## Supplemental File. Guidance on tailoring capacity building contingent on salient variations with citation to sources

<b>Salient Variation</b>	Guidance for Tailoring Capacity Building		
Factor	EBI Selection/Marketing	CB Structure & Types (in addition to Training, TA, Tools)	CB Focus
EBI: Complexity  1-4  EBI: Uncertainty	When high Select a different EBI. Market EBIs in formats that promote their adaptability and triability. <sup>2,5,6</sup> When low	When high Provide more CB (dose) than when lower. <sup>7</sup> When high	When high Focus on capacity to assess local contexts, select and adapt EBIs to fit context, and develop infrastructure to manage interdependency. 4,8 9 When low
3,9-13	Select standardized EBIs. <sup>9</sup> When high Select broad, flexible EBIs. 3,9,14	Provide more CB (dose) than when lower. <sup>7</sup> Strengthen CB provider/recipient collaboration. <sup>7,9,11</sup> Facilitate peer networking. Assess and provide feedback on performance. <sup>10,13</sup>	Focus on capacity to adapt to local context, and implement with fidelity. <sup>9</sup> When high  Focus on capacity to engage stakeholders, facilitate ongoing and open communication, collect local data, develop a shared understanding of problem, and collectively formulate an intervention plan. 3,5-7,9,10
Context: Setting's Decision-making structure <sup>10,15,16</sup>		When hierarchical, centralized Tailor and deliver CB to those working at different levels of the organization (target audience). 4,17,18  When horizontal, decentralized Deliver CB to the coalition or team (target audience) that will plan and implement the EBI. 19,20	When hierarchical, centralized Focus on organizational leaders' capacity to adopt and support the intervention; middle managers' capacity to implement, supervise, and sustain the intervention; and practitioners' capacity to deliver the intervention. 4,17,18 When horizontal, decentralized Focus on capacity to engage partners and to facilitate collaborative decision making. 19,20

EBI = Evidence-based Intervention, TA = Technical Assistance, CB = Capacity Building

Table 3. (continued)

Salient Variation	Guidance for Tailoring Capacity Building		
Factor	EBI Selection/Marketing	CB Structure & Types (in addition to Training, TA, Tools)	CB Focus
Context:	When low	When low	When low
Setting's Overall capacity 11,12,21	Select EBIs that embed change in existing technologies or operating procedures. <sup>4</sup>	Efforts to build capacity to adopt and implement EBIs may not be successful. 9,11,12,14	Focus on building overall capacity prior to focusing on EBIs. <sup>4</sup>
Context: EBI-	When poor fit	When poor fit	When poor fit
<b>Setting Resources Fit</b> 1- 3,15,17,21-24 13,18	If possible, select an EBI that provides a better fit.	Provide <i>incentives</i> (funding or inkind resources) to build capacity.	Focus on capacity to adapt EBI and/or acquire additional resources. <sup>7,15</sup>
Context: EBI-	When poor fit	When poor fit	When poor fit
Setting Values Fit 11,19,22 21,23 13,16,18	Select an EBI that provides a better fit. Reframe EBI marketing.	Strengthen CB provider/recipient collaboration. Facilitate peer networking. Assess and provide feedback on performance. 8,13,16,21	Focus on capacity (motivation) to adopt and implement EBIs. <sup>8</sup>
Context:	When polarized	When polarized	When unified
Stakeholder Unity/	Select an EBI that provides a better fit.	Provide more CB ( <i>dose</i> ) than when lower. <sup>7</sup>	Focus on capacity for a technical, rational approach to adoption/implementation. <sup>19,25</sup>
Polarization 18,19,25	Reframe EBI marketing.		When polarized
			Focus on capacity for strategic and political approaches to
	/		adoption/implementation. 19,25

Variation in CB type/structure are italicized. EBI = Evidence-based Intervention, TA = Technical Assistance, CB = Capacity Building

- 1. Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4, 50.
- 2. Atun, R., de Jongh, T., Secci, F., Ohiri, K., & Adeyi, O. (2010). Integration of targeted health interventions into health systems: a conceptual framework for analysis. *Health Policy Plan*, 25(2), 104-111.
- 3. Lanham, H. J., Leykum, L. K., Taylor, B. S., McCannon, C. J., Lindberg, C., & Lester, R. T. (2013). How complexity science can inform scale-up and spread in health care: Understanding the role of self-organization in variation across local contexts. *Social Science & Medicine*, *93*, 194-202.
- 4. Scheirer, M. A. (2013). Linking sustainability research to intervention types. *American Journal of Public Health*, 103(4), e73-80.
- 5. May, C. R., Finch, T., Ballini, L., MacFarlane, A., Mair, F., Murray, E., . . . Rapley, T. (2011). Evaluating complex interventions and health technologies using normalization process theory: development of a simplified approach and webenabled toolkit. *BMC Health Services Research*, 11, 245.
- 6. May, C. R., Mair, F., Finch, T., MacFarlane, A., Dowrick, C., Treweek, S., . . . Montori, V. M. (2009). Development of a theory of implementation and integration: Normalization Process Theory. *Implementation Science*, *4*, 29.
- 7. Le, L. T., Anthony, B., Broheim, S. M., Holland, C. M., & Perry, D. F. (2014). A technical assistance model for guiding service and systems change. *Journal of Behavioral Health Services & Research*, *1*-15.
- 8. Leeman, J., Baernholdt, M., & Sandelowski, M. (2007). Developing a theory-based taxonomy of methods for implementing change in practice. *Journal of Advanced Nursing*, 58(2), 191-200.
- 9. Snowden, D. J., & Boone, M. E. (2007). A leader's framework for decision making. *Harvard Business Review*, November, 1-9. 10.
- 10. DeGroff, A., Schooley, M., Chapel, T., & Poister, T. H. (2010). Challenges and strategies in applying performance measurement to federal public health programs. *Evaluation and Program Planning*, 33(4), 365-372.
- 11. Elwyn, G., Taubert, M., & Kowalczuk, J. (2007). Sticky knowledge: a possible model for investigating implementation in healthcare contexts. *Implementation Science*, 2, 44.
- 12. Kitson, A. L., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K., & Titchen, A. (2008). Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. *Implementation Science*, *3*, 1.
- 13. Yuan, C. T., Nembhard, I. M., Stern, A. F., Brush, J. E., Jr., Krumholz, H. M., & Bradley, E. H. (2010). Blueprint for the dissemination of evidence-based practices in health care. *Issue Brief (Commonwealth Fund)*, 86, 1-16.

- 14. Dreisinger, M. L., Boland, E. M., Filler, C. D., Baker, E. A., Hessel, A. S., & Brownson, R. C. (2012). Contextual factors influencing readiness for dissemination of obesity prevention programs and policies. *Health Education Research*, 27(2), 292-306.
- 15. Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., . . . Saul, J. (2008). Bridging the gap between prevention research and practice: the interactive systems framework for dissemination and implementation. *Amercian Journal of Community Psychology*, 41(3-4), 171-181.
- 16. Rogers, E. M. (2003). Diffusion of Innovations. New York: Free Press.
- 17. Fixsen, D.L., Naoom, S. F., Blasé, K. A., & Friedman, R. M. (2005). Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida, The National Implementation Research Network.
- 18. Weiner, B. J. (2009). A theory of organizational readiness for change. Implementation Science, 4, 67.
- 19. Contandriopoulos, D., Lemire, M., Denis, J. L., & Tremblay, E. (2010). Knowledge exchange processes in organizations and policy arenas: a narrative systematic review of the literature. *Milbank Quarterly*, 88(4), 444-483.
- 20. Clavier, C., Senechal, Y., Vibert, S., & Potvin, L. (2012). A theory-based model of translation practices in public health participatory research. *Sociology of Health & Illness*, *34*(5), 791-805.
- 21. Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Quarterly*, 82(4), 581-630.
- 22. Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41(3-4), 327-350.
- 23. Mendel, P., Meredith, L. S., Schoenbaum, M., Sherbourne, C. D., & Wells, K. B. (2008). Interventions in organizational and community context: a framework for building evidence on dissemination and implementation in health services research. *Adminstration and Policy in Mental Health*, 35(1-2), 21-37.
- 24. Ogilvie, D., Cummins, S., Petticrew, M., White, M., Jones, A., & Wheeler, K. (2011). Assessing the evaluability of complex public health interventions: five questions for researchers, funders, and policymakers. *Milbank Quarterly*, 89(2), 206-225.
- 25. Denis, J. L., Hebert, Y., Langley, A., Lozeau, D., & Trottier, L. H. (2002). Explaining diffusion patterns for complex health care innovations. *Health Care Management Review*, 27(3), 60-73.