Supplementary Table S4. Characteristics of D&I strategies and cost information.

| Study | ЕВР | Action target | Individual vs. organizational (action target) | No. of action target | Implement ation outcomes | Mapped discrete D&I strategies (costs, if any) | Total costs | Mean costs per action target | Mean costs per EBP participant |
|---------------------------------|---|----------------------------|---|---|--------------------------------|--|--|---|--|
| Afshar, 2019 [51] | CMS sepsis management bundles | Clinician | Individual | N/A | Adoption | -Audit and provide feedback (\$891,970) -Conduct ongoing training (\$3,897) -Develop educational materials (\$759) -Develop and organize quality monitoring systems (\$243,418) -Purposely reexamine the implementation (\$64,992) | \$1,205,037 | N/A | \$155 |
| Becker, 2012 [75] | LBP management guideline | Physician & nurse | Individual | 126 for physician (GI) & 72 for nurse (MC) | Adoption | -Conduct ongoing training | \$52,758 (GI only); \$72,054 (GI + MC) | N/A | \$110 (GI only); \$147 (GI+MC) |
| Broughton, 2013* [65] | Kangaroo mother care | Clinician | Individual | 3 | Adoption | -Conduct educational meetings -Conduct ongoing training -Development educational materials (\$2,431) -Use train-the-trainer strategies (\$19,661) | \$22,092 | \$7,364 | \$425 |
| Broughton, 2018 [36] | Voluntary medical male circumcision | Health workers | Individual | N/A | Compliance | -Distribute educational materials (\$5,153) -Conduct educational outreach visit (\$51,740) -Facilitation (\$58,440) | \$5,153 (M); \$51,740 (MH); \$58,440 (MHC) | N/A | \$1.2 (M); \$21.4 (MH); \$29.7 (MHC) |
| Calo, 2018 [88] | HPV vaccination | Providers | Individual | 9 (in- person); 5 (webinar)/se ssion | Reach/ acceptabilit y | -Facilitation | \$755/session (in person delivery); \$475/session (webinar delivery) | \$84 (in person); \$95 (webinar)/pr ovider | N/A |
| Chandrash ekar, 2019 [40] | Maternal & newborn health behavior | Self-help groups (SHGs) | Individual | 17,120 | Adoption | -Intervene with patients/consumer to enhance uptake & adherence | \$4,399,840 | \$257/SHG | \$16 |
| Chang, 2016 [55] | HIV testing | Community | | 12 | Reach | -Conduct educational meetings (\$658,428) -Identify and prepare champion (\$274,200) | \$932,627 | \$77,719 | \$207 |

| Chung, 2018 [37] | Depression collaborative care | Clinic & community | Organizational | 45 (RS); 48 (CEP) | Adoption | -Build a coalition (\$326,123) -Facilitation (\$117,887) | \$117,889 (RS); \$326,123 (CEP) | \$2,620 (RS); \$6,794 (CEP) | \$235 (RS); 637 (CEP) |
|-----------------------|---|--|----------------|----------------------|----------------|---|--|--------------------------------|--|
| Claes, 2010 [76] | CVD guideline | General practice & staff | Individual | 102 | Adoption | -Conduct ongoing training (\$12,067) -Inform local opinion leader (\$1,455) | \$125,792 | \$1,233 | N/A |
| Dalaba, 2014 [77] | WHO PCPNC guideline | Nurse, midwife, & medical assistant | Individual | 22 | Fidelity | -Conduct ongoing training | \$3,194 | \$1,195/CDSS user trained | \$0.5 |
| Dik, 2015 [90] | Antibiotic Stewardship Team | A-team (physical, fellow, & resident) | Individual | 1 | Feasibility | -Audit and provide feedback | \$26,093 | \$26,093/A- Team | \$229 |
| Dirks, 2012 [93] | Thrombolysis | Hospital | Organizational | 6 | Adoption | -Organize clinician implementation team meetings | \$85,422 | \$14,237 | \$97 |
| Dopp, 2017 [41] | TF-CBT | Therapists & clinical supervisors | Individual | 574 | Competenc e | -Create a learning collaborative | \$555,588 | \$12,583 | \$5,115 |
| Doran, 2016 [50] | skin cancer prevention strategy | Adolescents & young adults | Individual | N/A | Reach | -Conduct education meetings | \$1.1-\$2.9 million/year | N/A | \$0.16-\$0.40 |
| Edwards, 2016 [49] | Incredible Years BASIC parenting program | Group leaders | Individual | 60 | Adoption | -Provide ongoing consultation (\$58,692) -Recruit designate and train for leadership (\$113,188) | \$171,881 | \$2,865 | \$1,563 |
| Emery, 2018 [92] | Tailored text message smoking cessation | N/A | Organizational | N/A | Adoption | -Use mass media | \$1,623/1 month (Google); \$1,507/3 months (FB) | N/A | \$40 (Google); \$36 (FB)/ per initiation of smoking cessation program |
| Engel, 2014 [86] | Treatment guideline of appropriate timing of the switch to oral antibiotics | Physician | Individual | 42 | Fidelity | -Conduct local consensus discussion (\$937) -Conduct education meetings (\$7,752) | \$8,689 | \$207 | \$39 |

| Fortney, 2014 [56] | Telemedicine -based collaborative care Portable | community- based outpatient clinic | Organizational | 11 | Adoption | -Facilitation -Purposely reexamine the implementation | \$101,403 | \$9,218 | \$90 |
|--------------------------------|---|---|----------------|-------------------------------------|---------------------------------|--|--|--|--|
| Freedman, 2017 [48] | handwashing water stations & drinking water stations | Healthcare facility | Organizational | 117 | Adoption | -Use train-the-trainer strategies | \$17,844 | \$440 | \$0.02 |
| Galactiono va, 2015 [28] | Malaria vaccine (RTS,S/AS01) | Immunization staff | Individual | N/A | Adoption | -Develop educational materials -Conduct ongoing training -Use social media -Chance record system -Conduct education meetings | \$969,322 (Burkina Faso), \$1,744,263 (Ghana), \$466,714 (Senegal), \$2,972,346 (Kenya), \$1,044,440 (Tanzania), \$478,088 (Uganda) | N/A | \$14 (Burkina Faso); \$2 (Ghana); \$2 (Kenya); \$1 (Senegal); \$1 (Tanzania); \$0.3 (Uganda) |
| Galaviz, 2017* [29] | PA counseling | Physician | Individual | 305 | Adoption/ implement ation | -Identify and prepare champions -Conduct ongoing training (\$273) | \$273 (\$21/session) | \$1 | N/A |
| Garner, 2018 [34] | A-CRA | Community organization | Organizational | 14 (IAU); 15 (IAU+P4P) | Competenc e | -Conduct education meetings (\$22,366 (IAU); \$2,7873 (IAU+P4P)) -Use other payment scheme (\$3,484) | \$22,366 (IAU); \$31,356 (IAU+P4P) | \$1,598(IAU); \$2,090 (IAU+P4P) | \$35(IAU); \$58 (IAU+P4P) |
| Gilkey, 2014 [42] | Adolescent immunization | Primary care clinic | Organizational | 30 (in- person); 31 (webinar) | Reach | -Facilitation | \$5,000 (in-person delivery); \$3,387 (webinar delivery) | \$167 (in- person); \$109 (webinar) | N/A |
| Green, 2017 [53] | Colorectal cancer screening | Primary care clinic | Organizational | 1 | Reach | -Distribute educational materials | \$11,339 | \$11,339 | \$5 |

| Griffiths, 2016 [69] | Pneumococca I, rotavirus, & measles vaccine | Immunization staff | Individual | 26 | Reach | -Conduct education meetings (\$44,165(MSD), \$176,659(PCV), \$422,894(RV)) -Mandate change (\$66,647(MSD), \$266,587PCV), \$412,362(RV)) | \$672,679 (MSD); \$1,415,931 (PCV); \$2,515,046 (RV) | N/A | \$1.05 (MSD); \$2.21 (PCV); \$3.91 (RV) |
|-------------------------|---|--|----------------|---|--|---|--|---|--|
| Hansen, 2017 [32] | ACTs | Drug shop vendors | Individual | 29 (interventio n); 30 (control) | Fidelity | -Conduct education meetings (\$1,004 (intervention), \$987 (control)) -Conduct ongoing training (\$4,055 (control), \$4950(intervention)) -Facilitation (\$2950 (control), \$3733 (intervention)) | \$10,022 (intervention); \$8,257 (control) | \$346 (intervention); \$275 (control) | \$4 (interventio n); \$3 (control) |
| Hiscock, 2019 [39] | Sleep behavioral intervention | Pediatrician & psychologist | Individual | 32 pediatrician s & 27 psychologist s | Adoption | -Conduct ongoing training | \$212 | \$4 | \$1 |
| Hoeft, 2019 [54] | Collaborative care | Site (primary care clinic & their community partner organizations) | Organizational | 7 sites | Adoption | -Conduct ongoing training (\$63,534) -Develop a formal implementation blueprint (\$41,499) | N/A | \$39,764- \$61,321 | N/A |
| Howson, 2018 [78] | Mealtime assistance | Trained volunteer | Individual | 65 | Reach & fidelity | -Conduct ongoing training | \$8,449 | \$130 | \$10 |
| Ibrahim, 2018 [44] | Grip strength measurement protocol | Nurse | Individual | 155 | Acceptabili ty, feasibility, fidelity | -Conduct ongoing training -Develop educational materials -Use advisory boards and workgroups -Audit and provide feedback | Range: \$3,342- \$3,469 | \$22 | N/A |
| James, 2017 [79] | Tuberculosis active case finding | Community health worker | Individual | NA | Reach | -Conduct ongoing training | \$65,196 (Cenat); \$21,386 (Hope); \$12,144 (Cata) | N/A | \$81 (Cenat); \$29 (Hope); \$31(Cata) |
| Jensen, 2017 [89] | Clinical practice guideline on the management of LBP | General practice | Organizational | 28 | Adoption | -Develop and organize quality monitoring systems (\$9,741) -Facilitation (\$20,574) -Use train-the-trainer strategies (\$20,070) | \$50,383 | \$1,799 | \$93 |

| Jordan, 2019 [80] | Family Check- up 4 Health | Primary care clinic | Organizational | 3 | Adoption | -Conduct ongoing training (\$42,086) -Develop a formal implementation blueprint (\$16,270) | \$196,006 | \$65,335 | N/A |
|---------------------------|--|-----------------------------------|----------------|--|---------------------------|--|--|--|--|
| Krukowski, 2013 [27] | LHE-delivered DPP | Lay health educator | Individual | 20 | Adoption | -Conduct ongoing training (\$6,031) -Develop educational materials (1,295) | \$7,288 | \$364 | \$63 |
| Kyabayinze , 2012 [81] | Malaria rapid diagnostic tests | Health worker | Individual | 135 | Adoption | -Conduct ongoing training | \$17,089 | \$114 | N/A |
| Lara, 2018 [57] | Colorectal cancer screening | Primary care clinic | Organizational | Health system 1 (9 clinics), Health system 2 (4 clinics) | Reach/ penetratio n | -Audit and provide feedback -Remind clinicians -Intervene with patients/consumers to enhance uptake and adherence | N/A | \$62,072 (health system 1); \$28,341 (health systems 2) | \$25 (health system 1); \$30 (health system 2) |
| Liu, 2009* [82] | QI for depression care | Multistate regional network | Organizational | 86 (clinical team); 42 (technical team) | Fidelity | -Conduct ongoing training (\$33,494 (clinical team), \$33,640 (technical team)) -Develop educational materials -Provide local technical assistance (\$2,056 (clinical team), \$12,953 (technical team)) -Remind clinicians (\$8,794 (clinical team), \$105,457 (technical team)) -Use advisory boards and workgroups (\$60,923 (clinical team), \$62,873 (technical team)) | \$118,770 (clinical team); \$278,204 (technical expert team) | \$1,381 (clinical team); \$6,624 (technical expert team) | N/A |
| Moessner, 2016 [35] | Internet- based program for the prevention and early intervention in ED (ProYouth) | Secondary high school | Organizational | 80 (strategy 1); 71 (strategy 2); 68 (strategy 3); 74 (strategy 4); 72 (strategy 5) | Reach | -Conduct educational meeting (3,931) -Distribute educational materials (\$6,096) -Inform local opinion leaders (\$1,004) -Identify and prepare champions (\$782) -Use mass media (\$1,274) | \$1,274 (strategy 1); \$1,004 (strategy 2); \$782 (strategy 3); \$6,096 (strategy 4); \$3,931 (strategy 5) | \$16 (strategy 1); \$14 (strategy 2); \$12 (strategy 3); \$82 (strategy 4); \$55 (strategy 5) | \$61 (strategy 1); \$59 (strategy 2); \$112 (strategy 3); \$41 (strategy 4); \$5 (strategy 5) |

Supplemental material

| Mortimer, 2018* [30] | Evidence- based guidelines | Emergency department | Organizational | 10 | Adoption | -Distribute educational materials -Provide local technical assistance (\$8,195) -Inform local opinion leaders(\$1,663) -Organize clinician implementation team meetings (\$6,326) -Use train-the-trainer strategy (\$51,894) | \$91,952 | \$9,195 | \$730 |
|-------------------------|--|---|----------------|--|------------------------------|--|---|---|-------|
| Mortimer, 2013 [33] | Clinical practice guidelines for acute LBP | General practitioner | Individual | 59 (active implementa tion); 53 (standard disseminatio n) | Fidelity | -Conduct ongoing training (\$13,799) -Distribute educational materials (\$1,884) -Make training dynamic (\$7,481) -Provide local technical assistance (\$11,296) | \$27,270 (active implementation); \$4,955 (standard dissemination) | \$462 (active implementat ion); \$93 (guideline disseminatio n) | N/A |
| Njau, 2008 [83] | Malaria treatment (ACT) | Public health & mission health facility | Organizational | 56 | Reach | -Conduct ongoing training (\$30,774) -Change record systems (\$111,661) -Use mass media (\$59,404) | \$201,838 | \$3,604 | N/A |
| Perraudin, 2019 [84] | Inter- professional medication adherence program | Pharmacy technician | Individual | N/A | Adoption | -Conduct ongoing training (\$2,830) -Develop educational materials (\$1,310) -Develop a formal implementation blueprint (\$2,774) | \$7,408 | N/A | N/A |
| Quanbeck, 2018 [91] | Clinical guidelines for opioid prescribing in primary care | Primary care clinic | Organizational | 4 | Adherence | -Audit and provide feedback (\$30,280) -Conduct educational outreach visits -Facilitation | \$30,280 | \$7,570 | \$4 |
| Quinn, 2016 [45] | ENGAGE-HD PA intervention | Health coaches | Individual | 7 | Fidelity | -Conduct ongoing training (\$50,727) -Provide ongoing consultation (\$31,025) | \$81,752 | \$11,679 | N/A |
| Reilly, 2018 [47] | Australian healthy canteen policies | School | Organizational | 35 (high); 28 (medium); 36 (low) | Adherence /complianc e | -Audit and provide feedback (\$3,100(high), \$1,417(medium), \$3,189(low)) -Conduct ongoing training (\$105,772(high);, \$45,590(medium), \$49,803(low)) -Facilitation (\$64,464(high), \$583(medium)) -Conduct local consensus discussions (\$209 (high)) | N/A | \$116,911 (High), \$49,662 (Medium), \$52,992 (Low)/ per school | N/A |

Supplemental material

| Ritchie, 2019 [43] | Primary care mental health integration | Primary care clinic | Organizational | 4 (network A); 4 (network C) | Reach, adoption, adherence | -Facilitation | \$266,736 (network A), \$261,307 (network C) | \$66,684 (network A), \$65,327 (network C) | N/A |
|-------------------------|--|--|----------------|---|--|--|--|--|--|
| Romney, 2014 [38] | Positive Parenting Program (Triple P) | Staff & supervisor | Individual | 13 staff, 4 sites (with readiness process); 6 staff, 2 sites (w/o readiness process) | Acceptabili ty | -Conduct ongoing training -Assess for readiness and identify barriers and facilitators -Facilitation | \$36,817 (w/ readiness process)/ \$17,078 (w/o readiness process) | \$2,832 (w/ readiness process); \$2,846 (w/o readiness process) | \$751 (w/ readiness process); \$1,139 (w/o readiness process) |
| Sadasivam, 2013 [58] | Decide2Quit | Medical practice/dental practice | Organizational | 87 (medical practice); 50 dental practice) | Feasibility | -Conduct ongoing training -Distribute educational materials | \$40,985 (medical practice); \$13,262 (dental practice) | \$477 (medical practice); \$265 (dental practice) | \$97 (medical practice); \$74 (dental practice) |
| Sari, 2017 [85] | Healthy Start- Départ Santé intervention | Early learning center educators | Individual | N/A | Appropriat eness/sust ainability | -Conduct ongoing training (\$\$330- \$1864/session) -Distribute educational materials (\$9,991(year 1), \$8,793 (year 2), \$6,580 (year 3)) -Provide ongoing consultation (\$334,252(year 1), \$332,201 (year 2), \$278,558 (year 3)) | \$413,576 (year 1); \$389,668 (year 2); \$340,879 (year 3) | N/A | \$311 |
| Shelley, 2015 [46] | Syphilis POC screening test | Health center/hospital | Organizational | 5 (pilot); 4 (rollout) | Reach | -Conduct educational meetings (\$35/facility (pilot)) -Use train-the-trainer strategies (\$100/facility (pilot), \$184/facility (rollout)) | N/A | \$135/facility (pilot); \$184/facility (rollout) | N/A |
| Soi, 2019 [87] | HPV vaccination | Staff from health facilities & districts | Individual | 45 | Reach | -Conduct educational meetings (\$67,801 (year 1), \$30,134 (year 2)) -Provide clinical supervision (\$60,441 (year1), \$38,120 (year 2)) | \$132,664 (year 1); \$70,219 (year 2) | \$2,948 (year 1); \$1,560 (year 2) | \$78 (year 1); \$41 (year 2)/fully immunized girl |
| Stults, 2016 [52] | SMAs | Physicians/staff | Individual | 9 | Adoption | -Conduct ongoing training (\$375) -Conduct education meetings (\$47,387) -Develop education materials (\$3,875) -Provide local technical assistance (\$625) | \$52,262 | \$5,807 | N/A |

 $\hbox{*Studies did not include costs for some identified implementation strategies or costs were not separable.}$

All the costs were reported in 2020 US dollars.

D&I, dissemination and implementation; EBP, evidence-based program; LBP, low back pain; POC, point-of-care; QI, quality improvement; PA, physical activity; DPP, diabetes prevention program; QI, quality improvement; ED, eating disorders; SMAs, shared medical appointments; ACTs, artemisinin- based combination therapies; CDSS, clinical decision support system; PCPNC, Pregnancy, Childbirth, Postpartum and Newborn Care; A-CRA, adolescent community reinforcement approach; IAU, implementation-as-usual; P4P, payfor-performance; MSD, measles; PCV, pneumococcal conjugate vaccine; RV, rotavirus vaccine; GI, guideline implementation; MC, motivational counseling; TF-CBT, traumafocused cognitive behavioral therapy; RS, resources for services; CEP, community engagement and planning; HPV, human papillomavirus; M, manual; MH, manual and handover meeting; MHC, manual, handover meeting and coaching visits.