

Maintaining Program Fidelity ("Fidelity Tool")

Oftentimes, program developers and prevention researchers are legitimately concerned that changes or adaptations to an evidence-based program will undermine its effectiveness. Community leaders and prevention practitioners are equally concerned that "not one size fits all." The inability to modify programs may produce local resistance; or worse, rigid fidelity may lead to programs that are irrelevant or even inappropriate for meeting community needs (SAMHSA, 2001).

Below, you will find some important suggested steps to take to help ensure maintenance of program fidelity, and successful adaptation of an evidence-based program for your community and its older adult population.

Planning and Program Development

Suggested Steps:

1. Project team reviews curriculum and published materials of evidence-based intervention.
2. Project team discusses the intervention and materials in depth and ensures that each team member understands the intervention and what makes it effective.
3. Project team identifies program components that may require adaptation from original evidence-based intervention, and develops justification for potential adaptations.
4. Published materials and other program information are "de-constructed" using the Center for Healthy Aging's tool, *From Their Study to Your Demonstration: Tracking Similarities and Difference in Evidence-Based Program Implementation* (the "Tracking Changes Tool") (www.healthyagingprograms.org/content.asp?sectionid=66&ElementID=336), or a similar approach.
5. A written, step-by-step plan is prepared that documents each step of program replication and how it will be implemented. Plan is compared to original intervention.
6. An external person, who knows the original intervention, reviews the plan (Step #5) and provides feedback to the project team.
7. Any adaptations made to the original intervention or training or curriculum are thoroughly discussed and documented. Strategies are identified to assure that these changes will not undermine the impact of the program on older adults' health outcomes.
8. Specific strategies to protect fidelity are identified for five components: study design, training, delivery, receipt, and enactment (Bellg et al., 2004).

Implementation

Suggested Steps:

1. Key staff, coaches, and facilitators are trained using the materials and curriculum from the original intervention. Building upon materials from the intervention study,

detailed manuals documenting necessary adaptations to the original intervention study are prepared and made available to implementation sites.

2. Training of trainers (ToT) is intensive (typically 2-4 days) and conducted by a “master trainer” or other person who is well-versed in all aspects of the intervention.
 - a. ToT trainees model their roles as trainers or facilitators during training. This role-playing is observed by the “master trainer,” feedback is provided and improvement is demonstrated. This training is very interactive, with opportunity for discussion, small group practice sessions, peer evaluation and modeling.
3. Clear job descriptions for implementation staff and volunteers are developed, and include a major emphasis on the importance of consistent and faithful implementation of the program. During interviews, an explanation of fidelity and its importance are provided to applicants, and common challenges to fidelity, as well as strategies to enhance and monitor fidelity are discussed.
4. Process evaluation methods, including periodic on-site observations and reviews of implementation staff (trainers, facilitators, activity instructors, peer leaders, case managers, etc) are conducted to ensure that the program is being implemented consistently and with fidelity in all locations.
 - a. Reviewers use standardized tools and checklists to make these assessments.
5. Implementation staff (e.g., physical activity instructors, peer leaders, case managers), have a checklist that they use to assess their own performance and maintenance of fidelity.
6. Available one-on-one technical assistance and problem-solving are utilized when necessary.
7. Periodic meetings with implementation staff are held to review activities and procedures and address challenges.
 - a. During these meetings, the performance and fidelity checklists are reviewed and discussed.

Evaluation

Suggested Steps:

1. Training on appropriate ways to gather data (distribute surveys, assist clients/participants to respond, etc) is provided to multiple levels of program staff.
 - a. This training should be interactive, and include practice sessions and discussion of anticipated barriers/difficulties in data collection.
2. Periodic reliability checks of data collection and completeness of data are done by program administration staff to ensure that evaluation surveys are administered in the same way and at the same time across program locations.
3. Data is collected utilizing most of same outcome measures as the original evidence-based intervention. Performance-based measures are included when possible, with feedback provided to clients at planned intervals.

4. Data collection methods may require adaptations in administration, such as collecting data in-person rather than by telephone. These adaptations will be documented during the planning phase.
5. Measurement of outcomes will utilize the same follow-up measurement intervals as the original evidence-based intervention. Any adaptations to the original study measurement intervals will have been discussed and documented during the planning phase of the project.
6. Process measures used to monitor fidelity are assessed using the BCC framework (design, training, delivery, receipt and enactment) (Bellg et al., 2004).
7. Outcome measures are selected to permit comparisons to original intervention studies.
8. Satisfaction measures (clients, staff, partners) are also included.
 - a. Additional measures as required by program partners may be necessary.
9. Attendance/client contacts are tracked at the individual level to document dose, frequency, and length of participation.

References

- Bellg et al. (2004). Enhancing treatment fidelity in health behavior change studies: best practices and recommendations from the NIH Behavior Change Consortium. *Health Psychology*, 23(5), 443-51. www.healthyagingprograms.org/content.asp?sectionid=66&ElementID=337
- SAMHSA. (2001). Finding the balance: Program fidelity and adaptation in substance abuse prevention. modelprograms.samhsa.gov/pdfs/FindingBalance.pdf