## Iowa HHS Evidence-Based Practice Adaptation Request Form

Guidelines for Adaptation to Evidence-Based Practices, Programs and Policies (EBP)

The Iowa Department of Health and Human Services (Iowa HHS), Bureau of Prevention, Treatment and Recovery may allow adaptations to some evidence-based practices, programs and policies as long as the core components are not modified and fidelity is not compromised. Adaptations that would not be allowed are listed below. The following information was adapted from ETR Associates and the Centers for Disease Control and Prevention’s (CDC) [General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula](https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf).

1. Shortening a program (reduce the number of sessions or the length of sessions);

2. Reducing or eliminating activities that personalize risk or practice skills;

3. Competing with or diluting the program’s goals; and

4. Replacing interactive activities with lectures or individual work.

Prior to completing the Iowa HHS Evidence-Based Practice Adaptation Request Form, prevention contractors must review all Iowa HHS approved evidenced-based programs, practices, and policies to identify if a better fit is available. This review must take place in collaboration with community partners to ensure community-level feedback and buy-in.

**Adaptation Guidelines**

Prevention Contractors must complete each step identified below when completing the Iowa HHS Evidence-Based Practice Adaptation Request Form. The following information was adapted from the National Cancer Institute’s (NCI) [Guidelines for Choosing and Adapting Programs](https://rtips.cancer.gov/rtips/assets/rtips/reference/adaptation_guidelines.pdf).

1. Determine the needs of the population of focus and whether this program, practice, or policy addresses those needs.

2. Review the program, practice, or policy and its materials with the prevention-focused coalition and/or a subcommittee consisting of the population of focus for feedback on its appropriateness.

3. Define the extent of adaptation needed and potential ways to implement the new program, practice, or policy. Ensure the adaptations are allowable per Department requirements.

4. Check with the EBP developer and work with expert advisors or trainers familiar with the program, practice, or policy to ensure that the adapted materials maintain the accuracy of the original program, practice, or policy. Note: prevention contractors must complete and submit the Iowa HHS Evidence-Based Adaptation Form (see below) for any modification and/or adaptation to a program, practice, or policy even if an EBP developer has provided approval.

5. Complete and submit the completed Iowa HHS Evidence-Based Practice Adaptation Request Form to the Iowa HHS Project Coordinator via the Correspondence component of IowaGrants.gov.

6. The Iowa HHS Project Coordinator will provide notice if the adaptation is approved or denied. If the adaptation is approved, proceed with implementing the program, practice, or policy. If not, consider an alternative program, practice, or policy that will reach the population of focus.

7. Evaluate the effectiveness of the adapted program and materials. Iowa HHS prevention contractors will be expected to measure the effectiveness of an approved EBP adaptation. Examples may include but are not limited to pre/post survey collection, annual outcome data specific to alcohol, tobacco and other drug violations, etc.

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| EBP/Strategy Name:      Population of Focus:       |
| Questions | **Supporting Evidence** **(summarize below, provide a detailed link, or provide an additional attachment)** |
| 1. What challenges/ barriers were identified with the current program, practice, or policy? |       |
| 2. In what way(s) would the program, practice, or policy be adapted? |       |
| Questions | **Prevention Contractor Response(provide a detailed response below to justify this request)** |
| 3. Are any of these adaptations part of the core components of the program, practice, or policy (Content, Pedagogical or Implementation – see below)?Core Content Components – WHAT is being taught, specifically the knowledge, attitudes, values, norms, skills, etc. that are addressed in the program, practice, or policy’s (learning) activities and are most likely to change behaviors.Core Pedagogical Components – HOW the content is taught, such as teaching methods, strategies and interactions that contribute to the program, policy, practice’s effectiveness.Core Implementation Components – WHAT logistics are responsible for an experience conducive to learning, such as program/policy/practice setting, facilitator/youth ratio, sequence of sessions. |       |
| 4. Was the developer contacted regarding the proposed adaptation? If yes, provide documentation of developer’s permissions/guidance on the proposed adaptation.[ ]  Yes [ ]  No |       |
| 5. Describe the coalition or subcommittee with the population of focuses’ involvement in determining the adaptations. |       |
| 6. Describe how implementation fidelity will be monitored with this adaptation. |       |
| 7. How will you evaluate the outcomes of the program, practice, or policy to determine if the adaptation is working? What are the next steps if it is not? |       |
| 8. Describe how this program, practice, or policy along with the adaptation would be sustained after the grant ends. |       |

**Iowa HHS Prevention Contractor**

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| Name/Title of Contractor:      |
| Organization/Agency:      |
| Name of Iowa HHS Grant:      |
| Date:      |
| Contact Information (Phone & Email):      |

**Reviewers Only**

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| Name of Reviewer:      |
| Approved Yes/No: |
| Reasoning:       |
| Additional Information Requested:      |

# Resources

Department of Health and Human Services-USA, Family and Youth Services Bureau, [Making Adaptations Tips Sheet](https://www.acf.hhs.gov/media/9902)

ETR Associates, Regina Firpo-Triplett, MPH, CHES; CDC Division of Reproductive Health, Taleria Fuller, PHD; [General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula, Spring 2012](https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf)

National Cancer Institute, Research-Tested Intervention Programs (RTIPs), [Guidelines for Choosing and Adapting Programs](https://rtips.cancer.gov/rtips/assets/rtips/reference/adaptation_guidelines.pdf)

[SAMHSA's Adapting Evidence-Based Practices for Under-Resourced Populations](https://www.samhsa.gov/resource/ebp/adapting-evidence-based-practices-under-resourced-populations)

The University of Texas at Austin Child & Family Research Institute School of Social Work, [Developing Strategies for Child Maltreatment Prevention, A Guide for Adapting Evidence-Based Programs, February 2016](https://txicfw.socialwork.utexas.edu/wp-content/uploads/2016/09/Guide-to-Adapting-an-Evidence-Based-Intervention.pdf)

University of Texas Health Science Center at Houston School of Public Health, Maria E. Fernandez, PhD, [Using Systematic Adaptation To Improve Fit of Evidence-Based Programs, 2017 Dissemination & Implementation Short Course: Navigating the Steps](https://ictr.wisc.edu/wp-content/uploads/sites/163/2017/08/6_Fernandez_Using-Systematic-Adaptation-to-Improve-Fit-of-Evidence-Based-Programs.pdf)