

Strategy Fit Test

This form will help the service area determine if the proposed service meets the “good fit” criteria. This tool is best utilized when done in collaboration with local community stakeholders or coalitions.

What approval category does this service (EBP) fall under? *(Select one of the following options):*

- **Pre-approved by the Agency (included in this guide)**
- **Not pre-approved (email basprevention@hhs.iowa.gov to request form and details)**

Who is the population of focus for this service?

Which of the intervening variables(s) will this service impact?

Which of the underlying condition(s) will this service impact?

Complete a theoretical “If-Then” proposition for this service

Demonstrate that the community has the readiness and capacity to effectively implement this service.
(Practical fit)

Will this service be implemented as intended in the community?

- ☐ Yes, this strategy will be implemented as intended.
- ☐ No, some changes will be made to how this strategy is implemented (discuss below).

Is this strategy culturally appropriate and culturally relevant for the population of focus?

- ☐ Yes, this strategy is culturally appropriate and relevant as intended; and/or
- ☐ Yes, but it has been modified to make it more culturally appropriate and relevant for the service area (discuss below).

What will be needed to sustain the outcomes of the strategy in the service area beyond the grant funding?

- ☐ Additional funding
- ☐ Strong support from stakeholders
- ☐ Additional outcome data
- ☐ Other, please specify: