Assessing progress and outcomes of collaboratives using Diffusion of Innovation Theory (DOI)

What is collaboration?
Two or more entities (organizations, organizational systems, programs, community groups, or individuals) working together for a common purpose.

Collaborations form the bedrock of public health work to address community needs.

Why collaborate?
To address complex issues, we need stakeholders from multiple sectors and levels of operation to work together toward a common vision and goal.

The Role: Engage with and build consensus among diverse organizations and individuals in a community to address a community-level issue or problem.

The Format: Collaborative partnerships vary by level of commitment, activities undertaken, membership composition, and intensity (e.g., meeting frequency).

Adoption of an innovation does not happen at the same rate among all people or organizations. Some may already provide some level of the specified service or program, and some programs may be the last to get “on board.” There are five established adopter categories.

1. Innovators
   - People and organizations willing to experience and try new ideas.
   - Appeal to them by making them aware of a new innovation;

2. Early Adopters
   - People likely to hold leadership positions and are comfortable with adopting new ideas.
   - Appeal to these opinion leaders with how-to manuals on implementation.

3. Early Majority
   - People who adopt new ideas before the average person, but still need evidence that the idea works.
   - Appeal to them by sharing success stories and evidence of innovation’s effectiveness.

4. Late Majority
   - People who are skeptical and adopt new idea only after it has already been tried by the majority of the population.
   - Appeal to them by sharing how others have successfully tried and adopted innovation.

5. Laggards
   - People bound by tradition and are resistant to change.
   - Appeal to them by using statistics and encouraging pressure from other adopters.

DOI is a social science theory developed by E.M. Rogers in 1962 that explains how a new idea or program (an innovation) gains support and spreads into a specific community, ultimately leading to the adoption of the new idea or program. This theory used in implementation science can help to organize findings so that a collaborative effort, such as a learning collaborative or an advisory group, can use the findings to facilitate and improve processes and outcomes of a project or initiative.

In addition to the adopter categories, the other stages of innovation adoption include awareness of the need for innovation; decision to accept or reject the innovation; implementation of the innovation; and continued use of the innovation. Five main factors influence the adoption of an innovation:

1. **PERCEPTIONS OF THE RELATIVE ADVANTAGE**
   (why the innovation is superior)

2. **COMPATIBILITY**
   (how the innovation matches needs)

3. **COMPLEXITY**
   (how difficult the innovation is to use)

4. **TRIABILITY**
   (the ability to experiment and try the innovation)

5. **OBSERVABILITY**
   (the ability to observe results)

Adding a new component to current practice is considered an innovation. By using the DOI, we can conduct a thorough process evaluation, which allows us to determine how well the new components are implemented and factors that impacted the adoption of the new components.

**THINK ABOUT**

- What is the composition of your learning collaborative or advisory group?
- How would you characterize each member of the collaborative using the adopter categories?
- When thinking about building a new initiative or disseminating an innovation, it may be helpful to consider building a collaborative or advisory group with these adopter categories in mind.