A Deeper Dive on Assessing Contextual Fit

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UNC | SCHOOL OF SOCIAL WORK | Jordan Institute for Families

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NIRN | NATIONAL IMPLEMENTATION RESEARCH NETWORK

Think- Pair - Share

Individually reflect:
- What challenges have you experienced assessing need and contextual fit?
- What were the impacts of those challenges?

Find a partner and share your experience

Share with the larger group

Assessing Need and Contextual Fit

> "Contextual fit is the match between the strategies, procedures, or elements of an intervention and the values, needs, skills, and resources of those who implement and experience the intervention."

Horner et al., 2014

- Involve diverse stakeholder engagement
- Uses multiple methods and data sources
- Improves implementation and sustainability potential

The Hexagon Tool

Developed for use in implementation informed assessments

Reviewed and edited by the Racial and Ethnic Equity and Inclusion Team (REEI)

For use by organizations and communities

Adapted from Blase, K., Kiser, L. and Van Dyke, M. (2013).

EVIDENCE
Strength of evidence—for whom in what conditions:
- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy or Effectiveness
Outcomes – Is it worth it?
Fidelity data
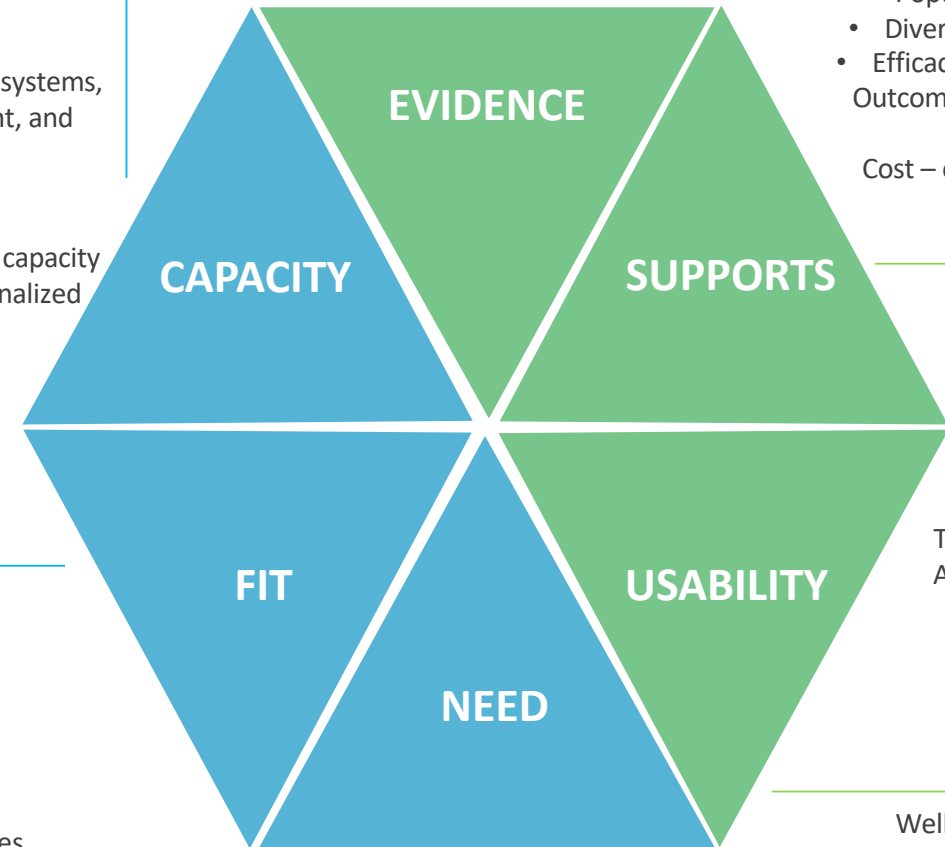Cost – effectiveness data

CAPACITY TO IMPLEMENT
Staff meet minimum qualifications
Able to sustain staffing, coaching, training, data systems, performance assessment, and administration
- Financially
- Structurally
- Cultural responsivity capacity
Buy-in process operationalized
- Practitioners
- Families

SUPPORTS
Expert assistance
Staffing
Training
Coaching & Supervision
Racial equity impact assessment
Data Systems
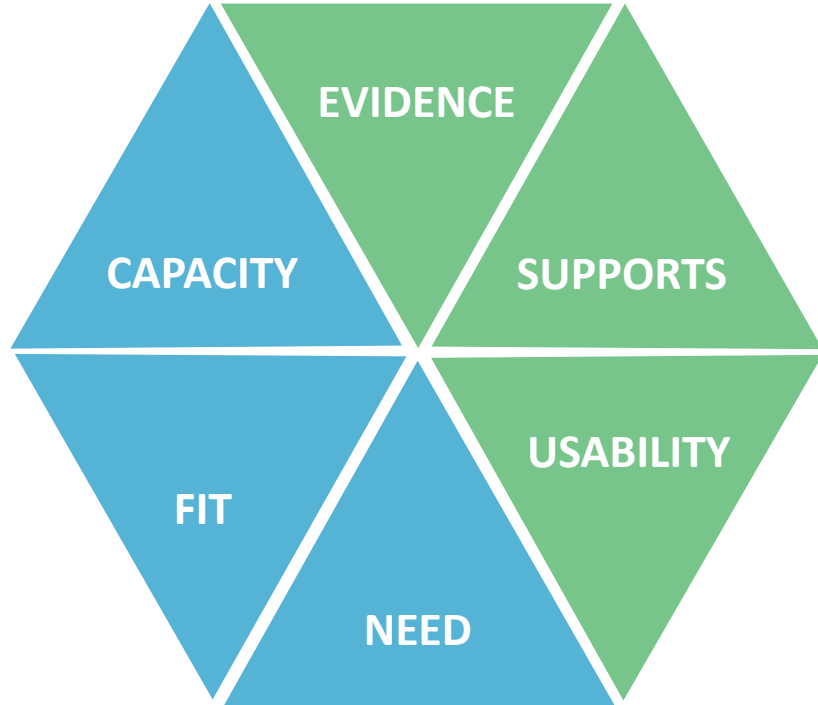Technology Supports (IT)
Administration & System

FIT WITH CURRENT INITIATIVES
Alignment with community, regional, state priorities
Fit with family and community values, culture and history
Impact on other interventions & initiatives
Alignment with organizational structure

USABILITY
Well-defined program
Mature sites to observe
Several replications
Adaptations for context

NEED
Target population identified
Disaggregated data indicating population needs
Parent & community perceptions of need
Addresses service or system gaps

The Hexagon Tool: EVIDENCE, CAPACITY, SUPPORTS, FIT, NEED, USABILITY
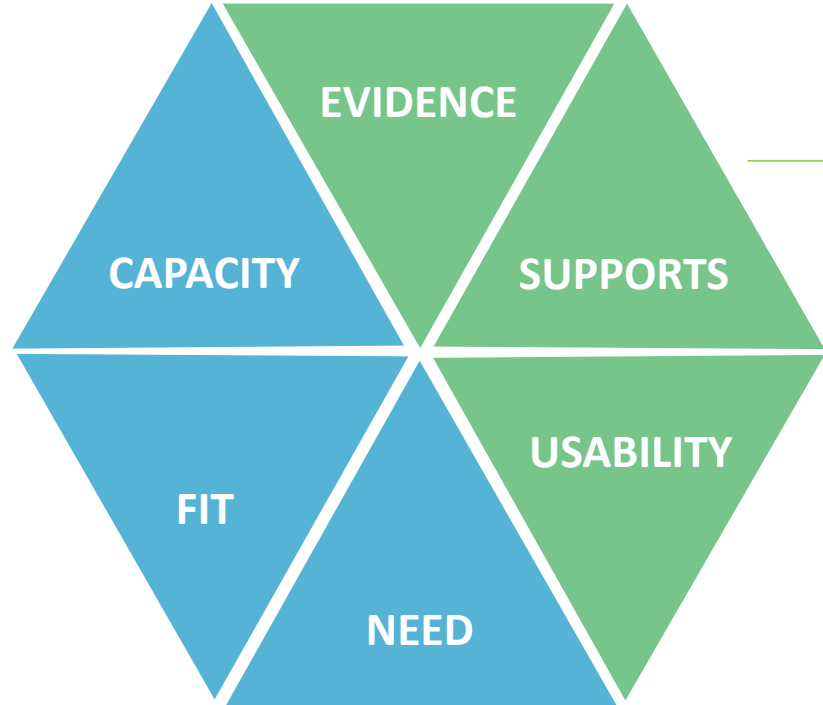
Program Indicators

EVIDENCE
- Strength of evidence—for whom in what conditions:
  - Number of studies
  - Population similarities
  - Diverse cultural groups
  - Efficacy or Effectiveness
- Outcomes – Is it worth it?
- Fidelity data
- Cost – effectiveness data
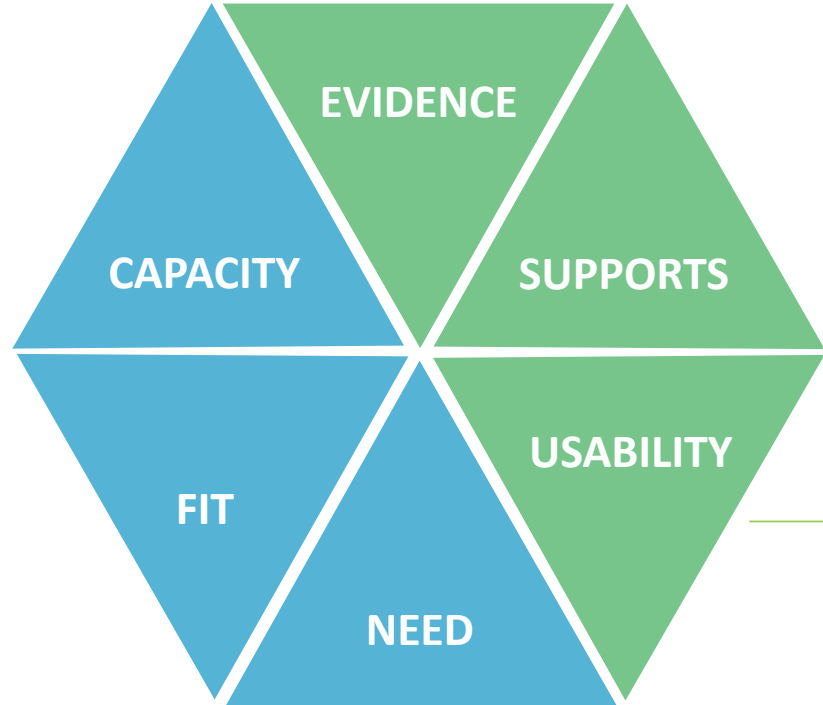
Program Indicators

SUPPORTS
- Expert assistance
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- Training
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- Racial equity impact assessment
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- Technology Supports (IT)
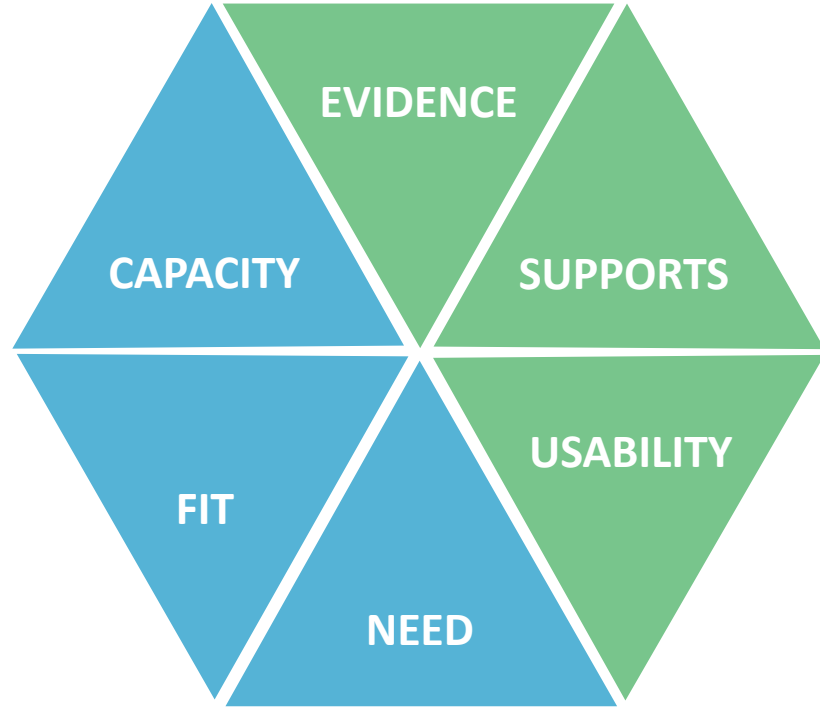- Administration & System

Program Indicators

USABILITY
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- Several replications
- Adaptations for context
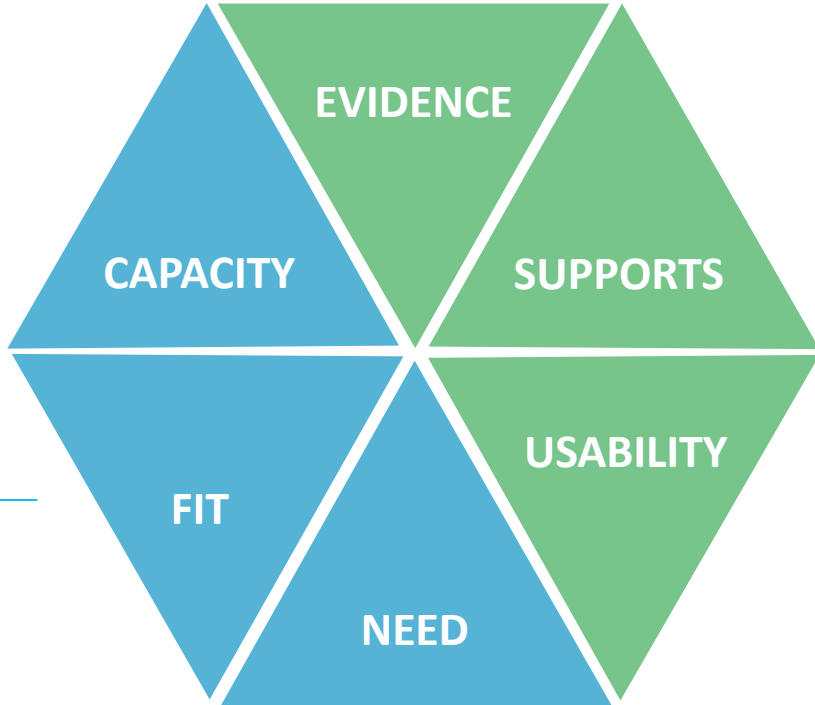
Program Indicators

NEED
- Target population identified
- Disaggregated data indicating population needs
- Parent & community perceptions of need
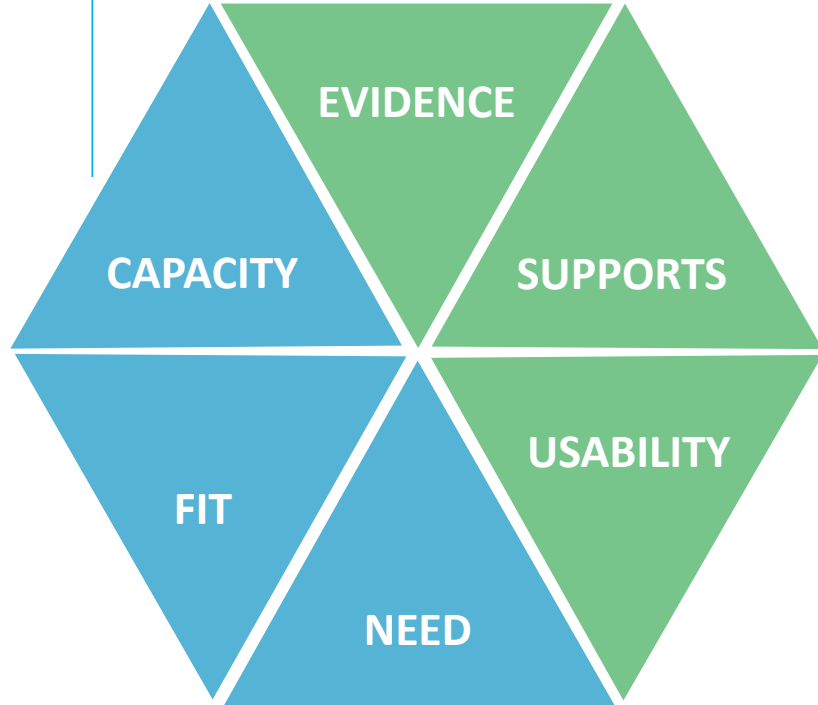- Addresses service or system gaps

Program Indicators

FIT WITH CURRENT INITIATIVES
- Alignment with community, regional,
- state priorities
- Fit with family and community values, culture and history
- Impact on other interventions & initiatives
- Alignment with organizational structure

Program Indicators

CAPACITY TO IMPLEMENT

- Staff meet minimum qualifications
- Able to sustain staffing, coaching, training, data systems, performance assessment, and administration
  - Financially
  - Structurally
  - Cultural responsivity capacity
- Buy-in process operationalized
  - Practitioners
  - Families

The Hexagon Tool

Case Study:

Teen Pregnancy Prevention Intervention Selection

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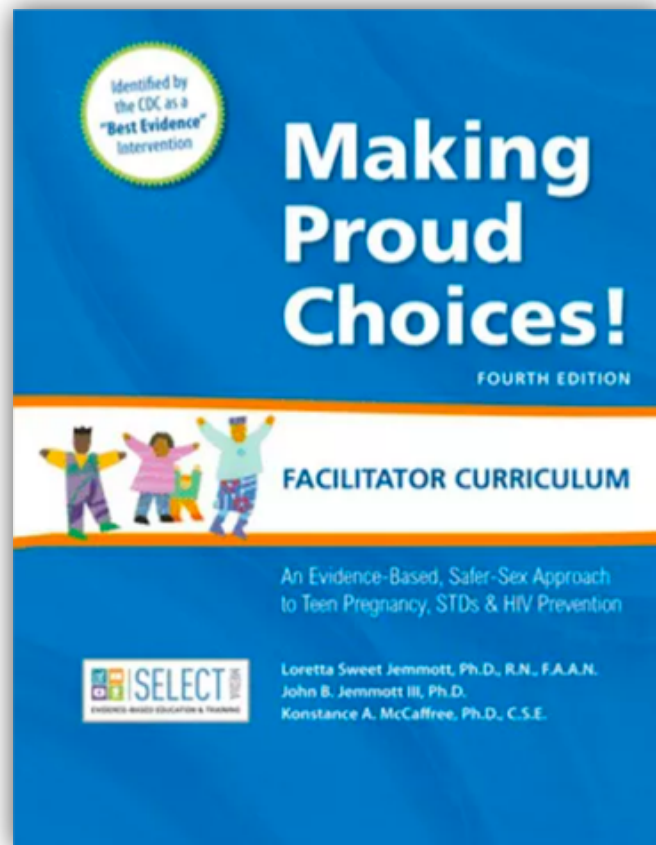
EVIDENCE

CAPACITY

SUPPORT

FIT

USABILITY

NEED
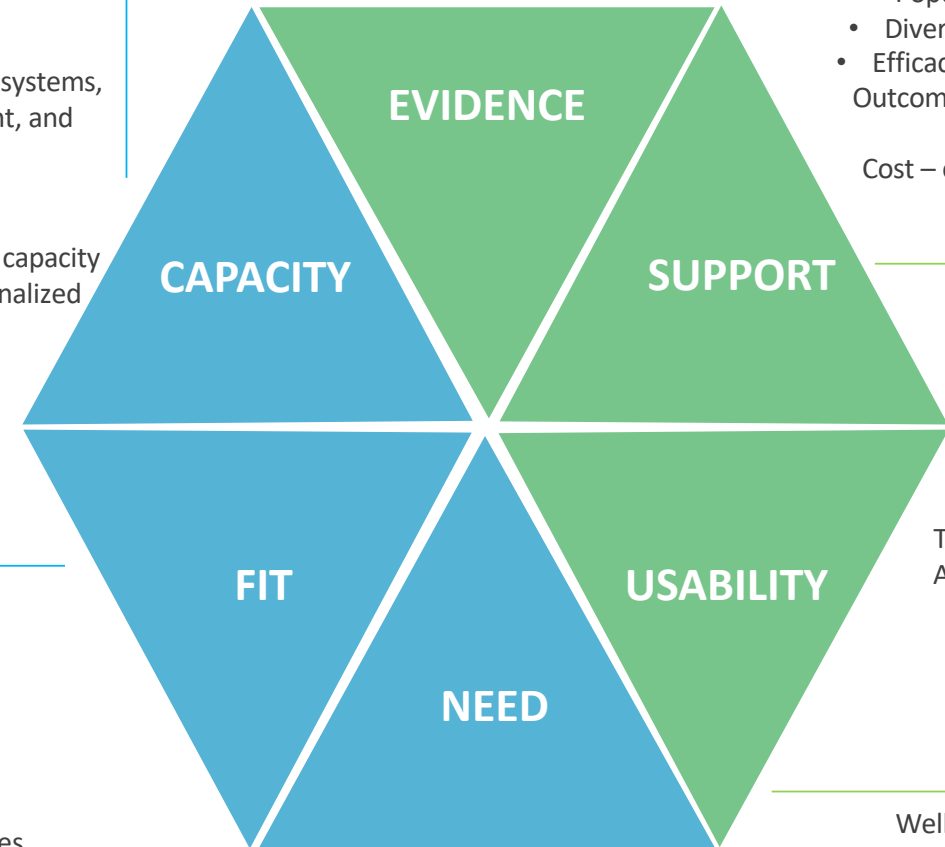
Tarheel County Health Department

- Rural county in Western North Carolina
  - Median household income = $27,000
  - Population is 90% White, 10% American Indian

- High teen pregnancy rates, particularly among 18-19 year olds

- Has been selected by the state public health agency as a subrecipient of federal funds
  - Requires that middle school youth be served
  - Requires use of an EBP on the federal HHS registry
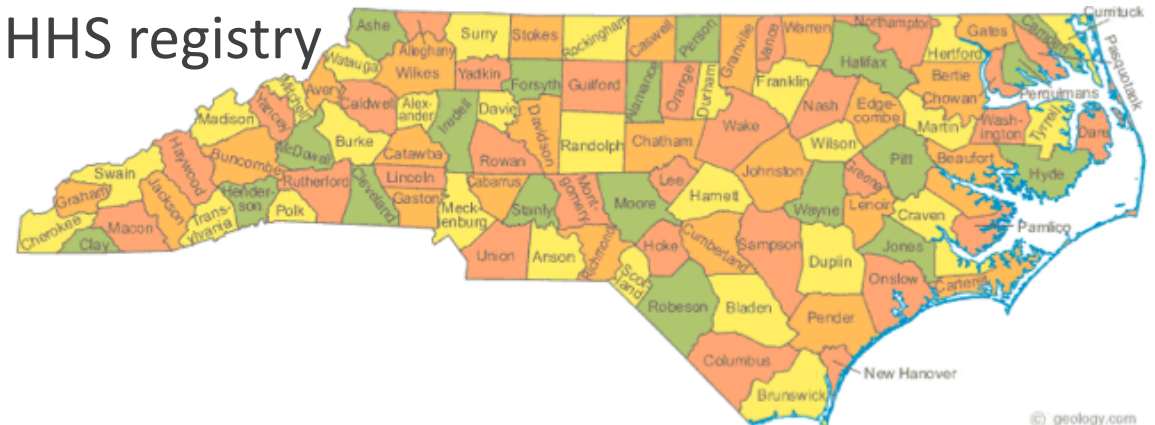
Making Proud Choices!

- Evidence-based, safer-sex approach to preventing teen pregnancy/STIs/HIV

- 8-module curriculum focuses on knowledge, confidence and skills
  - Didactic instruction
  - Role plays
  - Condom demonstration/practice

- Based on CBT, focus groups and the authors' experience

- Community-based intervention

- Suitable for youth ages 12 - 18
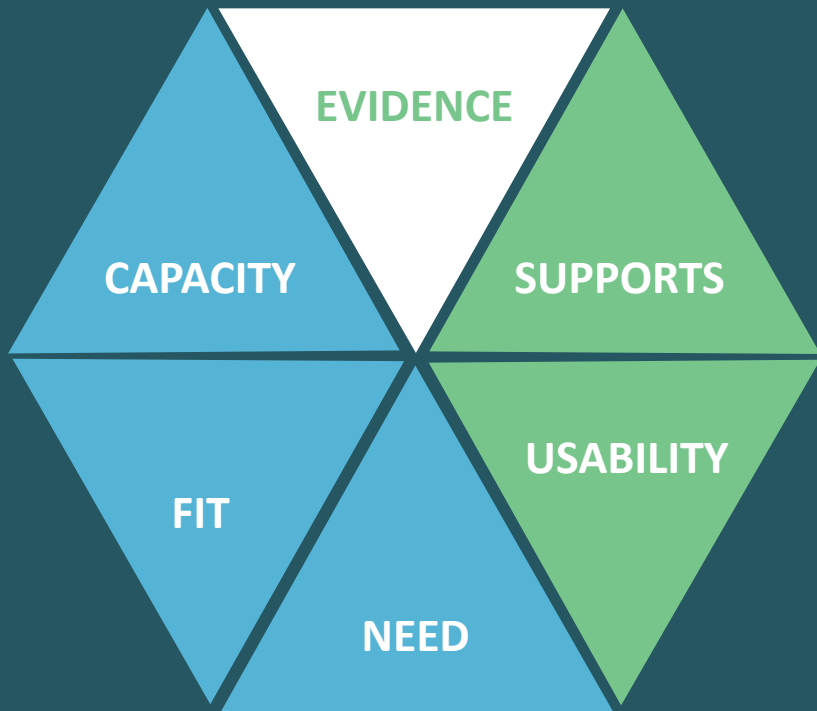
Evidence

Making Proud Choices!
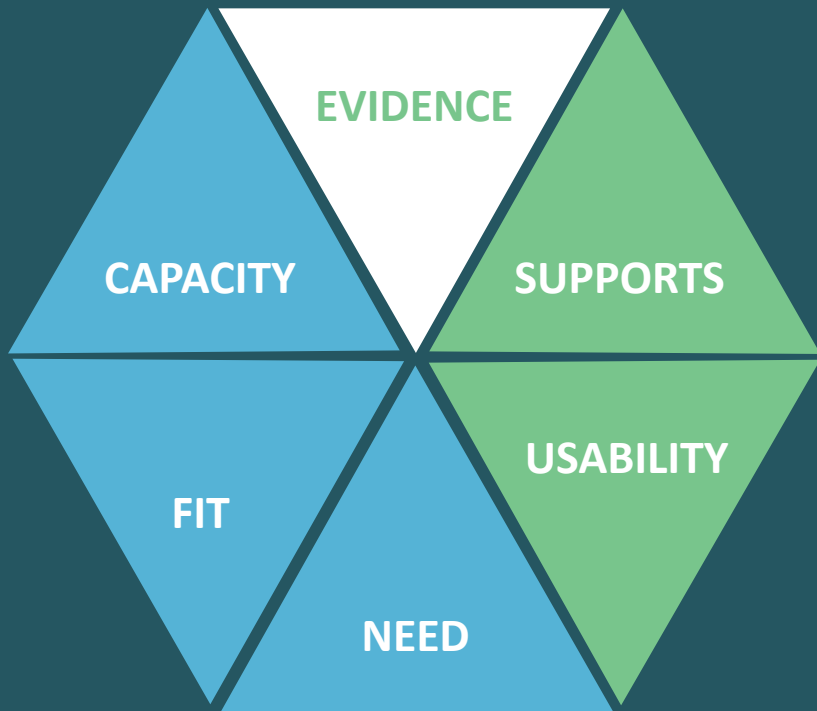
- Randomized Control Trial
  - 659 6th and 7th grade African American male and female adolescents in Philadelphia
  - 2 consecutive Saturdays in 3 middle schools
  - 3-, 6-, and 12-month follow-up
- Outcomes
  - More consistent condom use, less unprotected sex 3 months after the intervention than controls
  - Higher frequency of condom use at 3-, 6-, and 12-month follow-up than controls
- Registry of EBPs
  - Department of Health and Human Services
 - Advocates for Youth

Evidence

Expected outcomes when EBP/EIP is implemented as intended

5 – High Evidence	The program or practice has documented evidence of effectiveness based on at least two rigorous, external research studies, and has demonstrated sustained effects at least one year post treatment
4 - Evidence	The program or practice has demonstrated effectiveness with one rigorous research study
3 – Some Evidence	The program or practice shows some evidence of effectiveness through less rigorous research studies
2 – Minimal Evidence	The program or practice is guided by a well-developed theory of change or logic model, including clear inclusion and exclusion criteria for the target population, but has not demonstrated effectiveness through a research study
1 – No Evidence	The program or practice does not have a well developed logic model or theory of change and has not demonstrated effectiveness through a research study

EVIDENCE

CAPACITY

SUPPORTS

USABILITY

FIT
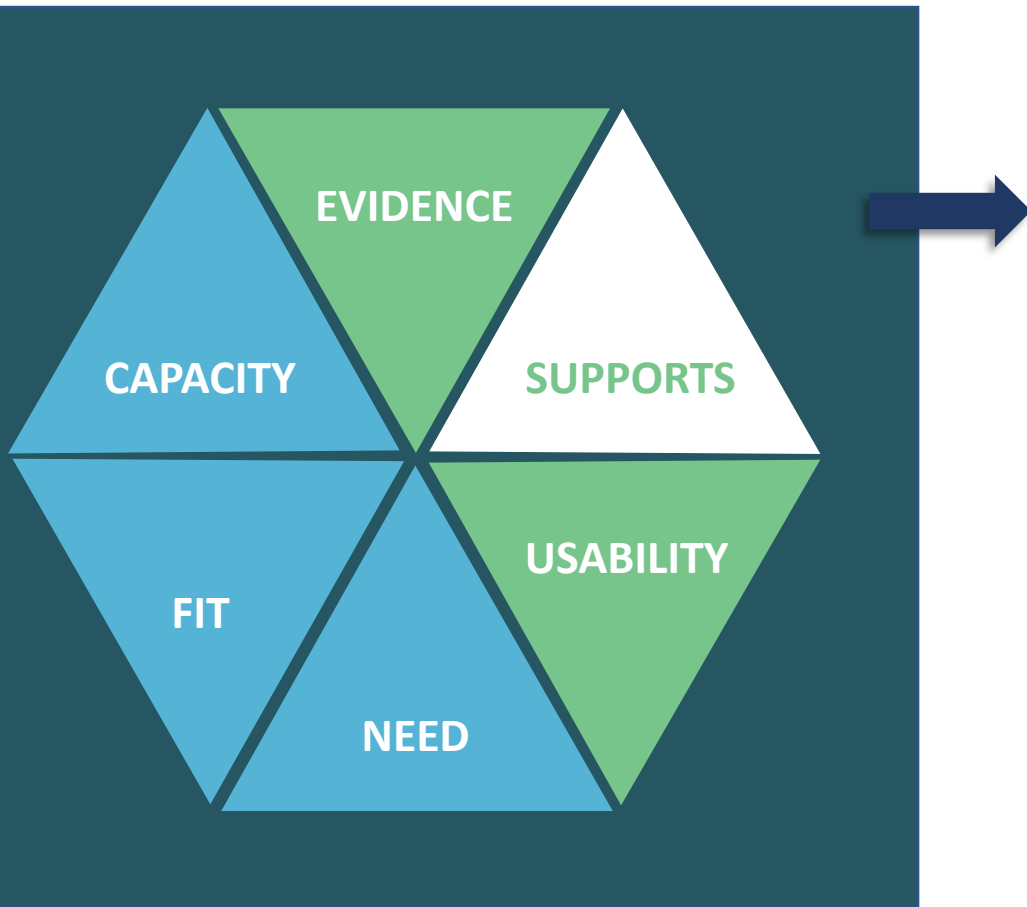
NEED

Supports

Making Proud Choices!
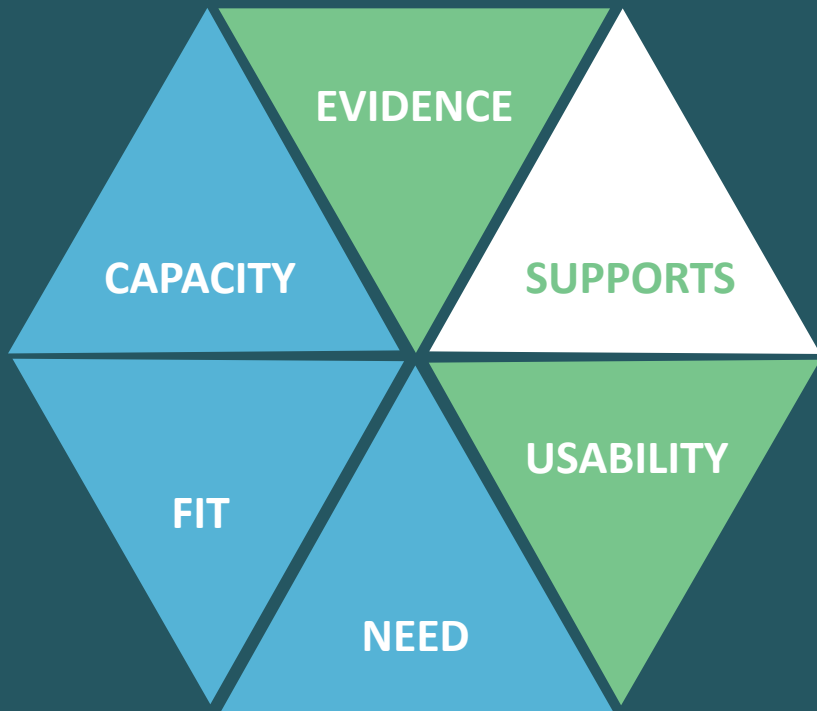
- ETR
  o 2-day Training-of-educators
  o Technical assistance – phone, web-based
  o Enrichment training
  o Survey tools to measure fidelity, outcomes

- NC School Health Training Center
  o 2-day Training-of-educators
  o Technical assistance – phone, web, in person
  o Coaching – in person observation
 o Stakeholder engagement (e.g. school systems)

Supports

Supports available for developing organizational and systems readiness, engaging key stakeholders and decision-support data systems

| 5 – Well Supported	Comprehensive resources are available from an expert (a program developer or intermediary) to support implementation, including resources for building the competency of staff (staff selection, training, coaching, fidelity) and organizational practice (data system and use support, policies and procedures, stakeholder and partner engagement.)
4 - Supported	Some resources are available to support implementation, such as resources to support staff competency but not organizational practice
3 – Somewhat Supported	Limited resources are available, such as a curriculum available for purchase
2 – Minimally Supported	General guidance provided but no specific resources, such as a suggestion to use strengths based approaches with staff
1 – Not Supported	Few to no resources to support implementation

Usability

Making Proud Choices!
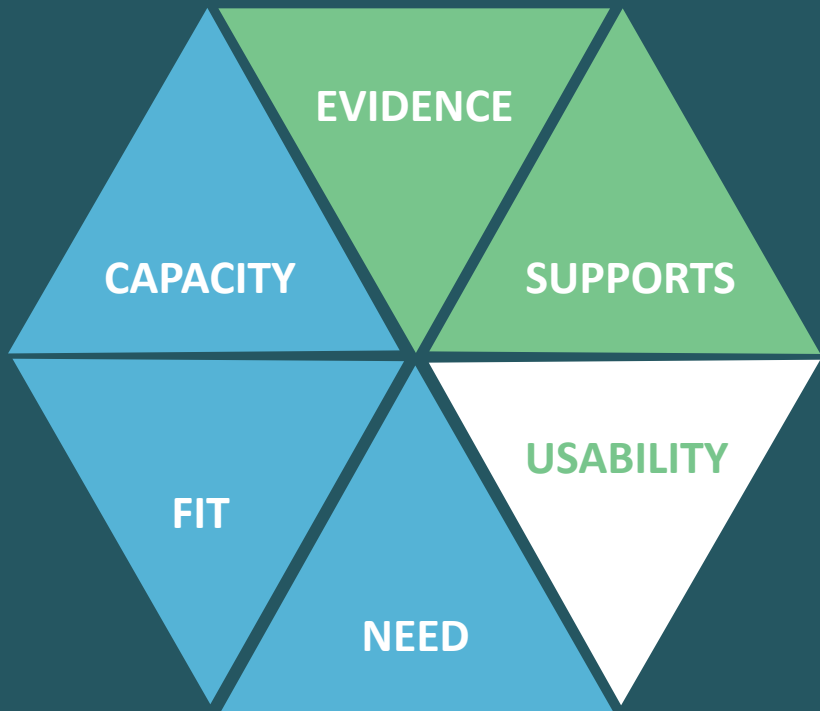
- Operationalized Principles
  - Logic model
  - Based on CBT, youth development principles
  - Aligns with best practices for sexuality education

- Core Components
  - Manualized intervention is teachable, learnable, doable, assessable
  - Fidelity guides, logs for facilitators, coaches

- Adaptations
  - List of major/minor adaptations
  - Manualized adaptations for different settings
   - School-based implementation
    - Youth in out-of-home care

EVIDENCE

SUPPORTS

CAPACITY

USABILITY

FIT

NEED

Usability

Extent to which EBP/EIP approach is well-defined
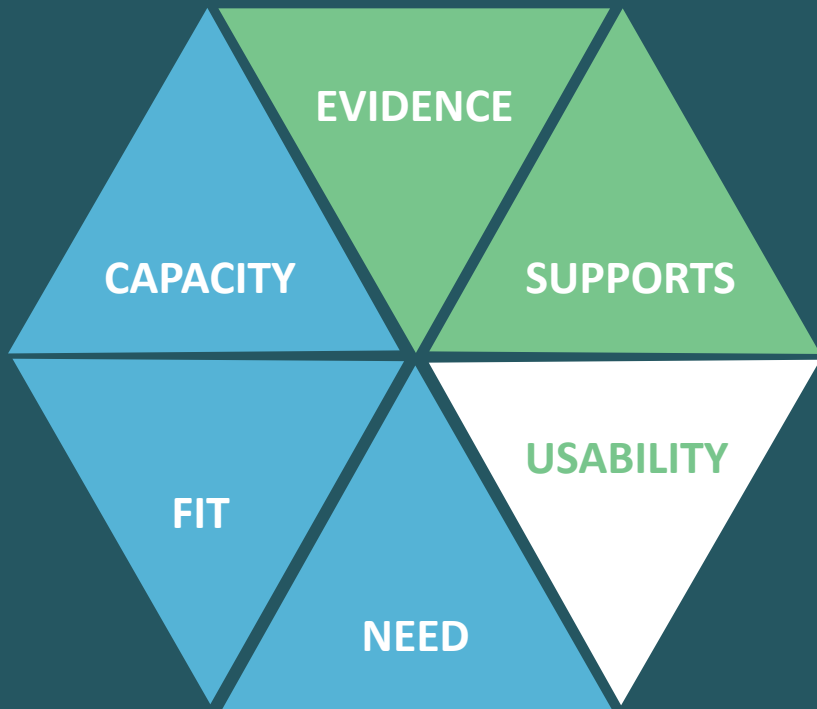
5 – Highly Usable	The program or practice has operationalized principles and values, core components that are measurable and observable, and a validated fidelity assessment; modifiable components are identified to support contextualization for new settings or population
4 - Usable	The program or practice has operationalized principles and values and core components that are measurable and observable but does not have a fidelity assessment; modifiable components are identified to support contextualization for new settings or populations
3 – Somewhat Usable	The program or practice has operationalized principles and values and core components that are measurable and observable but does not have a fidelity assessment; modifiable components are not identified
2 – Minimally Usable	The program or practice has identified principles and values and core components; however, the principles and core components are not defined in measurable or observable terms; modifiable components are not identified
1 – Not Usable	The program or practice does not identify principles and values or core components

EVIDENCE

CAPACITY

SUPPORTS

FIT

USABILITY

NEED

Need

Tarheel County Local Health Department
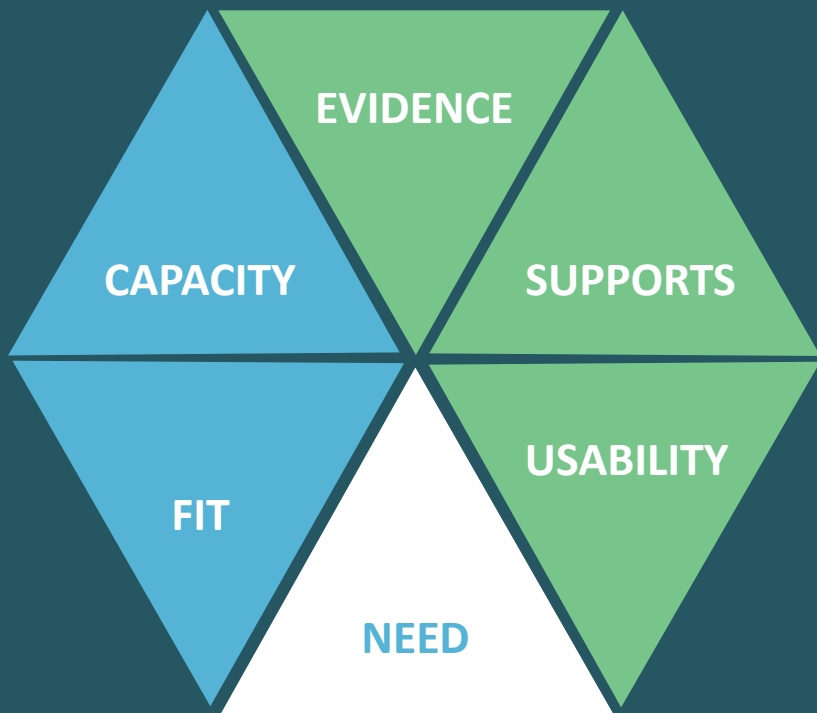
- Population
  - Large rural county with limited resources
  - Median household income = $27,000
  - Population is 90% White, 10% American Indian
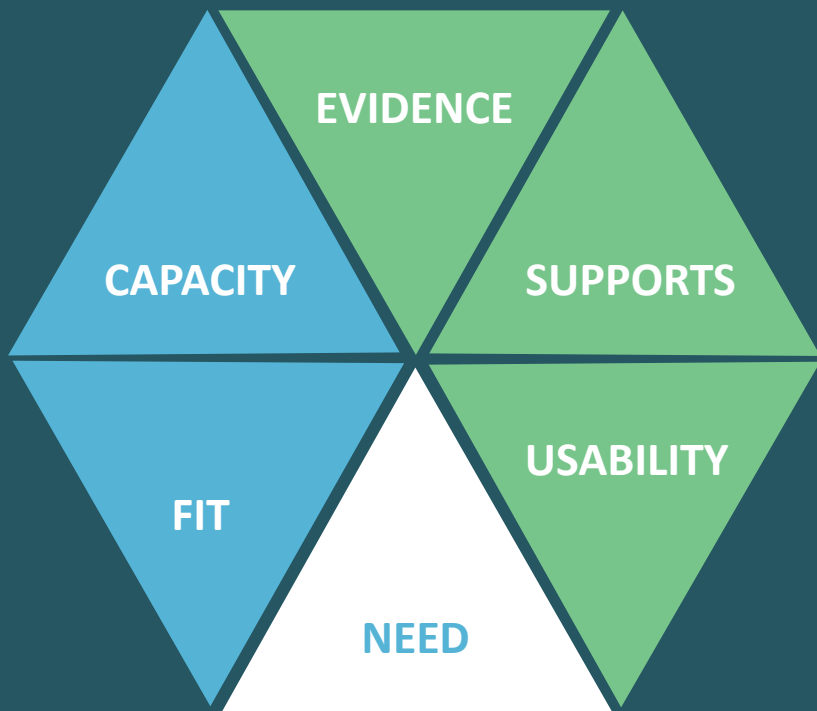
- Data
  - Aggregate administrative data indicate high rates of teen pregnancy compared to the state rate
  - County health department has identified teen pregnancy as a health priority based on a door-to-door community survey
  - Neighboring county has used *MPC!* with their 7th graders, has noted success with pre-post data

Need

Data demonstrating the needs of the population and the EBP/EIP

5 – Strongly Meets Need	The program or practice has demonstrated meeting need for identified population through rigorous research (e.g., experimental design) with comparable population; disaggregated data has been analyzed to demonstrate program or practice meets need of specific subpopulations
4 – Meets Need	The program or practice has demonstrated meeting need for identified population through rigorous research (e.g., experimental design) with comparable population; disaggregated data has not been analyzed for specific subpopulation
3 – Somewhat Meets Need	The program or practice has demonstrated meeting need for identified population through less rigorous research design (e.g., quasi-experimental, pre-post) with comparable population; disaggregated data has not been analyzed for specific subpopulation
2 – Minimally Meets Need	The program or practice has demonstrated meeting need for identified population through practice experience; disaggregated data has not been analyzed for specific subpopulation
1 – Does Not Meet Need	The program or practice has demonstrated meeting need for identified population through practice experience; disaggregated data has not

Fit

Tarheel County Local Health Department
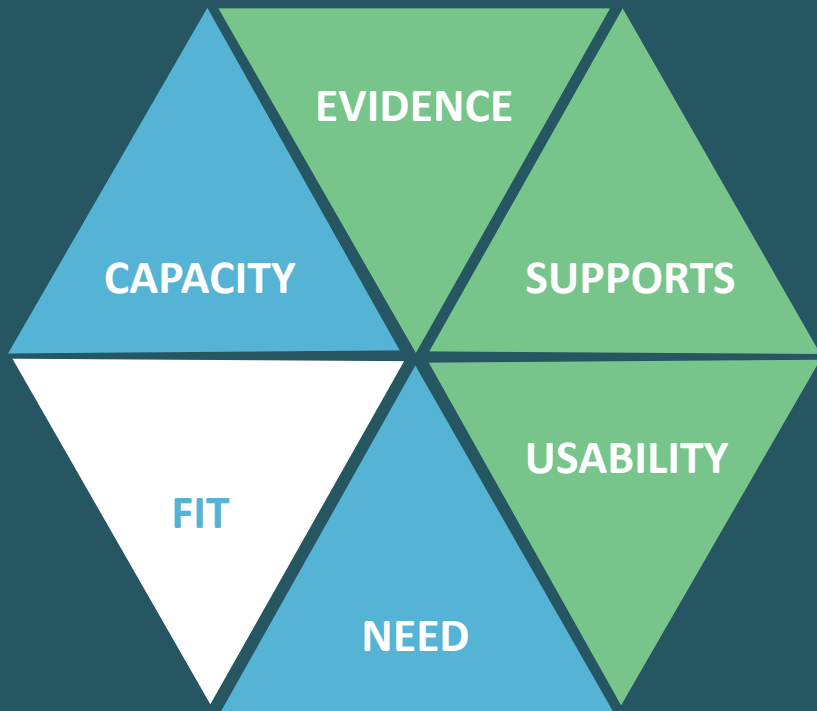
- Priorities
  o Community health assessment focus on teen pregnancy
  o Interest in positive youth development
 o Population is 90% White, 10% American Indian

- Values
  o Conservative, deeply religious community
  o Close-knit community in which stakeholder partnerships are key

- Existing Initiatives
  o Abstinence-only intervention in 6th grade
  o Full range of contraceptive methods available to teens at health department clinic

Fit

Alignment of EBP/EIP approach with site, local, state priorities and initiatives
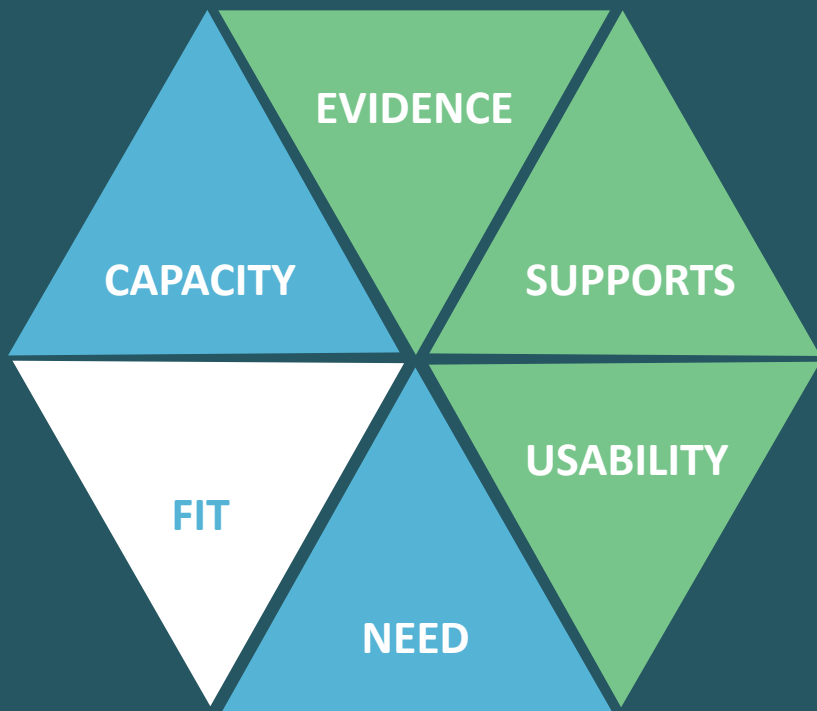
| 5 – Strong Fit	The program or practice fits with the priorities of the implementing site; community values, including the values of culturally and linguistically specific populations; and other existing initiatives
4 – Fit	The program or practice fits with the priorities of the implementing site and community values; however, the values of culturally and linguistically specific population have not been assessed for fit
3 – Somewhat Fit	The program or practice fits with the priorities of the implementing site, but it is unclear whether it aligns with community values and other existing initiatives
2 – Minimal Fit	The program or practice fits with some of the priorities of the implementing site, but it is unclear whether it aligns with community values and other existing initiatives
1 – No Fit	The program or practice does not fit with the priorities of the implementing site or community values

Capacity

Tarheel County Local Health Department
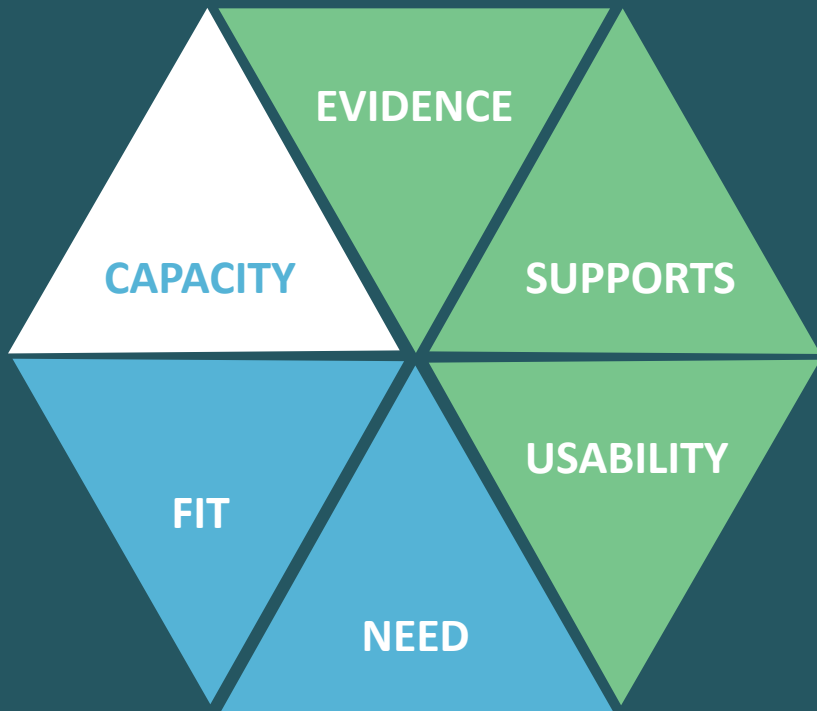
- Workforce
  - Supervisor has implemented *MPC!*
  - Staff have not implemented TPP EBIs

- Financial Supports
  - 5-year federal grant funding
  - In-kind stakeholder support (e.g. incentives)

- Organization Supports
  - Experienced IT, HR staff
  - No system in place to collect participation data
  - Policy does not allow staff to transport youth

Capacity

Required staffing and administrative practices, and capacity for data input and analysis, and fidelity and outcome assessments
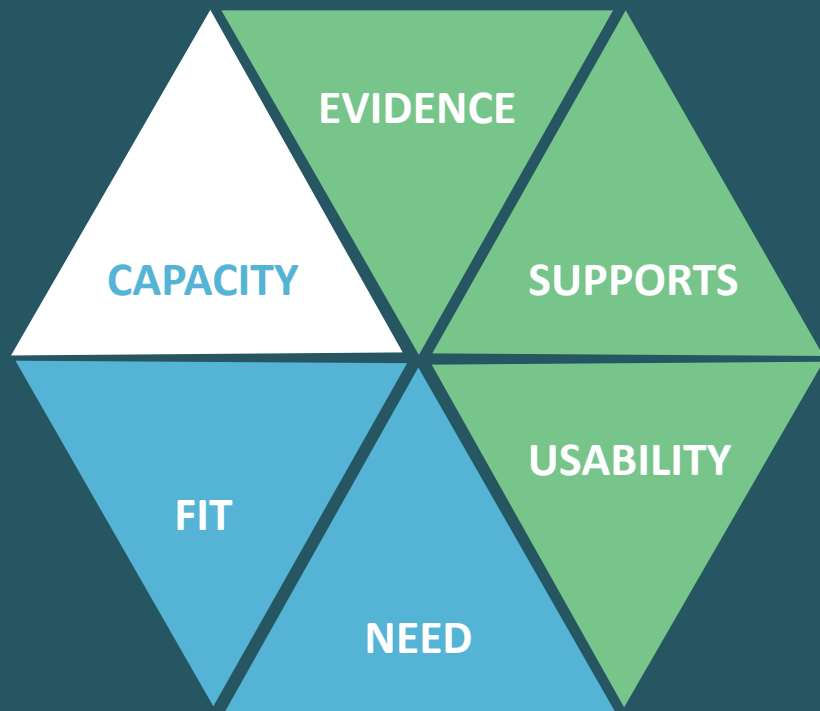
5 – Strong Capacity	Implementing sites adopting the program or practice have a qualified workforce and all of the financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
4 – Adequate Capacity	Implementing sites adopting the program or practice have a qualified workforce and most of the financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
3 – Some Capacity	Implementing sites adopting the program or practice have a qualified workforce and some of the financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
2 – Minimal Capacity	Implementing sites adopting the program or practice have a qualified workforce and only a few of the financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
1 – No Capacity	Implementing sites adopting the program or practice do not have a qualified workforce or any of the financial supports, technology supports, and administrative supports required to implement and sustain the program or practice

Discussion and Recommendations

Evidence	4
Supports	4
Usability	5
Need	3
Fit	2
Capacity	2

- What are key take-aways?
- Would the team recommend *MPC!* for Tarheel County?
  - If yes, what supports are needed?
  - If no, what take-aways from this discussion might inform the next selection of a program?

How could you apply the Hexagon Tool to your own work?

- How could it be used to support diagnosis of an implementation challenge or opportunity?

- What are potential barriers to using the Hexagon Tool?

- What additional support or guidance would you or communities you work with need to use the Hexagon Tool?

Citation and Copyright

This document is based on the work of the National Implementation Research Network (NIRN).
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web: http://nirn.fpg.unc.edu
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