

Why it's so Hard to Say Goodbye (to our interventions)



Figure 1. Photograph by Nataly
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Nothing lasts forever. De-implementation is the **process** by which health promotion and prevention-oriented interventions end. How do you know when it is the right time to say sayonara? It can be hard to know when a trusted intervention has run its course. McKay and colleagues identify criteria to decide whether to de-implement and provide structure for how that de-implementation can happen.

To De-implement or Not to De-implement?

McKay and colleagues offer the following guiding questions to determine de-implementation:

- Do you still need the intervention?**
 By definition, some interventions are time-limited. For example, concluding post-disaster relief, when recovery and clean-up are complete and strategies to address more long-term implications are solid.
- Is the intervention harmful?** As the field of prevention science changes, some advice is shown to lead to increased harm and even death. For example, guidelines for infant sleeping positions in the 1950s were updated to reflect newer science about Sudden Infant Death Syndrome.
- Is the intervention ineffective?** Similarly, science may show that some programs are not helpful. For example, outcome evaluations have shown that the popular program, Drug Abuse Resistance Education (D.A.R.E), is ineffective in reducing drug use among adolescents.
- Are there other interventions which are more effective?** Sometimes new, innovative approaches to care offer advantages over existing programs, like medication for mental health treatment over institutionalization.
- Are there other interventions which are more efficient?** Additionally, new interventions can be easier or cheaper to provide. For example, newer interventions to prevent HIV using pre-exposure prophylaxis have shown to be cheaper to provide than changing long-term sexual behavior.

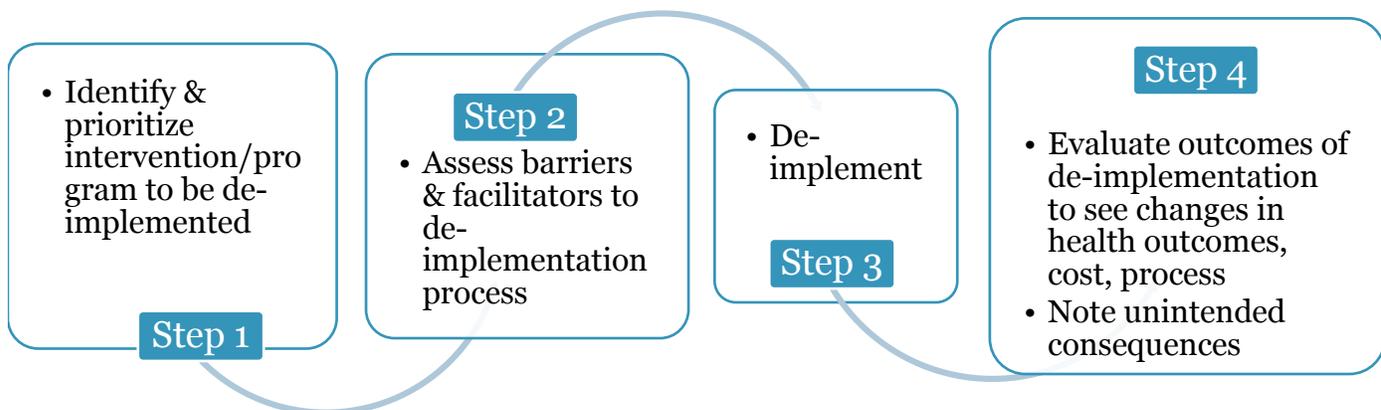
How do you de-implement?

McKay and colleagues emphasize that de-implementation is a process which, like implementation, requires strong leaders and a bit of time. There is an emphasis on really listening to stakeholders and how the program has or has not impacted them personally and professionally.

McKay and colleagues emphasize the importance of evaluating the outcomes of de-implementation. Did the initial need re-appear? Were there unintended consequences of de-implementation? How might the team de-implement more effectively next time? The following graphic depicts one way of representing this process.

“De-implementation in the context of public health and social services is about more than the removal of interventions that are simply ineffective. Researchers and practitioners should also consider the quality of the evidence supporting an intervention relative to other available interventions, costs, feasibility, and community needs.”

-McKay et. al.



More information and resources for these steps are provided in the original article.

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