

EHPS Create Workshop 2017

Planning Health Promotion Programmes: An Intervention Mapping Approach

Laura Meade
King's College London
Lauren Gattig
University of Glasgow
Samantha van
Beurden
University of Exeter

It is no secret that behaviour plays a critical role in people's health and wellbeing. Attempts to change behaviour have been the focus of many researchers within Health Psychology in recent years. Behaviours take place within the complex context of peoples' lives, making the development and evaluation of interventions to change behaviours a very difficult process indeed. Interventions developed for one population, condition or context may be ineffective when used for another (Bartholomew et al., 2016). It is therefore important to have a systematic method for creating interventions. Accurate reporting of the decision-making process during the development of behaviour change interventions is necessary for identifying the "active ingredients" of interventions. The Medical Research Council's guidance for developing, evaluating, and implementing complex interventions (Craig et al., 2013) highlights the importance of rigour in interventional studies. This is subsequently changing the face of Health Psychology which has seen various calls for methodological improvements (i.e. Hoddinott, 2015; Michie, Johnston, Francis, Hardeman, & Eccles, 2008). Frameworks such as Intervention Mapping (IM; Bartholomew et al., 2016) have been put forward to guide the decision making process and improve transparency and methodological rigour of intervention development.

CREATE is known for organising timely workshops involving high calibre leaders of the respective field. What better way to start the EHPS: Innovative Ideas in Health Psychology conference than with a CREATE workshop on the IM approach for planning health promotion programmes, facilitated by leaders in the field Gerjo Kok, Rob Ruiters, and Rik Crutzen from Maastricht University. The workshop took place in the beautiful city of Padova, Italy, in August 2017, and was attended by forty early career researchers.

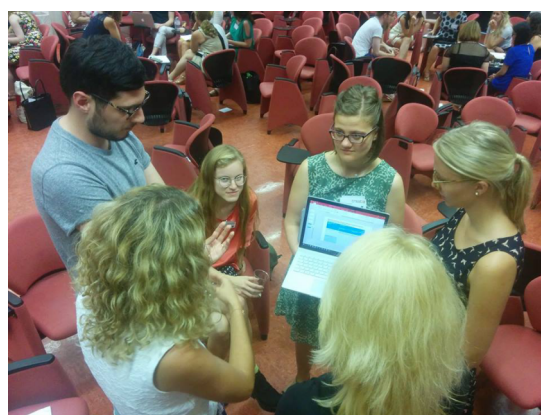
On the afternoon before the workshop, we took part in a networking session organised and run by the CREATE executive committee. During this pre-workshop meet and greet, we took part in several activities designed to facilitate introductions and discussions about our interests; both personal and academic. The session was formal enough to help with breaking the proverbial ice, but the relaxed atmosphere allowed for meaningful connections to be made with ease. The group knew we were in for an intense two days, therefore it was helpful to have this chance to get to know the other attendees in advance. Thus allowing us to dive straight into the workshop, with group discussions flowing freely.



IM assists program planners in the area of health promotion by providing a protocol for decision making in the planning, implementation and evaluation of interventions (Bartholomew et al., 2016). The protocol encourages planners to consider factors impacting target behaviours that go beyond that of the individual alone. It supports the gathering of evidence from various sources such as experts, stakeholders and existing literature in terms of who needs to change, what needs to change, and how it will be done. IM provides guidance in the use of theory and evidence as the basis for systematic intervention development. There are six steps in the IM approach; (1) an extensive needs assessment to develop a logic model of the problem; (2) the selection of performance objectives and change objectives which form the logic model of change; (3) the selection of theoretical methods and practical strategies that take into account parameters for change; (4) the production of programme materials; (5) the development of an implementation plan; and finally; (6) an evaluation plan.

The steps of IM provided a natural structure to the workshop and over the two days we were taken through the six steps. For each step the facilitators would give a brief introduction followed by a practical group activity that we would then present back to the group for feedback. This not only helped our understanding of the material but also allowed us to think about how these steps may apply to our own research. The interactive design of the workshop facilitated great group discussion and allowed for groups to learn from others. A particular strength of this workshop was the time allocated to putting the content into practice. IM is a comprehensive protocol, with various tasks to be completed during each step. The only way to truly grasp the concepts is to practice with real world examples and to work within a team to experience the thought processes involved in intervention

development. The group activities particularly highlighted the importance of appropriately identifying and clearly specifying the core mechanisms of the intervention (who, what, how) which is key in intervention development. In addition to describing the core mechanisms, the IM steps encourage you to accurately describe each of the decisions made and how they were influenced throughout the process to aid in transparency and, ultimately, replicability.



The facilitators fitted into two days what is usually covered in a 5-day summer session or as part of a full term course. Although it was exhausting to cover the amount of content in a fast-paced interactive setting, the facilitators were enthusiastic and motivating. We thank the facilitators for keeping us involved and engaged at all times and, in particular, for their responsiveness to our feedback to meet our needs as workshop attendees. We also credit the facilitators in being approachable and open to the discussion or critique of the tasks, definitions, and practical limitations of IM. IM can be seen as an overwhelming task with no end in sight. One of the most frequently asked questions the facilitators get is “How long does IM take?” and it was surprising to hear such a pragmatic response. The facilitators highlighted that the development of any intervention is often constrained by external factors such as resources,

pre-specified “promises”, and currently available evidence. Thus, the reality is that the intervention may not take the ultimate perfect shape but with IM you are guided through the development of an intervention that is the best possible for the population of choice, in the given context.

The topic of this year’s workshop had direct relevance and impact on the work of the participants. Some have been, or are planning on, using IM as part of their PhD. Even those who may not plan to directly follow the IM protocol noted that various elements of the IM approach will help inform their own projects. The workshop also had an unexpected impact on our attitudes towards writing for scientific articles or our theses, with the push towards transparency and clarity seen in the IM steps applying to more than just intervention development. The need for specificity in aims and objectives, clear definitions, and appropriate reporting and justification of any decisions made is applicable to any research project. Finally, the workshop highlighted the importance of a planning group and how many factors can influence the shaping of an intervention, which calls attention to the need for multi-disciplinary approaches to behaviour change.

In addition to learning about IM and getting to grips with its iterative steps, the workshop led to plenty of new friendships among CREATErs and plans for future collaborations. The immersive set up of this year’s workshop truly brought the group closer together, not dissimilar to a PhD office. CREATE is more than a workshop; it is a platform for connecting with fellow researchers at similar stages and such a safe and supportive platform is invaluable. Not only may it spark something within you that may inspire your research, a lot can also be learned from peers in terms of work-life balance, dealing with supervisors, and the pragmatics of a PhD and research. The CREATE executive committee has done a great job again in organising a relevant “cutting edge” workshop for us and we are

extremely pleased to be considered part of the CREATE family. Therefore, we would like to thank Prof Gerjo Kok, Prof Rob Ruiter, and Dr Rik Crutzen and the executive committee for their enthusiasm and patience on behalf of this year’s workshop cohort of CREATErs.



References

- Bartholomew, L. K., Markham, C. M., Ruiter, R. A. C., Fernandez, M. E., Kok, G., & Parcel, G. S. (2016). *Planning health promotion programs: An intervention mapping approach* (4th ed.). San Francisco, CA: Jossey-Bass.
- Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2013). Developing and evaluating complex interventions: The new medical research council guidance. *International Journal of Nursing Studies*, 50(5), 587.
- Hoddinott, P. (2015). A new era for intervention development studies. *Pilot and Feasibility Studies*, 1(36), 1-4. doi:10.1186/s40814-015-0032-0
- Michie, S., Johnston, M., Francis, J., Hardeman, W., & Eccles, M. (2008). From theory to intervention: Mapping theoretically derived behavioural determinants to behaviour change techniques. *Applied Psychology*, 57(4), 660-680. doi:10.1111/j.1464-0597.2008.00341.x



Laura Meade
School of Population Health &
Environmental Sciences, Faculty
of Life Sciences and Medicine,
King's College London
laura.1.meade@kcl.ac.uk



Lauren Gatting
General Practice and Primary Care,
Institute of Health and Wellbeing,
University of Glasgow
laur3n.paige@gmail.com



Samantha van Beurden
University of Exeter Medical
School
s.b.vanbeurden@exeter.ac.uk