



What is Fit?

When selecting a program to implement, it is important to select a program that fits the youth, community, organization, and stakeholders because it increases the likelihood that you will be able to implement the program with fidelity, thereby increasing the likelihood of achieving the desired health outcomes.

Fit refers to how well the program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth).

When considering programs, organizations may realize that a program is not a good match for prospective participants or organizational capacities. The implementing organization may want to adapt the program, or it may be more appropriate to select another potential program to explore further.

Often small changes to a program can and should be made to increase fit, especially when it comes to working with your particular youth participants. Thinking about possible adaptations now will help you implement the program with fidelity and quality and avoid making changes on the spur of the moment that may diminish its effectiveness. Understanding fit can help you identify key changes early and thoughtfully make appropriate adaptations ahead of time.

How to Use the Program Fit Checklist Tool

Healthy Teen Network's Program Fit Checklist Tool helps to walk through the completion of the five steps to assess and select a program that fits:

1. Assess Fit with Participants
2. Assess Fit with Organization
3. Assess Fit with Stakeholders
4. Consider Adaptations to Improve Fit
5. Narrow the List of Potential Programs & Select a Program that Fits

Complete parts 1-4 of this checklist for each program you are assessing for fit. When you have completed the checklist for each potential program, complete part 5 of this checklist, narrowing your list of potential programs based on your assessment. Refer to your needs and resource assessment for much of this information. You may need to obtain additional information to better assess whether a program will fit for your youth, organization & community.

Organization/Community Information

Implementing Organization: _____

Community: _____

Potential Programs: _____

Priority Population (Potential Program Participants): _____

Date: _____ Tool Completed By: _____



Program Name:

Organization Name:

Complete Parts 1-4 of the Tool for each potential Program.

Program Name: _____

1. Assess Fit with Participants

Questions to Consider:

- Have **youth similar to potential participants** been helped by the same program?
- Are the planned activities socially **and developmentally suitable** for the potential participants?
- Are the planned activities **culturally and linguistically suitable**?
- Would the youth we plan to serve **enjoy and attend** the program?

	Program Participants (Youth) Characteristics	Potential Participants (Youth) Characteristics	Is fit sufficient?	Describe potential adaptations needed.
Age	<input type="checkbox"/> 11-13 <input type="checkbox"/> 14-15 <input type="checkbox"/> 16-18	<input type="checkbox"/> 11-13 _____% <input type="checkbox"/> 14-15 _____% <input type="checkbox"/> 16-18 _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Other	<input type="checkbox"/> Caucasian _____% <input type="checkbox"/> Asian/Pacific Islander _____% <input type="checkbox"/> African American _____% <input type="checkbox"/> Native American _____% <input type="checkbox"/> Latino/Hispanic _____% <input type="checkbox"/> Other _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male _____% <input type="checkbox"/> Female _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Socio-economic status	<p><i>Persons In Family Poverty Guideline</i></p> <input type="checkbox"/> 1 \$10,830 <input type="checkbox"/> 2 \$14,570 <input type="checkbox"/> 3 \$18,310 <input type="checkbox"/> 4 \$22,050 <input type="checkbox"/> 5 \$25,790 <input type="checkbox"/> 6 \$29,530 <input type="checkbox"/> 7 \$33,270 <input type="checkbox"/> 8 \$37,010 <small>**The 2010 Poverty Guidelines for the 48 Contiguous States & the District of Columbia</small>	<p><i>Persons In Family Poverty Guideline</i></p> <input type="checkbox"/> 1 \$10,830 _____% <input type="checkbox"/> 2 \$14,570 _____% <input type="checkbox"/> 3 \$18,310 _____% <input type="checkbox"/> 4 \$22,050 _____% <input type="checkbox"/> 5 \$25,790 _____% <input type="checkbox"/> 6 \$29,530 _____% <input type="checkbox"/> 7 \$33,270 _____% <input type="checkbox"/> 8 \$37,010 _____% <small>**The 2010 Poverty Guidelines for the 48 Contiguous States & the District of Columbia</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

	Program Participants (Youth) Characteristics	Potential Participants (Youth) Characteristics	Is fit sufficient?	Describe potential adaptations needed.
Language	<input type="checkbox"/> English Speaker <input type="checkbox"/> Limited-English-Speaker <input type="checkbox"/> Non-English Speaker <input type="checkbox"/> Bilingual/Multilingual	<input type="checkbox"/> English Speaker ____% <input type="checkbox"/> Limited-English-Speaker ____% <input type="checkbox"/> Non-English Speaker ____% <input type="checkbox"/> Bilingual/Multilingual ____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immigration Status	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Undocumented	<input type="checkbox"/> Citizen ____% <input type="checkbox"/> Legal Permanent Resident ____% <input type="checkbox"/> Undocumented ____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual Orientation	<input type="checkbox"/> Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Transsexual <input type="checkbox"/> Other: _____	<input type="checkbox"/> Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Transsexual <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Situations	<input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Runaway/Homeless Youth <input type="checkbox"/> Pregnant/ Parenting Youth <input type="checkbox"/> Special Education Students <input type="checkbox"/> Developmentally Delayed Youth <input type="checkbox"/> Youth in Alternative Schools <input type="checkbox"/> Youth in Juvenile Justice Centers <input type="checkbox"/> Parents of Adolescents <input type="checkbox"/> Other: _____	<input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Runaway/Homeless Youth <input type="checkbox"/> Pregnant/ Parenting Youth <input type="checkbox"/> Special Education Students <input type="checkbox"/> Developmentally Delayed Youth <input type="checkbox"/> Youth in Alternative Schools <input type="checkbox"/> Youth in Juvenile Justice Centers <input type="checkbox"/> Parents of Adolescents <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

	Program Participants (Youth) Characteristics	Potential Participants (Youth) Characteristics	Is fit sufficient?	Describe potential adaptations needed.
Health Literacy	<input type="checkbox"/> Basic Reproductive Anatomy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic Reproductive Anatomy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual Experience	<input type="checkbox"/> Sexually Experienced	<input type="checkbox"/> Sexually Experienced ____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Culture	<i>Consider:</i> <input type="checkbox"/> Language <input type="checkbox"/> Experiences <input type="checkbox"/> Beliefs <input type="checkbox"/> Traditions <input type="checkbox"/> Customs <input type="checkbox"/> Principles <input type="checkbox"/> Practices <input type="checkbox"/> Rituals <input type="checkbox"/> Gender roles <input type="checkbox"/> Sexual behavior <input type="checkbox"/> Medical practices <input type="checkbox"/> Other: _____	<i>Consider:</i> <input type="checkbox"/> Language <input type="checkbox"/> Experiences <input type="checkbox"/> Beliefs <input type="checkbox"/> Traditions <input type="checkbox"/> Customs <input type="checkbox"/> Principles <input type="checkbox"/> Practices <input type="checkbox"/> Rituals <input type="checkbox"/> Gender roles <input type="checkbox"/> Sexual behavior <input type="checkbox"/> Medical practices <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Desired Health Outcomes	<input type="checkbox"/> Reduce pregnancy <input type="checkbox"/> Increase time gap of subsequent pregnancy <input type="checkbox"/> Reduce STIs & HIV	Pregnancy ____% ____:1,000 Birth ____% ____:1,000 Subsequent Pregnancy ____% ____:1,000 Subsequent Birth ____% ____:1,000 <input type="checkbox"/> Reduce STIs & HIV STIs ____% ____:1,000 HIV ____% ____:1,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

	Program Participants (Youth) Characteristics	Potential Participants (Youth) Characteristics	Is fit sufficient?	Describe potential adaptations needed.
Desired Sexual Behaviors	<input type="checkbox"/> Delay sexual initiation <input type="checkbox"/> Increase contraceptive use <input type="checkbox"/> Increase condom use <input type="checkbox"/> Reduce frequency of sex <input type="checkbox"/> Reduce number of sexual partners <input type="checkbox"/> Reduce number of concurrent sexual partners <input type="checkbox"/> Increase time gap between sexual partners <input type="checkbox"/> Increase testing, treatment, & vaccination of STIs/HIV	<input type="checkbox"/> Delay sexual initiation <input type="checkbox"/> Increase contraceptive use <input type="checkbox"/> Increase condom use <input type="checkbox"/> Reduce frequency of sex <input type="checkbox"/> Reduce number of sexual partners <input type="checkbox"/> Reduce number of concurrent sexual partners <input type="checkbox"/> Increase time gap between sexual partners <input type="checkbox"/> Increase testing, treatment, & vaccination of STIs/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Risk & Protective Factors	<input type="checkbox"/> Knowledge about pregnancy prevention <input type="checkbox"/> Knowledge about HIV/STI prevention, transmission, & protection <input type="checkbox"/> Attitudes about using condoms & contraception <input type="checkbox"/> Attitudes about delaying &/or having sexual relations <input type="checkbox"/> Refusal skills & self-efficacy <input type="checkbox"/> Negotiation skills & self-efficacy <input type="checkbox"/> Problem-solving skills & self-efficacy <input type="checkbox"/> Condom use skills & self-efficacy <input type="checkbox"/> Communication skills with parents/ guardians/ other adults <input type="checkbox"/> Connection to school/faith community <input type="checkbox"/> Other: _____	<input type="checkbox"/> Knowledge about pregnancy prevention <input type="checkbox"/> Knowledge about HIV/STI prevention, transmission, & protection <input type="checkbox"/> Attitudes about using condoms & contraception <input type="checkbox"/> Attitudes about delaying &/or having sexual relations <input type="checkbox"/> Refusal skills & self-efficacy <input type="checkbox"/> Negotiation skills & self-efficacy <input type="checkbox"/> Problem-solving skills & self-efficacy <input type="checkbox"/> Condom use skills & self-efficacy <input type="checkbox"/> Communication skills with parents/ guardians/ other adults <input type="checkbox"/> Connection to school/faith community <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

2. Asses Fit with Organization

Questions to Consider:

- Is the program **goal** compatible with the implementing organization's **mission**?
- What do **board, staff, and leadership** think of the potential programs?
- What is the **context/setting** in which the program was delivered (and evaluated) versus the context/setting planned by the implementing organization?
- How **realistic** is the program **dosage** (i.e., number & duration of sessions)?
- Does the implementing organization have the **staff capacity** necessary to implement the program with fidelity?
- Does the implementing organization have the **leadership capacity** necessary to implement the program with fidelity?
- Does the implementing organization have the **partnerships and collaborations** necessary to implement the program with fidelity?
- Does the implementing organization have the **fiscal, resource, and technical capacities** necessary to implement the program with fidelity?

	Program	Implementing Organization	Is fit/ capacity sufficient?	Describe potential adaptations needed and/or plan to increase capacity.
Goal/ Mission	<input type="checkbox"/> Goal	<input type="checkbox"/> Mission <input type="checkbox"/> Vision <input type="checkbox"/> Values	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Context/ Setting	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other: _____ <input type="checkbox"/> Community-Based <input type="checkbox"/> Hospital-Based <input type="checkbox"/> School-Based <input type="checkbox"/> Clinic-Based <input type="checkbox"/> After School <input type="checkbox"/> Residential Center <input type="checkbox"/> Faith-Based <input type="checkbox"/> Other: _____	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other: _____ <input type="checkbox"/> Community-Based <input type="checkbox"/> Hospital-Based <input type="checkbox"/> School-Based <input type="checkbox"/> Clinic-Based <input type="checkbox"/> After School <input type="checkbox"/> Residential Center <input type="checkbox"/> Faith-Based <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dosage	# of sessions: _____ Length of sessions (minutes/hours): _____	# of sessions: _____ Length of sessions (minutes/hours): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Capacity	Adult facilitators: # _____ Youth facilitators # _____ Volunteers # _____	Adult facilitators: # _____ Youth facilitators # _____ Volunteers # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

	Implementing Organization	Is fit/ capacity sufficient?	Describe potential adaptations needed and/or plan to increase capacity.
Staff Capacity	<p><i>Facilitator Qualifications:</i></p> <input type="checkbox"/> Training/Certification <input type="checkbox"/> Level of Education <input type="checkbox"/> Years of Experience <input type="checkbox"/> Communication Skills <input type="checkbox"/> Other: _____ <p>Are facilitators comfortable enough with sexuality topics to effectively deliver the program with fidelity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are facilitators trained/ experienced in working with youth (e.g., group facilitation, abuse/neglect report, CPR, etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the organization have the infrastructure necessary to support delivery of the program with fidelity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the organization have the administrative/support staff necessary to support delivery of the program with fidelity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the organization have the evaluation staff necessary to evaluate the effectiveness and fidelity of program implementation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leadership Capacity	<p>Is the organization prepared to take action on its plan to implement the program with fidelity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How committed is organization leadership to the program?</p> <p>Does leadership support the program staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there clear channels of communication between all leaders involved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How comfortable are organization leaders (e.g., staff and board) with managing controversy and conflict?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

	Implementing Organization	Is fit/ capacity sufficient?	Describe potential adaptations needed and/or plan to increase capacity.
Leadership Capacity (continued)	<p>How competent or experienced are organization leaders with managing controversy and conflict?</p> <p>Does the organization have the project management staff necessary to support delivery of the program with fidelity, including fidelity monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do the leaders involve staff members in decision-making when appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the meeting facilitation effective? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Partners & Collabor- ations	<p>What partners in the community are key to the success of the program?</p> <p>Which of these already provide support for the program?</p> <p>What other stakeholders in the community might support the program if asked?</p> <p>What stakeholders in the community could hinder program implementation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

	Program	Implementing Organization	Is fit/ capacity sufficient?	Describe potential adaptations needed and/or plan to increase capacity.
Fiscal, Resource, & Technical Capacities	<input type="checkbox"/> Cost to Implement Program: _____	<input type="checkbox"/> Program Budget: _____	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Printed materials (including curriculum)	<input type="checkbox"/> Printed materials (including curriculum) Cost: _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Condoms, lubricant	<input type="checkbox"/> Condoms, lubricant Cost: _____		
	<input type="checkbox"/> Contraception kits	<input type="checkbox"/> Contraception kits Cost: _____		
	<input type="checkbox"/> Anatomy models	<input type="checkbox"/> Anatomy models Cost: _____		
	<input type="checkbox"/> Computer/Internet Access/Programs; technical components	<input type="checkbox"/> Computer/Internet Access/Programs; technical components Cost: _____		
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Transportation Cost: _____		
	<input type="checkbox"/> Special trips	<input type="checkbox"/> Special trips Cost: _____		
	<input type="checkbox"/> Staff training	<input type="checkbox"/> Staff training Cost: _____		
	<input type="checkbox"/> Participant incentives/ food	<input type="checkbox"/> Participant incentives/food Cost: _____		
	<input type="checkbox"/> Babysitting/Sibling care	<input type="checkbox"/> Babysitting/Sibling care Cost: _____		
	<input type="checkbox"/> Equipment	<input type="checkbox"/> Equipment Cost: _____		
	<input type="checkbox"/> Space/Location	<input type="checkbox"/> Space/Location Cost: _____		
<input type="checkbox"/> Evaluation materials/ efforts:	<input type="checkbox"/> Evaluation materials/efforts Cost: _____			
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

3. Assess Fit with Stakeholders

Questions to Consider:

- a. Is another group already implementing **similar efforts**?
- b. What is the **level of readiness**, for youth and the community?
- c. What are key stakeholders' **priorities**?

	Questions to Consider	Is fit/capacity sufficient?	Describe potential adaptations needed.
Community Resources	<p>Is another group already implementing similar efforts?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><i>Existing Resources</i></p> <p><input type="checkbox"/> Schools</p> <p><input type="checkbox"/> Colleges & Universities</p> <p><input type="checkbox"/> Community-Based Organizations/Institutions</p> <p><input type="checkbox"/> Faith-based Organizations</p> <p><input type="checkbox"/> Health Departments</p> <p><input type="checkbox"/> Libraries</p> <p><input type="checkbox"/> Social Services</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
Level of Readiness	<p>What is the level of readiness, for youth and the community?</p> <p>Is the community ready to act on the plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Key Stakeholders	<p>Who are key stakeholders (please list/identify)?</p> <p><input type="checkbox"/> Funders:</p> <p><input type="checkbox"/> Policymakers:</p>		

Program Name:

Organization Name:



	Questions to Consider	Is fit/capacity sufficient?	Describe potential adaptations needed.
	<input type="checkbox"/> Community leaders: <input type="checkbox"/> School Board: <input type="checkbox"/> Principals: <input type="checkbox"/> Faith leaders: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What are key stakeholders' priorities (please list)? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:

4. Consider Adaptations to Improve Fit

Questions to Consider:

- Will the potential adaptation(s) **maintain the program's core components**, so the program can be implemented with fidelity?
- Are there any **costs** associated with making the potential adaptation(s)?
- What **staff training** will be required so facilitators can implement the adapted program with fidelity?
- What is the **feasibility** of making the potential adaptation(s)?
- What **materials or information** is needed to make the potential adaptation(s)?

	Description of Potential Adaptation	Maintain Core Components & Fidelity?	Cost	Staff Training Required?	Feasibility of Adaptation?	Materials Needed?
Potential Adaptation	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Potential Adaptation	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Potential Adaptation	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Potential Adaptation	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Potential Adaptation	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Program Name:

Organization Name:

Complete this part of the tool once, as a summary, for each program assessed for fit.

5. Narrow the List of Potential Programs & Select a Program that Fits

Questions to Consider:

- Reconsider each program with information gathered in steps #1-4.
- Narrow list based on information, to determine most appropriate fit.
- Select a program that fits, based on criteria assessed in Steps 1-4, to implement with fidelity.

	Name	Assess Level Fit Based on Information Gathered in Steps 1-4	Recommend for Implementation with Fidelity?	Notes
Potential Program #1	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Potential Program #2	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Potential Program #3	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Potential Program #4	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Name:

Organization Name:



Notes:

Program Name:

Organization Name: