

# Adaptation & Tailoring

The Centers for Disease Control and Prevention (CDC) is committed to enhancing the capacity of individuals, organizations and communities to conduct more effective and efficient HIV prevention services. In 1999, CDC published a “**Compendium of HIV Interventions with Evidence of Effectiveness**” to respond to service providers who request science-based interventions that work. More recently, CDC has implemented the Diffusion of Effective Behavioral Interventions project (**DEBI**), a national-level strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV/STD prevention interventions.

The goal of these diffusion efforts is to provide community-based organizations (CBO) and health departments (HDs) with HIV prevention programs, that when implemented with fidelity, will create positive behavior change in at-risk populations. While the programs in the Compendium and the DEBI program have been effective with a variety of populations, each of these programs may need to be adapted or tailored in order to be appropriate and effective with a new population or community. This section will provide information about adaptation and tailoring in general and suggest specific steps and tools for adapting an intervention.

In future issues we will provide guidelines and tools on adapting and/or tailoring a specific science-based intervention.

## Creating a Common Vocabulary

**Fidelity** refers to implementing an intervention with its core components intact. Adaptation and tailoring an intervention with fidelity means the new intervention must:

- Target the same behavior as the original study,
- Retain all the “core elements,”
- Not add new concepts and,
- Not create a new intervention.

**Adaptation** refers to changes in the target audience or venue in which an intervention takes place. Adaptation is related to the “who” and “where” of an intervention. “**Who**” must be answered before “**where**.” Adaptation questions must be answered prior to tailoring.

**Tailoring** refers to changes in the health message or activity—the “**what**” of the intervention. In addition, it refers to changes in the timing of an intervention—the “**when**” of an intervention.

**Adoption** is different from adaptation. Adoption is a process whereby an agency agrees to implement an intervention as it was originally studied.

## **Actions for Adaptation and Tailoring**

In order to determine the “who, where, what and when” of adaptation and tailoring a CBO or HD will need to understand three things:

- + The target audience,
- + The specific science-based or DEBI intervention that will be implemented and,
- + The resources and capacity of the CBO or HD that will implement the intervention.

Listed below are suggested actions a CBO or HD can take to understand each of these variables.

### **Actions for Understanding the Target Audience**

1. Explore influencing factors that put the target audience at risk and, if necessary, narrow down the population in order to successfully address specific risk behaviors.
2. Interview key informants and stakeholders regarding the target audience’s needs and risks.
3. Conduct ethnographic observations of the target audience and document what is seen regarding influencing factors and risk behaviors.
4. Conduct focus groups with the target audience to identify specific risk behaviors and influencing factors.
5. Gather credible evidence from decision makers regarding the best intervention for the target population.

### **Actions for Understanding the Intervention**

1. Study the intervention to fully understand its core elements and the influencing factors the elements address.
2. Build a blue print of influences and risks of the target audience and those the intervention addresses to determine where there is a match between the two.
3. Pre-test materials and activities to determine if the initial adaptation and/or tailoring successfully address the needs of the target audience.
4. Pilot core elements of the intervention to help determine if the initial adaptation and/or tailoring specifically address the needs of the target audience.

### **Actions for Understanding the Resources and Capacity of the CBO as it relates to Implementing the Science-based Intervention**

1. Determine if the CBO has adequate space to implement the intervention.
2. Identify the staff that has the knowledge and skill to successfully implement the intervention.
3. Determine how staff will be trained in the intervention.
4. Determine what costs will be incurred as staff implement the intervention and decide how these costs will be funded.

5. Review agency's mission statement and priorities to make sure they are consistent with the intervention.
6. Develop a plan for how the intervention will be sustained over time. Consider issues like staff turnover and changes in target audience needs and risk behaviors.

Once a HD or CBO has gathered the information and implemented the actions described above, they will be able to make effective decisions about the needed adaptations and tailoring for the intervention they plan to implement. These decisions will include:

- + Who the intervention will be implemented with?
- + Where the intervention will be implemented?
- + What specific messages and activities will be included in the intervention?
- + How the intervention will be implemented and by whom?
- + When the intervention will be implemented?