NOT USED Table 2. Specifications of the Building Healthy Families Implementation Strategies Targeting PWMI Intervention Characteristics.

| **Implementation Strategies Defined** |
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| 1. Develop educational materials: PWMI production-ready facilitator manuals, training materials, participant facing materials (workbooks, toolkits). 2. Distribution of educational materials: Community advisory board in person meetings to plan for letter of intent and call for applications to implement PWMI interventions. Learning community implementation and sustainability planning. 3. Obtain and use participant and family feedback: Community advisory board to include previous participant(s); family feedback during and after implementation cohorts. 4. Promote adaptability: Will include content to highlight core components of the PWMI (nutrition guidance; physical activity promotion; behavioral strategies used; intensity of program) that cannot be adapted and highlight components of PWMI (timing, implementation organization, implementation personnel) that can be adapted to fit a given community based on available resources. 5. Tailor strategies: Community advisory board will be engaged in modifications to the implementation strategies based on experience with barriers and facilitators. 6. Develop a formal implementation blueprint: The packaged PWMI will include—1) the goals of the PWMI; 2) the resources needed and potential community changes that are necessary; 3) a workplan with a recommended timeline and milestones; and 4) recommended outcome and process measures needed to increase the likelihood of success. |
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| **Implementation Strategies Specified** |
| * The scientific team in collaboration with the BHF-CAB members will enact the packaging-related implementation strategies. * All existing materials will be reviewed, revised, and finalized for initial testing. New training materials will be developed reviewed by the BHF-CAB members and finalized. * Materials adaptation will focus on aligning with the PARIHS construct of Evidence—specifically characteristics of the PWMI program and training materials (relative advantage, complexity, compatibility, observability, trialability, and cost). * Measurement of achievement of these areas will be completed during the implementation pilot study at the level of community representative interested in delivering a local PWMI—a modified Organizational Readiness for Change survey will be used to assess perceptions of PWMI evidence. * These strategies will be used across monthly and quarterly BHF-CAB meetings over the first 24 months (~2 hours each) of the project and revisited in the final year of the project to make final revisions and complete the packaging for broad dissemination (2 meetings ~2 hours each). |

Table 2. Specifications of the Building Healthy Families Implementation Strategies Targeting PWMI Adoption.

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| **Implementation Strategies Focused on Adoption and Potential Adoption** |
| 1. Fund and contract for the PWMI: Issue a request for applications from communities to be trained on PWMI, implementation of the PWMI, and completion of a sustainability action plan for the PWMI. This will be a two-phased process with a LOI procedure to provide information on demand within the state followed by a full application procedure with more rigorous requirements for participation. 2. Obtain formal commitments: Execute written memorandums of understanding that state the requirements necessary to be involved in the implementation pilot study. 3. Promote network weaving: Identify and build on community partners with strong working relationships and networks within and across organizations—including vertical structures within each organization to ensure both decision making and implementation personnel are engaged to promote information sharing, collaborative problem solving, and a shared vision for PWMI implementation. |
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| **Implementation Strategies Specified** |
| * The scientific team in collaboration with the BHF-CAB members will enact the request for applications. The scientific team will operationalize the call for letters of intent that will include a description of the packaged PWMI, a description of the need for communities interested in receiving training to implement the PWMI, and an assessment community ratings on PARIHS constructs (evidence, context, and facilitation).   + This strategy is intended to target community readiness for PWMI implementation, occur in the first year of the project and use the number of communities responding as the unit of analysis. The call will be disseminated by CAB organizations (BHF; GP IDeA CTR) and the Office of Public Health Practice.   + PARIHS constructs will be compared between communities that responded to the LOI phase but did not submit a full proposal to those that did; between those communities that were successful with a full application and those that were not—these comparisons will be conducted to determine the representativeness of the selected communities and to identify factors of capacity to implement a PWMI.   + Qualitative interviews will be conducted with a subset of LOI communities that did not submit a full proposal and a subset of applicants that submitted a full application but were not selected to better characterize issues that preceded their lack of success and areas that could provide opportunities to build community capacity for PWMI adoption and implementation. These will occur during the second year of the project. * The BHF-CAB will collectively review all full applications and develop a rank order of communities with the possibility of selecting up to 8 communities. The scientific team in collaboration with the BHF-CAB will enact the memorandum of understanding with each community selected after the full application review.   + This strategy is intended to target community readiness for PWMI implementation by (1) providing documentation of providing services for low income families, (2) including a multi-sectoral partnership to ensure screening and program implementation can both be completed, (3) including systems-based vertical representation, (4) agreement to implement the PWMI to 2-3 cohorts of families over 2 years, (5) commitment to use pragmatic evaluation strategies for specific RE-AIM outcomes, and (6) commitment to complete a sustainability action plan. The unit of analysis will be the # of communities that can demonstrate the required readiness criteria. This process will occur within the first year of the project * The promotion of network weaving will be initiated through the requirements used in the request for full proposals and will be followed up by the action learning collaborative (BHF-LC).   + This strategy is intended to improve community context and facilitation for PWMI implementation.   + Each successful community will complete ORCA and be compared at 6-month intervals following the selection of the community partner to participate. Each community organization will be required to have at least two individuals complete the ORCA—an organizational decision maker and a staff member responsible for implementing PWMI components (including screening, referral, and implementation). We will request that the organizational representatives who participate are consistent over time. |

Table 3. Specifications of the Building Healthy Families Implementation Strategies Targeting PWMI Implementation and Sustainability.

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| **Implementation Strategies Focused on Implementation Fidelity (Screening, Engagement, PWMI implementation) and Sustainability** |
| 1. Create a Learning Collaborative: We will facilitate the formation of a collaborative to include the (up to 4) successful communities and use the BHF-LC to improve screening and engagement, implementation fidelity, and sustainability. 2. Conduct ongoing training: Training within the BHF-LC will use Edmunds and colleagues’ Consultee Centered Facilitation Approach that includes instruction, review of previous implementations of BHF, self-reflection on implementation process, and feedback using ongoing data and goal setting, and problem solving to improve the screening and engagement of families, implementation fidelity, and sustainability. 3. Sustainability action planning: We will complete a 3-step strategy (see Dissemination Aim for details) |
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| **Implementation Strategies Specified** |
| * The BHF-LC will be initiated upon completion of the selection of participating communities and will be led by Dr. Hill. The scientific team will create initial learning session collaborative topics that align with the timing of PWMI screening and engagement of families, PWMI implementation, and, following the completion of the first PWMI cohort, sustainability action planning.   + This strategy is intended to target community ratings of PWMI evidence, context, and facilitation for PWMI implementation. The unit of analysis will be communities and process will occur in the 2nd & 3rd year of the project.   + PARIHS constructs will be compared between community partnerships in the BHF-LC with those that are in the access to the PWMI packaged program and training only group.   + Qualitative interviews will be conducted at baseline (i.e., initiation of the BHF-LC or Access Only conditions) and every 6 months for two years to allow for ongoing qualitative information on the evidence, context, and facilitation factors that may influence screening/engagement, implementation fidelity, and intent to sustain the PWMI. * The ongoing training will be facilitated by the scientific team in collaboration with the BHF-CAB members and communities selected to implement the PWMI within the context of the BHF-LC. The scientific team will provide ongoing feedback at each learning session, including reach and effectiveness data, and support the communities in monitoring activities and progress during each action period.   + This strategy is intended to target community facilitation and context supporting activities to (1) document screening and engagement of low-income families, (2) sustaining a multi-sectoral partnership to ensure screening and program implementation are completed, (3) sustain systems-based vertical representation, (4) begin implement the PWMI across 3 cohorts over 2 years, and (5) complete pragmatic evaluation strategies to determine reach and effectiveness. The unit of analysis will be the community partnerships.   + Each successful community will complete ORCA assessments and be compared at 6-month intervals following the selection to participate. * The sustainability action planning be initiated following the completion of the first implementation of the PWMI by the BHF-LC communities and will be supported by the payer and sustainability subcommittee.   + This strategy is intended to improve community context for sustainability. The unit of analysis will be the community partnerships and this process will occur over the 3rd year of the project. Qualitative interviews (described above) will include a focus on sustainability. |