Identifying and Addressing Barriers to Implementation

Christopher J Colvin

Associate Professor, University of Virginia

Capacity Building for Development of Policy Briefs: Advanced Training of Trainers Workshop for Researchers and Policy-Developers

29-30 March 2022
Cairo, Egypt

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

What are Barriers and Enablers?

I have always struggled to explain the difference between barriers and enablers (without just framing one as the inverse of the other)

Other confusing (to me) sets of terms:

- Aims and objectives
- Discussion and conclusion
- Vision and mission
- Inclusion and exclusion criteria

What are Barriers and Enablers?

I have also always resisted that idea that the things that affect implementation processes must be either good or bad, simply dialing the outcome up or down. Couldn't they also modify the intervention in some way?

Barriers + Enablers → 'Factors' [affecting implementation of…]

What Kinds of Barriers and Enablers Are There?

Please go to menti.com in a web browser on your computer or phone and enter the code: 3310 0454

Then please enter up to 5 different factors that can affect implementation of policy options (entering each one separately, and please use 1-2 word phrases)

You can watch the collection of terms submitted by the group grow on the word cloud screen shared via Zoom

What Kinds of Barriers and Enablers Are There?

Discussion on the main categories of barriers and enablers listed

Conceptual Frameworks for Barriers and Enablers

Lists of barriers and enablers in primary studies are sometimes developed inductively ('from the data'), and are often presented as a bullet point list

In other cases, researchers (or policy brief writers) use a pre-existing 'conceptual framework' to collect, label and interpret information on barriers and enablers.

There are now many (many) frameworks available for identifying and organizing factors affecting implementation: see here for a useful list.

Conceptual Frameworks for Barriers and Enablers

I even found a 'model of implementation models' paper in *Implementation Science*...

Making sense of implementation theories, models and frameworks

Per Nilsen

Summary: This article proposes five categories of theoretical approaches to achieve three overarching aims. These categories are not always recognized as separate types of approaches in the literature. While there is overlap between some of the theories, models and frameworks, awareness of the differences is important to facilitate the selection of

Conceptual Frameworks for Barriers and Enablers

Some important points about conceptual frameworks:

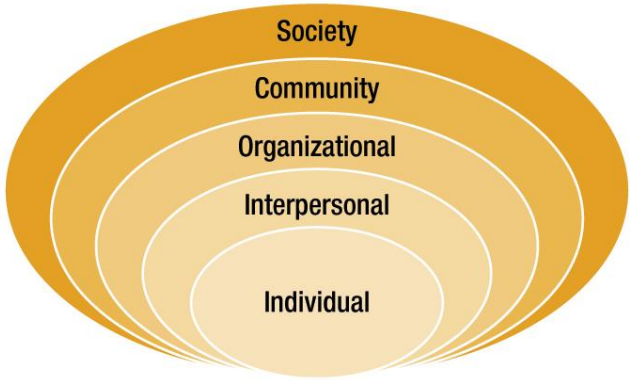
- Every framework is a simplification/reduction of the complex real world (and so will always leave potentially important ideas out)
- Frameworks are usually designed for a specific problem, context, process (e.g. knowledge translation, diffusion of innovation, normalization of new interventions, organizational change, motivational change, complex systems dynamics, etc)
- Many (many) frameworks contain similar ideas with only minor differences
- Frameworks can be modified and/or combined
- Conceptual frameworks are different from theoretical frameworks

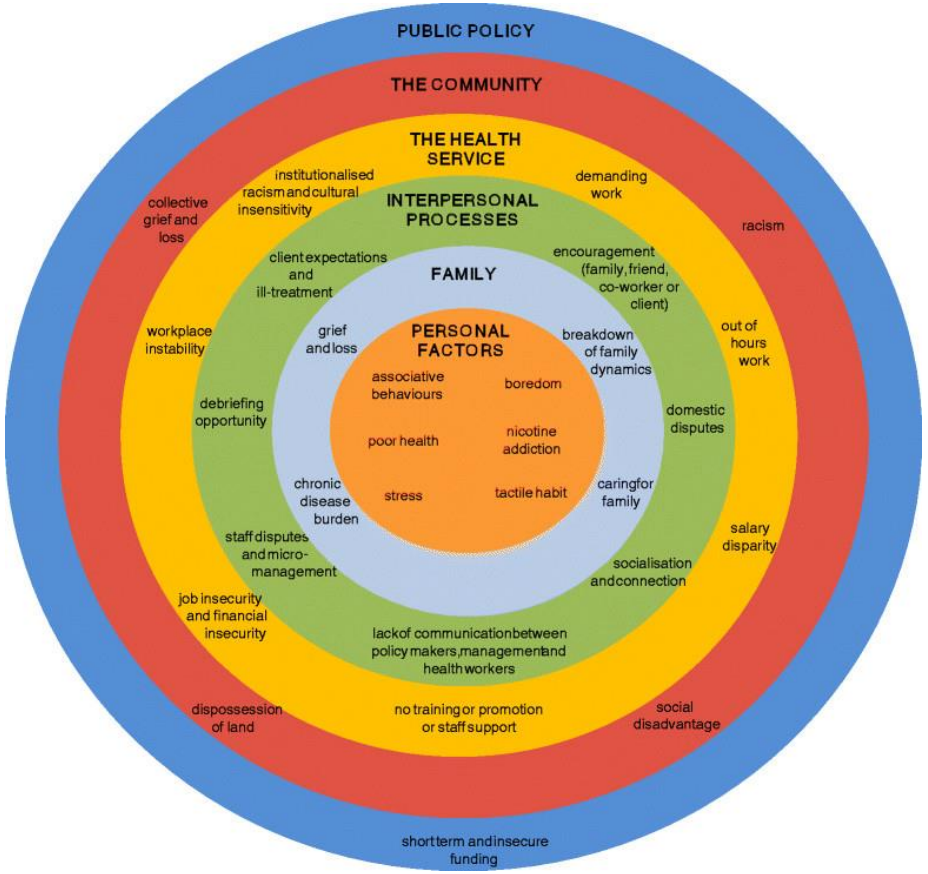
Concepts vs Theories

What is the difference between a theory and a concept?

A theoretical framework and a conceptual framework?

Figure 7.1 **Ecological Model for Obesity Intervention**





The SURE Conceptual Framework

Level	Factors affecting implementation
Recipients of care	Knowledge and skills
	Attitudes regarding programme acceptability, appropriateness and credibility
	Motivation to change or adopt new behaviour
Providers of care	Knowledge and skills
	Attitudes regarding programme acceptability, appropriateness and credibility
	Motivation to change or adopt new behaviour
Other stakeholders (including other healthcare providers, community health committees, community leaders, programme managers, donors, policymakers and opinion leaders)	Knowledge and skills
	Attitudes regarding programme acceptability, appropriateness and credibility
	Motivation to change or adopt new behaviour

The SURE Conceptual Framework

Health system constraints	Accessibility of care
	Financial resources
	Human resources
	Educational and training system, including recruitment and selection
	Clinical supervision, support structures and guidelines
	Internal communication
	External communication
	Allocation of authority
	Accountability
	Community participation
	Management and/or leadership
	Information systems
	Scale of private sector care
	Facilities
	Patient flow processes
	Procurement and distribution systems
	Incentives
	Bureaucracy
	Relationship with norms and standards

The SURE Conceptual Framework

Social and political constraints	Ideology
	Governance
	Short-term thinking
	Contracts
	Legislation or regulation
	Donor policies
	Influential people
	Corruption
	Political stability and commitment

The SURE Collaboration. SURE guides for preparing and using evidence-based policy briefs: identifying and addressing barriers to implementing policy options. Version 2.1 [updated November 2011]. The SURE Collaboration; 2011. Available from www.evipnet.org/sure

The SURE Conceptual Framework

Level	Barriers and enablers		Extracts from papers (Specify which type of respondent the data comes from)	Possible solutions (Specify who made suggestions)
Recipients of care	Knowledge and skills	Recipients of care may have varying degrees of knowledge about the healthcare issue or the intervention, or may not have the skills to apply this knowledge. E.g. People may be unaware that family planning services are available at their local clinic or may not have the skills to prepare oral rehydration therapy when its use has been recommended.	• Pregnant women may not be informed about the choices to opt out of antenatal screening for Down's Syndrome (Tsouroufli 2010: 432). • Women often feel anxious after receiving the neonatal examination for Down's Syndrome (McNeil 2009: 2892).	
	Attitudes regarding programme acceptability, appropriateness and credibility	Recipients of care may have opinions about the healthcare issue and the intervention, including views about the acceptability and appropriateness of the intervention and the credibility of the provider and the healthcare system. E.g. People may not agree with the choice of intervention or may not trust the	• Women enjoyed being part of a team midwifery program as it offered a continuity of care (Walker 2004: 17). • Pregnant women like the combination of care of midwife and doula because the Australian system is highly medicalized detracting from a women-centred approach to care (Stevens 2009: 513).	

Theoretical Frameworks

So, what about theoretical frameworks?

Simple linear logic models

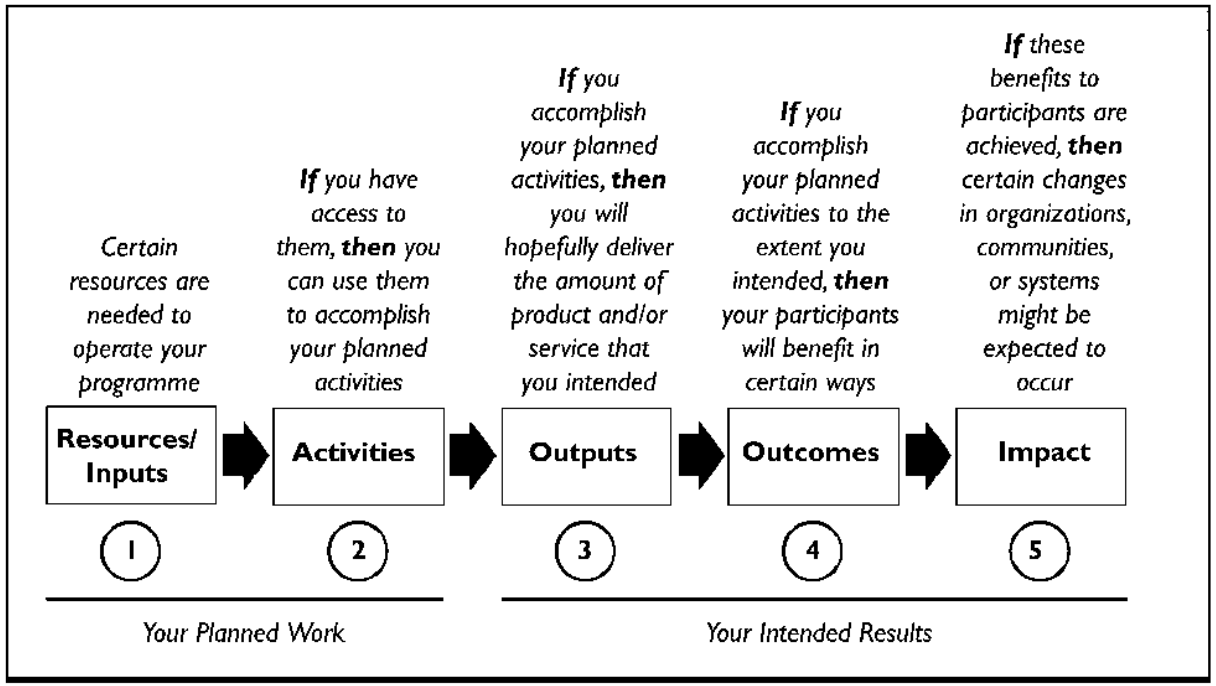
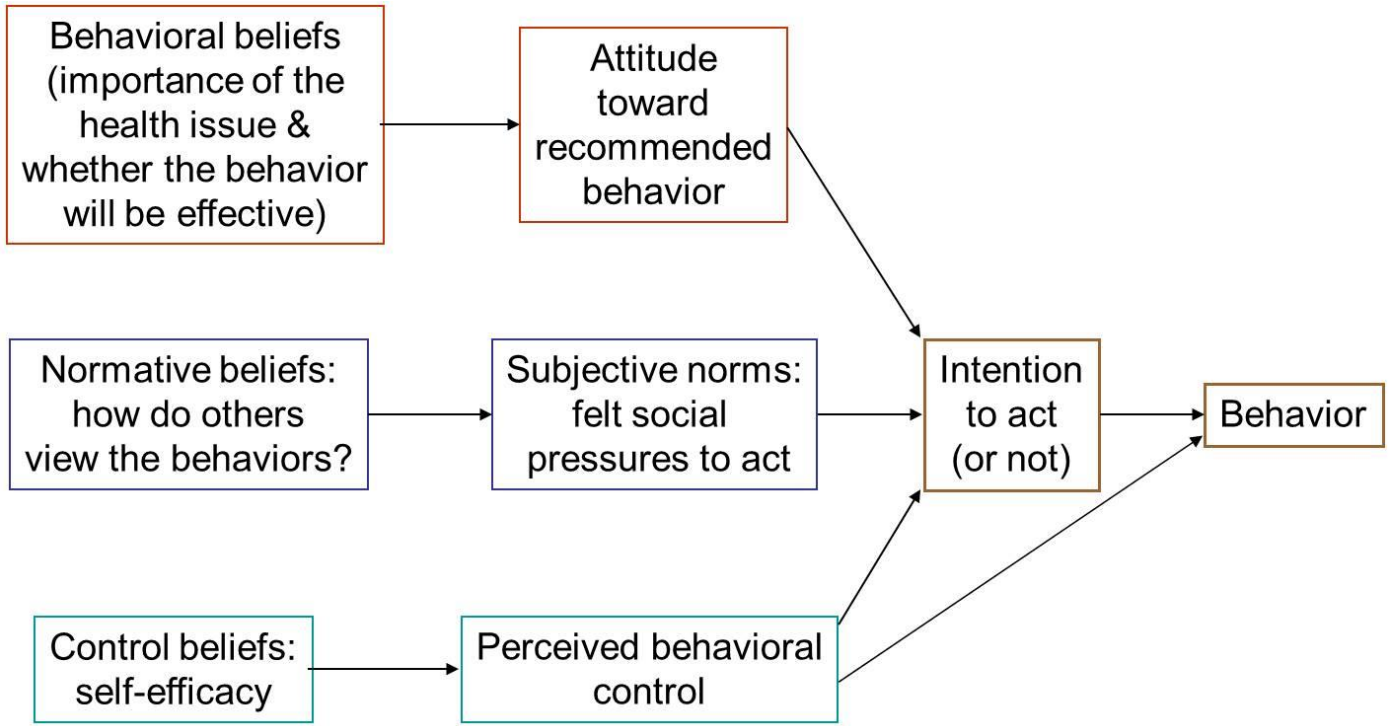
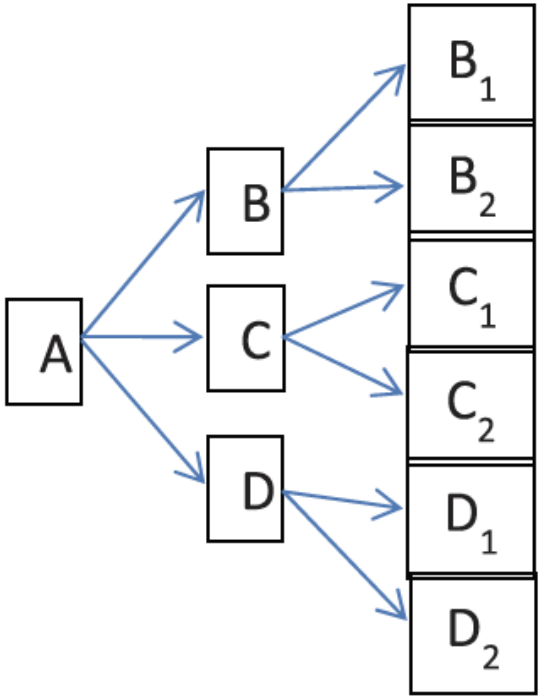


Figure 1. A Simple Logic Model (W. K. Kellogg Foundation, 2004)

Multi-factor linear logic models

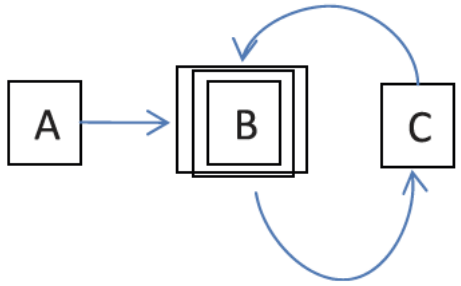


Path dependence models

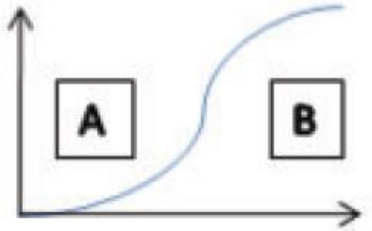


Non-Linear Theoretical Models (Paina)

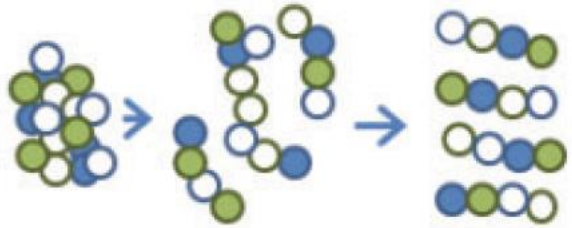
Feedback

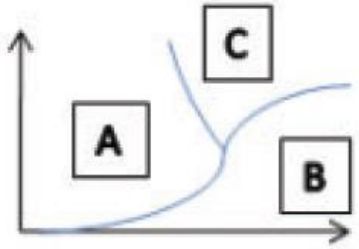


Phase transitions

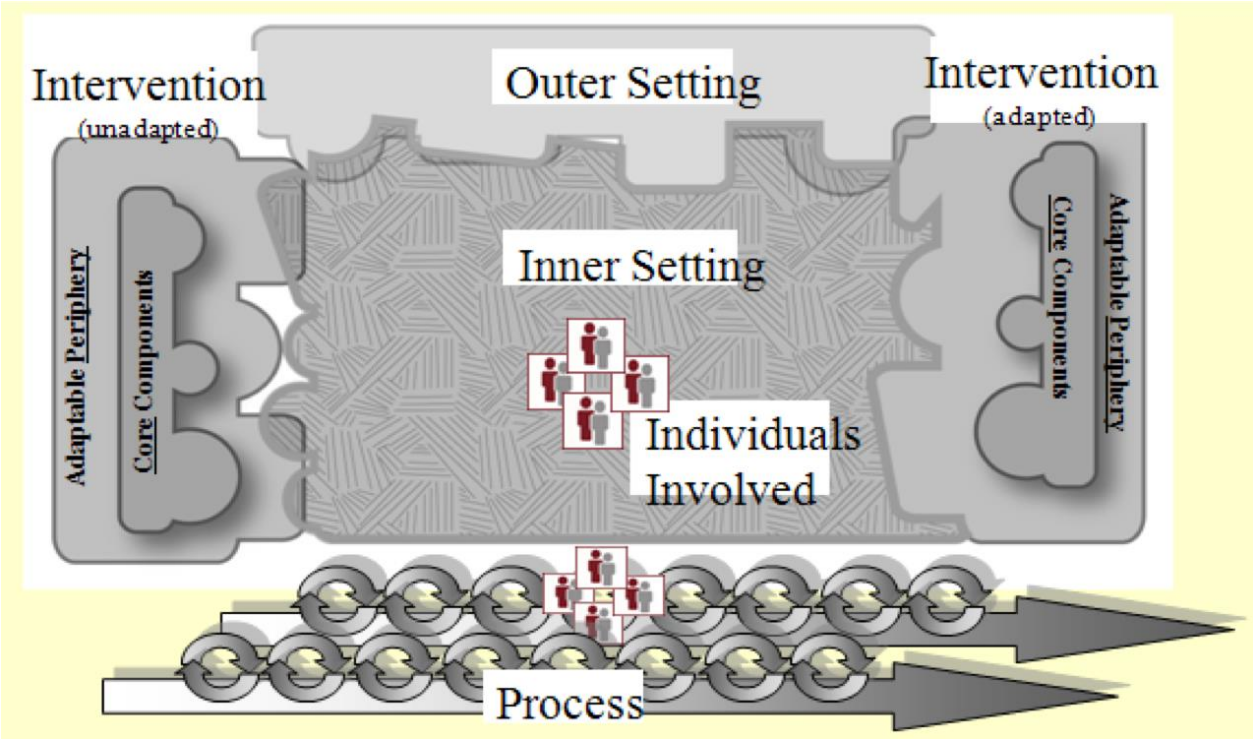


Emergent behaviour





Multi/Non-Linear Theoretical Models



Damschroder 2009

Conceptual Frameworks for Barriers and Enablers

When you are thinking about a conceptual model for barriers and enablers to use in your policy brief, you should:

- look for frameworks that are fit for your purpose and contain useful/relevant prompts for *naming, connecting and explaining phenomenon*…and then
- adapt and combine as needed

The evidence you are reviewing for your brief (from primary studies or evidence syntheses) may also contain useful conceptual frameworks (or pieces of frameworks) that you can adopt and adapt as needed.

As with all of the aspects of a policy brief, the shorter and simpler the better!
(Complexity is rarely more useful than simplicity)

Where to Find Evidence on Barriers and Enablers?

Evidence on barriers and enablers can come from:

- Primary quantitative studies (especially quantitative process evaluations, RCTs of CHSIs)
- Qualitative evidence syntheses (QES)
- Primary qualitative studies
- Local experience

Don’t be afraid of what appears to be ‘indirect evidence’ regarding barriers and enablers.

- Implementation processes are their own distinct phenomenon (and not necessarily linked to the specific health problem or even type of intervention).
- For example, a TB screening program and a home-based cancer hospice care program that both use community health workers may face very similar factors affecting their implementation.

How to Address Barriers and Enablers?

Ideas for strategies to address implementation barriers and enablers may come from the evidence you review, from other literature (especially theories of change), or from your own experience/intuition.

Strategies may try to *mitigate* impacts of existing barriers or may try to *transform or remove* the barrier.

Strategies may focus more on *upstream* factors or more on *downstream* factors

Ensure your strategies are not focused on the goal instead of the process (e.g., if nurse attitudes are a barrier, don't suggest improving nurse attitudes as a strategy—this is a common mistake!).

Ideally, your strategies will strike a balance between downstream, mitigating approaches, and upstream, transformation approaches.

How to Address Barriers and Enablers?

A real dilemma, especially in something like a policy brief, is finding strong *evidence* on how to successfully address barriers and enablers in your policy brief.

- NB: Strategies that are recommended in primary studies or reviews informing your policy brief may not be evidence based.

Reviewing this evidence properly would usually be a very different research task from the one guiding the overall policy brief.

For example, addressing CHW motivation in a community-wide TB screening policy option may involve a long (and, for a policy brief, unfeasible) detour into reviewing the literature on motivational psychology and human resources management for CHWs.

How to Address Barriers and Enablers?

It is therefore important to be clear about where your ideas for strategies to address barriers and enablers are coming from, and acknowledge the strengths and limitations of the strategies you recommend.

It is useful to frame these as ‘potential strategies’ for addressing implementation challenges that need to be reviewed and adapted for local contexts and resources.

Exercise (if time)

Imagine you are recommending implementation of a new policy for annual COVID-19 booster shots (to be delivered along with annual flu shots). What kinds of factors do you think would affect implementation of this new policy?

Try to focus on factors that are:

- More about the *process* of implementing this new program
- More about the upstream *systems, contexts, structures* in which implementation takes place (within and beyond the health system)
- Part of broader *theoretical* models

Questions??