale up of evidence-based programs and adaptations to local context and priority populations:

1. **Assess the evidence base:** Always start with an evidence-based intervention or practice that demonstrates an impact on the behaviour of interest.
2. **Determine scalability:** Use a scalability assessment tool such as the [Intervention Scalability Assessment Tool \(ISAT\)](#).
3. **Choose a framework:** Use a scale up framework such as WHO's [Expandnet](#) or Milat et al's [scale up guide](#).
4. **Understand core and non-core components:** What is essential for the program to function as designed? Which components could be adapted?
5. **What are you adapting and why?** Are you trying to improve the fit, enhance effectiveness, reduce costs?
6. **Understand local barriers and facilitators:** What strategies do you need to tailor to the local context?
7. **Monitor, learn and adjust as necessary:** Evaluate the reach and adoption of the scaled up program.

How can implementation research help to ensure the impacts of prevention programs can be sustained?

Like scalability, intervention sustainability should be assessed early in the intervention planning phase.

- Plan for sustainability from the start. **Conduct a sustainability assessment** so you understand the multi-level factors that may impact on the sustained delivery of the intervention.
- **Employ a sustainability theory or framework.** Consider your capacity and intentions to provide ongoing support for the intervention.
- **Consider the costs** of sustainability approaches and strategies.
- Establish processes to **monitor the implementation and outcomes of the intervention** – to identify whether it starts to slip and help guide decisions about what support and resources are needed to contribute to the long-term success of the program.

What information should be captured at different phases of a program lifecycle and how should it be used to inform the improvement of prevention programs and their implementation?

It's necessary to gather evidence at each stage of the program lifecycle, on factors such as intervention effectiveness, potential for scalability and sustainability, implementation enablers and barriers, and implementation outcomes and effects.

- **Consider the evidence for interventions** that address the health problem – is an effective intervention available that is also potentially implementable? Systematic reviews can assist here.
- **Assess the intervention for suitability to be implemented at scale** in the desired context. Collect information from a variety of sources, for example, environmental scans, barriers and facilitators assessment, use of tools such as scalability tools to determine potential.
- **Identify potential implementation strategies** using systematic reviews or frameworks, apply these strategies and monitor effects such as reach, acceptability and adoption.
- Implementation is an ongoing process. **Reflect on determinants of the success (or failure) of implementation strategies and adjust as needed.** Consider which strategies should be strengthened, which should be adapted, and which can be dropped. Consider broader impact on measures such as economic outcomes.

Conclusion

The information contained in this synthesis may assist with advocating to senior leadership for greater capacity building opportunities within policy and practice agencies where possible, in order to support implementation research and the potential benefits on health outcomes.

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Partnership Centre

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Email: preventioncentre@saxinstitute.org.au

Website: preventioncentre.org.au

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