

Adaptations for Evidence-based Teen Pregnancy Prevention Programs

What are Adaptations?

Adaptations to evidence-based programs (EBPs) are changes to the program content, program delivery, or core components of a program. Some adaptations are minor and might be necessary to make the program culturally relevant, current, and/or more engaging. However, other adaptations are major and significantly change the core components of a program. These types of major adaptations can compromise fidelity and weaken the outcomes of the program and should be avoided.

Why Implement EBPs with Fidelity?

Implementing EBPs with fidelity increases the likelihood that participants served by the program will experience similar outcomes to those found in the original evaluation study. Implementation with fidelity minimizes the need for adaptations, but does not mean never making adaptations.

Terminology

Fidelity is the degree to which an EBP is implemented with adherence to the core components.

Core Components of an EBP are the parts of the program or their implementation that are determined by the developer to be the key ingredients to achieving the program outcomes. Core components often focus on program content and program delivery strategies. Ideally, core components should be identified through research.

- **Minor adaptations** are those that do not significantly affect the core components.
- **Major adaptations** are those that significantly change the core components. Major adaptations can compromise fidelity and may reduce the impact of the program on intended outcomes.

Terminology (continued)

Program Content refers to *what* is being communicated in the program sessions and can include, for example, the information in a lesson or instructions for specific activities.

Program Delivery refers to *how* the content is being delivered. This can include, for example, the teaching strategies employed; the training and qualifications of the facilitator; the number and schedule of sessions; and the optimal group size.

Adaptation refers to changes made to the program content, program delivery, or other core components. Adaptations can enhance or weaken programs, and may be planned or unplanned. Regardless of whether they are planned or unplanned, adaptations should be clearly documented. There are two general categories of adaptations:

- **Minor adaptations** are those that do not significantly affect the program core components (often referred to as *green light adaptations*).
- **Major adaptations** are those that significantly change the core components (often referred to as *yellow light or red light adaptations*).¹ Major adaptations can compromise fidelity and may reduce the impact of the program.

Figure 1: Characteristics of Minor and Major Adaptations

Minor Adaptations	Major Adaptations
<ul style="list-style-type: none">• Do not significantly change program content• Do not significantly change program delivery• Do not change core components of the program• Do not compromise program fidelity	<ul style="list-style-type: none">• Significantly change program content• Significantly change program delivery• Change core components of the program• Can compromise program fidelity

¹ Green, Yellow, Red Light Adaptations Framework, as noted in Firpo-Triplett, R. and Fuller, T.R. (2012). General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curriculum. ETR Associates and CDC Division of Reproductive Health.

Terminology (continued)

Adaptations to extend the program to a new population or setting are unique and can be classified as either “minor” or “major” depending on the circumstances. Since it is difficult to evaluate all potential settings and populations for which a program might work, it is reasonable to expect that some programs, but possibly not all, can be implemented in settings and with populations other than those included when the program was evaluated.

Additions to the EBP are also unique and can occur before, during, or after program implementation. Additions to an EBP may be considered minor adaptations (e.g., adding icebreakers or a reproductive health session) or major adaptations (e.g., combining implementation of another program with the EBP). *Some additions are not considered adaptations* because they are implemented to support the program and do not affect the program content or delivery (e.g., providing snacks, marketing the program, informing parents about the program).

Figure 2: Examples of Minor and Major Adaptations

Minor Adaptations	Major Adaptations
<ul style="list-style-type: none">• Adding icebreakers, team-builders, energizers, or reflection activities• Adding a session on reproductive anatomy• Providing updated or local statistics• Providing information about local services (e.g., teen-friendly health centers)• Adding implementation strategies to better engage participants• Revising materials to ensure inclusivity and cultural relevancy (e.g., changing names in role plays)• Changing minor wording (e.g., “group rules” to “group agreement”)• Implementing a program designed for 15-16 year olds with 17 year olds because some students have repeated grades	<ul style="list-style-type: none">• Omitting an entire lesson• Omitting a key activity, such as a condom demonstration or an activity designed to practice a skill• Decreasing the number or length of sessions• Increasing student to teacher ratio• Shortening or eliminating program videos• Implementing a program designed for 15-16 year olds with 10-12 year olds

Selection and Implementation of EBPs – Keys to Reducing Adaptations

Selecting EBPs to Ensure Fit

To increase the ability of organizations to reduce the need for adaptations, the [EBP selected](#) for implementation must be a **good fit**² for the needs of the community and population served, the implementation setting, the capacity of the implementing organization, and the outcomes the organization is trying to achieve. Organizations should carefully review information available about [evidence-based TPP programs](#), paying specific attention to differences across programs to ensure the program selected for implementation is a good fit. Often adaptations are the result of a poor fit with the EBP selected.

Check out OAH’s e-learning module on [Selecting an Evidence-based TPP Program](#).

Organizations should also ensure that the program is delivered with fidelity and quality by establishing and implementing a fidelity monitoring plan. Please review the ***Maintaining and Monitoring Fidelity for Teen Pregnancy Prevention Programs*** document for more details.

Implementing EBPs to scale involves expanding the reach of the program to enhance impact. When a program is taken to scale and implemented with larger numbers of youth, the likelihood for adaptations increases (Figure 3).

Figure 3: Likelihood for Adaptations According to Scale and Fit

		Fit of EBP to Implementation Context	
		Strong Fit	Weak Fit
Magnitude of EBP Scale	Small Scale	Least likelihood for adaptations	Some likelihood for adaptations
	Large Scale	Some likelihood for adaptations	Most likelihood for adaptations

² Fit refers to how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth).

Strategies to Increase Fidelity and Manage Adaptations

The replication of EBPs involves a variety of stakeholders, including funders, program implementers, EBP developers, evaluators, and intermediaries,³ each of whom plays a critical role in supporting implementation of EBPs, reducing the need for major adaptations, and maintaining fidelity to the program model.

Funders

Strategies that funders can employ:

- Encourage thoughtful and effective selection of a program model.
- Provide clear guidance on elements of fidelity, fidelity monitoring, and adaptations.
- Create a process for reviewing and approving adaptation requests.
- Evaluate adaptations of EBPs that are frequently requested by program implementers.
- Fund core component testing of EBPs to better understand the underlying factors that contribute to program effectiveness.



Strategies that implementers can employ:

- Ensure program fit by carefully selecting an EBP that meets youth and community needs, implementation setting, capacity of implementing organization, and intended outcomes.
- Ensure effective implementation of the program through fidelity monitoring and use data for continuous quality improvement.
- Choose partners with sufficient capacity to implement the program.

Intermediary organizations can work to broker interactions among developers, implementers, funders, and evaluators. Intermediaries can help assess the need for and potential impact of an adaptation to an EBP. They can also help manage knowledge and distribute information about maintaining fidelity and adaptations through feedback loops or an interactive system for learning.

³ Intermediaries are organizations that convene and connect stakeholders, provide support such as technical assistance and resource sharing, conduct original research, and disseminate knowledge. They might also identify best practices and set standards. Intermediaries also may *or* may not be granting organizations (i.e. funding agencies).

- Develop an internal system for handling adaptation requests from front-line staff.
- When adaptations are necessary, plan them prior to implementation, using information available on allowable adaptations from the [OAH website](#), an adaptation kit, or conversations with the program developer.
- When unplanned adaptations occur, keep a record of them.
- Create “report cards” for key partners and stakeholders.
- Remind partners that maintaining fidelity is important and ensure that facilitators understand why it’s important.

Evaluators

Evaluators can contribute to adaptations and fidelity in the following ways:

- Design studies to test significant adaptations of an evidence-based TPP program.
- Design studies to test specific core components of EBPs.
- Design studies to promote learning about not only whether an EBP has impacts, but also about what makes it successful or unsuccessful.
- Disseminate research findings for different stakeholders during the course of the evaluation to promote learning.

EBP Developers

Developers can help in the following ways:

- Identify the core components of the EBP necessary to maintain fidelity.
- Communicate the core components, develop and communicate clear adaptation guidance, and provide fidelity monitoring tools.
- Design studies to test specific core components of EBPs (e.g., multi-arm evaluation trials).
- Remain engaged with program development, design, and refinement and be responsive to requests from the field (i.e., develop feedback loops).
- Test and evaluate new, significant adaptations.
- Consider the implications of large-scale replication from the beginning of program design, testing, and development.

Resources

Maintaining and Monitoring Fidelity for Teen Pregnancy Prevention Programs: Office of Adolescent Health

This document provides a thorough definition of fidelity and fidelity monitoring, explains why fidelity is important, how fidelity relates to making adaptations, and discusses the components of a fidelity monitoring plan.

OAH E-Learning Module: How to Select an Evidence-Based TPP Program

This e-learning module produced by the Office of Adolescent Health helps organizations strategically select a program that best fits their needs.

<http://www.hhs.gov/ash/oah/resources-and-publications/learning/tpp-evidence-based/index.html#.VC3IOPkZknl>

OAH Evidence-based Teen Pregnancy Prevention Programs at a Glance Table

This table provides a brief overview of the program models on the HHS Teen Pregnancy Prevention Evidence Review website that are implementation ready.

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/ebp-table.pdf

OAH EBP Webpages with Adaptation Information

The Office of Adolescent Health houses information on specific EBPs, including details on major and minor adaptations to each program model.

http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/db/tpp-searchable.html

OAH Organizational Capacity Assessment Tool for Teen Pregnancy Prevention

This tool helps organizations determine their organizational capacity strengths and challenges.

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/organizationalcapacity-assessment.pdf

Adaptation Kits for Select Evidence-based TPP Programs

These adaptation kits provide practical tools and resources to guide adolescent reproductive health practitioners in making effective adaptations and maintaining fidelity to program core components.

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.adaptationshome>

General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula

This guidance produced by ETR and CDC provides guidelines on how to make appropriate adaptations to evidence-based sexual health curricula without sacrificing their core components.

<http://recapp.etr.org/recapp/documents/programs/GeneralAdaptationGuidanceFINAL.pdf>

Investing in What Works Issue Briefs

FindYouthInfo.gov provides resources and information on implementing evidence-based programs for youth. The Office of the Assistant Secretary of Planning and Evaluation (ASPE) created three issue briefs about readiness, implementation, and contextual fit which can be found on the website.

<http://evidence-innovation.findyouthinfo.gov/investing-what-works-forum-issue-briefs>

Making Adaptations Tip Sheet

The tip sheet produced by the Family Youth Services Bureau, within the Administration for Children and Families at HHS, provides additional information on making adaptations to evidence-based programs in order to accommodate different populations, settings, or structures without compromising or deleting program components.

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-making-adaptations-ts.pdf>

Selecting an Evidence-based Program that Fits Tip Sheet

The tip sheet produced by the Family Youth Services Bureau (FYSB), within the Administration for Children and Families at HHS, provides information on selecting evidence-based programs that fit youth, communities, organizations and stakeholders.

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-program-fit-ts.pdf>

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Questions or comments should be directed to oah.gov@hhs.gov.