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#218 - Using After Action Review to identify implementation strategies for rapid responses to emerging drugs among youth

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Objectives/aims

Drug use trends change rapidly among youth, leaving educators and interventionists struggling to respond to emerging drugs promptly. Widely adopted, universal (i.e., Tier 1) evidence-based interventions (EBIs) such as the Michigan Model for Health™ (MMH) offer an unparalleled opportunity to reach large populations of youth and reduce the onset and escalation of substance use. MMH and similar curricula address cross-cutting risk and protective factors applicable across different types of drugs and related outcomes (e.g., mental health). Tier 1 EBIs in schools, however, do not always reflect the most current needs of the context and population. Without a rigorous and rapid pathway to respond to emerging drugs and novel routes of administration, EBIs quickly become obsolete for those most in need. Implementation strategies are needed to optimize system responsiveness to these emerging issues using existing universal prevention EBIs. The objective of this study is to employ After Action Review (AAR), a well-established reflective process to improve existing response capacity for emergent public health issues and identify gaps, best practices, and potential solutions. We focus on applying the AAR to design implementation strategies that will support rapid responses to drug events to ultimately reduce preventable morbidity and mortality.

Methods

AAR is a review of responses to a public health event; it seeks to identify actions that can be taken immediately to ensure better responsiveness to the next event and longer-

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term actions to strengthen the capabilities of the system in future responses. The AAR's review component centers on 4 key questions: 1) What was expected to happen? 2) What actually happened? 3) What went well (i.e., best practices)? 4) What can be improved (i.e., gaps)? We followed the WHO roadmap, conducted in a short timeframe (i.e., a few months), including a) designing and specifying the AAR approach (scope and interview/focus group guides), b) conducting the AAR and sharing results, and c) debriefing and following up with our implementation partners. We conducted focus groups and interviews with multiple interested parties, including state education partners, school administrators, teachers, prevention specialists, school counselors, and the state's network of health coordinators across Michigan (U.S.). We conducted interviews, focus groups, and team meetings via video conferencing, which were recorded and transcribed verbatim. We used a rapid analysis approach to evaluate the qualitative data. We shared the summary of the findings with implementation partners for validation and held debriefing meetings with state agencies and the Michigan School Health Coordinators Association (MiSHCA). We then collectively identified the best practices, challenges, and follow-up actions to inform implementation strategy selection.

Main findings

We recruited 33 participants for the AAR. Analysis of focus group and interview data revealed three central tenets for successful rapid responses to urgent drug events: collaboration, readiness, and planning. We also identified several possible implementation strategies, some used successfully in schools, that aligned with the central tenets. During the debrief, our project team and key implementation partners validated the results and refined their interpretation and application. The refinement included identifying implementation strategy core functions related to each tenet (e.g., collaborations: build/leverage partnerships) that provide needed infrastructure to engage in rapid responses to urgent drug events using the MMH curriculum. Finally, we planned the identification of implementation strategy form options (e.g., build/leverage a coalition) for the functions and curated existing tools compiled in a workbook to guide the health coordinators (i.e., implementation support practitioners) in working with schools.

AAR is a promising approach to identifying gaps and best practices in school-based responses to urgent drug crises. Our results indicate that while the core implementation

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strategy functions are constant, the implementation support practitioners all benefit from implementation strategy options that best meet the needs of their context. Our next steps include pilot testing this bundle of strategies in 10 middle schools.

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