

Assessing Implementation Fidelity of the Guiding Good Choices Program in a Virtual Environment

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Virtual delivery can enhance reach

- Most houses in the US have internet and a computer or device
- Offering interventions online can:
 - enhance reach and thereby, public health impact
 - reduce barriers to attendance
 - reduce costs for organizations





Implementation Fidelity

- The degree to which an intervention is delivered as intended
- High implementation fidelity is associated with better program outcomes***
- Many programs shifted to online delivery during the COVID-19 pandemic
- Few studies have examined implementation fidelity when a program was adapted for virtual delivery

Methods

- Staff in the three healthcare systems received extensive training on GGC
- Two interventionists delivered the program via Zoom – **sometimes third**
- 45 groups delivered across two years (cohorts) during the COVID-19 pandemic



Implementation Fidelity Constructs

Attendance

How much of the intervention did participants receive?

Dosage

How much of the intervention was delivered?

Adherence

How much of the core components were covered?

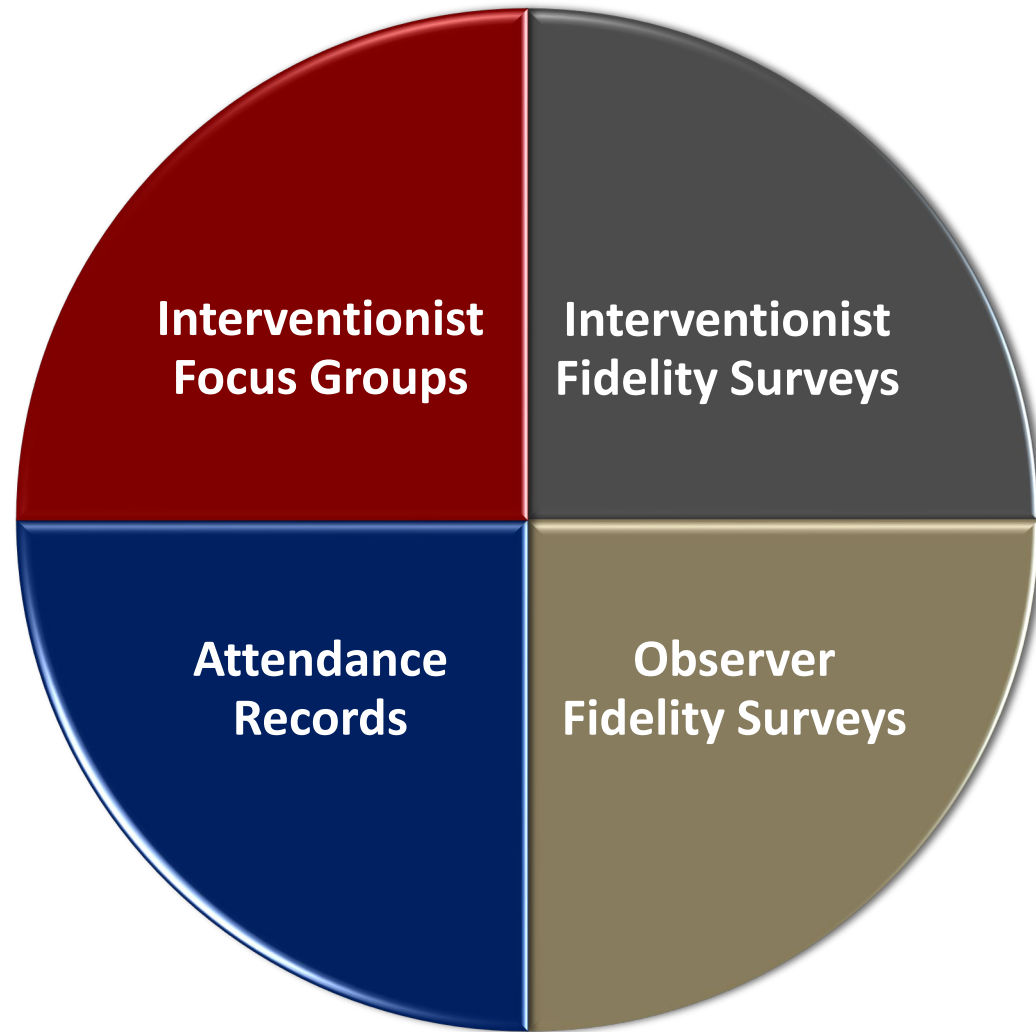
Quality of Delivery

How competent and effective were providers in delivering the material?

Participant Engagement

How active and engaged were participants?

Mixed Methods

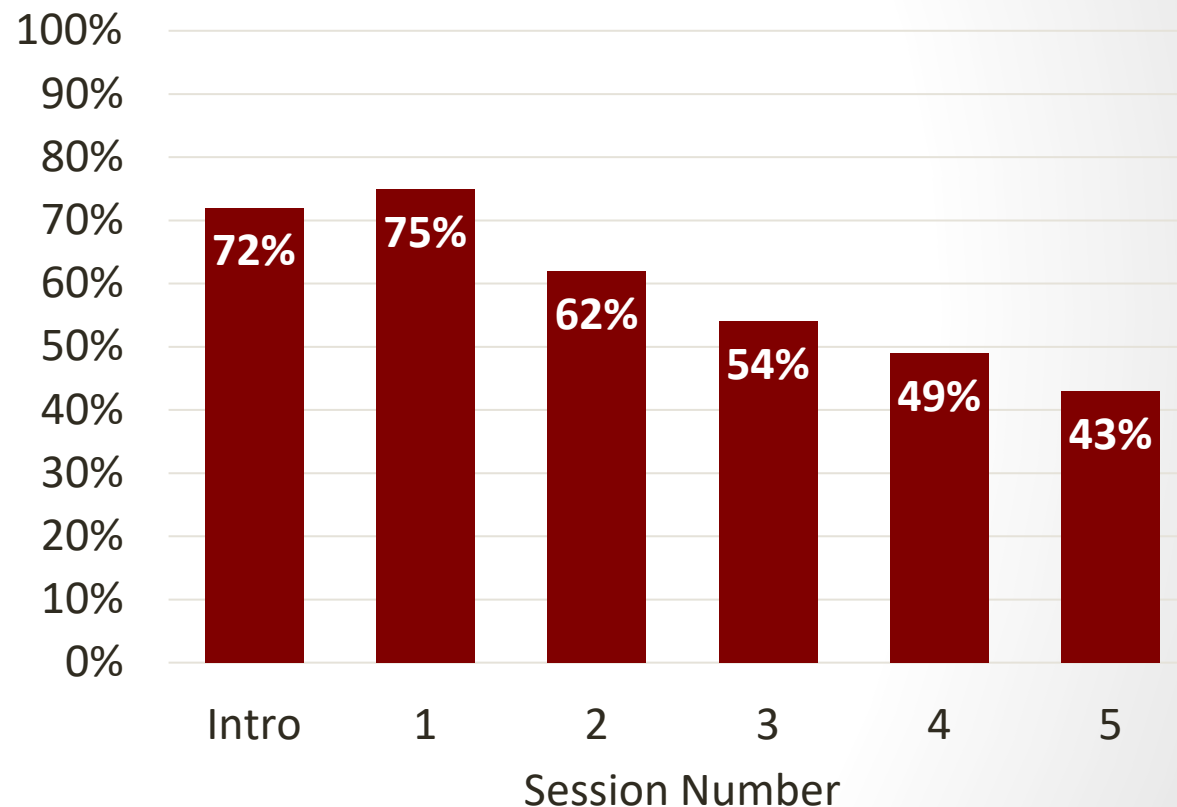


Observations only occurred for sessions 2, 3, and 5

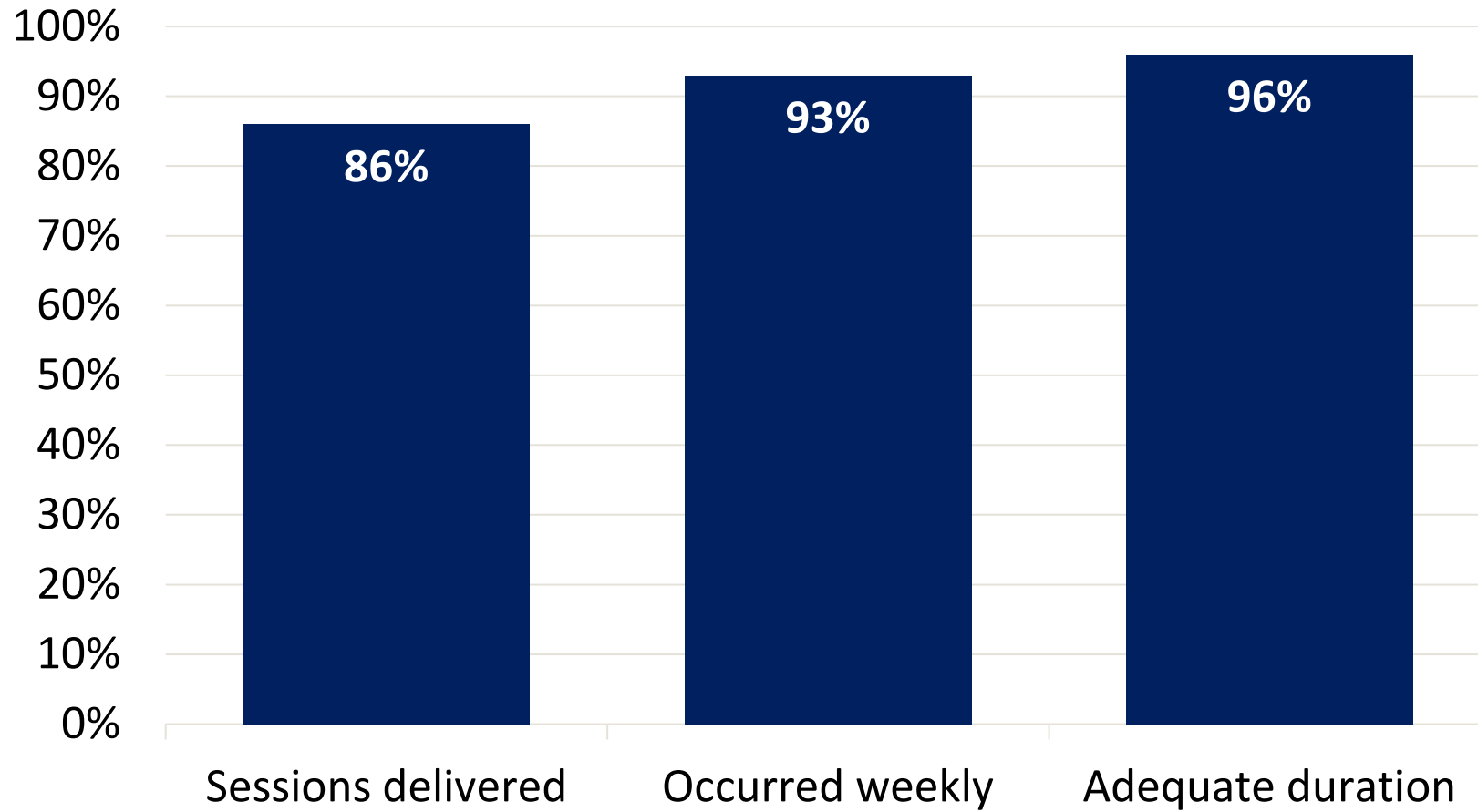
Attendance

- 485 families enrolled in GGC
- 292 families (60.2% of enrolled) attended at least one session
- Among attendees, families attended (on average) 3.5 out of 6 sessions
- 53.1% of families attended the majority of the program (4+ sessions)
- Attendance declined as the program went on

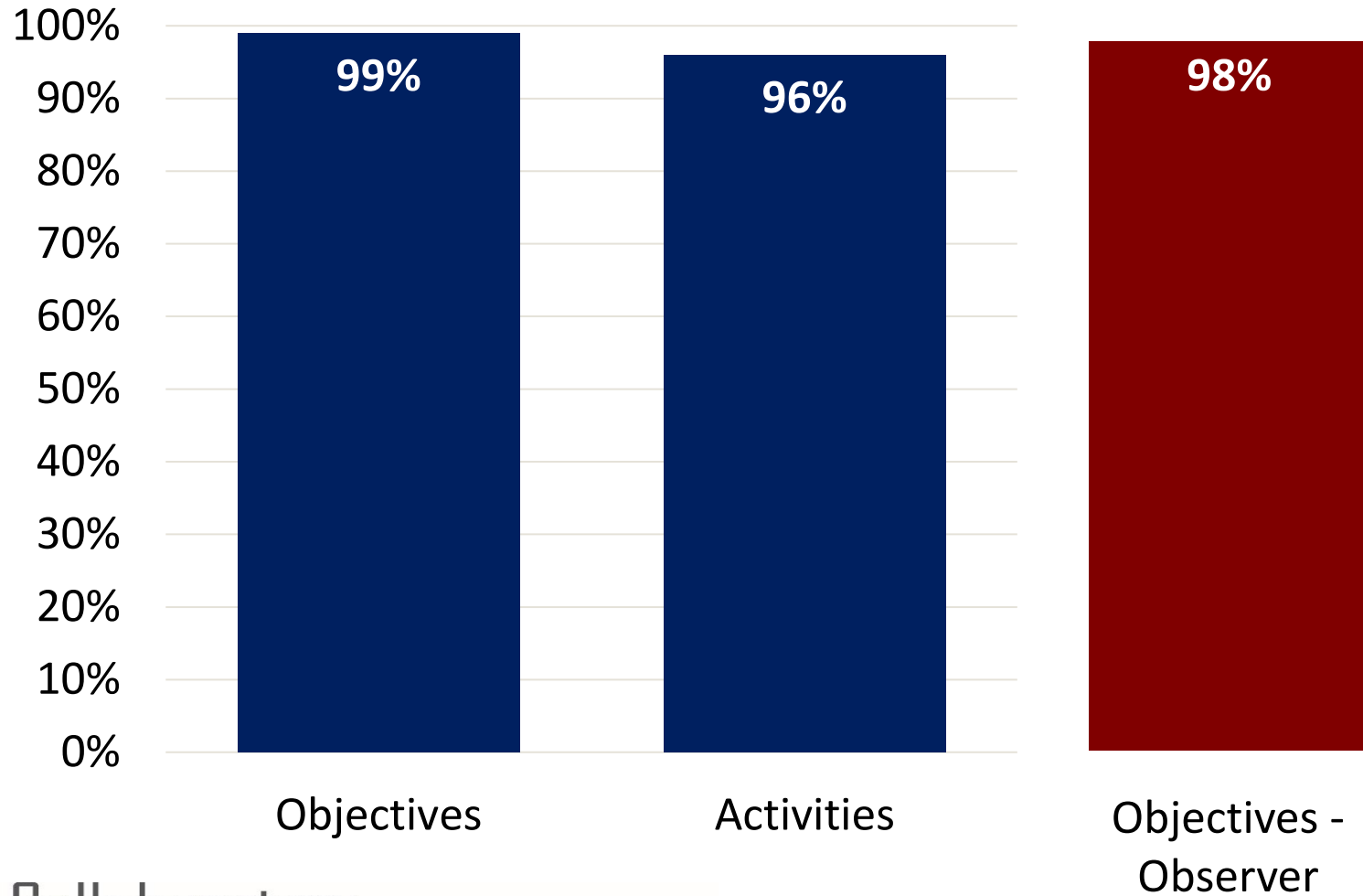
Percent of Attendees at Each Session



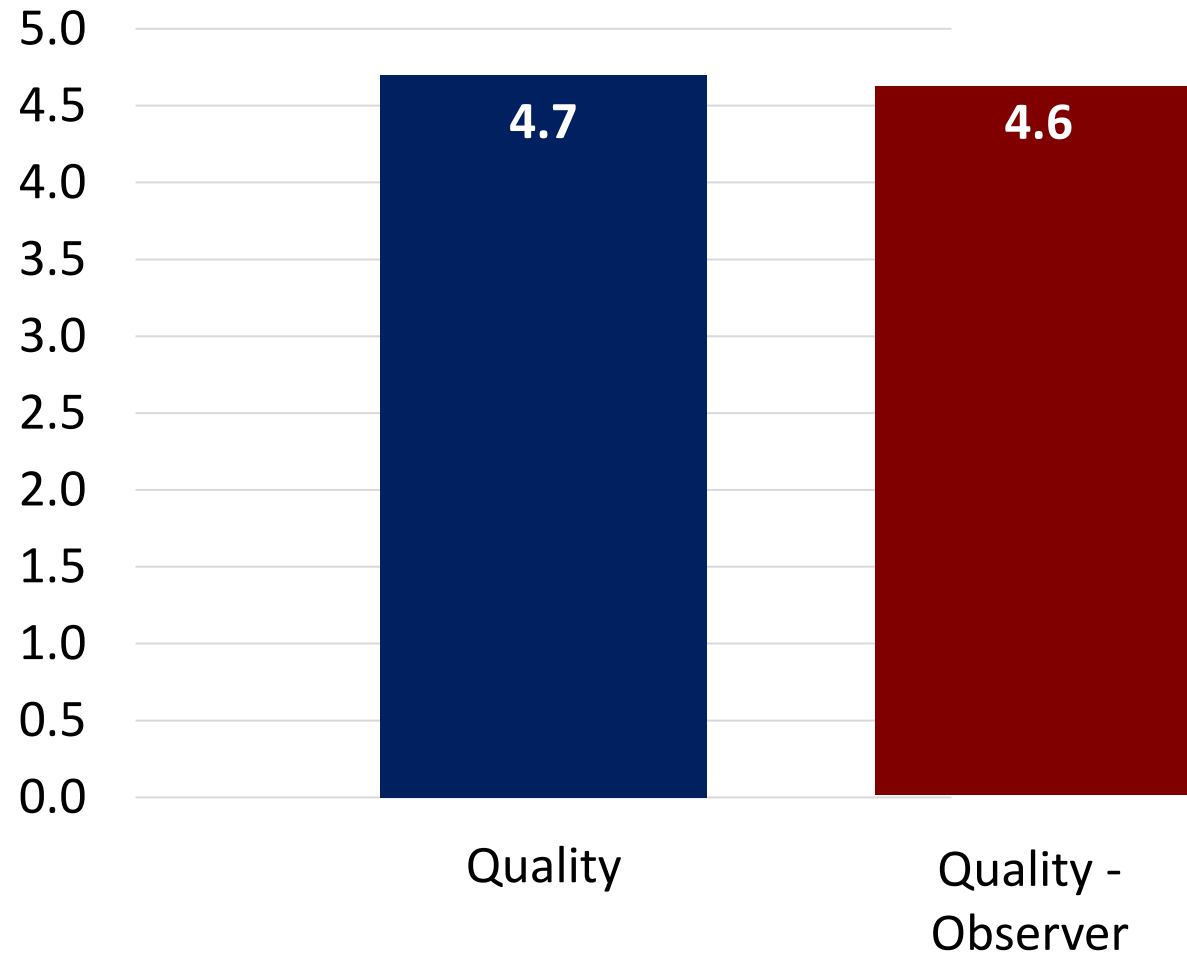
Dosage



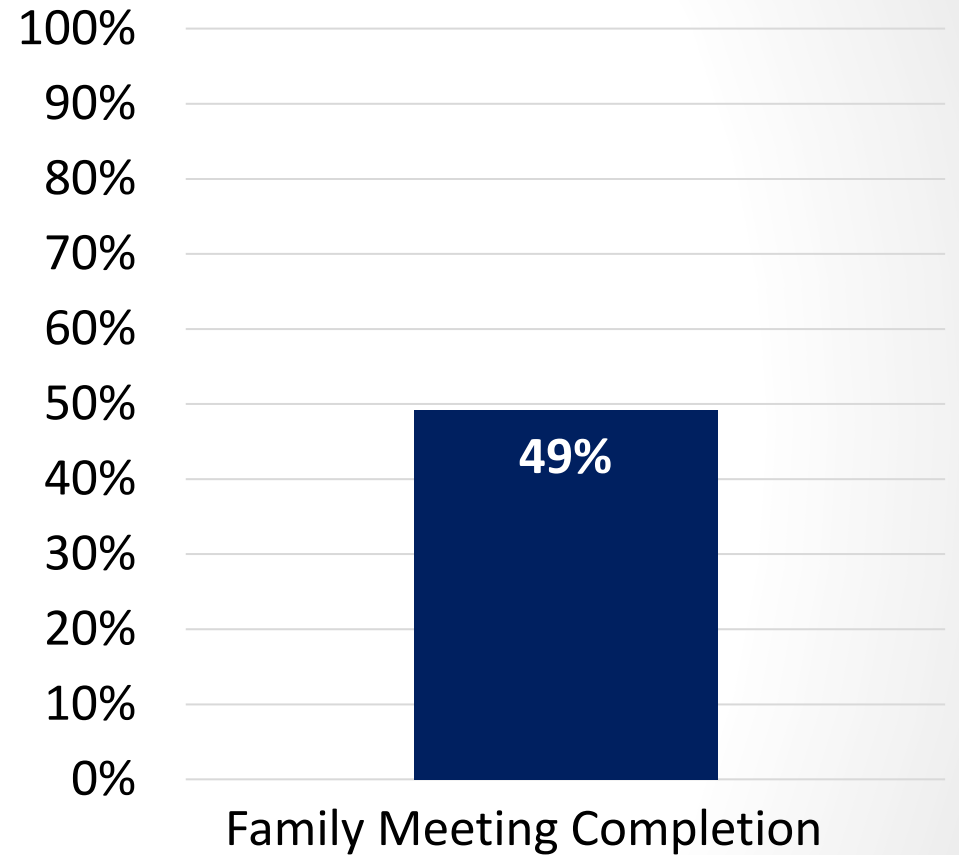
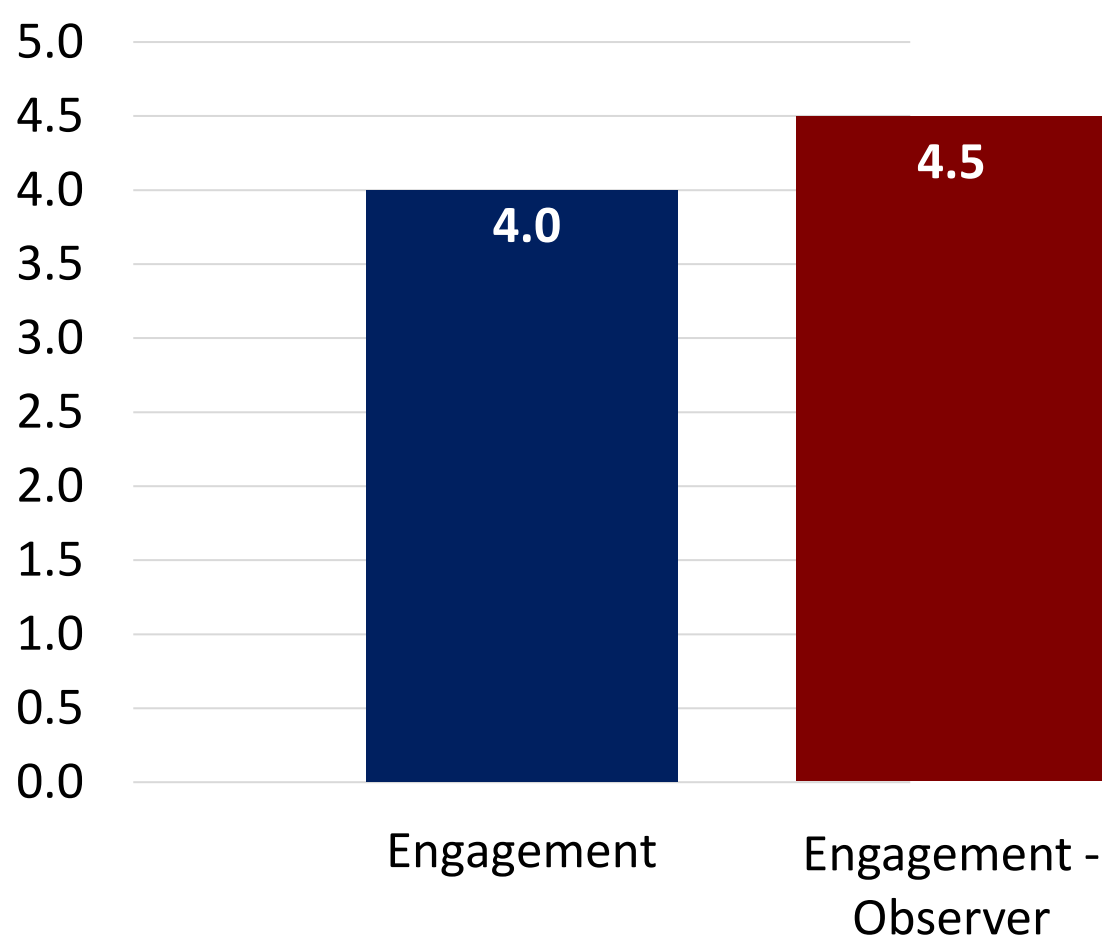
Adherence



Quality of Delivery



Participant Engagement



Interventionist Perspectives on Fidelity

Dosage & Attendance	Adherence	Delivery Quality	Participant Engagement
<ul style="list-style-type: none">• 2-hr. sessions big time commitment• Attendance drop off	<ul style="list-style-type: none">• Sometimes modified activities — skipped videos or breakout rooms — but generally not core material• Material condensed due to time	<ul style="list-style-type: none">• Improved over time• Valued practice and ongoing support	<ul style="list-style-type: none">• Parent bonding and engagement• Parent retention and youth engagement• Additional content could motivate parents (e.g., social media)

Two hours...was **more than most people were comfortable** committing to

...If we're running low on time, I'll **just give the examples... instead of asking [them to provide examples]** and... waiting for responses

I felt like **we got better as we went along**, and we were **just so much better by the end**

[One of the biggest strengths is] **probably parents talking to each other** because a lot of them, especially during COVID, they just stopped connecting with other people socially

Key Takeaways

- GGC can be delivered with high fidelity virtually in a primary care setting
- Similar levels of fidelity when compared to previous studies of GGC delivered in-person
- Training and ongoing support are important
- Fostering bonding and engagement in an online environment
 - Specific examples to foster bonding and engagement: Breakout rooms, activities
- Strategies to improve participation and retention
 - Still see impact
 - Look at in person attendance



Thank you!

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