

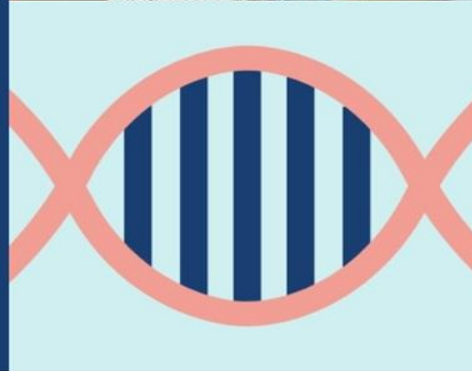
How to marry implementation and science?



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Improving the quality of life of people receiving health and social care, through applied research

Search for research, publications, news or events



<https://arc-kss.nihr.ac.uk/>



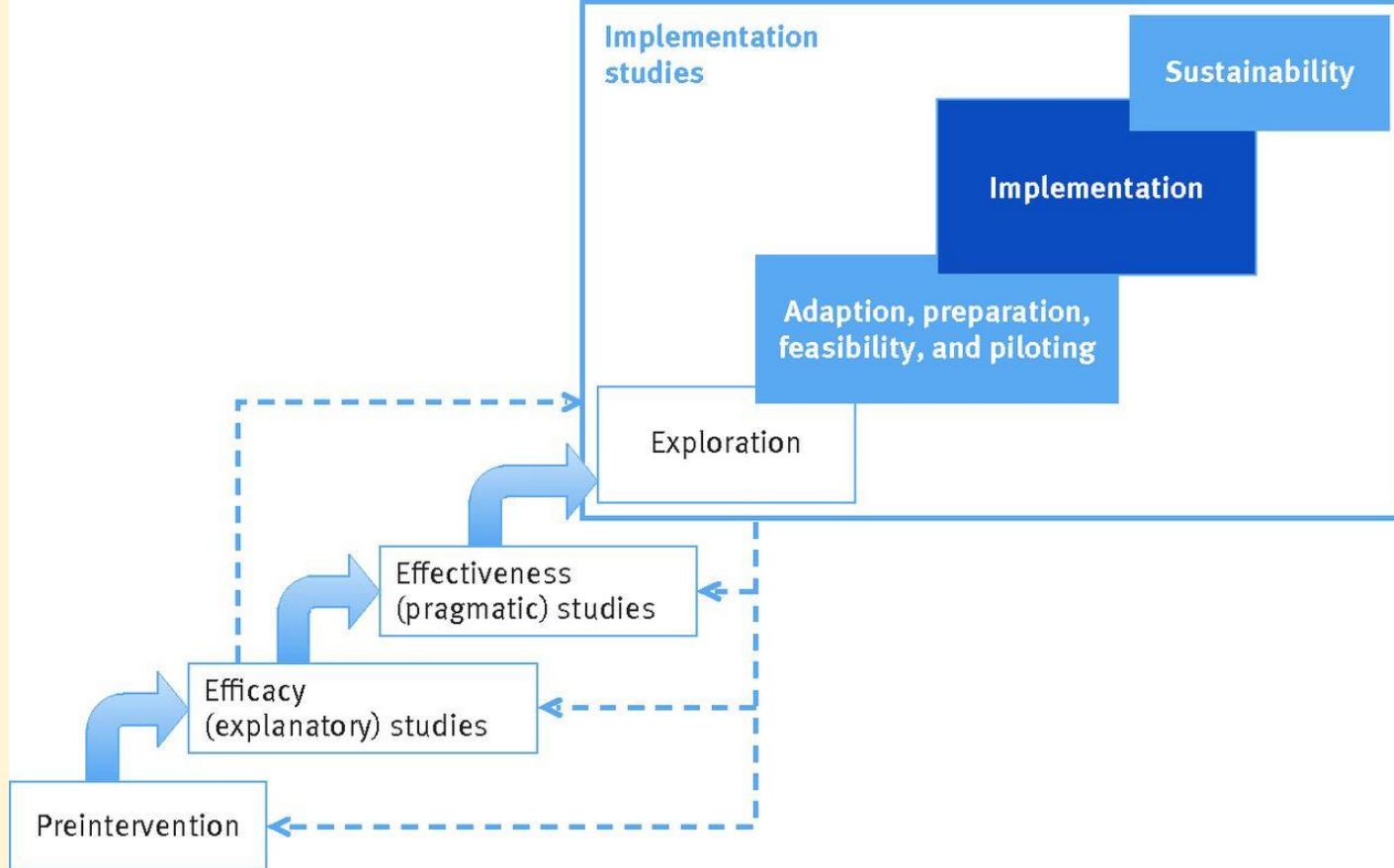
Learning Outcomes

- What does 'science of implementation' (IS) mean?
- IS more about 'strategies' than about 'interventions'
- Introducing real-world stuff and evaluating it can create tensions
- We, ARC KSS, focus on social care and health issues / marginalisation
- Ayse will show how 'problem' could be translated into resequention

Why is IS important?



- Helps system prioritise: purchasers and providers
- Helps asking right questions
- Costs ok?
- Align to delivery models?
- Many digital tools have 'evidence' but are not used: why?



StaRI is targeted on the reporting of interventional implementation studies (the dark shaded box) but will have resonance for studies in the pilot and sustainability phases

ARC KSS

- Place-based approach to implementation
- Marginalised communities
- Process evaluations
- Reach, Effectiveness, Adoption, Implementation, Maintenance: RE-AIM
- CFIR
- ...



Consolidated Framework for Implementation Research

Implementation Team – ARC KSS



Dr Des Holden
Medical Director
ARC Implementation Lead



Becca Randall
Implementation Manager
CYP Mental Health



Kath Sykes
Implementation Manager
Ageing Well: Living Well with Dementia



Dr Sam Fraser
Implementation Manager
Primary & Community Care



Becky Sharp
Implementation Manager
Social Care

Implementation types

Diffusion

Passive activities and supportive policies to make research findings available and accessible to audiences (Ensuring Value in Research, EViR, 2020)

Dissemination

Active approach to spreading of research findings to target audience via determined channels using planned strategies (EViR)

Knowledge mobilisation

Most active: bringing stakeholders together to share, respond to, and act upon research findings (EViR)

Applied Research

NIHR Applied Research Collaborations (ARCs) support applied health and social care research that **responds to, and meets, needs of local populations and local health and care systems.**

Applied research is characterised by:

- Building on findings of basic research
- Generating solution to specific problem to be solved
 - **Applying that solution**

Welcome to the healthy hearts project



Heart disease is the biggest cause of death around the world, but making some simple lifestyle changes can help to reduce your risk.

This website will take you through a quick heart health questionnaire to determine your risk of heart disease.

You will then have the opportunity to answer a longer diet and exercise questionnaire to get feedback on how your lifestyle affects your heart health.

Finally, you will have the chance to set some healthy lifestyle goals to lower your risk of heart disease.

How long will it take?

The first questionnaire should only take around 10 minutes.

To complete the whole site, including both questionnaires and setting goals should take around 30 minutes.

You can use the 'Your progress' button at the top of the website to see how you're doing.





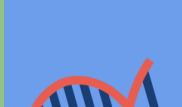





ARC KSS DI/PCHS Outcomes



- Short-term (1-2 years):
 - Governance / getting to know / staff
 - Situational analyses
- Medium-term (3-4 years):
 - Multi-theme projects
 - Multimorbidity/ageing/frailty/readmission projects
 - Deprivation...
- Long-term (5+ years):
 - Successful second ARC grant

ARC KSS Projects

Theme/ project								
Tech and elderly people	X		X	X	X	X	X	X
CATALYST	X	X		X	X	X	X	X



How to do implementation science



- Ayse will now present example
- Evaluating and improving
- Questions?
- h.vanmarwijk@bsms.ac.uk



Date:	20/06/2022 09:33:23
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Reducing digital disadvantage in older people during Covid-19 pandemic: the role of families/carers in increasing technology acceptance and use

Ayse Aslan¹

Supervised by:

Jo Armes¹, Freda Mould¹, & Harm van Marwijk².

¹ University of Surrey

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About me



BSc Psychology – Manchester Metropolitan University (2017 - 2020)
MSc Psychological Research Methods – University of Sheffield (2020 – 2021)

ARC KSS Health Sciences PhD - University of Surrey (2021 – 2024)



Mixed methods to explore the digital divide
and inequalities amongst older people

Plan so
far...



Project 1
Meta-ethnography



Project 2
Paired Interviews



Project 3
Participant Observation

What are the determinants of older people adopting communicative e-health services? A meta-ethnography

Ayse Aslan

Jo Armes, Freda Mould, & Harm van Marwijk.



Background



Increase in digital
technology usage
since Covid-19

(Loucka, 2020; Tebeje and Klein, 2019)



Older adults are the
largest group to
experience digital
inequalities

(Lloyds Bank, 2021; Ofcom, 2021)



Several other
factors correlate
with low digital
literacy



GPs reported an
increase in video
consultations,
however older adults
tend not to use them

(Schifeling et al., 2020).



Digital inequalities
may hinder older
adults access to
healthcare

Aims

To explore older peoples perceptions and/or experiences of using communicative e-health services

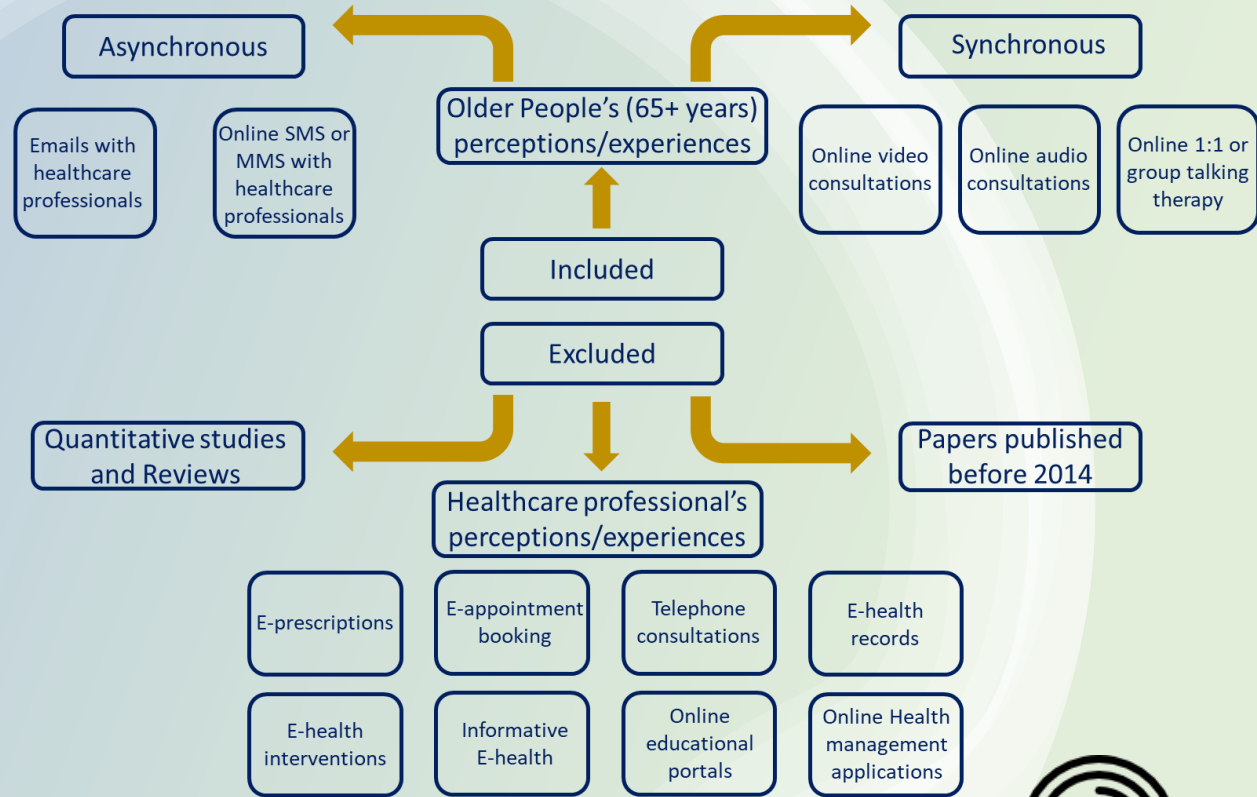
To identify facilitators and barriers to using communicative e-health services



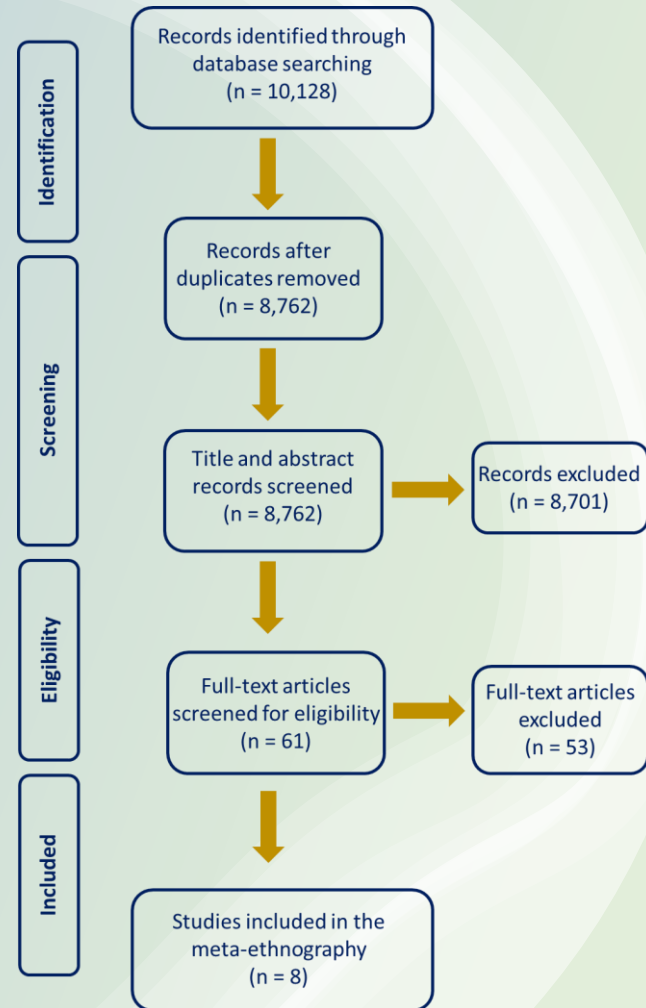
Methods



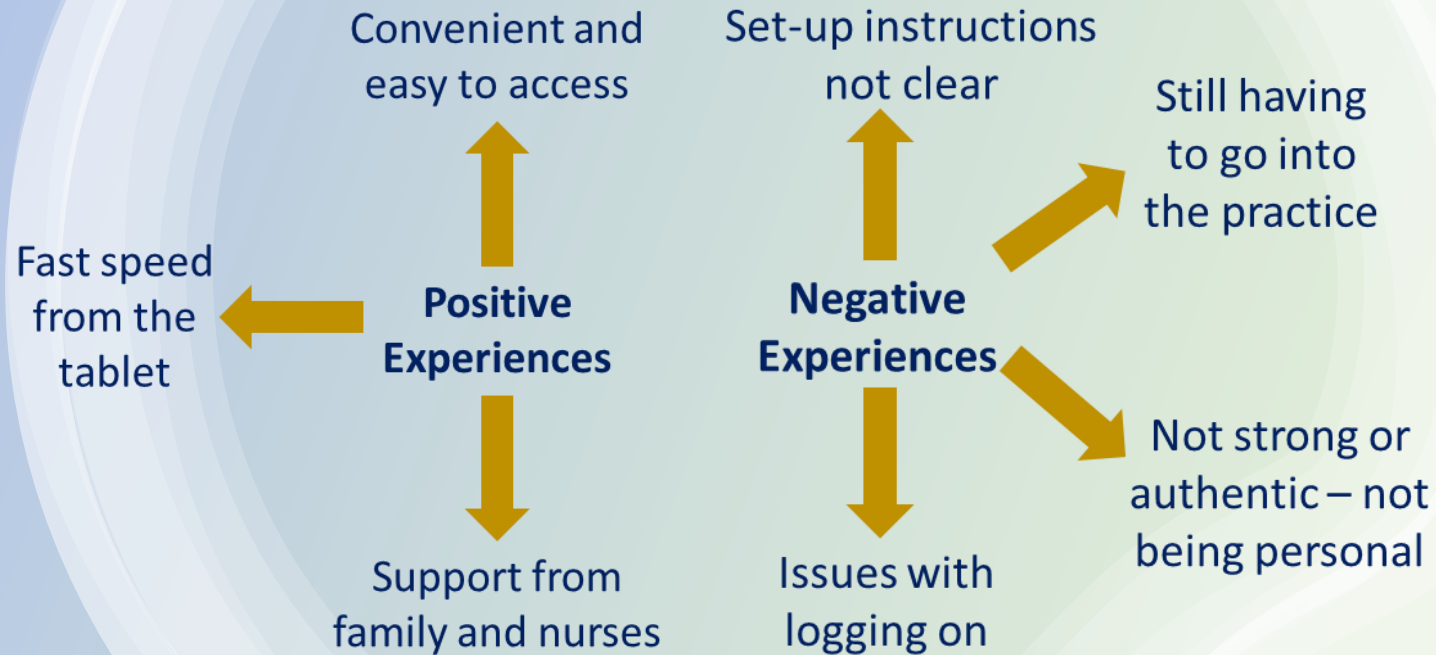
A systematic search strategy was conducted on 6 databases: MEDLINE, CINAHL, PsycArticles, PsycInfo, ASSIA and British Nursing Index. Search terms relating to *'older adults'*, *'e-health'*, *'technology'* and *'communication'* were utilised.



Screening process



Preliminary Findings



Preliminary Findings continued...



“I can go on my device at my own leisure in my own time, without being limited to the allotted 10 minutes of the physician time”



“I am amazed that everything was handled with the doctor by WhatsApp. They accepted the form and there was no problem”

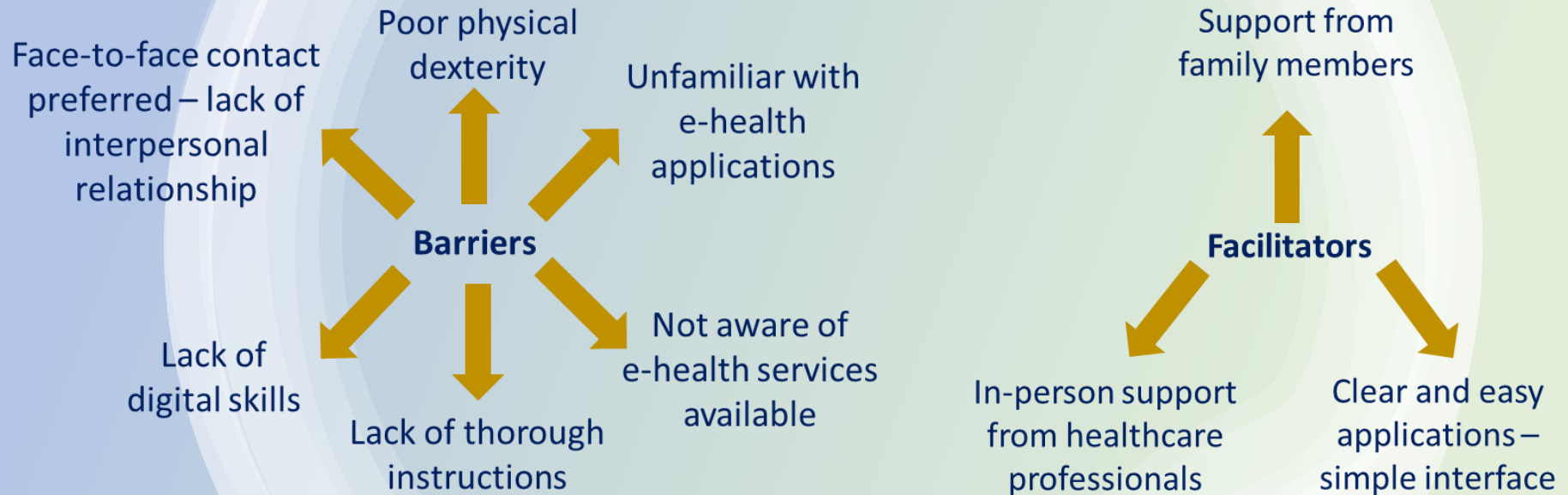


“You will still have to go to the GP or hospital for some tests”

“As long as my kids and my wife are alive, it would be okay... Because I’m not a techy guy... So I’d be okay with it if I’ve got somebody to help me”



Preliminary Findings continued...



Preliminary Findings continued...

"[My healthcare system] is investing a lot in telemedicine. It would be good to have a team of helpers who could help a patient, mostly older people, and get in touch in advance to help them set up appointments"



"Accessibility is important to me. You should be easily able to log on using your username and password"



"This is unclear, it is too difficult for me"



"I need a person to sit down with me next to my computer to help me set up my account... I need personal help"



"I feel more comfortable to talk with a physician face to face"



Guidance



Supporting
older
adults

Spreading
awareness



Promoting
stronger
relationships with
clinicians

Assistive
technology



Increasing
older peoples
digital skills

Provide
clear
instructions



Future directions



Findings will inform interview questions



Implementing the findings of the meta-ethnography



Ethics surrounding the increase in digital technology usage



Thank you for listening



Questions?

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