

# Evaluating Implementation Outcomes: Tips, Tricks, and Resources for Using Data to Achieve Effective Implementation of Evidence-Based Programs

Training for DBHR Prevention Providers

October 29, 2024

# Presenters

- Elizabeth Weybright, PhD
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<https://hd.wsu.edu/research-labs/impact-lab/>



**WASHINGTON STATE**  
UNIVERSITY

Washington State  
**Health Care Authority**

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# Agenda



Introductions, Networking, & Recap



Model of Program Implementation



Measuring Engagement



Tip, Tricks, and Resources



Debrief

# Objectives

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Identify the role of engagement in effective implementation.



Explore approaches to using data to measure engagement as an implementation outcome.



Engage with peers on a plan for measuring and reporting participant engagement.

# Refresher on Effective Implementation

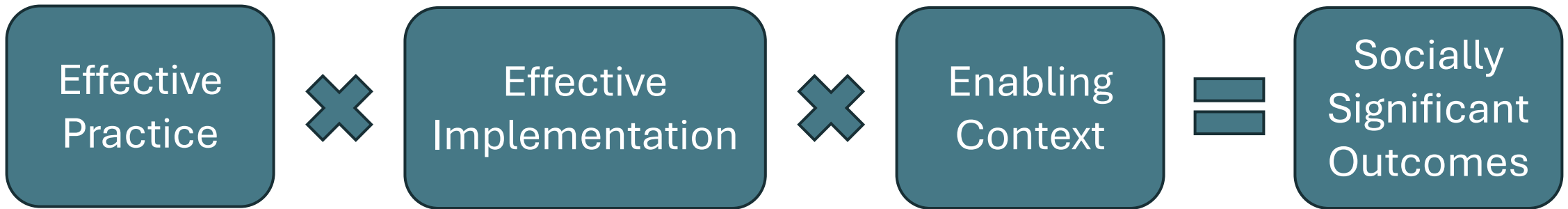
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# Effective Implementation

We achieve *effective implementation* when programs...

- ✓ Are delivered with quality
- ✓ Are delivered with fidelity to core components
- ✓ Are sustained across time
- ✓ Reach and engage the community in a way that meets their needs
- ✓ Achieve their intended goals and objectives

# The Formula for Success



# Implementation Stages



EXPLORATION

Considering a new practice.



INSTALLATION

Selected but not yet implemented.



INITIAL  
IMPLEMENTATION

Implemented but not with fidelity.



FULL  
IMPLEMENTATION

Implemented and it's going well.





# Model of Program Implementation

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Fidelity

Quality

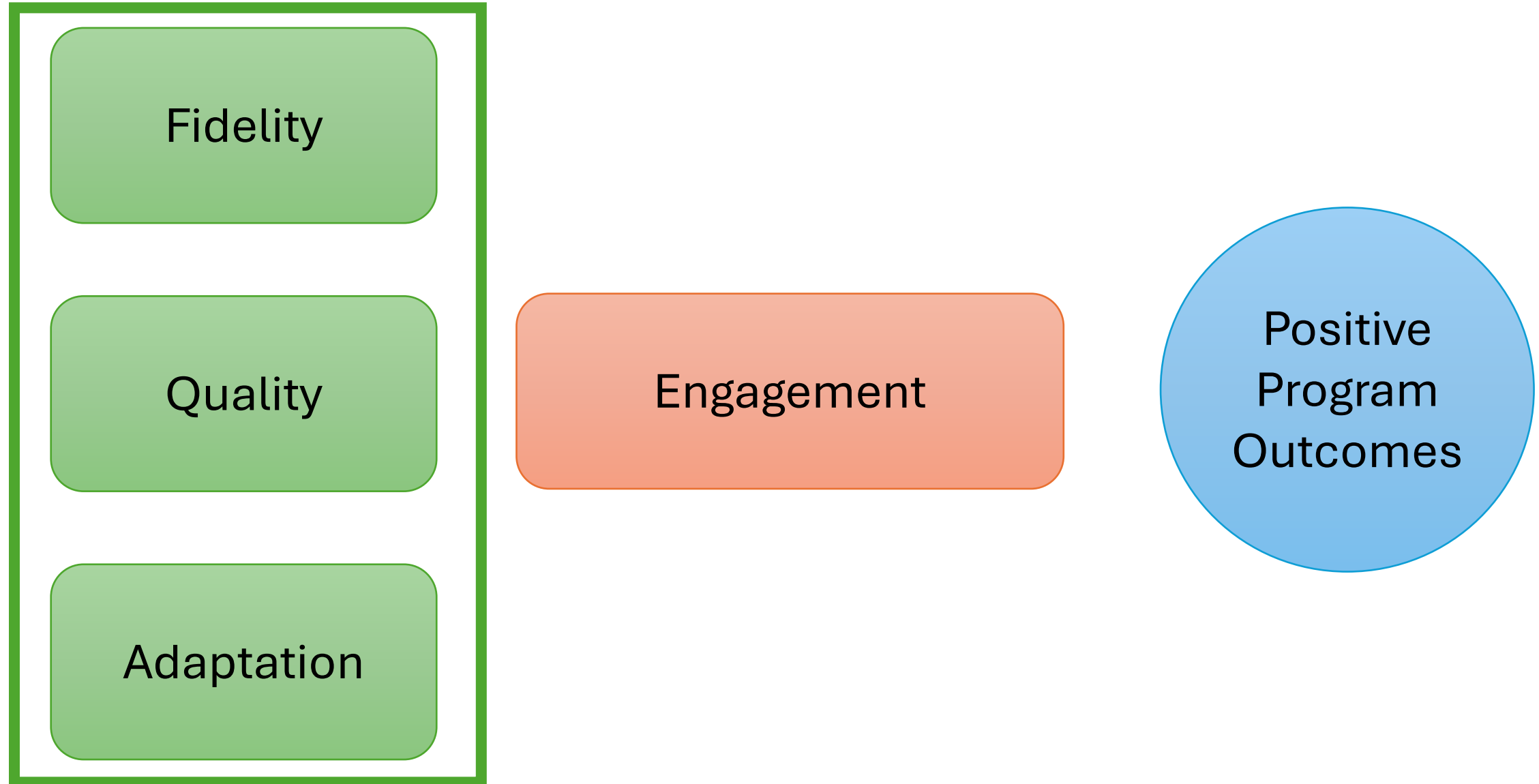
Adaptation

Engagement



Positive  
Program  
Outcomes

# Model of Program Implementation



# Fidelity

## What is it?

The extent to which specified program components were delivered as prescribed.

## What else is it called?

- Adherence
- Compliance
- Integrity
- Faithful replication

## How can it be measured?

- Percent of content delivered
- Amount of time on **core components**

# Quality

## What is it?

Teaching and facilitator skill in which program is implemented.

## What else is it called?

- Competence

## How can it be measured?

- Skill
- Enthusiasm
- Clarity

# Adaptation

## What is it?

The extent to which facilitators add to or modify content and processes.

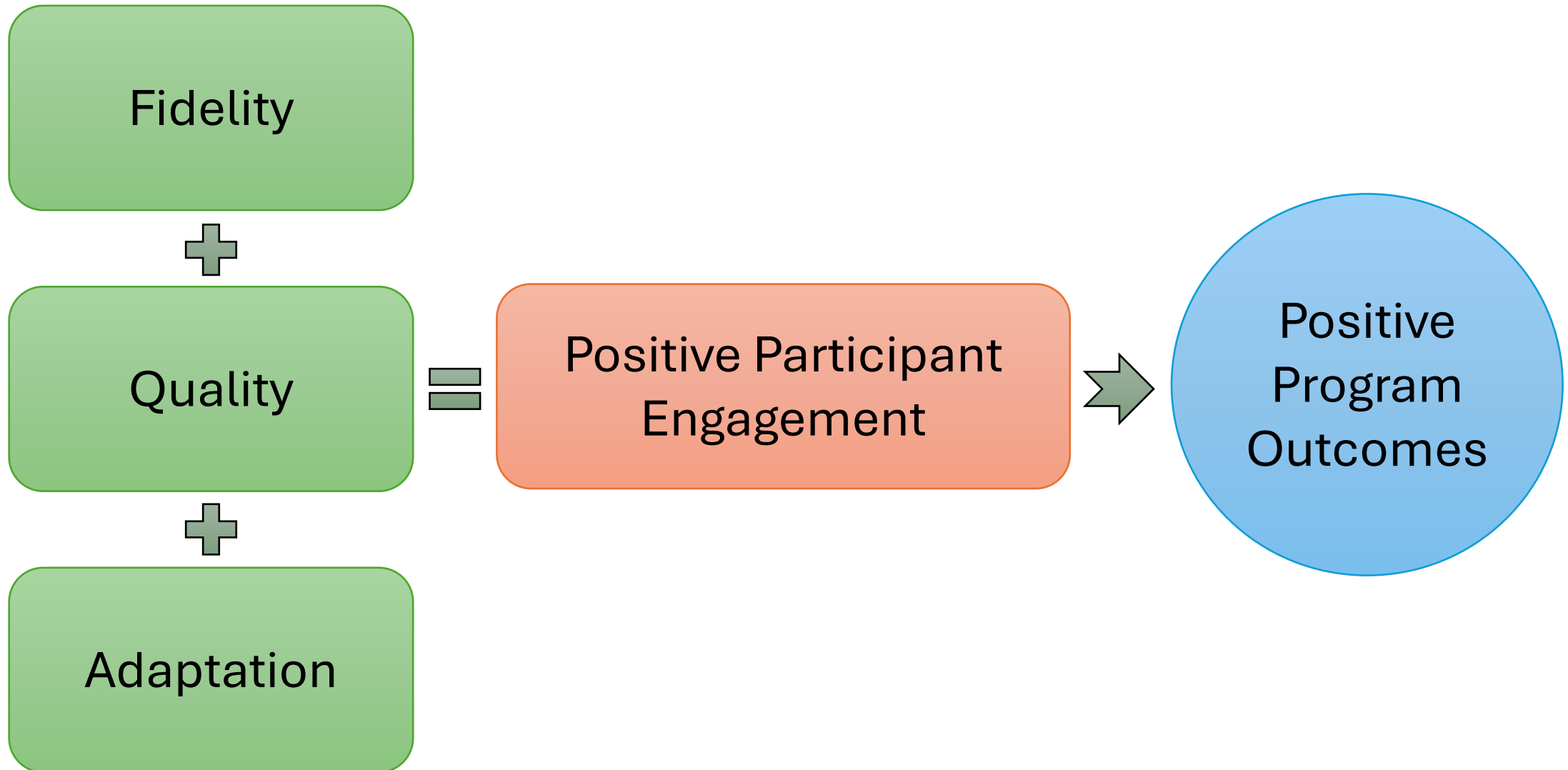
## What else is it called?

- Modification
- Reinvention

## How can it be measured?

- Program addition
- Program modification
- Magnitude

# Model of Program Implementation



# Engagement

## What is it?

Levels of participation and enthusiasm among participants in an evidence-based program.

## What else is it called?

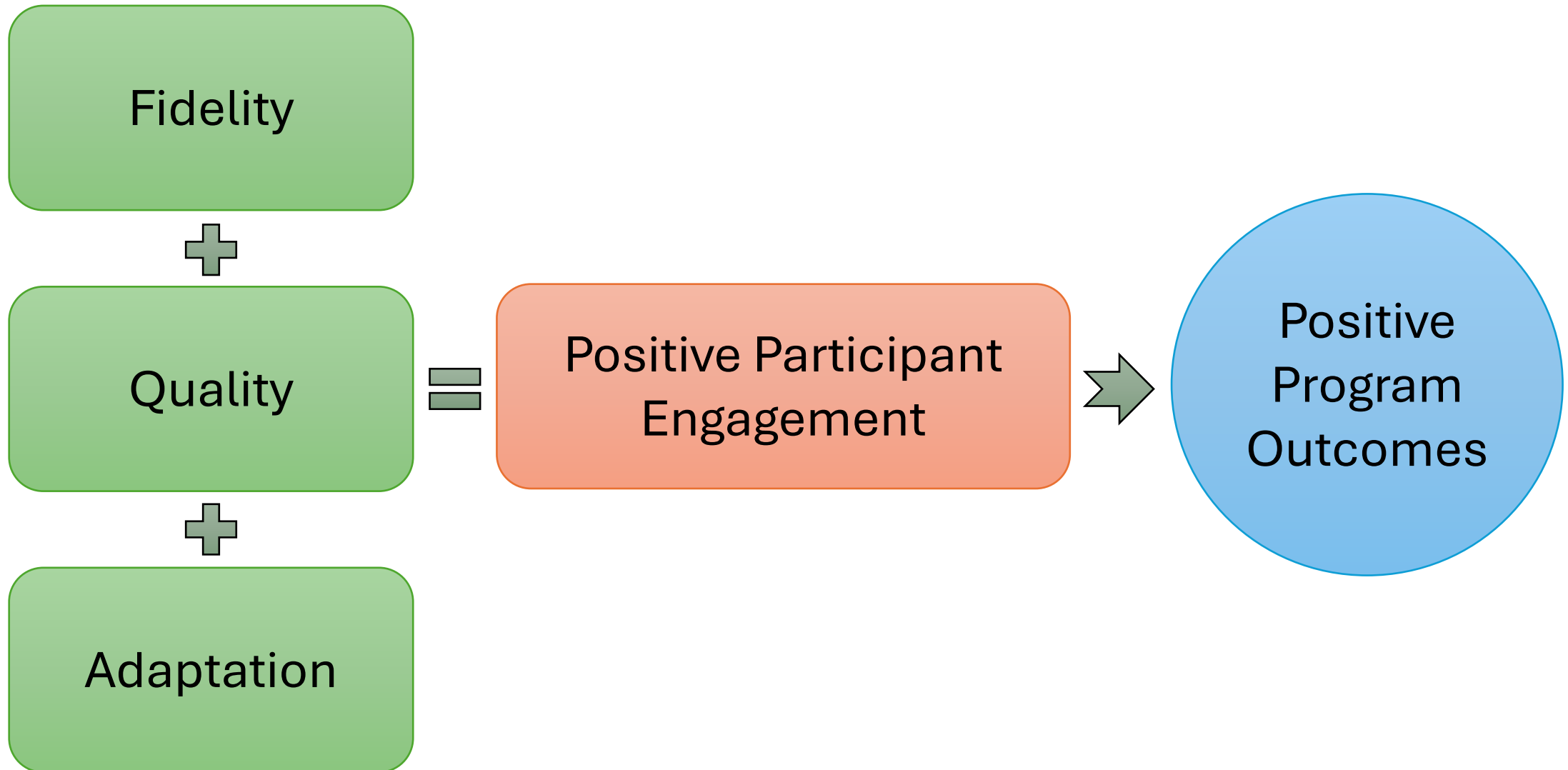
- Responsiveness
- Attendance
- Retention
- Dosage

## How can it be measured?

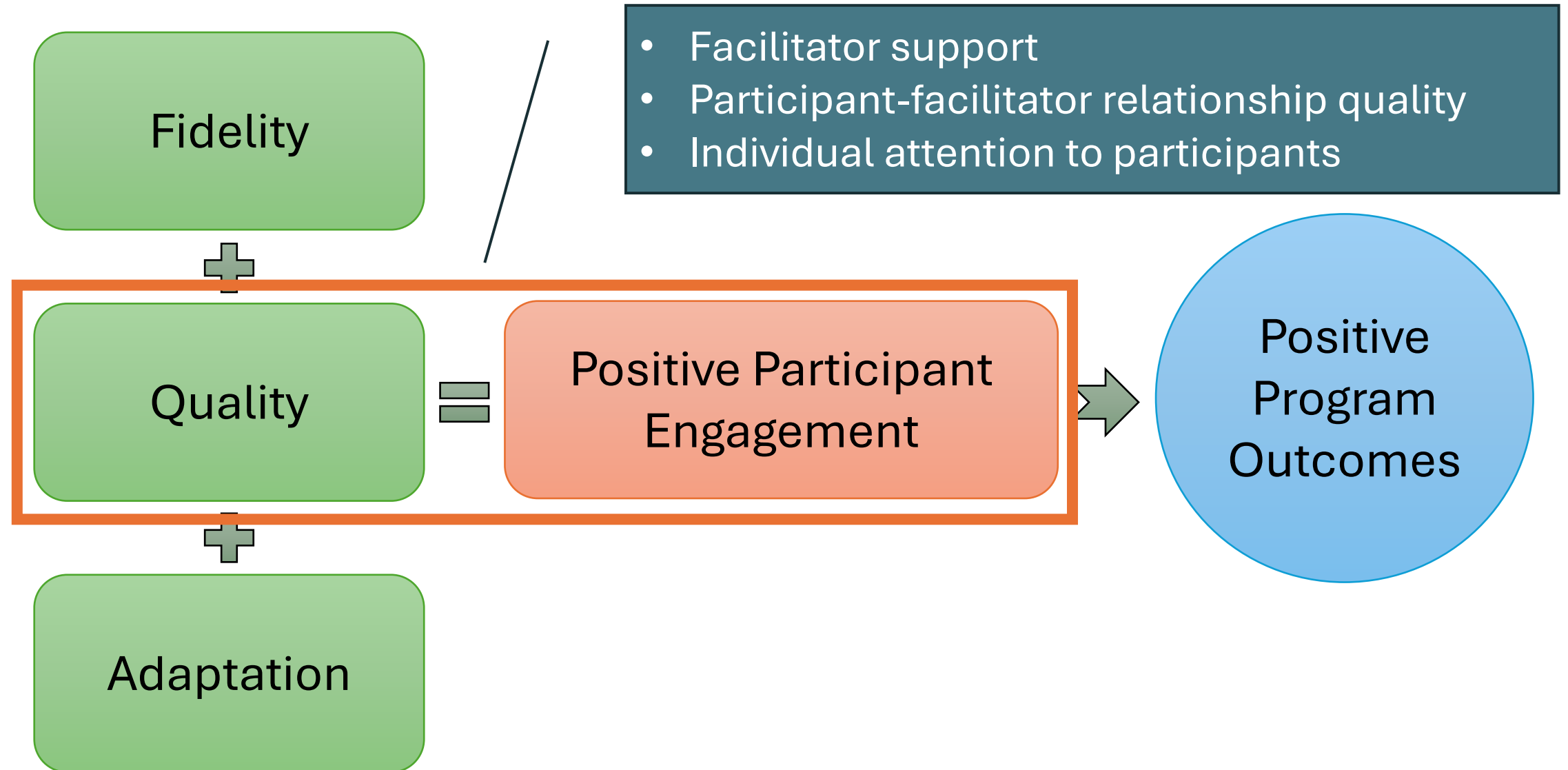
- Number of sessions attended
- Active participation
- Home practice completion
- Cultural relevance of content



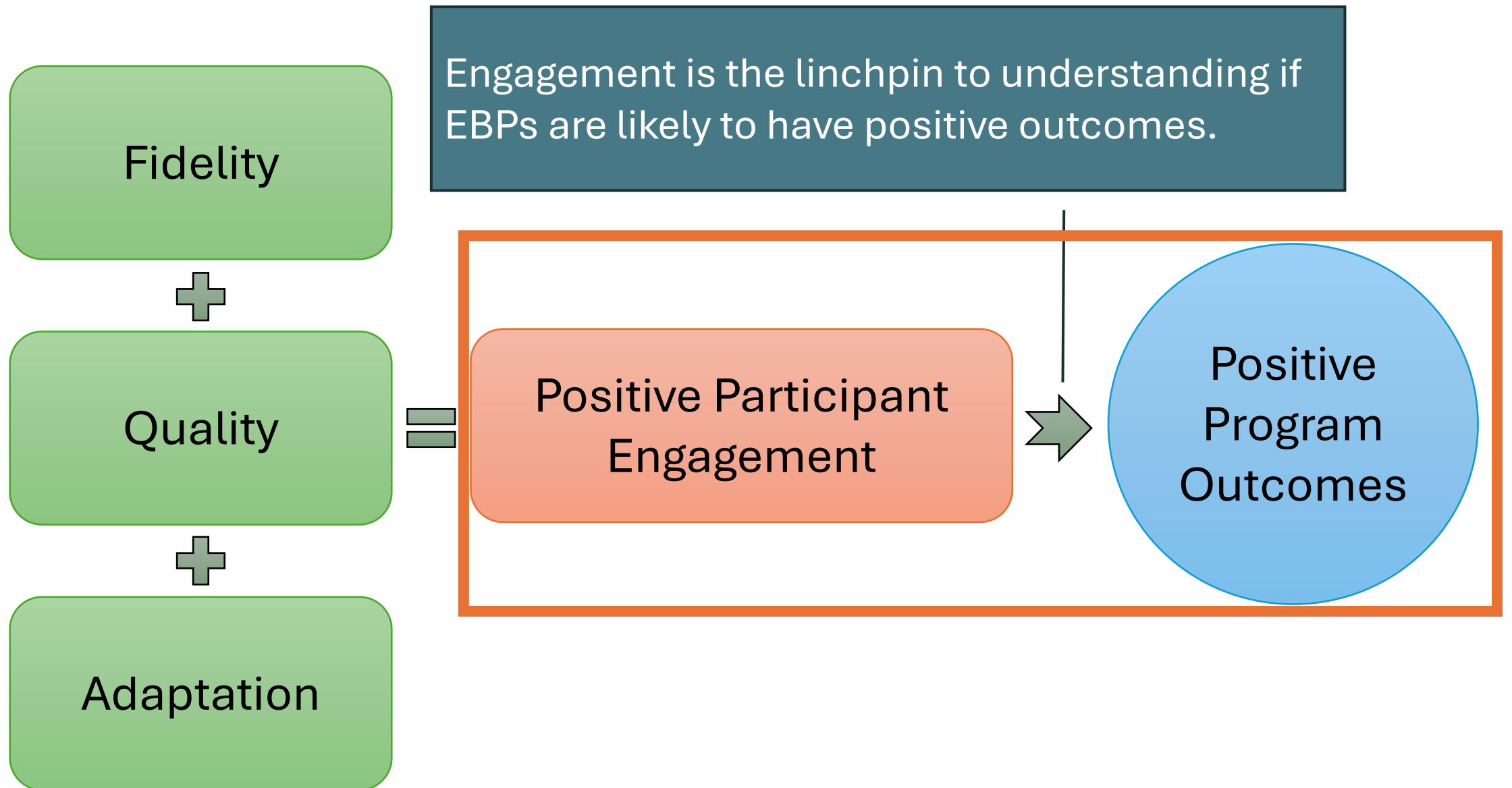
# Model of Program Implementation



# Model of Program Implementation



# Model of Program Implementation



# Pre-work: How might you measure engagement?

**Instructions:** Using worksheet provided, list the EBPs you deliver or support. Begin brainstorming what engagement looks like for those EBPs.

Leave the remaining areas blank.

HCA Division of Behavioral Health & Recovery  
Evaluating Implementation Outcomes Training on 10/29/24  
Engagement Outcomes Activity Worksheet

Throughout today's session, we will use this worksheet to:

1. Explore approaches to using data to measure engagement as an implementation outcome, and
2. Engage with peers on a plan for measuring and reporting participant engagement.

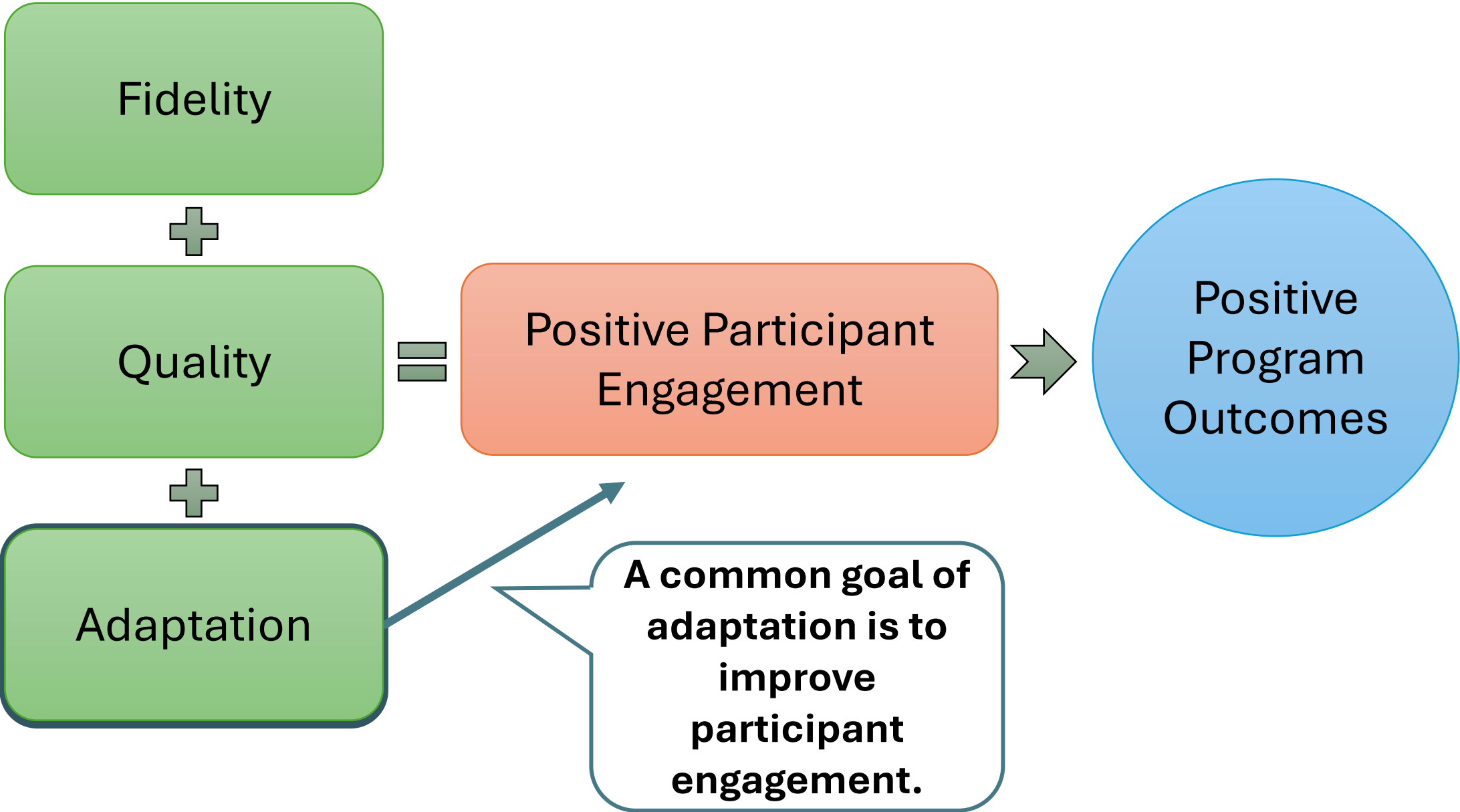
When prompted, complete the relevant section of the below table.

Name of Evidence-based Program	What does engagement look like? How do you know participants are engaged?	How can you measure this engagement?



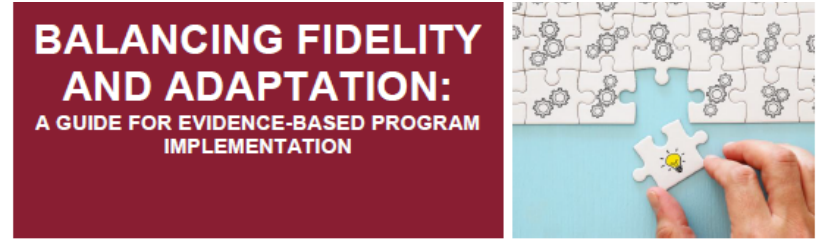
# Applying the Model of Program Implementation

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# Best Practices Guide for Balancing Fidelity & Adaptation

Cooper, B.R., Parker, L. A., & Diaz Martinez, A. (2019). Balancing fidelity & adaptation: A best practices guide for evidence-based program implementation. WSU Publications, retrieved at: <https://hdl.handle.net/2376/16873>



## Abstract

The adoption of an effective program is only the first step toward achieving the positive youth and family outcomes community-based organizations aim to achieve. Research has demonstrated time and time again that high-quality implementation is critical if evidence-based programs are to attain their intended goal of improved youth and family outcomes. However, there continues to be substantial debate about whether evidence-based programs should be flexibly adapted to fit local contexts versus delivered with strict fidelity.

This fact sheet will delve into the science of this debate, provide a useful analogy for understanding that science and present a best practices guide aimed at helping program coordinators and implementers effectively balance program fidelity with local adaptations in order to best meet the needs of their local communities.

## The Fidelity versus Adaptation Debate: What can we learn from prevention science?

Prevention science has made tremendous advances in the past four decades in determining which programs are most effective at enhancing youth and family well-being in areas such as prosocial behavior and parent-child bonding, and preventing poor outcomes like youth substance use, delinquency, and violence (National Research Council & Institute of Medicine 2009). These programs are referred to as evidence-based programs because they are theoretically sound interventions that have been evaluated using a well-designed study and have demonstrated significant improvements in their targeted outcomes. In other words, research has demonstrated that participants who received the evidence-based program had significantly better outcomes in

comparison to people who did not receive the program – and the only explanation for these better outcomes is the exposure to the program.

However, prevention science is increasingly recognizing that research evidence is only one piece of the puzzle (Kemp 2016). The program coordinators and implementers charged with delivering these evidence-based programs have years of experience and expertise about what works in their communities – this is often referred to as contextual or experiential evidence – and this type of evidence should also play a role in determining which evidence-based program to adopt and how to implement that program in a specific community (<https://vetoviolence.cdc.gov/understanding-evidence>).

Making decisions about how to adhere to the dosage, content, and structure of the program as it was originally designed (i.e., program fidelity) while adapting to local contexts is challenging and complex, particularly with limited resources, and program implementers are often left to make these decisions without much guidance. Fortunately, this fact sheet can offer some help.

## Fidelity versus Adaptation: What does the research say?

Within the field of prevention science, there is still some debate about whether evidence-based programs should be adapted to fit local contexts versus delivered with strict fidelity (Barrera et al. 2017; Chambers and Norton 2016; Kemp 2016; Perez et al. 2015). Those who are proponents of the 'fidelity argument' say it is best not to tinker with a proven-effective program because if local implementers make changes, there is no guarantee that the evidence-based program will achieve the same positive outcomes as it did during the research studies that proved its effectiveness. The 'fidelity argument' also suggests that communities should leverage the program developers' expertise and thus deliver the program as originally designed with as little

# Balancing Fidelity & Adaptation Best Practices







## 4: Adapt the program using best practices

- If needed, make adaptations in consultation with program developer/trainer
- Acceptable ('green light') vs. risky ('red light') adaptations
- Stay true to duration, intensity, and key elements of the program

The **CDC's SELECT, ADAPT, EVALUATE!** offers guidance on "green light" and "red light" adaptations. <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

The **MADI Decision-Making Guide** offers questions to consider when making adaptation decisions. <https://doi.org/10.1186/s13012-020-01021-y>

## GREEN LIGHT CHANGES

- » Usually minor
- » Made to increase the reach, receptivity, and participation of the community
- » May include:
  - Program names
  - Updated and relevant statistics or health information
  - Tailored language, pictures, cultural indicators, scenarios, and other content

## YELLOW LIGHT CHANGES

- » Typically add or modify intervention components and contents, rather than deleting them
- » May include:
  - Substituting activities
  - Adding activities
  - Changing session sequence
  - Shifting or expanding the primary audience
  - Changing the delivery format
  - Changing who delivers the program

## RED LIGHT CHANGES

- » Changes to core components of the intervention
- » May include:
  - Changing a health behavior model or theory
  - Changing a health topic or behavior
  - Deleting core components
  - Cutting the program timeline
  - Cutting the program dosage

Proceed with minor adaptations to improve fit for your community, setting, target population.

Proceed with caution if adaptations do not interfere with program theory/core components.

Stop.  
Avoid these adaptations if possible.

# Example of Yellow Light Adaptations

Fidelity to EBP	Adaptation
The session should increase understanding that drug use affects adolescent and young adult brain development.	Implementer changes a brief lecture about adolescent drug use and brain development into a group conversation.

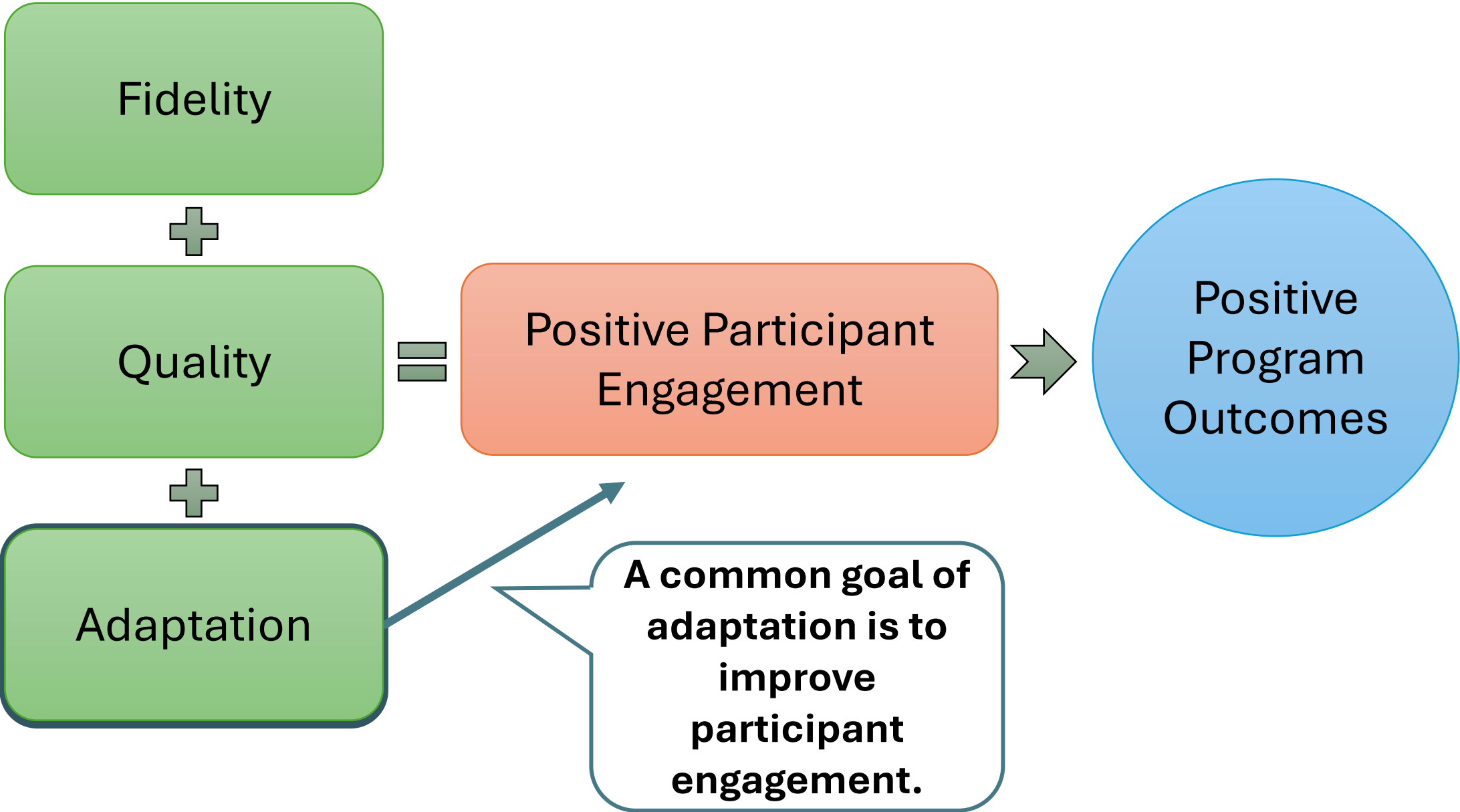
# Example of Yellow Light Adaptations

Fidelity to EBP	Adaptation
The session should increase understanding that drug use affects adolescent and young adult brain development.	Implementer changes a brief lecture about adolescent drug use and brain development into a group conversation.
Each session should be delivered for 60 minutes.	To develop rapport with participants, the implementer delivers for 90 minutes.

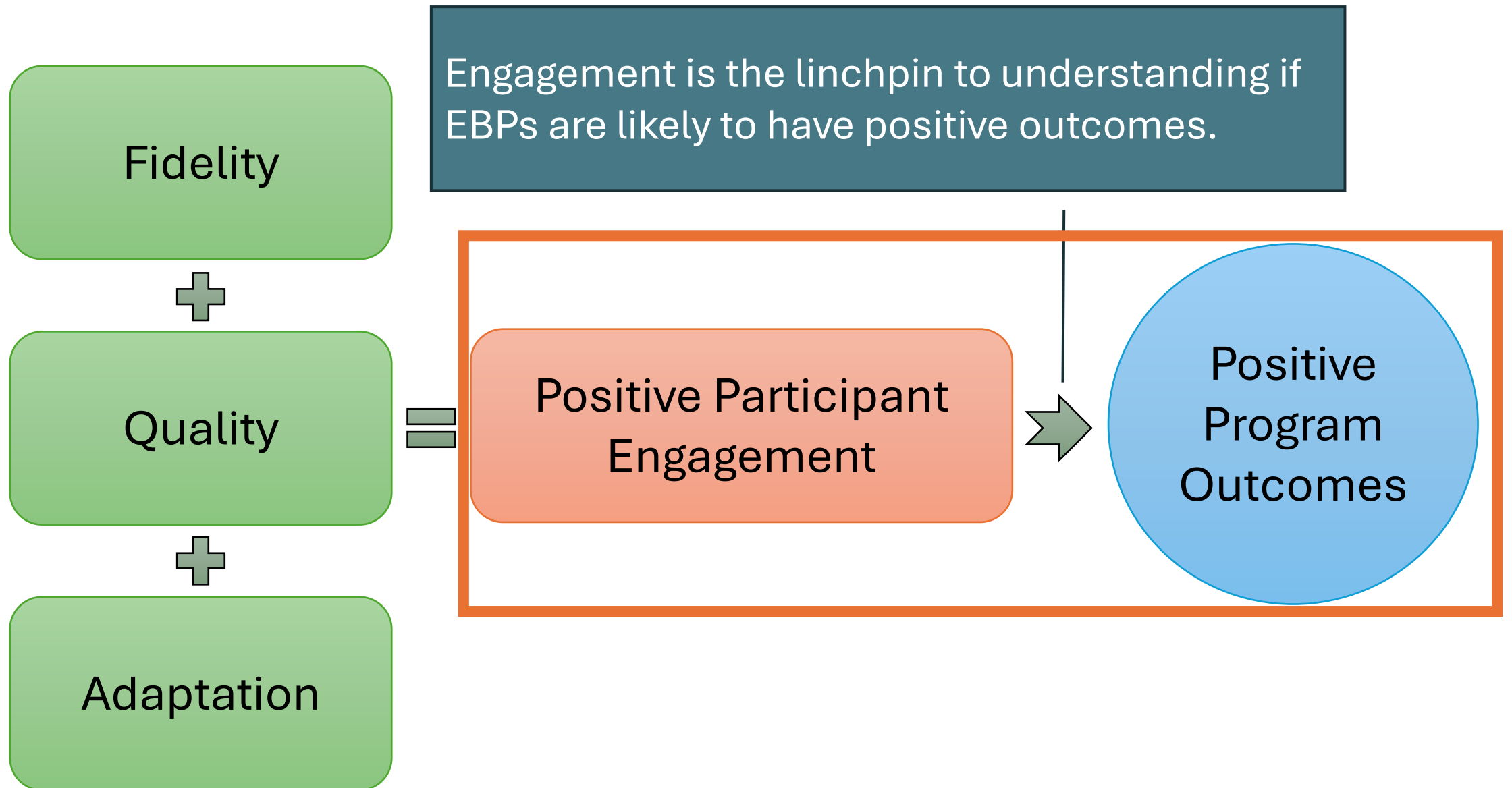
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Each session should be delivered for 60 minutes.	To develop rapport with participants, the implementer delivers for 90 minutes.
The implementer should be at ease discussing content and facilitating discussion.	A substitute that already has a relationship with the participants delivers a session.

**What is the overarching goal of these adaptations?  
How will we know if the adaptations are successful?**



# Model of Program Implementation





## 5: Document, monitor, & improve

- Document and discuss progress regularly
  - Fidelity
  - Adaptations
  - **Participant engagement**
  - Participant outcomes
- Use implementation monitoring tools
- Stay up to date on program revisions

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for tracking and evaluating adaptations.  
<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

The **Active Implementation Hub** offers tools for developing improvement cycle processes.  
<https://implementation.fpg.unc.edu/implementation-practice/improvement-cycles/>



# Time for lunch!

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We will resume at 1pm

# Keys to Measuring Engagement

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National Race Equity Implementation Center's Comprehensive Guide for Best Practices in Engagement Survey Administration: <https://cycris.org/wp-content/uploads/2024/05/NREIC-Engagement-Survey-Protocols.pdf>

# Engagement

***Engagement is the linchpin to understanding if EBPs are likely to have positive outcomes.***

## What is it?

Levels of participation and enthusiasm among participants in an evidence-based program.

## What else is it called?

- Responsiveness
- Attendance
- Retention
- Dosage

## How can it be measured?

- Number of sessions attended
- Active participation
- Home practice completion
- Cultural relevance of content

# What does engagement look like for your EBPs?

Go back to your worksheet and review the 2<sup>nd</sup> column.

Turn to a partner and share what engagement looks like for your EBPs.

Add any new ideas you get during your conversation.

5 minutes each.



**PAIR**



**SHARE**

# 7 Elements of Effective Surveys

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Clarity

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Pilot-tested

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Format & Accessibility

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Literacy

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Confidentiality & Trust

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Timing & Frequency

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Continuous Quality Improvement

# Clarity



Survey instructions should be clear and concise.



They should help participants understand: 1) Objectives of the survey and 2) What is being asked of them and why.

# Pilot-Tested



New surveys should be pilot tested with a small group.



This helps determine potential confusing questions, repetitiveness, and other challenges that should be addressed before using the survey.

# Format & Accessibility



The format, layout, look, and feel of the survey are important.



Questions to consider are: does the survey look busy, are the colors accessible, are the font sizes big enough?



# Literacy



Data will not be useful if participants are unable to understand what is being asked.



Consider the population's literacy level, native language, and language proficiency.



If literacy is a problem, it can be helpful for the facilitator to verbally walk participants through the questions.

# Confidentiality & Trust



Participants are more likely to respond when the survey is presented as voluntary.



Participants are more likely to be honest when they know their information is kept confidential or anonymous.



To help create trust, ensure they understand the purpose of the survey is for program improvement.

# Timing & Frequency



Review program schedules and align timing of survey to be conducive to the day's schedule to avoid rushing participants.



Ideally, surveys are administered periodically, spread out in equal increments throughout the program timeline.



Ensure participants understand the time frame they should consider (e.g., past 2 weeks) when responding to the survey.

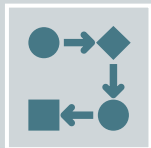
# Continuous Quality Improvement



Program implementation teams should summarize and set aside time to review the engagement data after each iteration of the program.



Engagement data should be reviewed alongside other program outcome data to help provide a more comprehensive view.



Results should be shared internally and externally – and should be used to improve program implementation in future iterations.

# How might you measure engagement?



THINK



PAIR



SHARE

# Engagement

## What is it?

Levels of participation and enthusiasm among participants in an evidence-based program.

## What else is it called?

- Responsiveness
- Attendance
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- Dosage

## How can it be measured?

- Number of sessions attended
- Active participation
- Home practice completion
- Cultural relevance of content

# How might you measure engagement?



**THINK**



**PAIR**

Turn to a partner  
and share your  
ideas.

Get feedback on  
how to measure  
engagement.

5 minutes each.

# How might you measure engagement?

Find another pair (group of 4).

What challenges do you anticipate when trying to measure engagement? Get feedback from your group on how to address these challenges.

Discuss for 10 minutes.



**SHARE**



# Planning to Measure Engagement

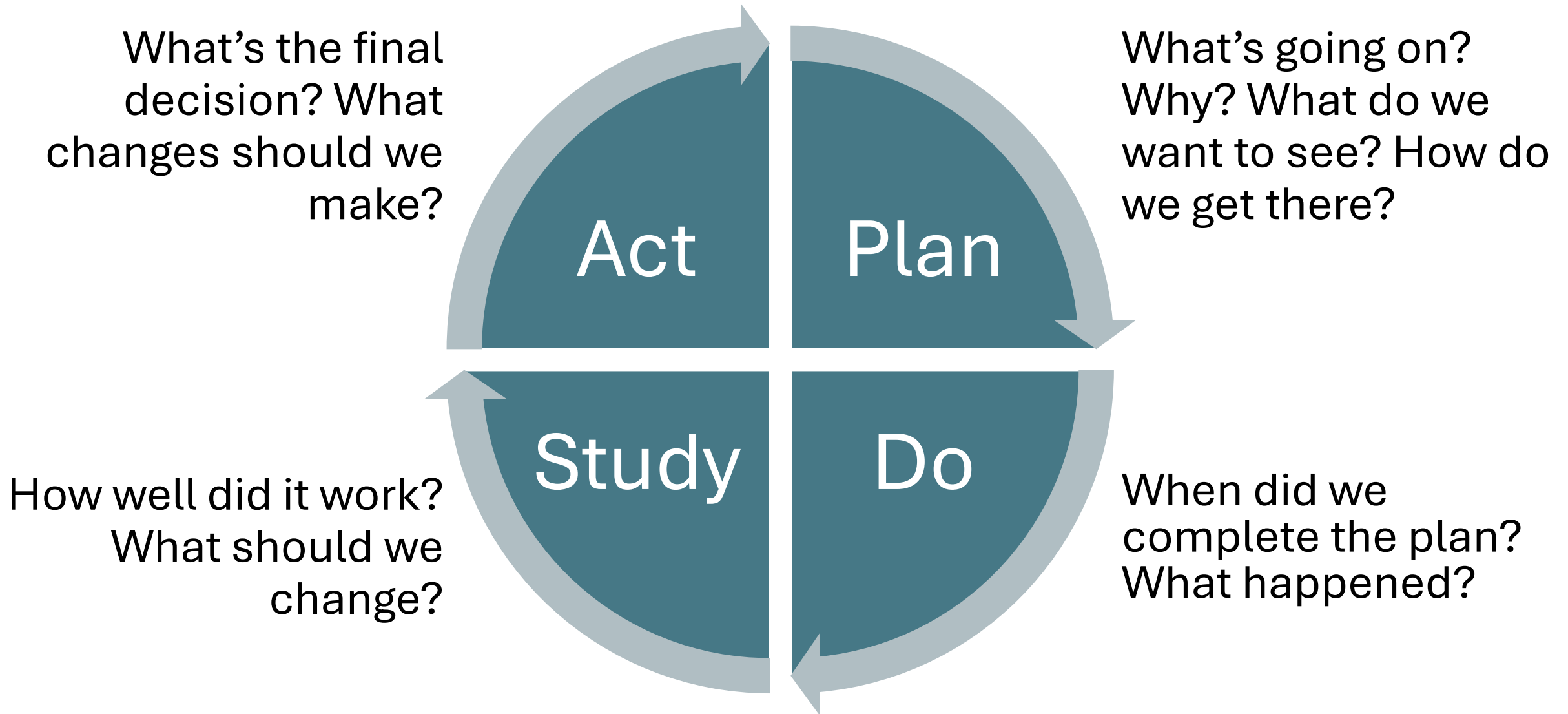
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# Planning with the PDSA Cycle

PDSA is an approach to continuous improvement that aims to identify barriers and needed changes in implementation and outcome efforts.



# Planning with the PDSA Cycle



# PLAN

Tip: Start small!

Who, What,  
Where, How  
and Data  
Collection:



## Who

- Who will make the change?
- Who will receive the change?

## What

- What change is being tested?

## When

- When will the change take place?

## How

- How will the change be tested?

## Where

- Where will the change take place?

## Plan for data collection:

- What information is important to collect?
- Why is it important to collect?
- Who will collect the information?
- Who will analyze the information prior to the study?
- Where will information be collected?
- When will information be collected?
- How will the information (measures) be collected?
- What tasks or tools are needed?

# Planning with the PDSA Cycle

**Trick: This relates to the Planning phase of Strategic Planning!**

“Health Equity & Sustainability:  
What strategies will you take to decrease barriers to access and increase participation in programs?”



# What is your plan to measure engagement?

What action will you take from what you've learned today?

Add it to your worksheet at the bottom as a next step.

## PLAN

Tip: Start small!

Who, What, Where, How and Data Collection:

### Who

- Who will make the change?
- Who will receive the change?

### What

- What change is being tested?

### When

- When will the change take place?

### How

- How will the change be tested?

### Where

- Where will the change take place?

### Plan for data collection:

- What information is important to collect?
- Why is it important to collect?
- Who will collect the information?
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- When will information be collected?
- How will the information (measures) be collected?
- What tasks or tools are needed?

# Debrief & Closing

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# Tips and Tricks

- Measure engagement with quantitative (survey) and qualitative (open-ended) questions to document your prevention stories
- Look for and listen for program “artifacts” in the setting (e.g., community norms hanging on the wall) or participant behavior to document engagement (e.g., youth asking questions)
- Start small (e.g., track attendance) and “level up” (e.g., survey, observation) as you gain more experience, comfort, etc
- Make sure approaches to measuring engagement are a good fit for participants (e.g., does this fit with participant’s culture?)
- Reach out and learn from your peers, colleagues, and other organizations!
- Start meetings with intentional open-ended question (e.g., What does [word] mean to you?)



# Links to Tools & Resources

- Active Implementation Hub: <https://implementation.fpg.unc.edu/implementation-practice/>
- Implementation Stages: <https://implementation.fpg.unc.edu/implementation-practice/stages/>
- Journal article on Model of Program Implementation: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5591031/>
- Balancing fidelity & adaptation: A best practices guide for evidence-based program implementation: <https://hdl.handle.net/2376/16873>
- CDC's Select, Adapt, Evaluate: <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>
- MADI Decision-Making: <https://doi.org/10.1186/s13012-020-01021-y>
- National Race Equity Implementation Center's Comprehensive Guide for Best Practices in Engagement Survey Administration: <https://cycr.org/wp-content/uploads/2024/05/NREIC-Engagement-Survey-Protocols.pdf>
- PSDA Planning Template: <https://implementation.fpg.unc.edu/resource/pdsa-planning-template/>
- Northwest Prevention Technology Transfer Center: <https://pttcnetwork.org/center/northwest-pttc/>

# Sources for Additional Support

- Attend office hours with Center for CTC staff every 1<sup>st</sup> Thursday from 2-4pm and 3<sup>rd</sup> Tuesday from 9-11am.
  - See Athena Form Calendar for details:  
<https://theathenaforum.org/training-calendar/month>
- If you haven't already, [join the Northwest PTTC email list](#) for upcoming training opportunities. They also have recorded webinars and other tools available on their website.
  - <https://pttcnetwork.org/center/northwest-pttc/>

<https://preventionresearch.org/>

# Prevention Science for Action: Leveraging Data Science & Technology to Enhance Research, Practice, & Policy

**MAY 27-30, 2025**  
SEATTLE, WA, USA

**SPR33RD**  
ANNUAL MEETING

Did you know about our  
reduced registration rate for  
community partners?

# Objectives

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Identify the role of engagement in effective implementation.



Explore approaches to using data to measure engagement as an implementation outcome.



Engage with peers on a plan for measuring and reporting participant engagement.

We value your feedback! Let us know how we did by completing this brief survey.

Scan the QR  
code and  
enter your  
responses.



[https://wsu.co1.qualtrics.com/jfe/form/SV\\_9mcJuT4RBkMYGea](https://wsu.co1.qualtrics.com/jfe/form/SV_9mcJuT4RBkMYGea)