



## 2024 Implementation Fact Sheet

Developed by [Wellstone Collaborative Strategies](#) for Trailhead Institute

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### Overview

A collaborative group has already worked through three out of the four steps of the public health approach to addressing firearm death and injury: 1) Define and monitor the problem, 2) identify risk factors and protective factors, and 3) develop and test prevention strategies. Now, it's time for step 4: ***Ensure widespread adoption of effective strategies*** which involves scaling-up effective and promising interventions and evaluating their impact and cost-effectiveness. In this fact sheet, we review the basics of change management and adaptive implementation, continuous improvement, and evaluation. This supports collaborative implementation of this work across local agencies and nongovernmental organizations.

#### A. Change management and adaptive implementation

Wellstone Collaborative Strategies has combed the research on change management to identify the most effective collaborative effort strategies. This research led to the development of the I-CARE change management and adaptive implementation framework.

The I-CARE framework starts at the beginning of the implementation process in recognition of collaborative processes seeking to build buy-in, awareness, and desire to change from the outset. It more clearly articulates the need to operationalize the plan, align capacity, and remove frictions impeding plan implementation. Evidence has shown that removing barriers or friction can be critical for plan success. A plane needs fuel, but it also needs to be aerodynamic to fly. These can be as simple as wayfinding and as complex as mechanizing routine workflows to make them more efficient. The I-CARE process is as follows:

1. **Implementation structures** to operationalize the strategy. Form working groups to progress in each key strategy area that is being adopted by the collaborative initiative. Identify a convenor, establish an adaptive implementation plan approach, set short term targets that are predictive of achieving bigger goals (lead indicators), and measure success. Use the social pressure of coming together and checking in on each person's progress to create momentum.
  - a. **Use a process** in these meetings, such as: i) Go around the room so that those responsible for accomplishing a tactic can share their progress. ii) Individuals share what they've learned. iii) Everyone signs up for a next step. Think through as a group how best to practically move forward to achieve the lead indicators, strategy, and long-term outcomes. iv) Input these next steps in a shared document or project management tool.
  - b. **Building team trust and effectiveness:** These meetings help build trust through strong communication, proactive compassion, reliability, competence, and collaborative orientation.
2. **Capacity** to implement the strategy. Work with staff of each organization to understand their existing capacity and prioritize work and modify workflows so that the collaborative strategy can be implemented.

3. **Ability** to do the work. Provide supports and continuous improvement models for partners to learn how to do new work and practice it. This will require modeling from leadership, sharing successes, and mentorship, co-learning, coaching, or weekly conversations. Professional development may be needed.
4. **Reinforcement** to make the change stick. Align incentives to implement the plan. Each organization that is participating may need to update job descriptions and performance evaluations. In addition, mutual accountability - such as through the implementation structure meetings, celebration of successes at the team level, and behavioral prompts - can be powerful motivators.
5. **Enabling conditions** to remove frictions in the way of plan implementation. Encourage saying no to things outside the collaborative effort. Don't have partners sign up for too many pillars of the work. Each person is ideally part of only one implementation area. Improve efficiencies of work outside the collaborative initiative, understand the barriers to implementation and work to address them in each organization.

## B. Continuous Improvement

The Plan, Do, Study, Act (PDSA) framework is one of the most well-established models for continuous improvement. It is sometimes critical to create a structure in which to learn in real life what works best. Small tests can help fine-tune a strategy, and a series of tests exploring different types of potential interventions that might work can help screen for the most promising efforts.

## C. Evaluation

In general evaluation efforts will need to measure impact on three aspects of the work: 1) how the collaborative is functioning, 2) whether the strategies impacted are reducing harm and saving lives, and 3) if strategies look promising along the way. This means several types of evaluation methods will be needed to determine effectiveness. Ultimately, however, they fit into one evaluative framework measuring outcomes and leading indicators.



**Long-Term Outcomes** (or lag measures) are the ultimate impact the project is trying to achieve, such as a reduction in firearm-related suicides, domestic/intimate partner violence, community violence, or mass and targeted shootings.

**Lead Indicators** are the near-term measures that the group believes are both predictive of achieving the outcomes and are within the group's control. Lead indicators may include both process measures about how the collaborative work is going as well as external measures directly related to the efforts underway. This could include how effectively a strategy is being implemented. For instance, this could be the number of people who participate in a program or the number of interventions made.

**Intermediate Indicators** might also be used. These are a bit outside the control of the group, but not quite outcomes. This could be measures like school climate or survey results from people who participated in a program and indicate that they think it will help.

