The Potential for Stakeholder Engagement to Improve the Development and Tailoring of Implementation Strategies

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Where is Amber Haley!? 

Amber D. Haley, MPH, PhD Candidate
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  ● NIDDK R18DK114701 (Gold, PI)
  ● AHRQ R13HS025632 (Lewis, PI)
  ● NIDA R01DA047876 (Go, PI)
  ● NHLBI R01HL137929 (Ward, PI)
North Carolina Child Treatment Program
William T. Grant Foundation
Overview

1. Introduction
2. COAST-IS Project
3. Additional Opportunities for Stakeholder Engagement
4. Discussion
The Potential for Stakeholder Engagement to Improve the Development and Tailoring of Implementation Strategies

Introduction
Methods or techniques used to enhance the adoption, implementation, sustainment, and scale-up of a program or practice.

Proctor, Powell, & McMillen (2013); Powell, Garcia, & Fernandez (2018)
Implementation Strategies

- **Plan**: Gather data, build buy-in, and develop relationships.
- **Educate**: Inform stakeholders.
- **Finance**: Incentive, train and support.
- **Restructure**: After staffing, physical structures and data tracking.
- **Quality Management**: Incentive, train and support.
- **Attend to the Policy Content**: To encourage the promotion of programs and practices through accrediting bodies, licensing boards, and legal systems.

Powell et al. (2012)
A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project

Byron J Powell1*, Thomas J. Waltz2, Matthew J. Chinman3*, Laura J. Damschroder3, Jeffrey L. Smith4, Monica M. Matthieu5, Enola K. Proctor6 and JoAnn E. Kirchner6,8

*See Additional File 6 of Powell et al. (2015) for most comprehensive version of the compilation
Application & Impact

School mental health settings (Cook et al., 2019; Lyon et al., In Press)

Technical assistance in child welfare (Metz, Boaz, Powell, In Press)

Child maltreatment prevention programs in LMICs (Martin, PI, DDCF)
## Discrete Strategy Examples

<table>
<thead>
<tr>
<th>Identified Barriers</th>
<th>Relevant Implementation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of knowledge</td>
<td>Interactive education sessions</td>
</tr>
<tr>
<td>Perception/reality mismatch</td>
<td>Audit and feedback</td>
</tr>
<tr>
<td>Lack of motivation</td>
<td>Incentives/sanctions</td>
</tr>
<tr>
<td>Beliefs/attitudes</td>
<td>Peer influence/opinion leaders</td>
</tr>
</tbody>
</table>
Multifaceted Strategy Example

Health care collaboratives (Organizational)

Provider communication (Interpersonal)

Education and counseling for women (Intrapersonal)

Physician’s motivation

Provider-patient interaction

Woman’s knowledge

Cervical Cancer Screening

Weiner et al. (2012)
Unfortunately, we far too often...

“Train and Pray” Approach
“Kitchen Sink” Approach
“One Size Fits All” Approach
“ISLAGIATT” Approach

Grimshaw et al. (2004); Henggeler et al. (2002); Squires et al. (2014)
Examples of Missing the Mark

“...results suggest a mismatch between identified barriers and the quality improvement interventions selected for use.”

Powell et al. (2013); Powell (2014); Powell & Proctor (2016); Bosch et al. (2007)
Enhancing Impact of Strategies

Enhancing the Impact of Implementation Strategies in Healthcare: A Research Agenda

Byron J. Powell, Maria E. Fernandez, Nathaniel J. Williams, Gregory A. Aarons, Tinad S. Beidas, Cara C. Lewis, Sheena M. McHugh, and Bryan J. Weiner

1) Enhance methods for designing and tailoring
2) Specify and test mechanisms of change
3) Conduct more effectiveness research
4) Increase economic evaluations
5) Improve tracking and reporting of strategies

Powell et al. (2019)
Need to Enhance Methods for Designing and Tailoring

Methods to Improve the Selection and Tailoring of Implementation Strategies

Byron J. Powell, PhD
Rinad S. Beidas, PhD
Cara C. Lewis, PhD
Gregory A. Aarons, PhD
J. Curtis McMillen, PhD
Enola K. Proctor, PhD
David S. Mandell, ScD

- Group Model Building
- Conjoint Analysis
- Concept Mapping
- Intervention Mapping

Baker et al. (2015); Bosch et al. (2007); Colquhoun et al. (2017); Grol et al. (2013); Powell et al. (2017)
The Potential for Stakeholder Engagement to Improve the Development and Tailoring of Implementation Strategies

COAST-IS
COAST-IS (K01MH113806)

Collaborative Organizational Approach for Selecting and Tailoring Implementation Strategies

- Develop and pilot COAST-IS, which will involve coaching organizational leaders and clinicians to use Intervention Mapping to select and tailor implementation strategies.

- COAST-IS will be piloted using a mixed methods, randomized matched-pair design within the context of an NC CTP learning collaborative.
Guiding Rationale

The Policy Ecology Framework

The "policy ecology" as described by Raghavan et al. (2008) consists of four levels that comprise the broader context of EBP implementation: organizational context, regulatory or purchaser agency, political, and social (see Fig. 1). The organizational level is most proximal to the actual delivery of EBPs, as it forms the immediate context within which clinicians deliver behavioral health services. Organizational contexts can vary in size and complexity, ranging from small group practices to large, multidisciplinary mental health facilities. The regulatory or purchaser agency level includes state and city departments of behavioral health and the broader regulatory and funding environment that provides the immediate context for organizations delivering mental health care. The political level is defined as the legislative and advocacy efforts that enable EBP implementation. Finally, the social level includes the "societal norms and subcultures that affect consumers' access to EBPs" (Raghavan et al. 2008, p. 3).

These levels are not mutually exclusive; many determinants of practice (i.e., barriers and facilitators) and implementation strategies will span multiple levels. However, the distinct levels provide a useful organizing framework that can facilitate a better understanding of what it takes to implement EBPs well, and Raghavan et al. (2008) emphasize how policy makers and implementation researchers can affect change at each of the levels.

Numerous implementation frameworks emphasize factors at the "inner" (i.e., organizational) and "outer" (i.e., regulatory and funding, political, and social) levels, including the Consolidated Framework for Implementation Research (Damschroder et al. 2009) and the Exploration, Preparation, Implementation, and Sustainment Model (Aarons et al. 2011), the latter of which has a clear focus on inner and outer settings within public sectors of care. However, the policy ecology framework (Raghavan et al. 2008) was chosen for two reasons. First, we believe the policy ecology framework most clearly articulates the challenges and strategies associated with those "inner" and "outer" setting levels in public behavioral health, and that it extends the value of alternative frameworks by including factors at the social level, such as stigma and public health strategies that influence the implementation of EBPs. This makes it a particularly good fit for framing Philadelphia's efforts to promote recovery, which have included specific implementation strategies designed to integrate EBPs into community settings as well as broader public health approaches intended to reduce stigma and enhance access to behavioral health services. Second, we believe that the policy ecology offers a useful metaphor that is superior to alternatives (e.g., "environment") in describing the complexity of implementing EBPs in Philadelphia. The metaphor of "environment," for example, conjures up images of something "out there," something separate, a force or set of forces to be reckoned with, but something more like the weather, something that affects implementation but is separate from it. Conversely, the metaphor of "ecology" emphasizes that the actors and elements within a system are interactive and interdependent (Weiner 2015), leading Raghavan et al. (2008) to implore policymakers to "align the effects of policy action across all of these contexts in order to produce 'sustained, system-wide uptake' of EBPs" (p. 3).

In many ways, the policy ecology framework provides systems that wish to implement evidence-based care something to aspire to by highlighting a range of potential strategies that could provide broad support for EBPs.

EBP Photo Credit: Chorpita & Daleiden (2007)
Conceptual Framework

Bartholomew et al. (2016); Proctor et al. (2009); Aarons et al. (2011); Powell et al. (2012)
Partnered Development of COAST-IS

Organizational Advisory Board
Caregiver Advisory Board
Youth Advisory Board
Partnering Networks

- **North Carolina Child Treatment Program (NC CTP)**
  - Full partners in the study design, data collection, and analysis

- **National Child Traumatic Stress Network (NCTSN)**
  - Connect to existing stakeholder groups
  - Partners for planning and dissemination
Org Advisory Board

- **Composition:** 10 clinicians and/or leaders from orgs providing trauma-focused clinical treatments
- **Goal:** Provide feedback on structure and content of COAST-IS to increase feasibility and acceptability
- **Impact:** Informed timing of content delivery, number of contact hours, format and language for sharing resources with COAST-IS participants
Youth & Caregiver Advisory Groups

- **Composition**: 7 young adults who have completed a trauma-focused clinical intervention as youth; 10 caregivers of children/youth who have been in tx

- **Goal**: Identify barriers to completing trauma-focused treatment and recommend strategies to address them

- **Impact**: Develop resource for orgs to better understand and address barriers
Potential Impacts

- Consideration for potential client and organizational level barriers during the planning phase
- Improved timing, pacing, and coordination of COAST-IS
- User-friendly intervention materials
- Useful measures of implementation barriers
- Potential for scale-up through partner organizations
The Potential for Stakeholder Engagement to Improve the Development and Tailoring of Implementation Strategies

Additional Opportunities for Stakeholder Engagement
Assessing Our Readiness for Community-Engaged D & I

Researcher readiness for participating in community-engaged dissemination and implementation research: a conceptual framework of core competencies

Christopher M. Shea, PhD, MPA, MA,1,2 Tiffany L. Young, PhD,1,3,4 Byron J. Powell, PhD, LCSW,1,2 Catherine Rohweder, DrPH,1,2 Zoe K. Enga, MPH,1 Jennifer E. Scott, BA,1,2 Lori Carter-Edwards, PhD,1,5 Giselle Corbie-Smith, MD, MSc1,3,4

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2Department of Health Policy and Management, UNC Gillings School of Global Public Health.
Measuring Determinants, Processes, and Outcomes

Operationalizing the ‘pragmatic’ measures construct using a stakeholder feedback and a multi-method approach

Carmen F. Stanică1, Heather M. Halko1, Caitlin N. Doney1, Byron J. Weiner2, Byron J. Powell3, Lawrence A. Palinkas4, and Cara C. Lewis5

Evidence acquisition:

Context:

Results revealed significant overlap between terms related to the pragmatic construct in the existing settings; thus, the present study was to establish a stakeholder-driven conceptualization of the domains that comprise the pragmatic measure construct by suggesting two types of criteria: required (important to stakeholders, low burden for acquisition, poor change) and recommended (broadly applicable, used for evidence of psychometric properties like reliability and validity. As part of a larger set of studies to advance implementation science measurement (Lewis et al., Implement Sci. 10:102, 2015), we will complete systematic searches using the

Conclusions:

Toward criteria for pragmatic measurement in implementation research and practice: a stakeholder-driven approach using concept mapping

Byron J. Powell1, Carmen F. Stanică1, Heather M. Halko1, Caitlin N. Doney1, Byron J. Weiner2, Melanie A. Bunrick3, Laura J. Damschroder1, Michel Wendling1, Luke Wolkender1, and Cara C. Lewis5

Pragmatic Evidence Rating Scale (PAPERS) will be independently extracted and then rated using a worst score function to identify all published empirical studies using each measure. The measure

Refbacks

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Understanding Mechanisms (i.e., How and Why They Work)

Lewis et al. (2018)
Lessons Learned from Early-Career Investigators

Skills for Developing and Maintaining Community-Partnerships for Dissemination and Implementation Research in Children’s Behavioral Health: Implications for Research Infrastructure and Training of Early Career Investigators

Geetha Gopalan¹ · Alicia C. Bunger² · Byron J. Powell³

Administration and Policy in Mental Health and Mental Health Services Research
https://doi.org/10.1007/s10488-019-00930-5

ORIGIONAL PAPER
The Potential for Stakeholder Engagement to Improve the Development and Tailoring of Implementation Strategies

Discussion
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STAKEHOLDER ENGAGEMENT: FINDING THE FIT THROUGH DIVERSITY, EQUITY, AND INCLUSION

LISA SALDANA
OREGON SOCIAL LEARNING CENTER

Summer Institute on Implementation Science
University of North Carolina- Chapel Hill
June 12, 2019
“My stakeholders are my key basically. If I don’t have buy-in from my stakeholders, then that program’s not gonna survive.”

~ Agency Director
STAKEHOLDERS: WHO ARE THEY?

- Researcher Perspective
  - Systems
  - Regions/Districts
  - Agencies/Offices
  - Purveyors
  - Providers
  - Consumers

- Program Provider Perspective
  - Referrers
  - Community
  - Funders
  - Consumers
STAKEHOLDERS: WHO ARE THEY?

- Researcher Perspective
- Program Provider Perspective
- Positive Consumer Outcomes

Systems
Regions/Districts
Agencies/Offices
Purveyors
Providers
Referrers
Community
Funders
Consumers
STAKEHOLDERS: WHO ARE THEY?

- Researcher Perspective
  +
- Program Provider Perspective
  Positive Implementation Outcomes

Systems
Regions/Districts
Agencies/Offices
Purveyors
Providers
Referrers
Community
Funders
Consumers
STAKEHOLDER ENGAGEMENT IS EMBEDDED IN IMPLEMENTATION
STAKEHOLDER ENGAGEMENT IS EMBEDDED IN IMPLEMENTATION

<table>
<thead>
<tr>
<th>Stages of implementation Completion Code</th>
<th>Verbal Descriptions</th>
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<tbody>
<tr>
<td><strong>Stage 1 – Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>Date site is informed/learns services/program available</td>
<td>• Agency or System identifies that a Program is available for Scale up; might have prospectively sought out information</td>
</tr>
<tr>
<td>Date of interest indicated</td>
<td>• Site reaches out to purveyor or developer group requesting initial information</td>
</tr>
<tr>
<td>Date of interest expressed</td>
<td>• Site reaches out to purveyor or developer group expressing interest in implementing the Program</td>
</tr>
<tr>
<td>Date agreed to consider implementation</td>
<td>• Site chooses the EBP from a list of practices available to implement</td>
</tr>
<tr>
<td>Date Initial cost information cost</td>
<td>• Site agrees to talk with other relevant parties within the system or organization to determine if they would support adoption</td>
</tr>
</tbody>
</table>

| **Stage 2 – Consideration of Feasibility** |                     |
| Date of 1st site planning meeting #1      | • Date of first discussion to describe the implementation process and expectations in detail |
| Date of 1st site planning meeting #2      | • Date of first discussion where implementation is outlined including negotiation to fit implementation plan within the parameters of the site's rollout |
| Date feasibility completed                | • Identifying the date when the feasibility is confirmed by the site and/or the purveyor |
| Date Feasibility Questionnaire completed  | • Questions related to the feasibility are completed by the site and/or the purveyor |
| Date Feasibility Questionnaire completed  | • Identifying the date when the feasibility is confirmed by the site and/or the purveyor |

| **Stage 3 – Readiness Planning**          |                     |
| Date of cost calculator / funding plan review | • Site is provided with estimates for program costs and calculations are reviewed with purveyor specific to site |
| Date of staff sequence, timeline, hire plan review | • Staffing needs are discussed for the ongoing program and cost is evaluated |
| Date of recruitment review                | • Identification of the site's employee or team member responsible for taking the lead on the implementation efforts with the purveyor |

**Stage 1 – Engagement (continued)**

- Establishing a plan for relaying information to necessary personnel; e.g., Crisis situation, Weekly Team Meeting.
- Reviewing recruitment of non-FTE positions essential to the implementation; e.g., foster parents, skills coaches.
- Reviewing the sources of the target population of the implementation efforts; e.g., detailed daily progress updates, establishing locations to present on the intervention.
- Site agrees to talk with other relevant parties within the system or organization to determine if they would support adoption.
- Site expresses high enough interest that the purveyor or developer provides information regarding the cost structure for implementation.
- General cost and resource information is provided to the site (not necessarily specific to the site structure).
**Stage 3 – Readiness Planning**

| Date of cost calculator / funding plan review | • Site and Purveyor look over program cost projections  
• Site is provided with estimates for program costs and calculations are reviewed with purveyor specific to site |
| Date of staff sequence, timeline, hire plan review | • Job titles, FTE and roles are discussed for the varying program positions.  
• Purveyor provides a staffing timeline to make sure roles are filled in an efficient manner; e.g. therapist hired prior but close to training. |
| Date of recruitment review | • Reviewing recruitment of non FTE positions essential to the implementation; e.g. foster parents, skills coaches...
• Might involve preparing pamphlets, advertising, attending community gatherings...
• The date should be the start of this process as it will continue and evolve over the entire implementation. |
| Date of referral criteria review | • Establishing the source of the target population of the implementation efforts.
• Might involve preparing pamphlets, advertising, establishing locations to present on the intervention...
• The date should be the start of this process as it will continue and evolve over the entire implementation. |

May 2018

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**Stage 3 – Readiness Planning (continued)**

| Date of communication plan review | • Establishment of a plan for relaying information to necessary personnel; e.g. Crisis situation, weekly team meeting... |
| Date Stakeholder #2 and/or leadership meeting | • Meeting where final questions about site needs and requirements are addressed with site’s Executives, Purveyor and possibly Key Community Stakeholders. |
| Date written implementation plan completed | • Finalized written plan establishing protocols, goals, policies and timelines for the implementation. |
| Date Service Provider selected | • (Optional) Occurs when a System or Funder works through the earlier implementation activities and then selects a provider. (RFP) |
| Date of signed contract received | • Execution of the Implementation contract terms. |
| Date of initial materials sent | • Providing the sites with the necessary literature, manuals and tools to get their clinical staff familiar with the model prior to training.
• Every implementation process is unique and this activity might happen long in advance of establishing a contract.
DEFINING THE APPROPRIATE STAKEHOLDER GROUP FOR THE MISSION
“we certainly reach out to stakeholders and, you know, counties and probation offices that we contract with, and meet with them prior to implementation of any model to make sure there’s a need and that it is something that they would utilize.”

“We go to like social services and probation and present to them, you know, the actual social workers and probation officers… you know, the workers themselves.”

“Every time there’s a new judge, I go in and meet with him.”

”we have a strong reputation with social services for helping and doing a really good job…I get referrals just because they’re like- this parent really needs your help.”

“we have relationships built with all the funders and stakeholders in each county.”
WHO IS DEPENDENT ON WHAT

- Systems
- Regions/Districts
- Agencies/Offices
- Purveyors
- Providers
- Referrers
- Community
- Funders
- Consumers
WHO IS DEPENDENT ON WHAT

Systems = Regions/Districts = Agencies/Offices = Purveyors = Providers = Referrers = Community = Funders = Consumers

Self-Check: Who is Absent? Were they Invited? If Invited, Is there an Equal Seat at the Table?
THE ART OF ENGAGING AND MAINTAINING STAKEHOLDERS

Different engagement approach depending on stakeholder group

- Active and reflective listening
- Use of reinforcement
- Balance frequency of contacts
- Make contacts without an ”ask” attached
- Provide feedback
- Use humor
- Value what each stakeholder brings to the table
- Follow-through with what you say you will do
STAKEHOLDER MEETINGS BASICS

- Be mindful of **who is in the room together** at the same time
- Make sure it is a good use of people’s time
- Set a clear agenda prior to meeting to set expectations
- Food and/or beverage
- Basic supplies (e.g., pens) in addition to what you need to accomplish goals
- Be a facilitator
  - Know where you can be flexible and where you need to be firm with boundaries
  - Keep it active!
  - When possible and appropriate—keep it fun!
WHAT IS THE GOAL?
CULTURAL EXCHANGE

- A transaction and transformation of knowledge, attitudes and practices (KAP) of individuals or groups representing different cultural systems
  - Global culture of Evidence-Based Practice
  - Local culture of Practice-Based Evidence

- A process and product of debate and compromise. (Palinkas, Allred & Landsverk, 2005)

CASE EXAMPLE

Development of an implementation intervention DUE to strong stakeholder engagement
HISTORY OF R³

MODEL DEVELOPMENT

- Focus Groups with Parents
- Discussions with System Leaders
- Focus Groups with Workforce
- Focus Groups with Agency Leadership
- Development of Training Materials
- Recognition of Capacity Limitations
- Repeat of Process
- Training
- Piloting – mixed methods
- Independent Evaluation

281 Caseplanners, 114 Supervisors, 23 Agency Leaders
GOALS OF R³

- (R1) Reinforcement of effort
- (R2) Reinforcement of relationships/role
- (R3) Reinforcement of small steps
R³ AIMS TO SHAPE INTERACTIONS AND TARGETS ENGAGEMENT
MAKING IT HAPPEN: CO-DESIGN

- NYC Providers
  - System Leaders
  - Supervisors
  - Caseworkers
PUTTING IT ON THE GROUND
PUTTING IT ON THE GROUND
DIFFERENT GOALS FOR EACH SYSTEM

- NYC – What Does It Take and Can it Work?
- Tennessee – Does It Replicate and Create System Change?
- Oregon – Can It Address a Current High Need?
LOSING ENGAGEMENT
"It strengthened my skill set as a leader and provided me with great ideas on how to encourage my team to encourage themselves and the families that we serve."

"[My coach] was able to pull out strengths that I myself don’t even realize…it’s good to get that feedback from someone else"

"I thought I was going to get a lot of [flack] but people spoke about being able to really form good relationships with their families. Parents were not seeing them as villains anymore."
<table>
<thead>
<tr>
<th>Measure</th>
<th>Outcome</th>
<th>Coefficient</th>
<th>SE</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td><strong>Implementation Climate Scale</strong></td>
<td><strong>ICS Scale 1: Focus on EBP</strong></td>
<td>0.025</td>
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<td><strong>ICS Scale 3: Recognition for EBP</strong></td>
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<td><strong>ICS Scale 5: Selection for EBP</strong></td>
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<td>0.021</td>
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<td><strong>ICS Total Score</strong></td>
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<td><strong>Implementation Citizenship Behavior Scale</strong></td>
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<td><strong>ICBS Total Score</strong></td>
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<td><strong>0.019</strong></td>
<td><strong>0.032</strong></td>
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<tr>
<td><strong>Supervisor Implementation Leadership Scale</strong></td>
<td><strong>Supervisor ILS Scale 1: Proactive</strong></td>
<td>0.088</td>
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<td><strong>0.034</strong></td>
<td><strong>0.000</strong></td>
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<td><strong>0.061</strong></td>
<td><strong>0.031</strong></td>
<td><strong>0.051</strong></td>
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</tbody>
</table>
STAKEHOLDER ENGAGEMENT THAT IS INCLUSIVE CAN HELP IMPLEMENTATION SURVIVAL
CONCLUSIONS

- Engagement with Stakeholders is both Fun and Essential
- An Inclusive Stakeholder group is both Diverse and Equitable
- Stakeholders are Needed Partners in Implementation Research
  - Intervention Adoption
  - Scale-Up
  - Measurement Development
  - Intervention Development
  - Adaptation
- Stakeholder Engagement can Help Mitigate the Changing Tides in Systems