

Index

- Behaviour Change Techniques 48, 63
- Complexity 19–21, 35
- Context of intervention 46
- Data-collection 35, 52, 69, 73–81, 87
- Embedded research 21, 52, 75–79
- Health Interventions 12, 16, 32
- Hybrid implementation-effectiveness designs 18
- Implementation strategies 11–12, 14–21, 26, 31, 34, 37–39, 45, 49, 61, 80–82
- Intervention adaptation 13, 19, 37–39, 74
- Intervention fidelity 16, 23, 29, 31–37, 40–43, 82
- Intervention mechanisms 15, 23, 39, 46, 55–57, 61, 73
- Intervention outcomes 14–15, 19, 21, 52, 59–61, 66, 68–70, 82
- Intervention reach 31–33, 40–42
- Intervention theory 16, 39, 45–47, 51–52, 53–55, 60–62, 72, 84
- Intervention uptake 13, 17, 31, 39, 41
- Involvement of interest-holders 21, 73–74
- Logic model 46, 50–51, 53–54
- Mediators 15, 57, 60–61
- Moderators 15, 57, 60–62
- Non-anticipated consequences 14, 16f, 21, 29, 39, 50–51, 54
- Organisational Theory for Implementation Science (OTIS) 63
- Outcome Evaluation 13, 17–18, 23, 26, 33, 34, 45, 49–50, 73–90
- Participatory research 52, 74
- Program Evaluation 12, 20, 46
- Program Theory 46
- Qualitative research methods 52, 74, 85, 90
- Quantitative research methods 66, 74, 82
- RE-AIM framework 33–34
- Realists' evaluation 20–21, 46, 67–68, 72
- Reporting guidelines 36, 84
- Sampling 73–77, 84
- Study within a trial 75
- Theoretical Domains Framework 63–64
- Theory of Change 46
- Transferability of interventions 11, 14–15, 21, 60–62, 65, 68, 83
- UK Medical Research Council guidance 20
- User Experiences 15, 21, 29, 31–32, 39, 43