

# Heard it through the grapevine?

In order to build and maintain effective behavioral healthcare organizations, practitioners and organizations need to stay abreast of state-of-the art mental health practices. Professional journals, classes, conferences and colleagues are some of the sources available for learning about evidence-based, best and promising practices. Although these different sources may provide similar information about innovative practices, there is some evidence suggesting that the source of information can make a difference when it comes to an organization's decision about whether or not to adopt an innovative practice. In fact, some widely-accepted frameworks for understanding how innovations get diffused within systems (e.g., the S-curve model made popular by Malcolm Gladwell in The Tipping Point) suggest that information received from experienced colleagues may be particularly important for understanding whether or not innovations get adopted. For that reason, IDARP (the Innovation Diffusion and Adoption Research Project) researchers thought it would be worthwhile to examine how study participants first learned about the four evidence-based practices (EBPs) investigated in the project (Panzano, Roth, Crane-Ross et al., 2003).

## PARTICIPANTS AND INNOVATIONS

Top decision makers linked to 86 projects were interviewed about their organization's decision to adopt (58/86 or 67%) (or, not to adopt, 28/86 or 33%) one of four innovative mental health practices supported by moderate to extensive evidence (EBPs): Multi-systemic Therapy (MST), Integrated Dual Diagnosis Treatment (IDDT), the Ohio Medication Algorithm Project (OMAP), and Cluster-based Planning (CBP). Informants also completed a follow-up survey that tapped issues that were expected to relate to the adoption decision.

## SOURCE OF FIRST INFORMATION

In the course of interviews, 144 decision makers indicated which one of 16 options (e.g., newspaper, professional association) was the initial source from which they had learned about the particular EBP being considered for adoption. Their responses were classified into 4 broader information source categories: written material; seminar or presentation; purveyor (i.e., ODMH or CCOE), and colleagues.

The table that follows shows the percent of responses classified by the 4 information source categories and by the adoption decision made by

the agency. The significant chi-square statistic ( $X^2 = 8.9, p < .03$ ) indicates that non-adopters differed from adopters in terms of initial source of information - particularly in terms of purveyors versus colleagues.

Source	Not Adopt	Adopt	Overall
Written	11%	5%	6%
Seminar	15%	18%	17%
Purveyor	33%	13%	17%
Colleagues	41%	64%	60%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

In fact, further analysis indicates that our ability to predict whether or not adoption will occur is increased by 25% if we have knowledge about the initial source of information.

However, as shown below, it is important to note that different patterns of initial source are connected to the 4 EBPs studied ( $X^2 = 24, p < .01, \text{Eta} = 18\%$ ). Although colleagues were the most common initial source for all 4 practices, differences observed across EBP may reflect variability in the extent to which supporting evidence for an EBP is available and accessible.

Source	MST	IDDT	CBP	OMAP	Overall
Written	15%	9%	0%	3%	6%
Seminar	10%	28%	7%	24%	17%
Purveyor	5%	6%	32%	24%	17%
Colleague	70%	57%	61%	48%	60%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Yet, despite these differences and consistent with key explanations of the diffusion of innovations, colleagues clearly were important sources of information about all 4 practices.

### **DO KEY VIEWS ABOUT EBPS DIFFER FOR ADOPTERS AND NON-ADOPTERS WHO FIRST HEARD FROM COLLEAGUES?**

Because information from colleagues can play a pivotal role in tipping the scales toward adopting an innovation, we examined whether important views about EBPs differ for adopters and non-adopters who first heard about the practice from colleagues. We found that they did!

When colleagues were identified as the initial source of information, informants from adopter organizations reported more favorable views compared to informants from non-adopter organizations in terms of 1) the availability of field-based and scientific evidence, 2) benefits versus costs 3) the likelihood that benefits will be evident, 4) the risk involved in adopting and, 5) overall motivations to adopt.

### **IN WHAT OTHER WAYS DOES SOURCE OF FIRST INFORMATION MATTER?**

Additional noteworthy differences were found between groups that varied in terms of source of initial information. First, the total number of sources considered in making the adoption decision was significantly greater when written material or seminars provided initial information (5 total sources) compared to purveyors or colleagues (3 total sources). This may suggest a felt need to obtain information from direct sources when first introduced to a practice by written material or in the course of a professional seminar.

In addition, views about the availability of supporting field-based and scientific evidence were most positive when the initial source of information was colleagues ( $x = 5.5/7$  point scale) and least positive when a purveyor was the first source (4.2/7). This may reflect a tendency to discount positive information obtained from parties seen as having a vested interest in an EBP. Alternately, for those EBPs for which a purveyor is more frequently the initial source of information (e.g. CBP), there actually may be less scientific

evidence available or accessible in support of the effectiveness of the practice.

### **DOES INITIAL SOURCE OF INFORMATION HELP EXPLAIN THE DECISION TO ADOPT AN EBP?**

Source of first information is linked to the decision to adopt, but does it continue to be a key discriminator among adopters and non-adopters when other factors expected to impact the adoption decision are considered? The answer is yes! An approach called discriminant analysis was used to arrive at the details.

A variety of factors concerning the perceived risk of adopting an EBP and found to distinguish adopters from non-adopters (Panzano & Roth, 2005) was included in a discriminant analysis. Motivation to adopt and source of first information were added to that group. Results indicated that 'source', motivation to adopt and perceived risk constituted the 3 factors which most effectively differentiated adopters from non-adopters ( $X^2 = 30.4$  (3),  $p < .00$ , Wilks = .72). Outpacing chance estimates, the resulting 3 factor model accurately predicted 92% of the organizations that actually adopted and 50% of those that did not. Thus, even if initial source is simply a proxy for the extent to which a practice already has successfully diffused, it is a key factor associated with the adoption decision.

#### **References**

Gladwell M: The Tipping Point. New York, NY, Little, Brown, and Company, 2002.

Panzano PC, Roth D. (In Press). The decision to adopt evidence-based and other innovative mental health practices: Risky business? *Psychiatric Services*.

Panzano PC, Roth D, Crane-Ross D, et al.: The innovation diffusion and adoption research project (IDARP). *New Research in Mental Health 16: The Ohio Department of Mental Health Office of Program Evaluation and Research, Columbus, OH, 2005.*

#### **For more information:**

IDARP Bulletins are issued periodically to report specific research findings that may be of interest to policy makers, practitioners, consumers, etc. For more information about this Bulletin, contact Phyllis C. Panzano ([panzano.2@osu.edu](mailto:panzano.2@osu.edu)). For other project inquiries, please contact Helen Anne Sweeney, IDARP Project Manager ([SweeneyH@mh.state.oh.us](mailto:SweeneyH@mh.state.oh.us)).