Building a Sustainable Infrastructure for Successful Delivery of EBIs
Delivery Models: Centralized

- Centralized Models
  - Single coordinating organization
  - Manage key delivery activities for multiple partners
  - Utilize multiple funding sources to achieve capacity goals for all
  - Generally most successful way to serve targeted populations
Centralized Models: Advantages/Challenges

- **Advantages**
  - Streamline access for implementation sites, leaders, participants and evaluation data processes
  - Simplify cost structures for payment/reimbursement
  - Less complex structures needed to manage quality protocols

- **Challenges**
  - Limited by outreach territory
  - May present reach concerns for partners
Delivery Models: De-Centralized

- De-centralized Models
  - Multiple partners are key stakeholders
  - Each partner manages specific key delivery activities
  - Program resources shared across programs
De-Centralized Models: Advantages/Challenges

- **Advantages**
  - Workload shared across organizational partners
  - Resources shared across organizational partners
  - Reach potential possibly increased

- **Challenges**
  - More complex structures needed to manage quality protocols (who will do what, when and for whom?)
  - Access possibly more complex for partners, leaders, participants
  - More complex cost structures
Elements of a Sustainable Delivery Infrastructure
Workforce Development

- Consider capacity to meet program needs
- Health professionals, program staff and volunteers
- Workforce includes multiple roles
  - Coordination, delivery, data collection/management, etc.
- Training is only the beginning
- Workforce must be held accountable to program quality standards
Referral Networks

- Important for sustainability
- Include Multiple sources
- Consider Marketing needs and Marketing Venues
- Develop a Market niche
Establish Local Coalition

- Formulate directory
- Share resources
- Cross-referrals
- Universal language
- Include:
  - local health departments
  - health care providers
  - health plans
  - community based organizations
  - advocacy groups
  - Academia
  - Schools
  - businesses whose activities can influence the health of individuals and communities
Marketing

- Use NYSDOH materials
- QTAC
- Use of local media
- Radio
- Church bulletins
- Engage support of local respected leaders:
  - Formal
  - Informal
Delivery Site/System

- Delivery site – where you hold your programs
  - Sites should be accessible and inclusive
- Delivery system – supports the delivery site and generally provides:
  - Resources for delivery
  - Workforce support
  - Access to a specific population of interest
Quality and Fidelity: Believing in Program/Treatment Fidelity

.....If an otherwise effective therapy is brought to a real-world setting and crucial core elements of the intervention are omitted, the treatment may be abandoned because it failed to provide results.

A *Type III error* - the mistake of concluding an intervention is ineffective when it was not implemented in full
(Basch, Sliepcevich, Gold, Duncan, & Kolbe, 1985; Glasgow, 2002)....
Quality assurance - assuring that activities that require good quality in delivery are being performed effectively.

“Good quality” is established through comparison with an external standard.

Quality Improvement - raising the quality of program delivery.

“Improvement” is established primarily by comparing current performance with past performance with a goal of better attaining the “Quality Assurance” set standard.
Evaluation Measures and Methods for Quality and Fidelity

- Checklists/Rating scales to objectively quantify accuracy in delivery
- Manuals, training, supervision & observation protocols to standardize QA/QI activities
- Consultation to determine
  - 1) core “non-negotiable” elements and
  - 2) appropriateness of local adaptations
Short-Term Performance Measures

- Number and type of EBIs offered by partners (Data source: QTAC)
- Number of participants at EBIs offered by partners (Data source: QTAC)
- Percent of adults with one or more chronic diseases who have attended a self-management program (Data source: eBRFSS)
- Number of referrals to EBIs from health care professionals (Data source: QTAC)
- Number and percent of adults among population(s) of focus (e.g., communities of color, persons with disabilities, low income neighborhoods) who have attended EBIs (Data source: QTAC, U.S. Census)
Long-Term Performance Measures

- Percentage of adults who are overweight or obese
- Age-adjusted hospital discharge rate for diabetes per 10,000 population
- Percentage of health plan members with hypertension who have controlled their blood pressure
- Age-adjusted rate for heart attack