

# Contextual Determinants Affecting Implementation

*Qualitative Interview Guide*



**C-DIAS**

Center for Dissemination & Implementation at Stanford  
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**RASC**  
Research Adoption Support Center  
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HEAL Data-to-Action (HD2A)

# ACKNOWLEDGEMENTS

## AUTHORS

This guide is a product of a national collaborative workgroup.

Cecelia Calhoun, MD, MPHS, Yale University

Hélène Chokron Garneau, PhD, MPH, Stanford University School of Medicine

Gregory Aarons, PhD, University of California San Diego

Ana Baumann, PhD, Washington University in St. Louis

Laura J. Damschroder, MS, MPH, Implementation Pathways, LLC and VA Center for Clinical Management Research

Rebecca Lengnick-Hall, PhD, MSW, MPA, Washington University in St. Louis

Brian Mittman, PhD, Kaiser Permanente Department of Research & Evaluation

Praise Olatunde, MSPH, Stanford University School of Medicine

Lawrence Palinkas, PhD, MA, University of California San Diego

Shari Rogal, MD, MPH, University of Pittsburgh

## FUNDING

This work was supported by the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH) under award numbers P50DA054072 (PI: McGovern) and U2CDA057717 (Contact PI: McGovern). The content is solely the responsibility of the authors and does not represent the official position of NIDA/NIH.

## SUGGESTED CITATION

Calhoun, C., Chokron Garneau, H., Aarons, G., Baumann, A., Damschroder, L. J., Lengnick-Hall, R., Mittman, B. S., Olatunde, P. F., Palinkas, L. A., & Rogal, S. S. (2024). The Contextual Determinants Affecting Implementation – Qualitative Interview Guide. Center for Dissemination and Implementation at Stanford (C-DIAS) and HEAL Data2Action Research Adoption Support Center.

<https://www.hd2arasc.org/implementation-guides-and-measures/>

<https://www.c-dias.org/implementation-guides-and-measures/>

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# PURPOSE OF THIS INTERVIEW GUIDE

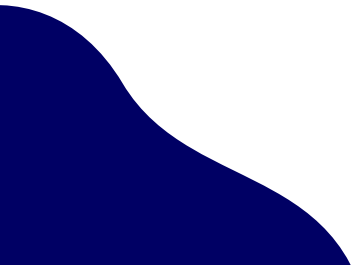


Context shapes whether interventions are implemented and how effective and sustained they are in various. Even highly effective interventions can fail to be used or used appropriately given characteristics of a setting or context (e.g., high cost, lack of reimbursement, lack of access to qualified workforce). People developing effective interventions and those studying their use need a simple, pragmatic, low-cost method of identifying and documenting contextual determinants. Contextual determinants are things that get in the way of (barriers) or support (facilitators) implementation efforts and sustainment of an intervention.

Barriers and facilitators can pertain to the:

- Intervention (e.g., the intervention is complicated to use or for recipients to engage with, burdensome)
- Implementation of the intervention (e.g., lack of resources to train and support the implementation)
- Implementation process (implementation strategies) designed to overcome barriers to implementation of the intervention

This resource is a practical, user-friendly, five-question, semistructured interview guide to help understand the contextual factors that may influence the implementation and sustainment of a chosen intervention. This guide can be used as a standalone or can be inserted into an existing interview guide to enhance a focus on implementation factors. It can also be adapted to reflect various projects stages. The queries focus on barriers and facilitators to the intervention, barriers and facilitators to the implementation process, and the conceptualization of context. All questions consider equity of the intervention (benefits all equally), as well as equity around the implementation of the intervention. Probes for each question are organized to gather information at multiple levels (e.g., outside the organization, inside the organization, about recipients of the intervention) and to be easily adapted to a variety of settings.





This fluid and nonprescriptive tool was designed for a variety of users such as:

- Intervention developers and efficacy/effectiveness trialists, and health services researchers
- Intermediary/purveyor organizations that provide training and technical assistance on effective interventions and their implementation
- Public and private health or social service systems engaged in implementation or improvement activities
- Implementation researchers who seek common measures to increase reproducibility, comparability, and pooling of data for greater impact

The people who participate in the interview may vary, and include organizational or clinic leaders, those delivering the intervention, and recipients (e.g., consumers, patients), families, and community members.

# TERMS



## Barrier

Factors that interfere, hinder, or complicate the implementation of an intervention. For example, lack of financing to support reimbursement for delivering the intervention or delivery of an implementation strategy.

## Facilitator

Factors that enable or help the implementation of an intervention

## Health Equity

For this guide, we use the following definition of health equity: “Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions”(1). While disparities focus on differences, inequity/equity also considers the (historical) contexts within which these differences emerge.

## Health Disparity

Differences in health associated with social, economic, and/or environmental disadvantage or inequality in treatment and service delivery.

## Implementation

Activities required to deliver or sustain an intervention in routine practice.

## Intervention

The treatment, program, or policy designed to improve the outcome of interest; the “thing” being tested for effectiveness in an effectiveness study, adapted, or implemented.

1.Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129 Suppl 2(Suppl 2), 5–8. <https://doi.org/10.1177/00333549141291S203>

# REASONS FOR CONDUCTING THIS INTERVIEW

## 1. For what type of project are you using this interview guide?

- Early phase of intervention development (design, adaptation)
- Pilot study of intervention
- Evaluation of intervention (efficacy, effectiveness phases)
- Evaluation of intervention rollout or scale-up
- Health care system improvement project
- Implementation practice
- Implementation research
- Planning for sustainment, dissemination, or scale-up

## 2. When and how often are you going to use this guide?

- One time only
- Repeated interviews over time
  - Baseline (while the intervention is being designed and developed) or Exploration/Preparation Phase (hybrid and/or implementation project)
  - Active Intervention (while the intervention is actively being used) or Implementation Phase (hybrid and/or implementation project)
  - Post-Intervention/Follow-Up (after the intervention has concluded or during post-intervention evaluation) or Sustainment Phase (hybrid and/or implementation project)

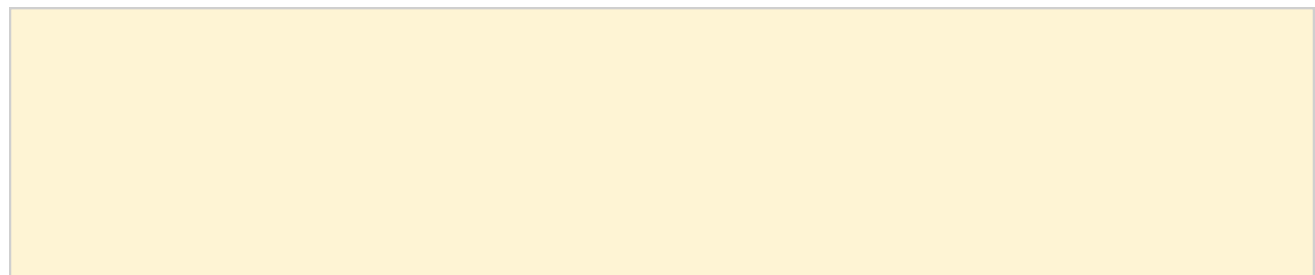
## 3. What is the intervention being designed, adapted, implemented, or evaluated?

# INSTRUCTIONS FOR INTERVIEWER


Guide the interviewee to think of these questions in relation to their current or past role(s). When asking these questions, help the interviewee consider their own experiences implementing [INSERT NAME OF INTERVENTION] or past experiences implementing something similar. Or, if the interviewee is a participant/beneficiary, family member, or community member (or other person not delivering the intervention), then you may reword the items with more appropriate language (e.g., can you think of any barriers or challenges to engaging in [NAME OF INTERVENTION]?). Let the interviewee know that there are no right or wrong answers, and encourage them to be as specific as possible.

**Confidentiality.** Add a statement, to read to the interviewee, indicating how confidentiality will be maintained and how the information collected might be used.

*Example:* Please know that your privacy and any identifying information will be protected throughout this process. All notes that are taken during the interview will be stored safely, and input from today's discussion will be deidentified such that your name and any identifying information are not connected to the feedback.

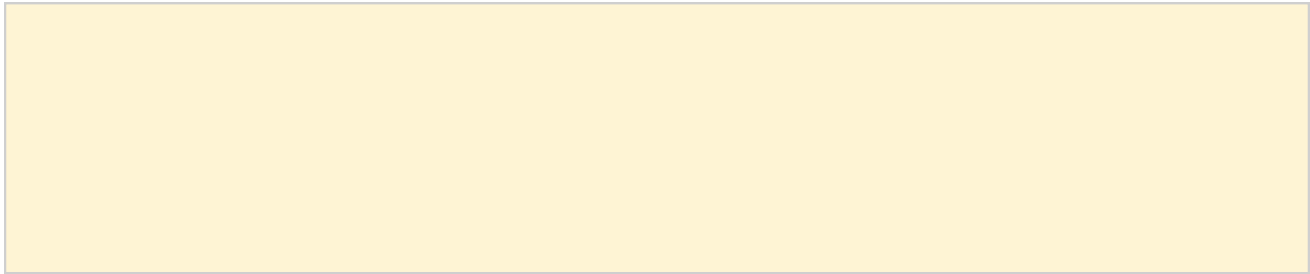






**Recording.** If the interview is recorded, add a statement, to read to the interviewee, specifying what will happen with the recording. Include where it will be stored, who will have access, and when/how it will be deleted.

*Example:* We expect our conversation will last about 30 minutes. I also want to remind you that our interview will be audio-recorded and you may ask to end the interview at any time. Only the research team will have access to the recordings, and the recordings will be destroyed once transcribed.



# THE INTERVIEW GUIDE

This interview guide is composed of **five questions**. Each question includes a set of probes. Familiarize yourself with the questions and probes below prior to conducting the interview. Start by posing each question, and then use the probes to elicit more detailed information at each level.

1

## **What are (were) the challenges or barriers...**

- *To getting (NAME OF INTERVENTION) implemented?*
- *To getting (NAME OF INTERVENTION) delivered as intended?*
- *That would slow down, interfere with, or halt the process of getting the intervention implemented or delivered as intended?*

### **Probes:**

- **Systems level** – external to the organization, such as financing, mandates, policies, community, culture
- **Organization level**—leadership, workflow, perceived capacity, readiness, culture, communication
  - How easy is it for patients and their families to navigate the system to get what they need? (e.g., translation services, getting from one service to the other)
- **Clinical or site level**—intermediate factors sitting between the organizational level and individual providers including management and key experts
- **Individual provider level**—skills, opportunity, perceived needs, alignment with or advantage to existing practice, including relationship with client (therapeutic alliance), and communication with client
- **Characteristics of the intervention**—evidence that it will work, cost, resource requirements, fit with organization and/or the providers who use it, adaptability to local context
- **Patient level**—barriers for clients (e.g., resources, social determinants), trust in the system and providers

## 2

### ***On the flip side, what can (or did) help or facilitate...***

- *Getting (NAME OF INTERVENTION) implemented?*
- *Getting (NAME OF INTERVENTION) delivered as intended?*
- *The process of getting the intervention implemented or delivered as intended?*

#### **Probes:**

- **Systems level**—external to the organization such as financing, mandates, policies, community, and culture
- **Organization level**—leadership, workflow, perceived capacity, readiness, culture, communication
  - How easy is it for patients and their families to navigate the system to get what they need? (e.g., translation services, getting from one service to the other)
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- **Individual provider level**—skills, opportunity, perceived needs, alignment with or advantage to existing practice, including relationship with client, including relationship with client (therapeutic alliance), and communication with client
- **Characteristics of the intervention**—evidence that it will work, cost, resource requirements, fit with organization and/or the providers who use it, ease of adaptability to local context, availability of implementation guidance
- **Patient level**—barriers for clients (e.g., resources, social determinants), trust in the system and providers

3

***Can you think of ways that these barriers and facilitators are connected to one another (i.e., how they may work together)?***

**Probe:**

Will solving one challenge contribute to solving other challenges?  
Can a facilitator be leveraged to address an existing barrier?

4

***How would you define implementing this intervention in an equitable fashion, in your context, for the population that you work with?***

- What may get in the way of making this happen?*
- What could be done within your organization to ensure that this intervention gets implemented equitably?*

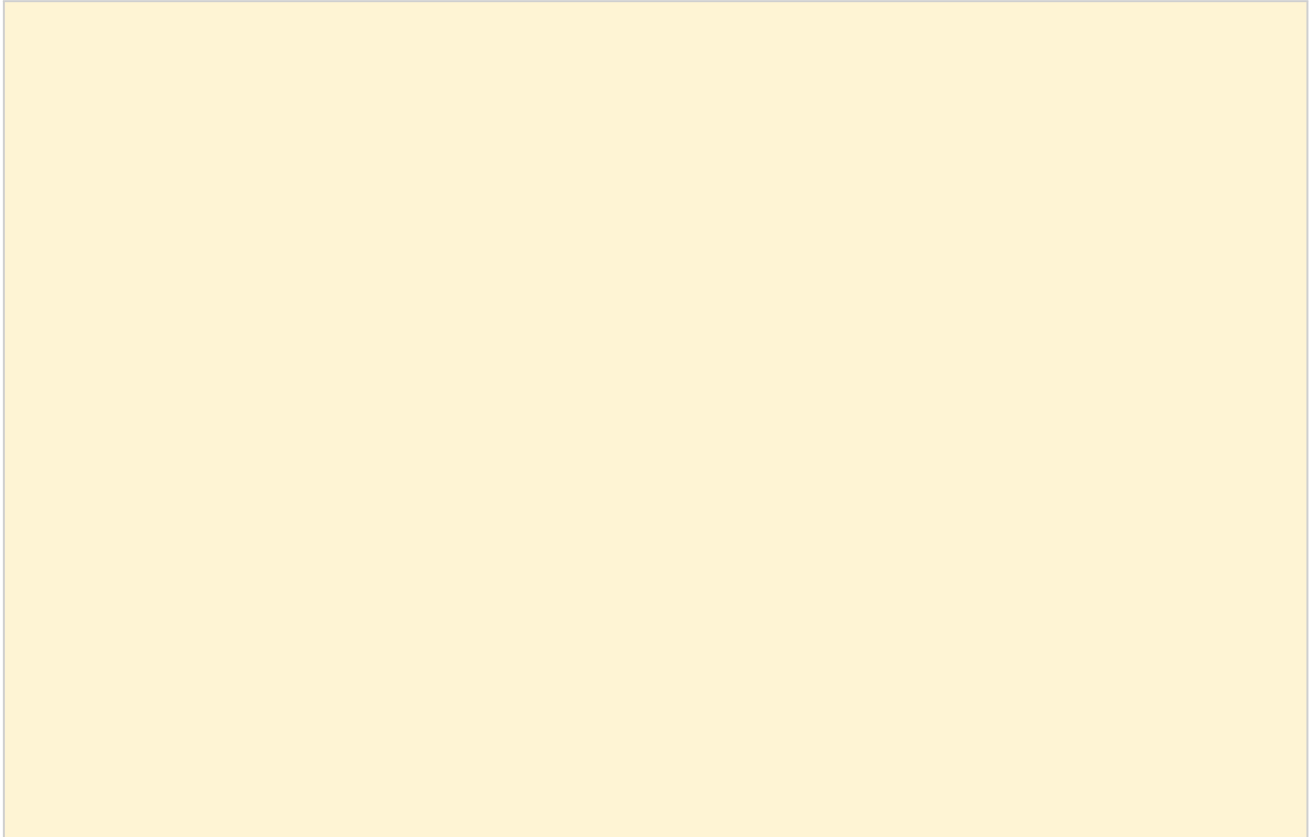
**Probe:**

To what extent are racism and discrimination manifested within your organization?

5

**What kinds of disparities exist among [recipients]?**

- *How might implementing [intervention] help close those gaps?*
- *How might [intervention] implementation make those gaps*
- *worse?What should we avoid so we don't make things worse?*



# CHARACTERISTICS OF INTERVIEW PARTICIPANTS

## 1. Number of individuals participating in the interview:

## 2. Role(s) of individual(s) participating in the interview. Select all that apply.

- Organization level leadership
- Clinic level leadership
- Involved in delivering the intervention (e.g., provider, nurse)
- Recipient or beneficiary of the intervention (e.g., patient, client, family member)
- Social support person (e.g., family member, friend, care-giver)
- Professional expert (e.g., external collaborator/partner, other knowledgeable individual)
- Individual with similar lived experience as recipients (e.g., external collaborator/partner, patient advocate)
- Community member
- Other \_\_\_\_\_

## 3. Incentive for completing the interview

- Money (cash or check)
- Gift card
- Other, specify \_\_\_\_\_
- None