



Rogers' Replication Revisited: Navigating the Complexity of Health Networks

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Introduction

Successful replication of model programs is the concern of many researchers and practitioners in health care. Previous replication studies have been examining the diffusion of innovations in the context of individuals or organizations. However, with the growing popularity of new organizational forms such as community health networks, little is known about how an innovation is diffused in these networks and why replication is successful in some networks but not in the others.

Community Health Networks



Objective

To examine the application of Rogers' diffusion framework to community health networks

Population Studied

Five case study sites (Wichita, Kansas; Paris, Arkansas; Milwaukee, Wisconsin; Olympia, Washington; and Forsyth, Georgia) were selected because of their geographic and operational diversity. Each site was a beta site for a replicable model or was attempting to replicate a combination of models. The intent of each initiative is to provide coverage and/or access to care to individuals who have difficulty finding or navigating conventional insurance arrangements and public programs.

Methods

Five case studies were conducted over an 18 month period. As part of the case studies, site visits were conducted. Ten to twenty-five interviews were conducted with informants from each site. Analysis is based on 84 interviews with key informants across the sites. Interviewees included program directors and implementers, providers, state/local government officials, community advocates, funders, and other health care professionals Interview questions were developed to assess the applicability of Rogers' diffusion framework to health networks. Atlas-ti (ATLAS. ti Scientific Software, USA) was used to code the notes and compare findings horizontally (within sites) and vertically (across sites).

Results Obtained

All five beta sites share the following characteristics with regard to their successful replication of the model program(s) from their alpha sites. They all:

Adopt the program as a response to the needs of their communities

Have either formal or semi-formal community network partnerships

Maintain good communications (mainly interpersonal) both with the alpha sites and with members in the collaborations

Feature strong leadership support

Rely heavily on pooled resources such as funding, facilities, as well as personnel

Benefit immensely from commitment of boards, staff and network members to achieve outstanding performances

Discussion and Conclusion

Difficulty of replication can be attributed to the complexity of the innovations, the complexity of the network organization, and the differences in context between alpha and beta sites Innovations are most easily transferred when they are simple and quick, and when their benefits are easily observable. However, initiatives to improve access and health status are necessarily complex, and their results generally are not quickly or clearly observable. As a result, every factor that influences innovation diffusion must be pursued more intensively

Implications for Policy or Practice

To successfully transfer complex programs across complicated network settings, we need to:

Thoughtfully adapt models to local circumstances

Enhance leadership capacity that includes the ability to develop a wide variety of highly interconnected network partners with high levels of knowledge

Manage and facilitate the collaboration and communication among partners

Expand opportunities for interpersonal communications

Capitalize strategically on the context of community programs

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