A Facilitators guide for the Framework for Effective and Equitable Implementation in Aotearoa (FrEEIA)

Activities to guide the application of the FrEEIA framework

Overview

This workbook provides a set of tools and activities to help work through each step of the framework. They are designed to be worked on with others. The outputs of the activities then form the beginnings of the improvement plan.

This framework is designed to be applied in parallel with the Framework for Effective and Equitable Implementation in Aotearoa (FrEEIA) Readiness Assessment Tool. The figure below illustrates the steps in this workbook, how they link to the framework, and where the outputs from the Readiness Assessment Tool link in.



# Pre planning

The fundamental aim of applying the principles in the framework is to implement an intervention that will achieve equitable implementation and equal outcomes for all. As a part of this process it is important to work with a team that brings different perspectives.

To work through the exercises in this workbook we recommend a team of 4-6 people are gathered together. The team needs to include the following perspectives (at a minimum)

* Clinical
* Management
* Community

Ideally the funder perspective is also a part of the team that works through developing the implementation plan.

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Exercises to help you plan the implementation

Step 1 - Reviewing the intervention with implementation in mind

The framework assumes that the intervention has already been designed, or selected for implementation. However, we know that within a local context there are a range of adaptations that may need to be made to ensure there is equal access and outcomes. To help think through the implications of the local context the first step is to review the design with equitable implementation in mind. For the purposes of this framework we would encourage you to apply the He Pikinga Waiora tool to consider the various design aspects of the intervention.

# Introduction

In this first step it is important to review (or design) the intended service from the perspective of what is known to improve equity[[1]](#footnote-1). To help in the process the following task looks at the critical design principles that research has identified as key for improving equity.

## Objective

To review the intervention to ensure it can achieve equitable intervention and equal outcomes for the local context that the intervention will be implemented in.

## Step-by-Step Instructions

1. For each of the design principles, use the table provided to rate the planned intervention from High to Negative.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **High** | **Medium** | **Low** | **Negative** |
| Community Voice | The community is involved in defining the problem and developing the solution | The community is involved in either defining the problem or developing the solution  | The community has only been informed but has no direct involvement in the definition of the problem or solution development | The intervention is being implemented in the face of significant community opposition |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Reflectivity | There are explicit strategies to review the impact of the intervention over time and make adjustments as a result  | There is some consideration about the need to review process and outcome measures. How to act on these are unclear. | There are no strategies to review the service as it is being designed and implemented | The is unintentional bias in the intervention design |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Structural transformation and resource | The intervention design is intended to significant structural transformation, and the intervention has sustainable resources  | The intervention has sustainable funding, but there is a limited focus on structural transformation | The intervention receives minimal resources and is only sustainable over a short term | There are less resources or lower quality resources available as a result of the intervention compared with no intervention. |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Community engagement | There is strong community leadership. Decision making is shared and strong partnership is identified throughout the intervention. | Communication is two-way and there is co-operation to implement the intervention with a partnership becoming apparent. | The intervention team has ultimate control over the intervention and communication, which flows one-way to the community. | The intervention is placed in the community with no consultation with the community. |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Integrated knowledge translation | The intervention includes a process of mutual learning across stakeholders. The information is tailored to the needs of different knowledge users | The is medium level support for knowledge translation across stakeholders | The intervention has minimal or no support for implementing knowledge translation | The knowledge users have major concerns which they are not able to discuss with the intervention team. |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Systems perspective | The intervention design includes the following: 1. Multiple causes; 2. Broad focus/multiple solutions; and 3. Multiple perspectives/world views, values of multiple stakeholders | The intervention design includes 2 of the 3 factors in the high category | The intervention design includes 1 or none of the 3 factors in the high category | The intervention has a negative impact due to a lack of consideration of multiple perspectives necessary to support implementation. |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| System relationships | The intervention demonstrates a strong understanding of the complex relationships between variables including feedback loops, time delays, and multi-level effects | There is a moderate understanding of the complex relationships between variables including feedback loops, time delays, and multi-level effects. | There is limited understanding of the complex relationships between variables including feedback loops, time delays, and multi-level effects. | The intervention has a potential negative impact dues to a lack of consideration of system relationships important for implementation |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| System levels | The intervention targets changes at the macro, meso, and micro levels, and provides sufficient rationale and context for each level. | The intervention targets changes at 2 levels with some rationale and context for each level. | The intervention targets changes at 2 levels or less without providing rational or context. | The intervention has a potential negative impact due to a lack of consideration of the change in different levels needed to support implementation |
|  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |

1. For domains that have been rated as negative or low list the approaches you will use to improve this domain.

|  |  |  |
| --- | --- | --- |
| **Domain** | **High/Medium already** | **Actions to improve** |
| Community voice | Y/N | 1.2 |
| Reflexivity | Y/N | 1.2. |
| Structural transformation | Y/N | 1.2. |
| Community engagement | Y/N | 1.2 |
| Integrated knowledge translation | Y/N | 1.2. |
| Systems perspective | Y/N | 1.2. |
| System relationships | Y/N | 1.2. |
| System levels | Y/N | 1.2. |

Step 2 - Identifying key stakeholders for implementation

Engaging key stakeholders throughout the design, implementation, and monitoring phases of the intervention is critical for success. It is these groups that will influence engagement, uptake, and outcomes.

# Introduction

Welcome to the Stakeholder Mapping exercise, an essential step in designing the implementation pathway[[2]](#footnote-2). This workbook exercise will guide you through the process of identifying and analysing key stakeholders, ensuring that all relevant voices are considered in the planning and execution phases. By systematically mapping stakeholders, you will gain valuable insights into their interests, influence, and potential impact on the service, fostering a collaborative and inclusive approach. This exercise will help you build strong relationships, anticipate challenges, and align your strategy with the needs and expectations of those who matter most.

## Objective

To identify and analyse key stakeholders involved in the implementation of your new health service. This helps you to then manage their interests, and communicate effectively.

## Materials needed:

* Large sheets of paper or a whiteboard
* Sticky notes or index cards
* Markers or pens
* A stakeholder mapping template (provided in this workbook)
* A list of potential stakeholders (start with a brainstorming session)

## Step-by-Step Instructions

### Brainstorm Stakeholders

* 1. Begin by brainstorming a list of all potential stakeholders. Think broadly about who will be affected by or have an interest in the new health service. Consider patients, families, health professionals. healthcare providers, funders, regulatory bodies, community organisations, and any other relevant parties.
	2. Write each stakeholder on a separate sticky note or index card.

### Map Stakeholders

* 1. Draw the grid below on a large sheet of paper or a whiteboard.
	2. Place each stakeholder in the appropriate quadrant based on their level of interest in the project, and their ability to influence its outcome:
		+ **High Influence / High Interest:** These stakeholders are key players in the implementation process. Engage with them closely and manage them actively.
		+ **High Influence / Low Interest:** It is important that you keep this group well informed and keep them satisfied.
		+ **Low Influence / High Interest:** Keep this group informed, but only engage directly with them as needed.
		+ **Low Influence / Low Interest:** Monitor this group, but using minimal resources.-Step Instructions

**HIGH**

**LOW**

**INTEREST**

**LOW**

**HIGH**

**INFLUENCE**

### Analyse Stakeholder Needs and Expectations

Analysing the stakeholder needs and expectations is critical. It helps target the communication strategy, and highlights the different groups that need to be involved to make the implementation a success. Ideally this is a process that is worked through for groups in all quadrants. At a *minimum* though it needs to be developed for those stakeholders that have been identified as having high influence. In this process there are five questions that need to be considered for each stakeholders:

1. **Identify stakeholder roles and responsibilities**: Clearly define their role in relation to the health service intervention. Note their responsibilities, decision making power, and how they contribute to or are affected by the service.
2. **Understand interests and motivations:** Consider what drives each stakeholder’s interest in the health service intervention. Ask questions like: ‘What are their primary goals?’; ‘What do they hope to achieve or gain from this service?’; ‘What are their priorities?’.
3. **Assess influence and power:** Determine the level of influence each stakeholder has over the project’s success. This includes their ability to affect decisions, allocate resources, and sway opinions. Consider both formal and informal influence.
4. **Explore potential concerns or risks:** Identify the concerns or perceived risks that each stakeholder group might have. These might include concerns about changes in their workflow, financial implications, or other negative effects. Understanding their concerns and managing the effectively is critical.
5. **Communication preferences:** Understand how each stakeholder prefers to receive information, e.g. email, meetings, reports, informal conversation.
6. **Level of engagement desired:** Assess how involved each stakeholder wants or needs to be. This is informed by looking at the interest/influence chart you just created. Some may prefer to be closely engaged and involved with decision making, while others may only want periodic updates.

Populate the table below with you answers to the questions for each stakeholder group.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Stakeholder** | **Role & Responsibilities** | **Interests & Motivations** | **Influence & Power** | **Concerns & Risks** | **Communication Preferences** | **Desired engagement level** |
| Stakeholder A | Role A | Motivation A | High | Concern A | Email, meetings | High |
| Stakeholder B | Role B | Motivation B | Medium | Concern B | Update report | Medium |

Step 3 - Identifying implementation barriers

In this stage of the process the FrEEIA readiness assessment tool (FrEEIA RAT) is used.

[**Click here to access the FrEEIA Readiness Assessment Tool**](https://www.impsciaotearoa.org.nz/freeia-readiness-tool)

By completing this tool in your organisation you can identify what are seen as current barriers and facilitators to equitable implementation.

More information about applying this tool in your organisation can be found [HERE](https://www.impsciaotearoa.org.nz/_files/ugd/eaa2f6_429d61e79552492b8f808bddeffc4e83.pdf).

One of the outcomes of the FrEEIA readiness assessment tool is a table that highlights the perceptions of strengths and areas for development [page 17 in the cohort report]. Once the FrEEIA RAT has been completed the table can be inserted below. What is here is an example of that table. You should replace it with your own version.

**Example table from the FrEEIA RAT Cohort Report**

|  |  |
| --- | --- |
| **Top Six Strengths** | **Six areas with the lowest rating** |
| **Area** | **Score** | **Area** | **Score** |
| Metrics Developed  | **3.0/3** | Evidence | **0.3/3** |
| Skills & Knowledge  | **2.4/3** | Relative Advantage | **0.5/3** |
| Context Specific Design | **2.4/3** | Service User Engagement | **0.5/3** |
| Internal Organisational Relationships | **2.3/3** | Innovativeness | **0.6/3** |
| Communication(resources) | **2.3/3** | Alignment | **1.0/3** |
| Resource Use | **2.3/3** | Flexibility | **1.1/3** |

|  |  |
| --- | --- |
| **Metrics Developed:**  | This intervention can be adapted to my local context |
| **Skills & Knowledge:**  | I can see how this intervention will lead to improved equity outcomes |
| **Context Specific Design:** | Getting this intervention working is a priority amongst the other things I need to do |
| **Internal Organisational Relationships:** | We have sufficient skills and knowledge to implement the intervention |
| **Communication(resources):** | We have someone in the leadership role, or a well-connected person, who supports and will advance the intervention |
| **Resource Use:** | We have the necessary supports, processes, and resources to enable this intervention |
| **Evidence:** | This intervention fits with how I usually do things around here |
| **Relative Advantage:** | This intervention seems better (or is likely to be better) than what I am currently doing |
| **Service User Engagement:** | The evidence for how this intervention will improve equity is clear |
| **Innovativeness:** | This intervention can be adapted to my local context |
| **Alignment:** | I can see how this intervention will lead to improved equity outcomes |
| **Flexibility:** | Getting this intervention working is a priority amongst the other things I need to do |

Along with the information generated from the FrEEIA RAT, it is important to consider the wider patient pathway that is followed for this intervention. This may include parts of the system that were not included in the FrEEIA readiness assessment process. For example, the pathway may include interactions with primary care, but there were no primary care people invited to completed the readiness assessment tool. In these cases it is important to consider possible barriers and facilitators for equitable implementation in these contexts.

Step 4 - Identifying measures of implementation and intervention effectiveness

In planning the implementation of an intervention it is important to measure key markers of the implementation process. There is a well understood set of measurement domains used in implementation science[[3]](#footnote-3). The following exercise helps you think though if and how you will apply these measures in implementing your specific intervention.

**WORKBOOK EXERCISE ONE – Defining implementation measures**

## Introduction

This exercise is designed to help you think through and plan the various measures of implementation science you will use in your intervention. By systematically considering these measures, you can enhance the effectiveness and sustainability of the intervention.

## Objective

By the end of this workbook, you will be able to:

1. Identify relevant implementation outcomes for intervention.
2. Develop a plan to measure and evaluate these outcomes.

## Instructions

1. Read through the introduction and objectives carefully.
2. Complete each exercise in the workbook in the order presented.
3. Take your time to reflect on each question and provide detailed responses.
4. If working in a team, discuss each section with your team members and come to a consensus on your answers.
5. Use the provided templates and tools to help organise your thoughts and plans.

# Exercise 1: Applying the implementation outcomes to your intervention

**Purpose:** To familiarise yourself with key concepts and measures

## Activity

1. In the table below are the key implementation science outcomes measures. Provide an example of how each concept may apply to your intervention.
2. Using a high, medium, or low priority ranking, evaluate each outcome based on its relevance and importance to your intervention. Consider factors such as:
	* The significance of the outcome for the interventions success
	* The feasibility of measurement
	* The resources available
	* Stakeholder interest and buy-in.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Definition** | **Example** | **Priority** |
| Acceptability | The perception among stakeholders the intervention is aggregable, palatable, or satisfactory |  |  |
| Adoption | The extent to which the intervention is tried by relevant stakeholders |  |  |
| Appropriateness | The perceived fit, relevance, and compatibility of the intervention for a stakeholder; and/or the perceived fit of the intervention to address the problem/issue |  |  |
| Coverage | The extent to which all eligible populations get access to the intervention |  |  |
| Cost | The cost impact of the intervention |  |  |
| Feasibility | The extent to which the intervention can be successfully used within the setting it is designed for. |  |  |
| Fidelity | The degree to which the intervention is implemented as it was prescribed by the program designers |  |  |
| Penetration | The extent to which the intervention is integrated within the service |  |  |
| Sustainability | The extent to which the intervention is maintained or institutionalised withing the service setting’s ongoing operation |  |  |

# Exercise 2: Developing a measurement plan

**Purpose:** To create a plan for measuring and evaluating the implementation outcomes

## Activity

1. **For each priortised outcome, identify potential measures:** Determine how you will measure each outcome. Consider both quantitative and qualitative measures. For example:
	1. Adoption: Number of staff referring to the service, adherence rates
	2. Sustainability: Data over time, leadership support
	3. Appropriateness: Staff and consumer satisfaction
	4. Acceptability: Staff surveys
2. **Identify data sources:** Determine where you will obtain the data for each measure. This might include:
	1. Electronic health records
	2. Surveys and questionnaires
	3. Interviews and focus groups
	4. Administrative data
3. **Identify the level of measurement:** Some measures are at an individual level, others will be at a service or organisation level
4. **Determine the frequency of measurement:** Decide how often you will measure each outcome. Consider baseline measurements, post-implementation assessment (within 3 months of implementing) and follow up evaluations (9-12 months after starting the intervention).
5. **Assign responsibility:** Assign specific individuals or teams to be responsible for data collection, analysis, and reporting for each outcome.
6. **Documentation:** Use the following table to populate this information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Implementation outcome** | **Intend to measure (Yes/No)** | **Measurement method(s) (e.g. observations, surveys, routinely collected data)** | **Level of measurement (i.e. individual patient/staff, service provider, organisation wide)** | **Measurement time points** | **Responsible person/team** |
| Acceptability |  |  |  |  |  |
| Adoption |  |  |  |  |  |
| Appropriateness |  |  |  |  |  |
| Cost |  |  |  |  |  |
| Coverage |  |  |  |  |  |
| Feasibility |  |  |  |  |  |
| Fidelity |  |  |  |  |  |
| Penetration |  |  |  |  |  |
| Sustainability |  |  |  |  |  |

**WORKBOOK EXERCISE TWO – Defining intervention measures**

**Purpose:** To clarify the intervention measures for the intervention

## Activity

The intervention that you have selected (assuming it is evidence based) will already have a number of outcomes that it is designed to impact on. Given the focus is on equal outcomes what it important is to ensure the measures look at the proportionality of outcomes for the priority population(s).

This will include:

* 1. The relative proportions of the different priority populations getting access to the intervention.
	2. The relative proportions for the priority population(s) achieving the different outcomes intended from the intervention, as compared to the proportion of the non-priority populations achieving those outcomes.

In addition to the measures is a decision on how often this data will be collated and analysed.

Use the following table to document this information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Access measure(s) | Priority population 1 | Priority population 2 | ….. | Cycle of reporting (e.g monthly, quarterly)  |
| Note here the relevant access measures for the intervention (eg. referral, engagement, follow up) |  |  |  |  |
|  |  |  |  |  |
| Outcome measure | Priority population 1 | Priority population 2 | ….. | Cycle of reporting (e.g monthly, quarterly)  |
| Note here the relevant outcome measure(s) for the intervention |  |  |  |  |

|  |  |
| --- | --- |
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Exercises to help you design the implementation

Step 5 - Designing the communication strategy

Having a clear communication strategy is essential for the successful implementation of any health service intervention, particularly those aimed at improving equity. It ensures that all stakeholders, including patients, community members, healthcare providers, and policymakers, receive consistent, accurate, and culturally appropriate information. Consideration needs to be given to communication within and between organisations, as well as with the priority population the intervention is aimed to improve equity for. Of particular importance is ensuring that communication does not place high health literacy demands on the patients and whānau.

This workbook will guide you through a series of exercises to develop a comprehensive communication strategy, ensuring clear, inclusive, and culturally appropriate messaging.

**WORKBOOK EXERCISE ONE– Clarify your target audience**

## Objective

Clearly define what aspects of the intervention design needs to be communicated with different audiences. This includes the identified barriers and facilitators of the intervention.

## Instructions

1. **Segment your audience:**

Identify the different groups that need to be reached. Consider patients, different services, different organisations, funders, and policy makers

1. **Understand audience needs**:

For each group, list their specific needs, preferences, and potential barriers to receiving the message. This will help tailor the communication approach. Include here any relevant implementation barriers / facilitators that have been identified in in prior exercises that other services/organisations need to be aware of.

1. **Clarify communication channels**

Identify the most effective channels for reaching the target audience

1. **Documentation**

Complete the table below to document your audience segments and their needs. The information provided is just illustrative

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audience Segment** | **Needs** | **Preferences** | **Barriers** | **Communication channels** |
| e.g. Priority population | Information about the service availability, benefits, and how to access | Simple language, visual aids | Language, literacy, mistrust | Social media, brochures, community meetings |
| e.g. Healthcare providers | Information about barriers identified, strategies to overcome them, benefits of the intervention, referral process | Meetings, emails, newsletters | Time constraints, information overload | Meetings, webinars, email updates |

**WORKBOOK EXERCISE TWO– Develop an implementation plan**

## Objective

Create a detailed plan for executing your communication strategy about the intervention, and the relevant implementation barriers and facilitators.

## Instructions

1. **Timeline:**

Create a timeline outlining when each communication activity will take place. Include key milestones and deadlines

1. **Roles and responsibilities:**

Assign specific roles and responsibilities to team members for each communication activity.

1. **Resources:**

Identify the resources needed, such as budget, materials, and personnel.

1. **Documentation**

Complete the table below to document your communication plan. The information provided is just illustrative.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Timeline** | **Responsible Person** | **Resources needed** |
| Develop and test the messages for the priority populations | Month 1-2 | ?? | Budget for testing, feedback tools |
| Engage with services about addressing implementation barriers | Month 1-2 | ?? |  |
| Launch awareness campaign | Month 3-4 | ?? | Social media, advertising budget |
| Host meetings across services/organisations | Month 3-4 | ?? | Logistics, printed materials |

Step 6 - Defining the resources required for equitable implementation

This step is about identifying the resources required for implementation success. Resourcing for equitable implementation can look quite different to resourcing of the same programme in other settings, for example it might require further or flexible funding for community-based providers to undertake targeted delivery strategies. Resource types to be considered include staffing (e.g., Māori and culturally safe non-Māori personnel) and training (both intervention-specific and for cultural safety), physical resources and financial resources.

**WORKBOOK EXERCISE– Identifying resources for equitable implementation**

This workbook exercise will guide you through the process of determining the necessary resources—financial, human, technical, and material—that are crucial for success. Proper resource identification ensures that you have the capacity to address the unique needs of underserved populations, ultimately leading to more equitable health outcomes. By systematically assessing and documenting your resource requirements, you will be better prepared to plan, allocate, and manage these resources effectively, ensuring a smooth and efficient implementation process.

## Identify Human Resources

**Purpose:** Identify the human resources that are critical to increase equity

* 1. **Identify the key roles:**
* List all the roles that are necessary to increase equity. This will include leadership roles, staff with cultural competence, and roles to help increase access for the priority population(s).
* Note any roles that were identified as a part of the improvement plan that was developed after completing the FrEEIA readiness assessment process
	1. **Define responsibilities:**

Outline the responsibilities for each role, with an emphasis on activities that promotes cultural[[4]](#footnote-4) safety and competence.

* 1. **Training needs**

Identify any training needs that each role will require to help the priority population engage effectively.

|  |  |  |
| --- | --- | --- |
| Role | Responsibilities | Training needs |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Identify Financial Resources

**Purpose**: Identify the financial resources needed to implement aspects of the service that will increase equity.

Outside of staffing and physical infrastructure there are a number of additional areas that may require financial resources. There are listed below. Indicate which ones are relevant to the intervention you are designing/improving. If possible, indicate the estimated dollar amount required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas for consideration** | **Required (Y/N)** | **Rationale** | **Estimated cost** |
| e.g. Costs for community participation in the design |  |  |  |
| e.g Costs for changes to the physical environment to make the service more engaging |  |  |  |
| e.g. Costs for staff training |  |  |  |
| e.g. Costs for developing appropriate communication resources for the priority population |  |  |  |

Step 7 - Designing equity-specific strategies in the implementation process to address barriers to service access

Developing equity-specific strategies to address barriers in implementing a new health service is essential for ensuring that the priority population has access to high-quality healthcare. These barriers can be in the design of the service itself, in the values/worldviews of the workforce, or organisational barriers. This exercise draws strongly on the outcomes from the action plan that is developed as a part of the ERAT process.

**WORKBOOK EXERCISE– Developing equity specific strategies to address barriers**

This workbook exercise will pull together a number of aspects of the process that have already been completed as a result of working through this guide. Specifically:

1. Step 1 where the He Pikinga Waiora framework was used to review the design of the proposed intervention
2. The action plan that was developed through the FrEEIA readiness assessment process [[CLICK here for the Action Plan Template]](https://eaa2f674-014d-4265-b8b8-c80e9e4d63b3.usrfiles.com/ugd/eaa2f6_ab11e3c5e17e443e8cb32c57de7e03a8.docx).

## Objective

Develop a set of actions to guide the implementation process in order to improve equity.

Instructions

1. In the table below list the actions from:
	1. The table developed in Step 1 (Reviewing the local context) where the context was considered using the He Pikinga Waiora framework, AND
	2. The action plan that was developed as an outcome of completing the FrEEIA readiness assessment process.
2. There may be other strategies that are deemed relevant as a result of working through this framework. If so, add these also to the table below.
3. For each action area develop one or two SMART goals (specific, measurable, actionable, relevant, timely).
4. For each action indicate an expected timeframe
5. For each action identify the accountable team/person

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategy** | **SMART goal** | **Expected timeframe** | **Accountable team/person** |
| Insert from the ‘Step 1 Workbook’ |  |  |  |
| ……. | ….. | ….. | ……. |
| Insert strategies from the FrEEIA readiness assessment action plan |  |  |  |
| ……. | ….. | ….. | ……. |

1. Rarere, M., Oetzel, J., Masters-Awatere, B., Scott, N., Wihapi, R., Manuel, C., & Gilbert, R. (2019). Critical reflection for researcher–community partnership effectiveness: the He Pikinga Waiora process evaluation tool guiding the implementation of chronic condition interventions in Indigenous communities. *Australian Journal of Primary Health*, *25*(5), 478-485. [↑](#footnote-ref-1)
2. Franco-Trigo, L., Fernandez-Llimos, F., Martínez-Martínez, F., Benrimoj, S. I., & Sabater-Hernández, D. (2020). Stakeholder analysis in health innovation planning processes: a systematic scoping review. *Health Policy*, *124*(10), 1083-1099. [↑](#footnote-ref-2)
3. Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and policy in mental health and mental health services research*, *38*, 65-76. [↑](#footnote-ref-3)
4. Culture here is to be intended to be interpreted widely, and in context with the priority population for the intervention. It includes such areas as ethnicity, disability, sexual orientation, etc [↑](#footnote-ref-4)