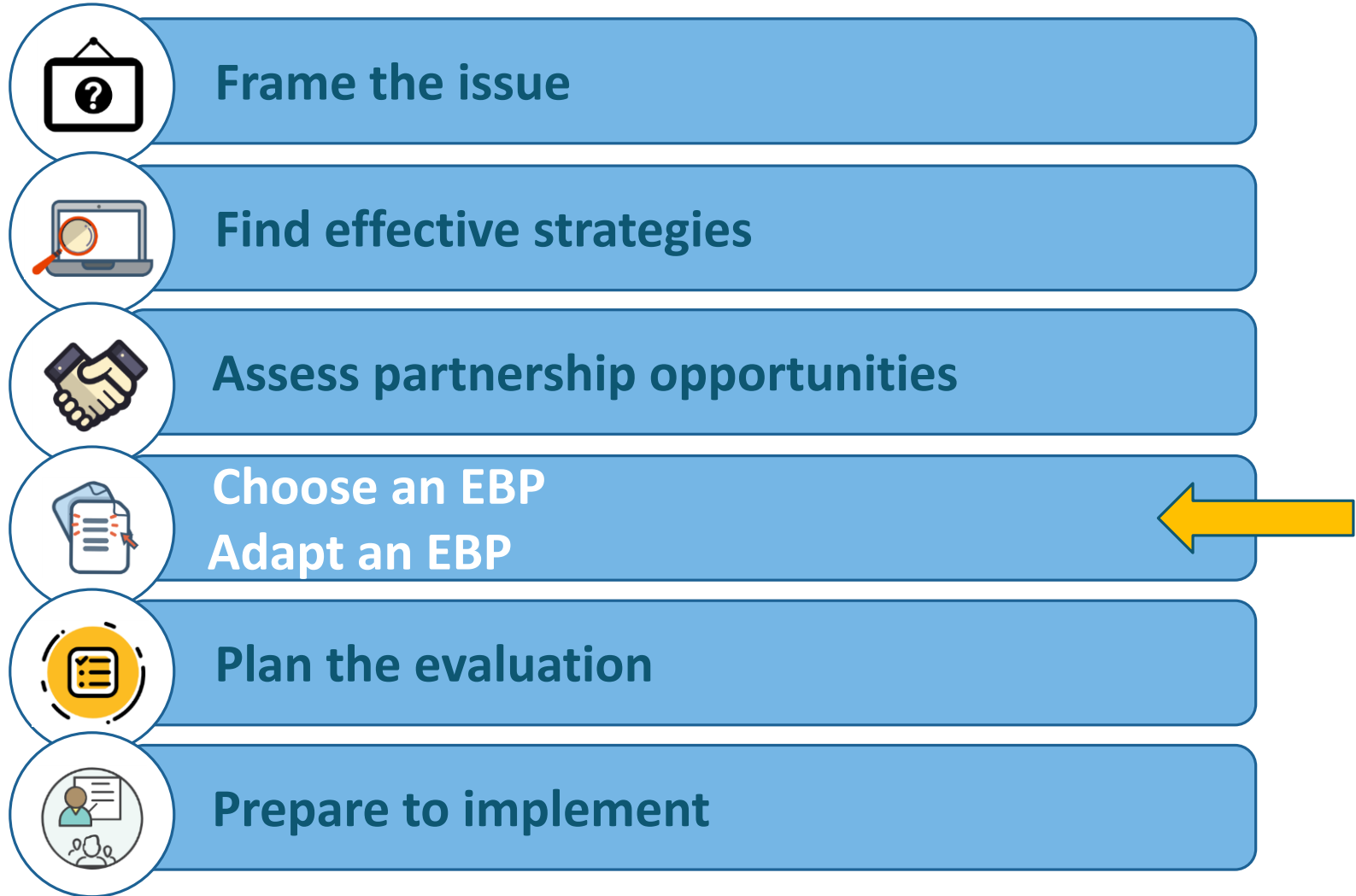


Step 4: Choose and adapt an EBP



Two complementary stages

Step 4a:

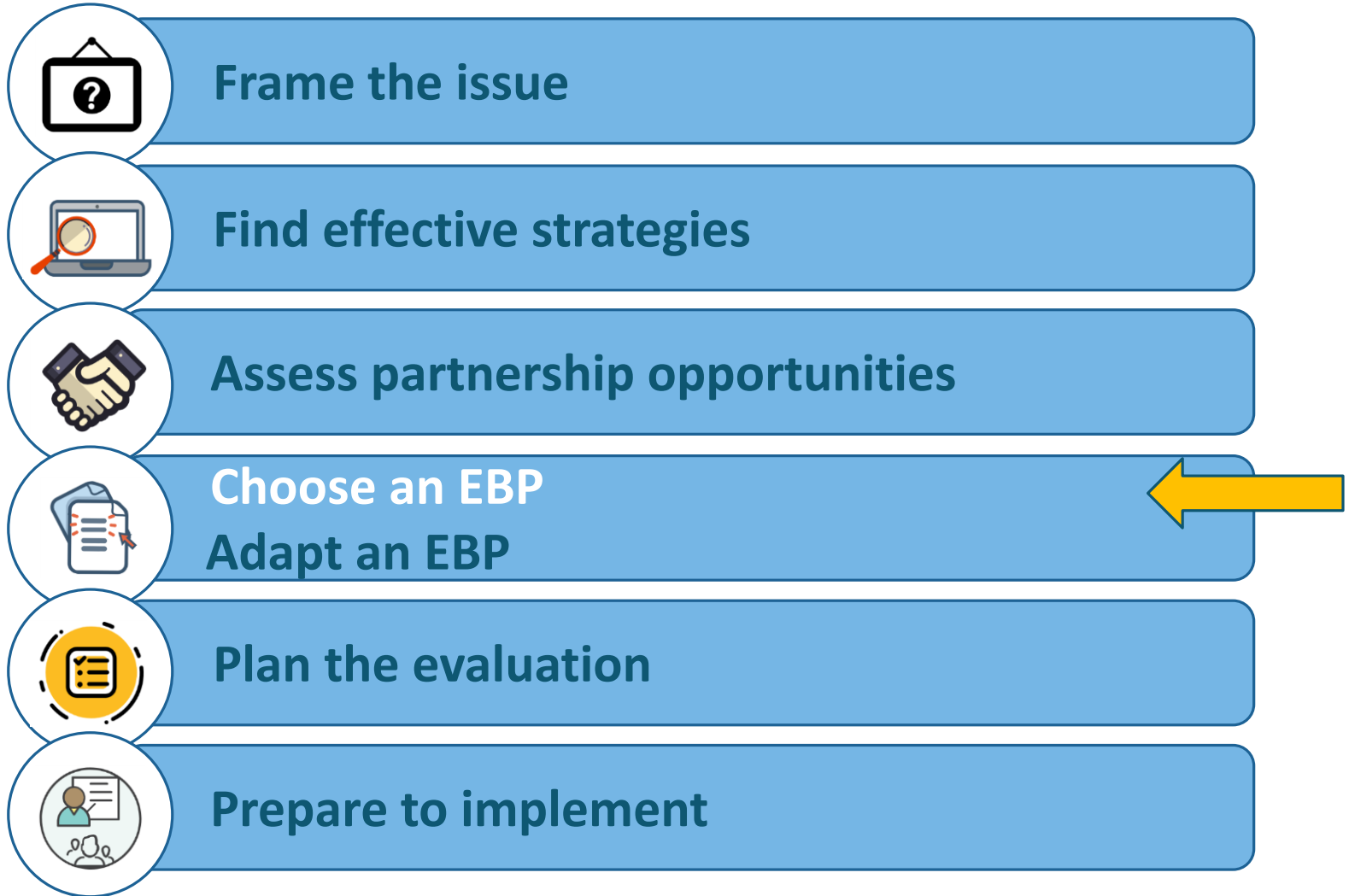
CHOOSE

Step 4b:

ADAPT



Step 4a: Choose an EBP



Step 4a



As we **choose an evidence-based program**, we will

- Create program goals
- Create program objectives
- Consider criteria to choose an EBP

Goals and objectives

Goals



WHO will be affected

WHAT will change after the program

HOW the goals will be achieved

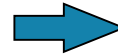
S—Specific

M—Measurable

A—Achievable

R—Realistic

T—Time-framed



Objectives

Example: SMART objectives

Non-SMART objective:

Increase knowledge
about preventing
opioid deaths



SMART objective:

Improve knowledge
of the actions to
take if you see an
opioid overdose
among **70%** of
program participants
in **Boston** over **2**
years



Goals for HPV vaccine initiative

Goal 1. To increase awareness and knowledge of community members about HPV and its consequences.

- *Objective 1.* At least 80% of participants understand the 5 key training points in 1 year
 - Ex: HPV affects both men and women
- *Objectives 2, 3...*

Goal 2. To increase community members' knowledge about the HPV vaccine.

Program fit



How do we choose a program when we have to “juggle” and prioritize our resources and assets?



Other search methods

- Literature searches
- Web searches to find trusted sources
 - e.g., CDC or a professional society
- Opportunity for partnership



Compare EBPs



Planet Hot Tip: Find this tool on the portal!

Fit Criteria	Assessment Findings/Priorities	EBP 1	Does this fit your audience?			EBP 2	Does this fit your audience?		
			Yes	Some	No		Yes	Some	No
Health Topic/Problem									
Goals & Objectives									
Audience									
Organization/Partner Community Capacity and Resources									
Level of Adaptation									

Demonstration: Search strategy

Research-Tested Intervention Programs (RTIPs)

Home Search for Programs Submit a Program Topic Areas Tools and Resources About

Moving from Research to Programs for People



Search from 189 Evidence-Based Intervention Programs

RTIPs is a searchable database of evidence-based cancer control interventions and program materials and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.

SEARCH CURRENT PROGRAMS



Program Submission

We are interested in continuing to add to the current listing of the evidence-based programs on the RTIPs website and appreciate your consideration of submitting your program.

For more information on evidence-based program submission, read the [RTIPs Submission and Review Process: A Guide for Program Developers](#)

SUBMIT A PROGRAM



Research to Reality

[Search Research to Reality \(R2R\)](#), NCI's online community of practice that links cancer control practitioners and researchers, for collaboration, cyber-seminars, and discussions. Users can connect with researchers about their RTIPs interventions on R2R.

LEARN MORE



RTIPs Connects with Research Reviews

The [Guide to Community Preventive Services](#) (the Community Guide) provides guidance on the effectiveness of types of interventions, which may include interventions found on RTIPs. [Systematic reviews](#) are conducted by the [Task Force](#) on Community Preventive Services who uses the findings as the basis for their recommendations for practice, policy and future research.

READ MORE



Resource for Adaptation and Implementation

[Putting Public Health Evidence in Action](#): The Cancer Prevention and Control Research Network (CPCRN) has created an interactive training curriculum to support community program planners and health educators in developing skills in using evidence-based approaches.

READ MORE

New programs on RTIPs

HPV Vaccination
Promoting HPV Vaccination Among American Indian Girls
Post date: March, 2018

Cervical Cancer Screening
The Gateway to Health: A Cervical Cancer Screening Program for Korean Women
Post date: February, 2018

New evidence-based programs are released periodically. Please check for updates.

News and Announcements


RTIPs Highlighted at University of Kentucky

Compare EBPs



Fit Criteria	Assessment Findings/Priorities	EBP 1: 1-2-3 Pap	Fit?	EBP 2: ACOG	Fit?
Health Topic/ Problem	HPV	HPV	Yes	HPV	Yes
Goals & Objectives	Improve knowledge and intention re: vaccine	Focuses on vaccine series completion (those who already received first HPV shot)	No	Increases knowledge and receptivity	Yes
Audience	Boys and girls from Greater Boston and Greater Lawrence	Young adult women in rural Appalachian Kentucky	No – images and content tailored for very different population	Black and Hispanic Caregivers in northern Florida	No – different state, population
Organization/Partner Community Capacity and Resources	Need a simple, low-cost program	DVD – easy to use	Yes	PowerPoint	Yes – just need a trained facilitator
Level of Adaptation	Many adaptations required for culture, setting, etc.	Difficult and costly to adapt a DVD	No	Can adapt PowerPoint slides (content/format) with limited resources	Yes

Selected HPV EBP



ACOG District XII
THE AMERICAN CONGRESS OF
OBSTETRICIANS AND GYNECOLOGISTS

FLORIDA

Preventive Care and Sexual Health Information for Tweens and Teens

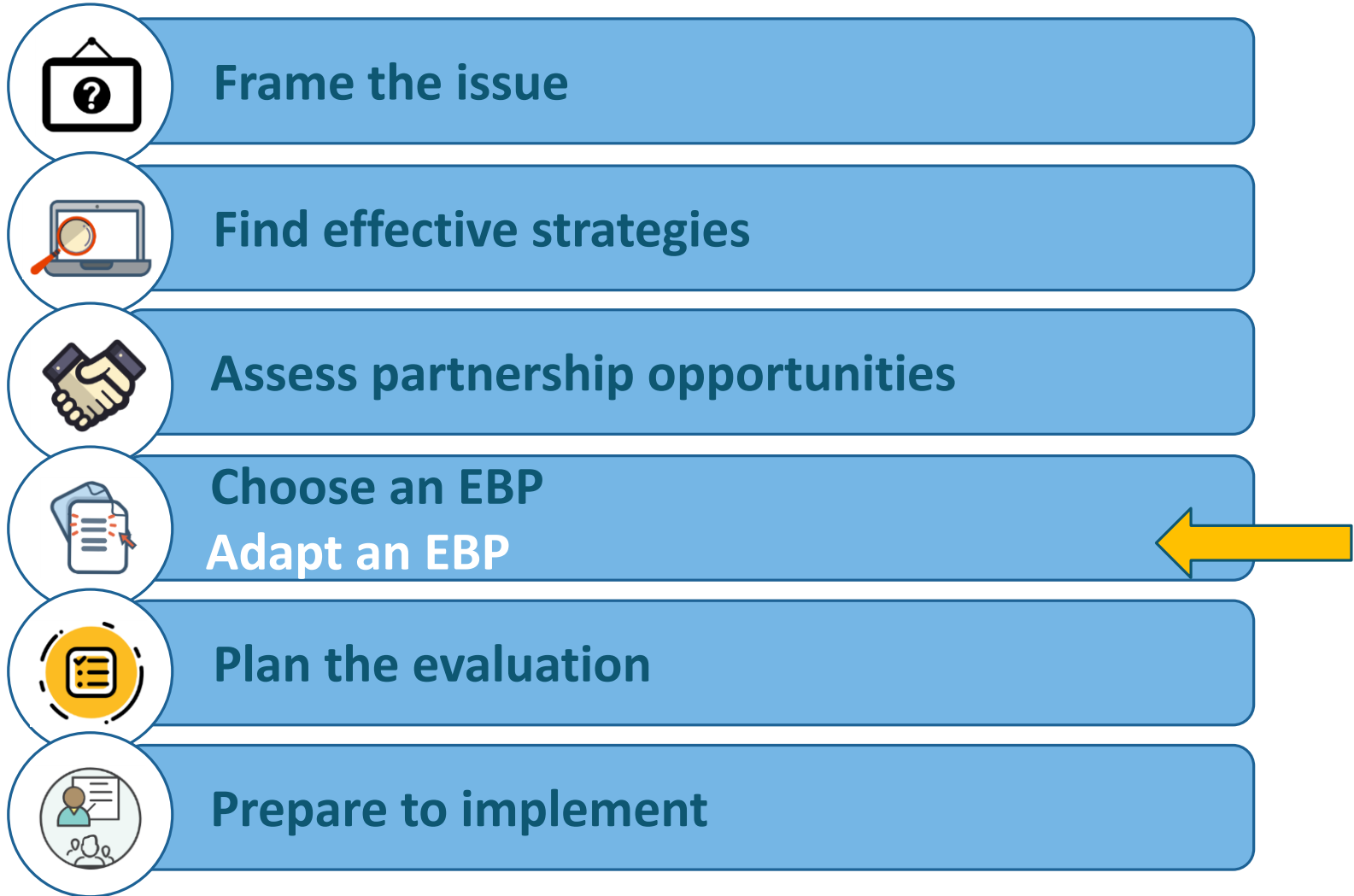
Developed by:
ACOG District XII
Health Care for Underserved Women Committee

Workshopping opportunity

Think about the health topic that you chose for your organization.

Using the [PLANET MassCONNECT](#) web portal and [EBP comparison tool](#), select one program that would be the best for your organization.

Step 4b: Adapt an EBP





Step 4b

As we **adapt the program**, we will learn to

- Make our chosen program more relevant, while staying true to the program design
- Be strategic when changing elements of the program
- Pilot test changes we have made

A balancing act

EBPs may be tested and proven effective...in settings unlike ours

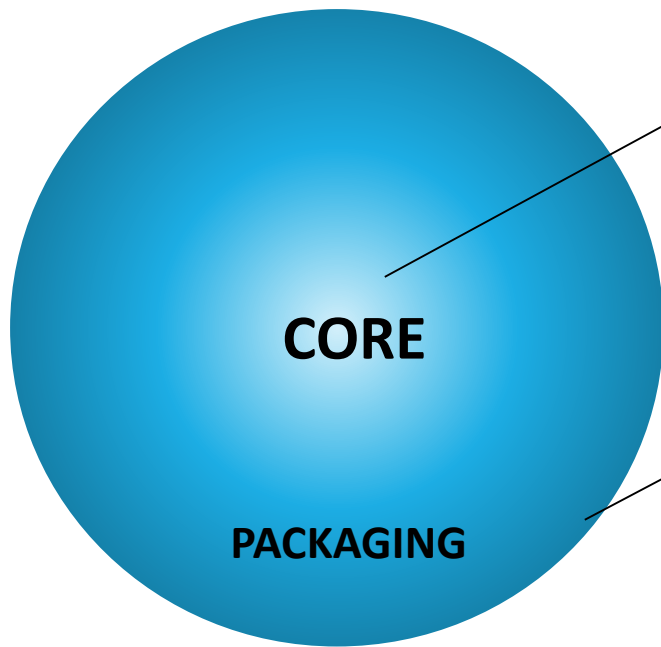
Original program



Local expertise,
available
resources

Make adjustments to
increase impact!

What can we change?



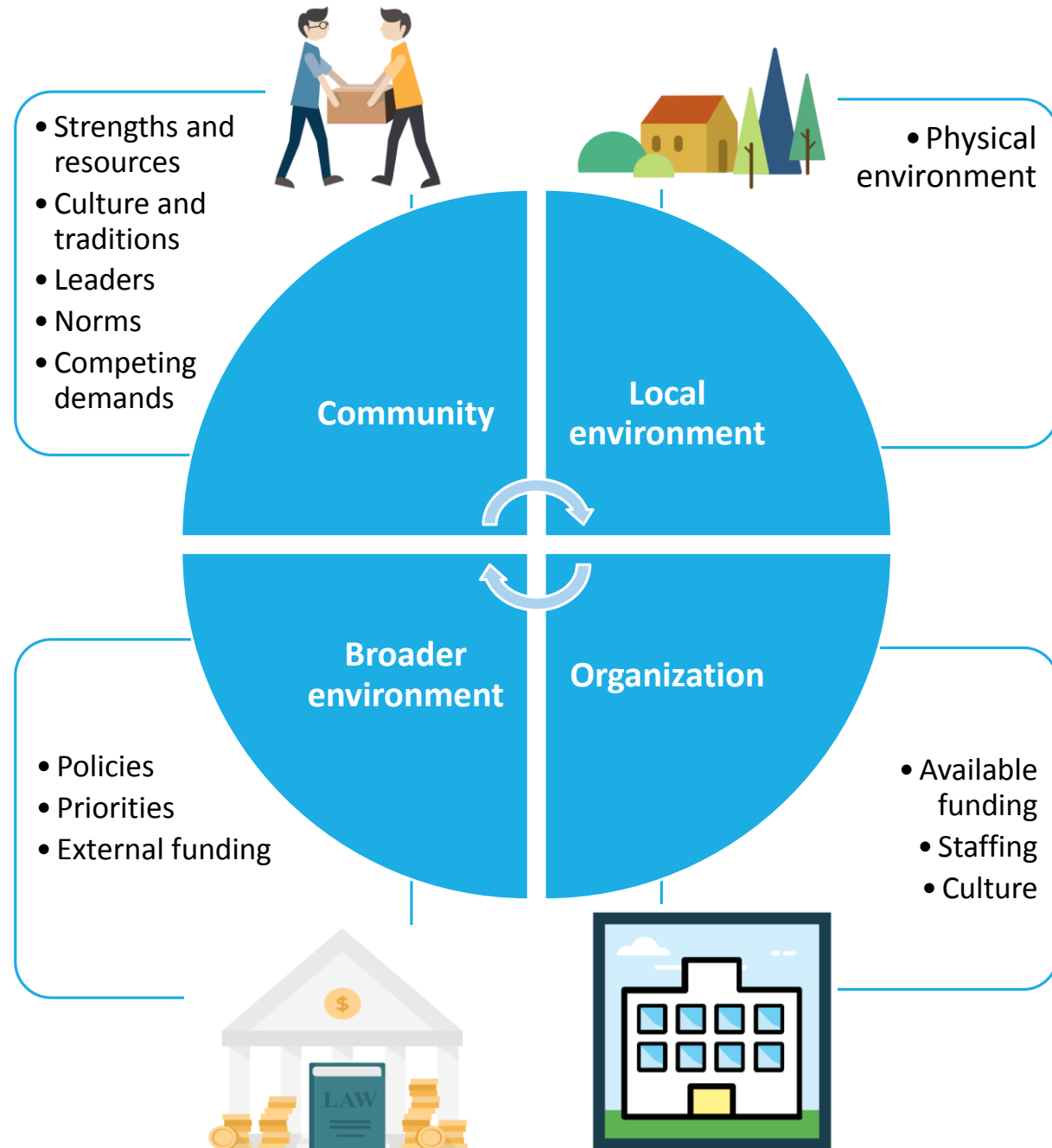
Essential features that make the EBP work

The details (e.g., what materials look like, how you recruit participants)



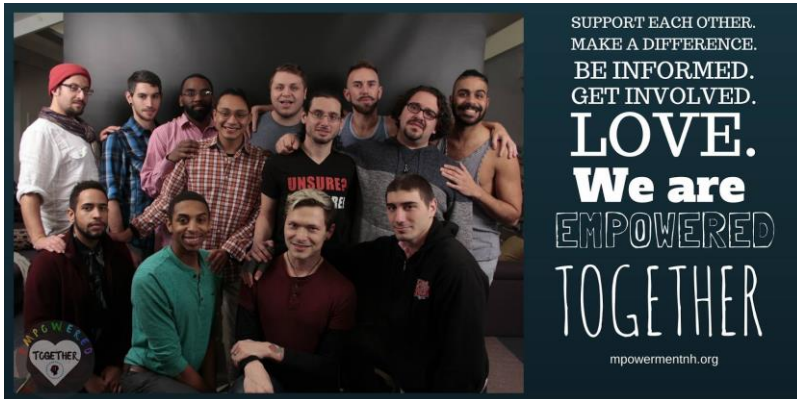
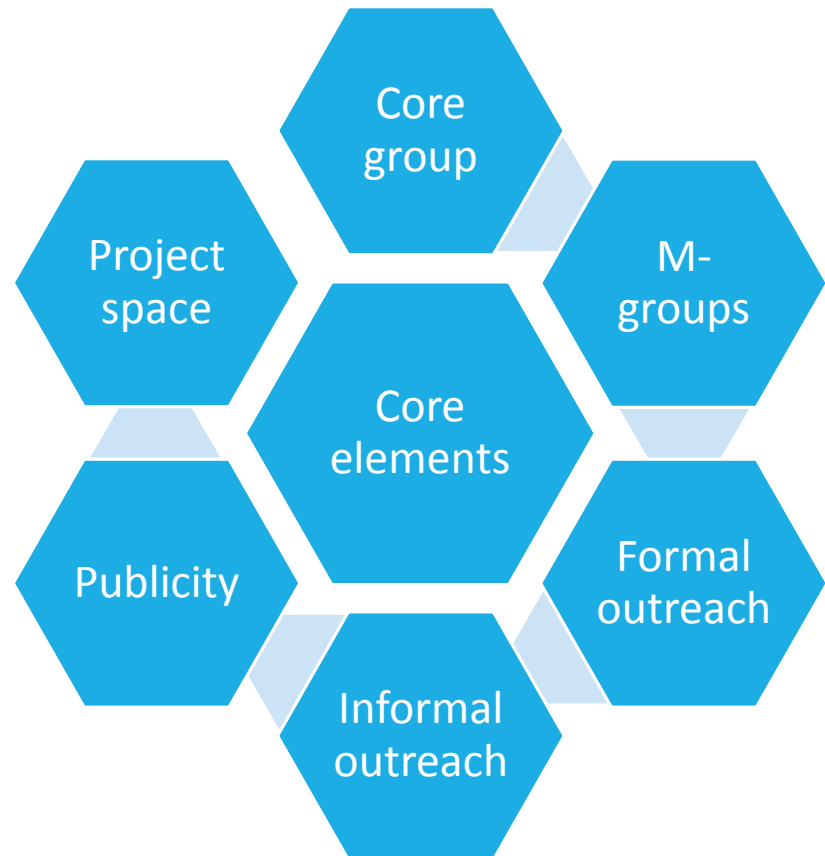
Planet Hot Tip: Need help? You can submit a request for technical assistance at any time here.

Making the most of your expertise



Example: Mpowerment

“Generic” design strategy



Source: <http://mpowermentproject.blogspot.com/2017/02/evaluating-mpowerment-project-by.html>

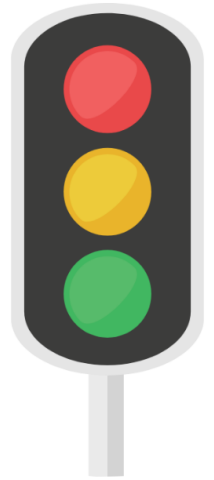
Adaptations

GO AHEAD

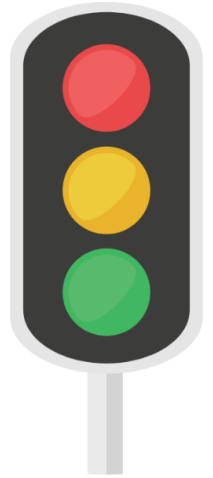
- Update statistics
- Customize scenarios
- Change word choices / language
- Modify activities
- Replace images
- Replace cultural references
- Use different outreach methods

PROCEED WITH CAUTION

- Change session number/length/order
- Lower participant engagement
- Eliminate key messages or skills
- Remove topics or sections
- Use untrained staff or volunteers
- Use too few staff



Adaptations (cont.)



AVOID THESE

Delete core components or whole sections of the program

Reduce program timeline or dosage

Change the health topic or behavior

Change the underlying theory or model of change

Contradict or competing with program goals

Green light adaptations

Adaptation: Changed graphics; made less clinical

ORIGINAL CURRICULUM

What, How, Where, and Why of HPV

- **Human papilloma virus**
 - More than 150 strains of the virus, 40 of these infect the human genital tract
 - Can cause warts on both the skin and genital tract
- Contracted by skin-to-skin contact
 - Genital strains of HPV are contracted by engaging in sexual activity with a person who is already infected with the virus
- Infection in the female genital tract, especially the cervix can lead to the development of cancer

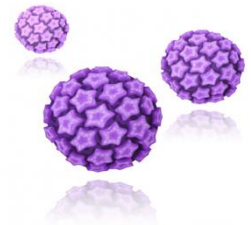
Human Papilloma Virus and Warts



MODIFIED CURRICULUM

Why HPV?


- Most common sexually transmitted infection in the world.
- Spread through sexual activity or skin-to-skin contact.
- Cause cancers and genital warts in men and women



Green light adaptations

Adaptation: Used local data, used image to highlight relevance

ORIGINAL CURRICULUM

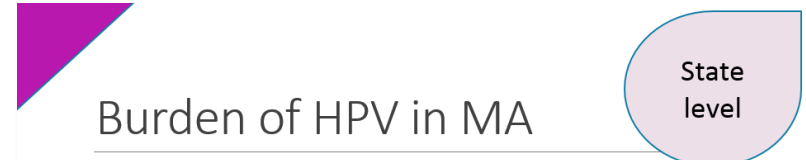


In Florida

2012 CDC 1991-2011 High School Youth Risk Behavior Survey Data

- In the US, **6%** of girls are sexually active by **age 13**,
 - in Florida **8%** of girls report sexually activity by 13
- Overall, **15%** of US high students report having sexual intercourse with **4 or more** partners
 - In Florida, **16%** of high school students will have 4 or more partners by graduation
- **13%** of high school students report that they did not use any method to prevent pregnancy or transmission of STIs during their last episode of sexual intercourse
 - **12%** of sexually active teens age 15-19 report not using contraception

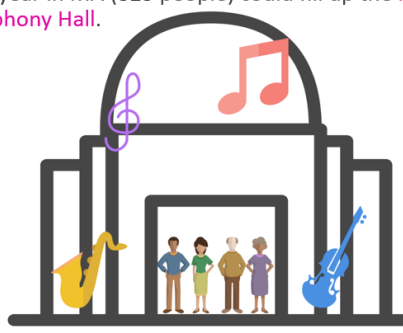
MODIFIED CURRICULUM



Burden of HPV in MA

The number of men and women who develop an HPV-associated cancer each year in MA (**823** people) could fill up the **main floor of Boston Symphony Hall**.

Massachusetts estimated that there would be **200** new cervical cancer cases in 2017.



Yellow light adaptation

Adaptation: Condensing content when outside the scope of focus

ORIGINAL CURRICULUM

HIV in Florida

- Florida is #3 nationwide for HIV infections
- 1999: 5,424 new cases
- 22% of new cases are female
- 12 % age 15-24



STI Facts

- Herpes Simplex Virus (HSV)-
 - 20 million active cases
- Human Papilloma Virus (HPV)-
 - 24 million active cases
- Human Immunodeficiency Virus (HIV)
 - More than 1 million active cases



MODIFIED CURRICULUM

Risk factors for cancer and other chronic diseases

Poor Nutrition

Obesity

Smoking/ Drugs/ Alcohol

Lack of exercise

Sexually transmitted diseases

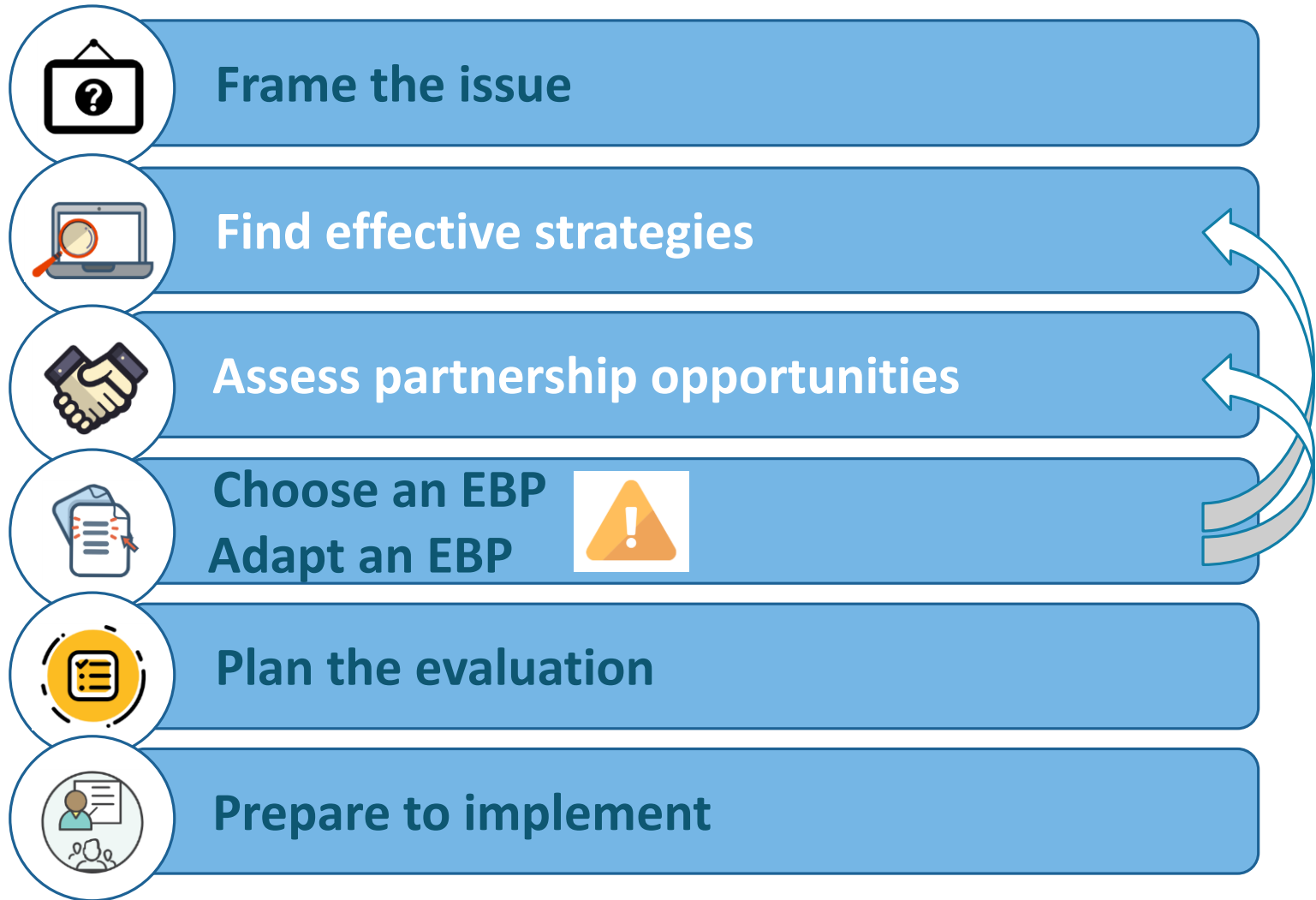
Example: Safe Routes to School

“We did some work with Boston Public Schools on [Safe Routes to Schools](#), which is a CDC evidence-based intervention. But when you actually look at it, it doesn’t fit urban schools very well. It’s designed for suburban areas. So [what a safe route to school in a suburb is different than in a city](#) where it’s not just about traffic. It’s about what the neighborhood is and violence and all sorts of things.” – Community leader, Boston (2017)



Safe Routes to School Boston is a city-wide effort to promote walking and biking to school and to support and rally neighborhoods and the community as a whole to work toward making walking to school safe, popular, and fun.

Stepped approach: Iterative process



Reasons to pilot test

Different audience

Different delivery method

- E.g., one-on-one instead of group setting

Smaller scope of program

- Limited resources

Edited materials

- E.g., translation, improved readability



Reasons to pilot test the adapted HPV curriculum

Pilot testing is important because we made references **local**, **simplified** the content, and improved **readability**

ORIGINAL CURRICULUM	MODIFIED CURRICULUM
<u>Target audience</u> : Tested among a predominantly White and Black audience.	<u>Target audience</u> : Intended for White, Black, and Latino audiences; low-income, immigrant population.
<u>Participants (education)</u> : Highly educated sample (64% had college or graduate degree)	Language changed to improve readability for individuals with low literacy
<u>Participants (avg. age)</u> : 56-65 years old	<u>Intended age</u> : 18-65 years old
<u>Setting</u> : Restoring Joy Church and Women's Advantage	<u>Setting</u> : Community organizations and faith-based institutions

How to pilot

Recruit a small group of people like those you want to serve

Run through the program with them

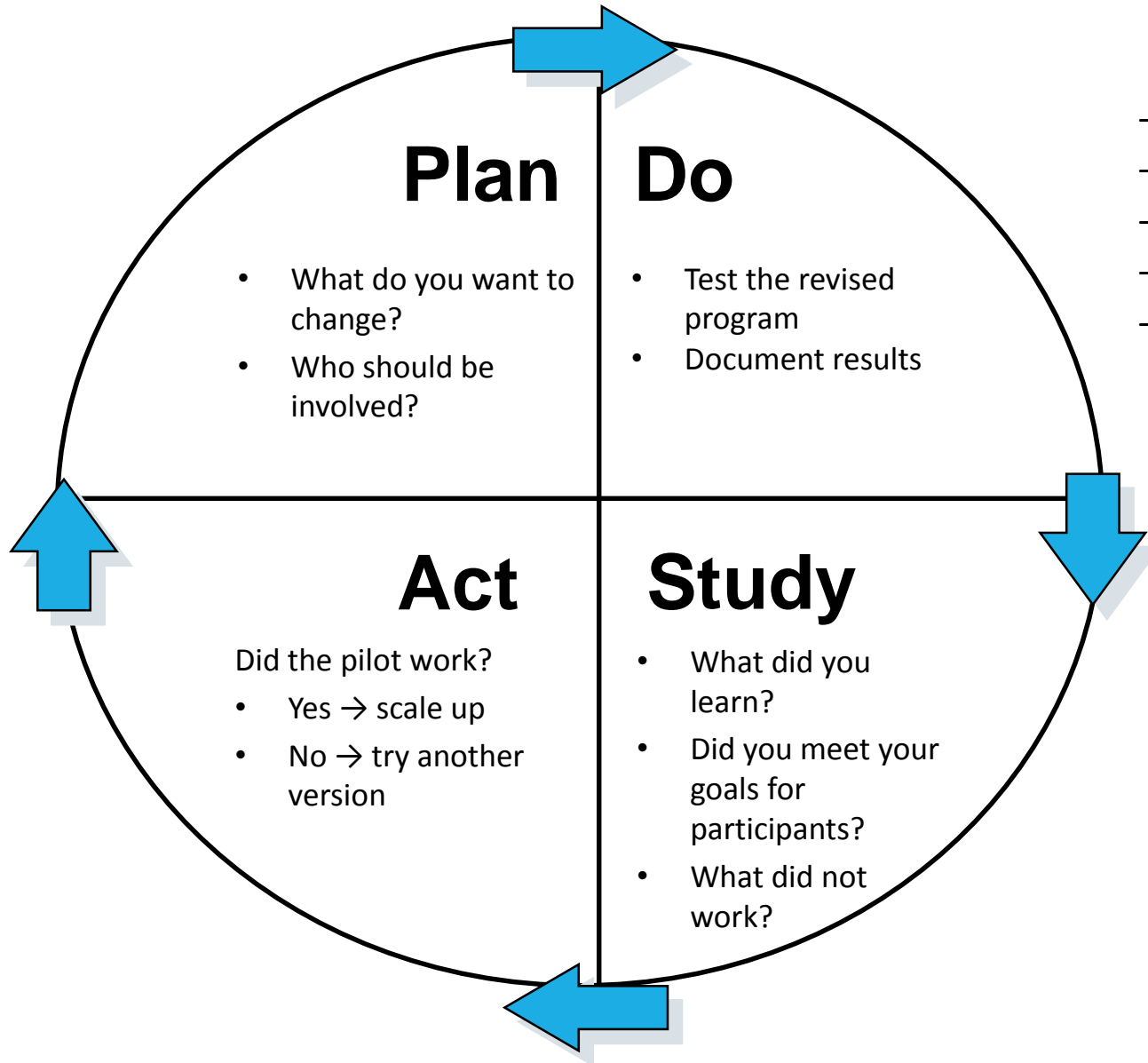
- You don't have to deliver the whole program, just give a high-level overview to walk them through the entire program

Capture in-depth feedback on what worked and what didn't

Get feedback from collaborators

Findings will be used to guide adaptation and delivery of the EBP in community and faith-based settings

Pilot test

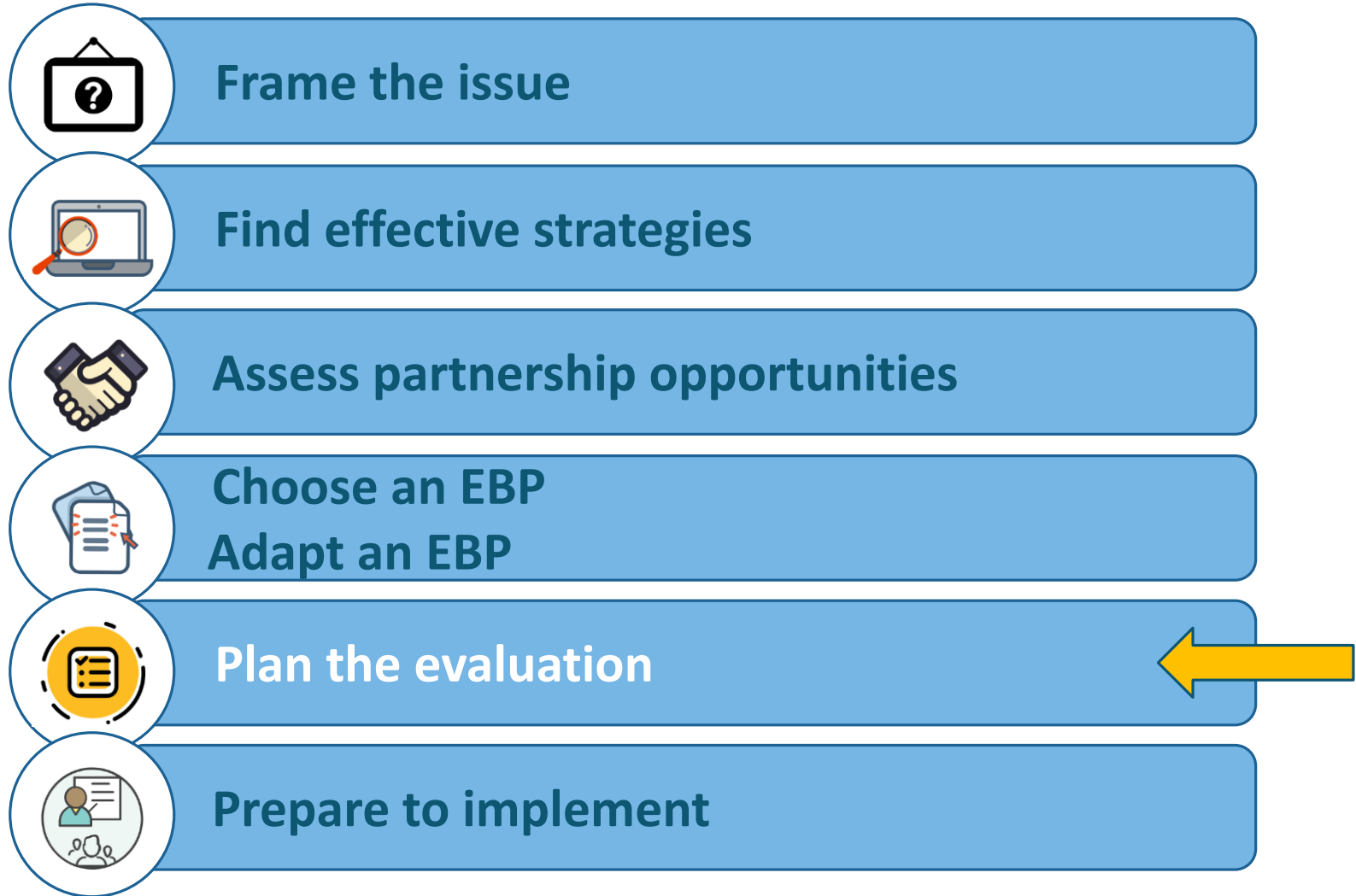


- Comprehension
- Acceptability
- Attractiveness
- Cultural relevancy
- Influence on determinants

Workshopping opportunity

1. What would you **adapt**? Why?
 - The slide with the multi-level influences may be a useful reference.
2. Come up with a plan to **pilot test** your adapted EBP
 - What is reasonable for your organization?

Step 5: Plan the evaluation



Step 5



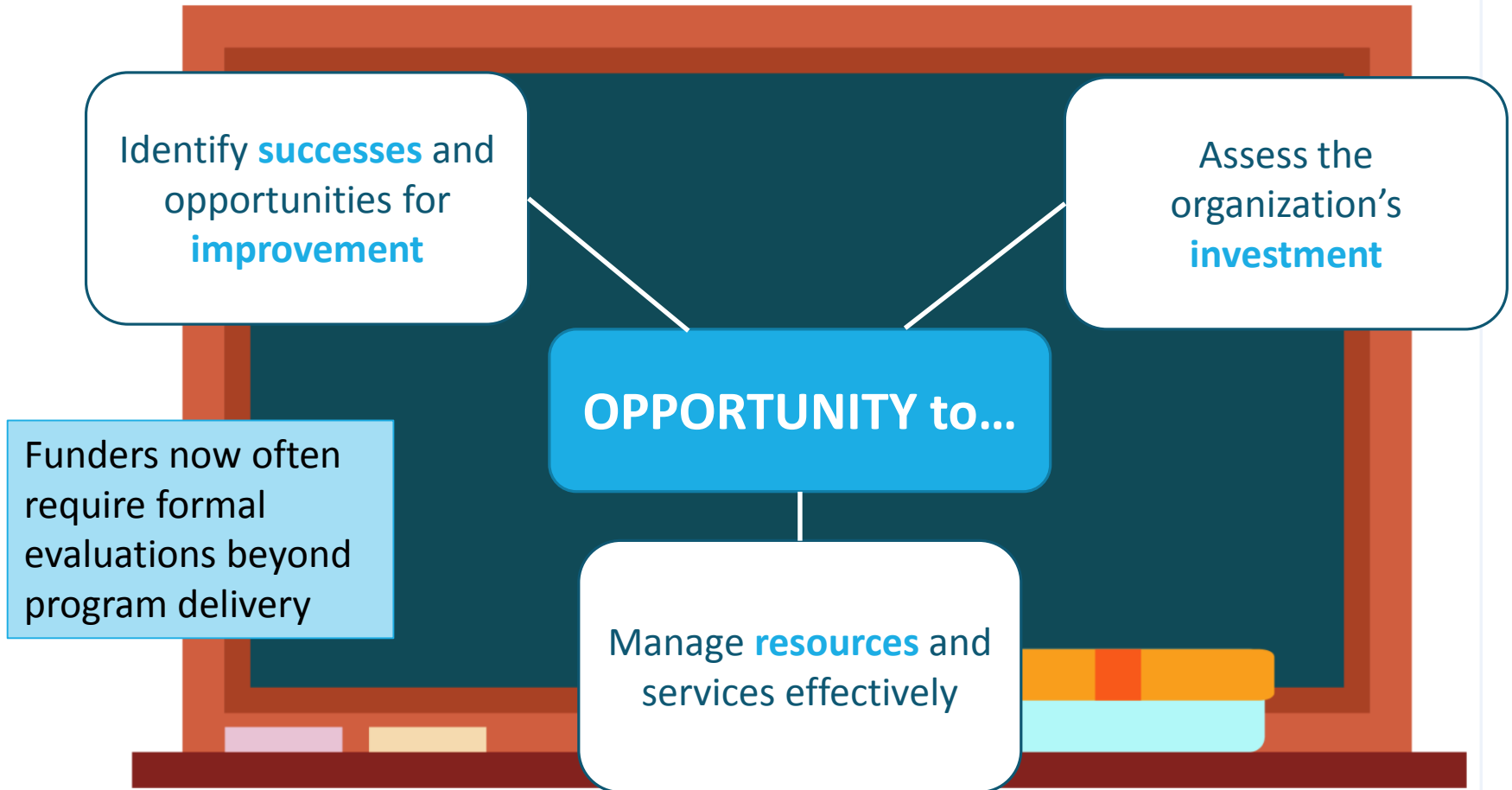
As we **prepare to evaluate**, we will learn to

- Identify the key things we want to measure
- Access available tools and resources to help plan the evaluation

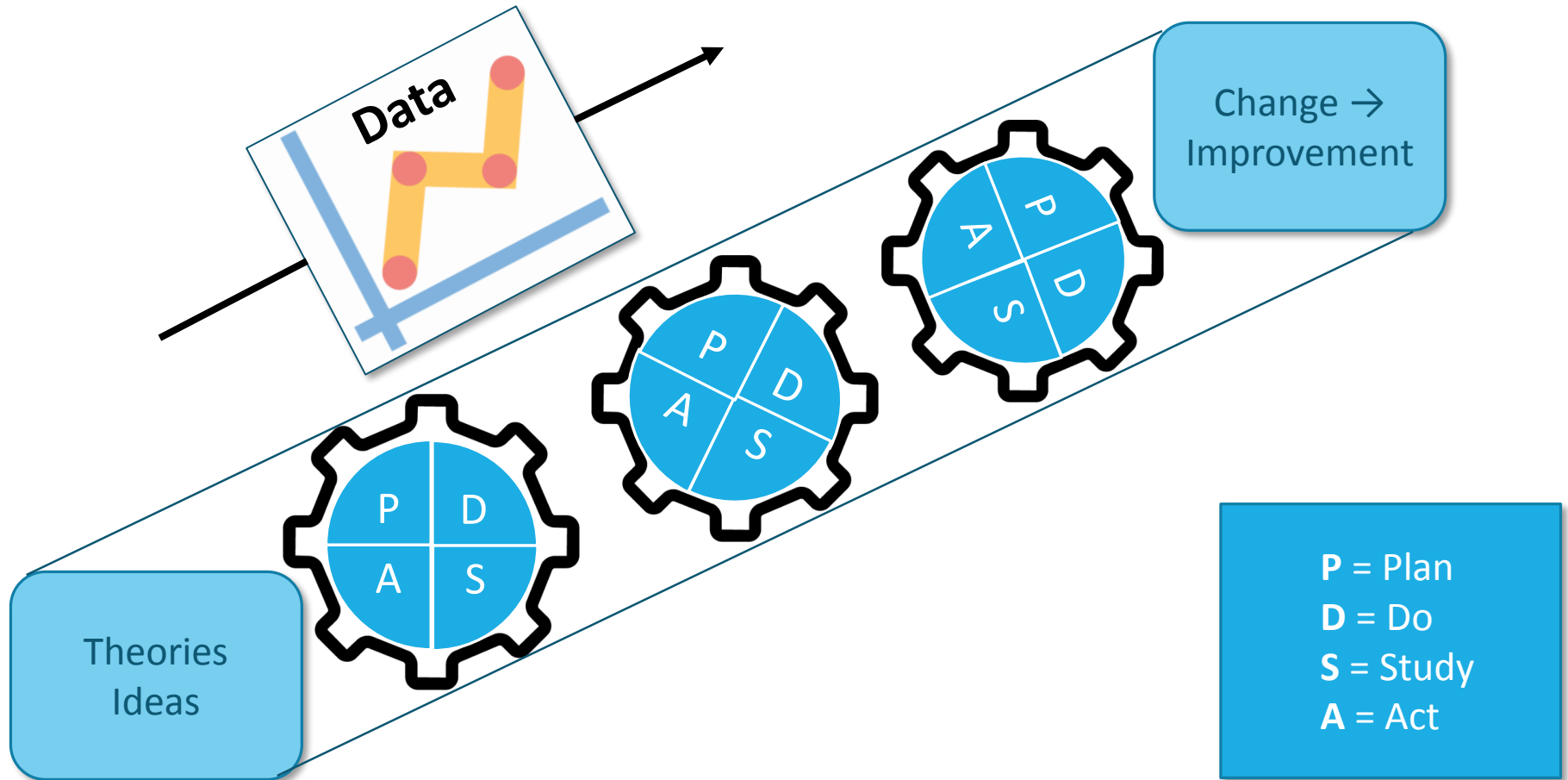


Planet Hot Tip: Refresh your memory about each step by visiting the Program Planning section.

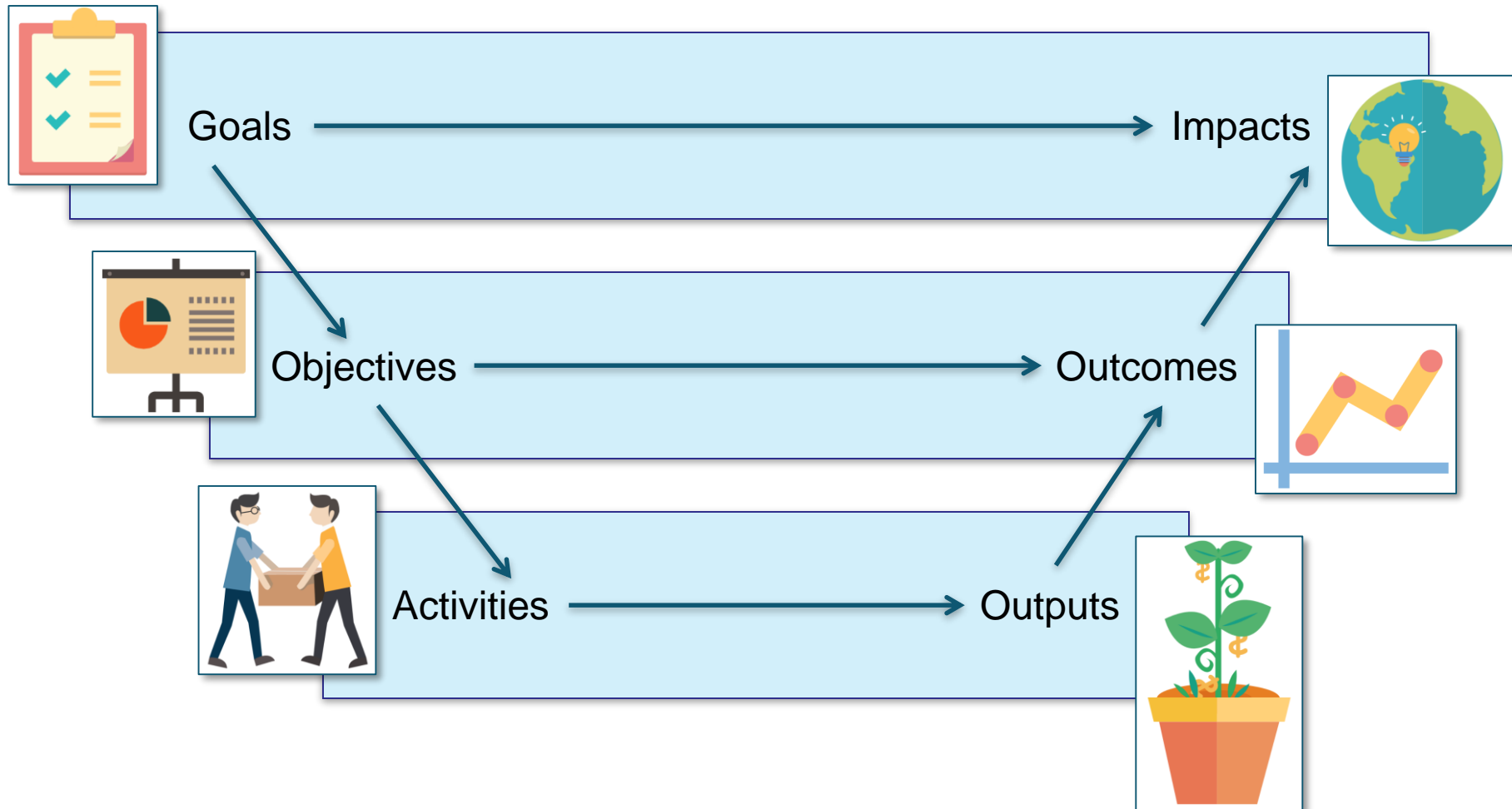
Why evaluate?



Benefits of evaluation: Driving change



Putting it all together



Different types of evaluation

QUANTITATIVE



Formative

What is the current situation?



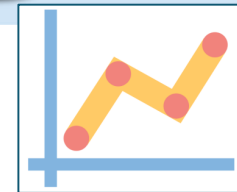
Process

How is the program going?



Outcome

Did the program work?



QUALITATIVE



Why not just measure outcomes? Process matters!

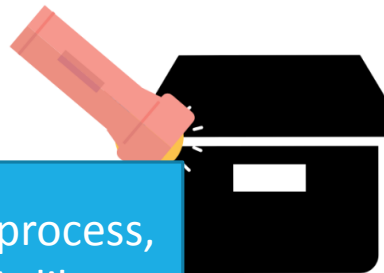
Process measure helps answer **why** the outcomes occurred

If the program was successful...

- What kinds of investments were made in the program?
- How many staff were trained to deliver the program?

If the outcomes of the program are disappointing...

- How many people dropped out of the program? Were there big barriers to completing the program?
- Was the program delivered as intended? Did staff change the program significantly, and why?



Without answers about process, examining outcomes is like looking into a **black box**



Formative evaluation

Assessing HPV vaccine knowledge and evidence-based programming among community-based organizations and faith-based organizations in Massachusetts

Interviews on HPV and the HPV vaccine

HPV awareness in the community

What is the level of awareness about HPV among members in the community you serve? How about the vaccine?

HPV as a priority

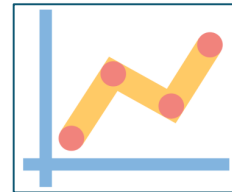
Do you think HPV is a priority health topic for community-based/faith-based organizations in the community your serve?

HPV programs

Do you know of any recent events or programming within the community you serve that focused on HPV prevention?

Key informant interviews (15)

Focus groups (4)



Outcome evaluation survey

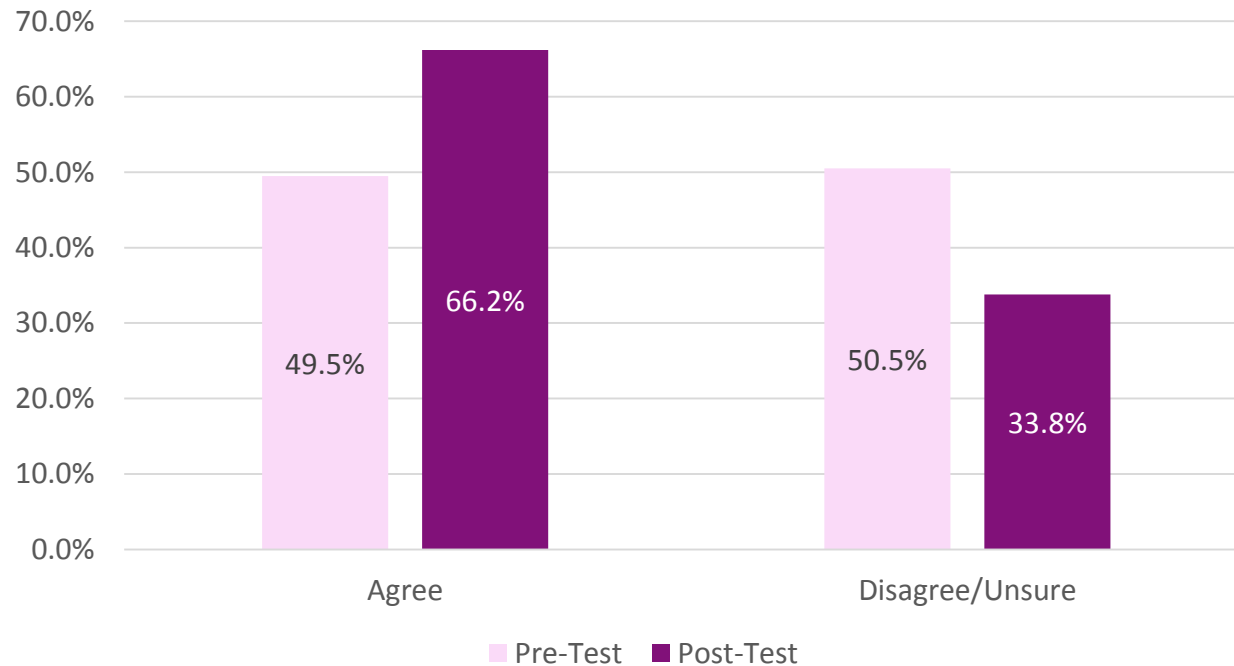
<i>Adapted survey</i>	Agree	Disagree	Not Sure
1. HPV is the most common sexually transmitted disease in the U.S.			
2. HPV causes certain types of cancers and genital warts.			
3. I discuss questions about sexual health at home.			
4. There is a vaccine available for teen girls and boys to protect against HPV.			
5. My healthcare provider has discussed the HPV vaccine with me.			
6. I am willing to receive the HPV vaccine or allow my son/daughter to receive the vaccine.			
7. I am against vaccination at this time because of concern for the (safety/side effects/cost) of the vaccine.			
10. I am against vaccination at this time because of concern that it may encourage risky sexual behavior.			
Please write any questions you would like answered.			

- Pre-training
- Post-training

- Parent of teens
- Adult eligible for HPV vaccine (18-26 years old)

Change in intention to get the HPV vaccine

I am willing to receive the HPV vaccination or allow my son/daughter to receive the vaccination



After the evaluation is in...

Share important findings to key stakeholders

- Generate support for programs (e.g., additional funding)
- Help others learn from our successes

How best to share?

- One-pagers
- Media coverage
- Social media (e.g., Facebook, Twitter, Instagram)
- Website
- Meetings

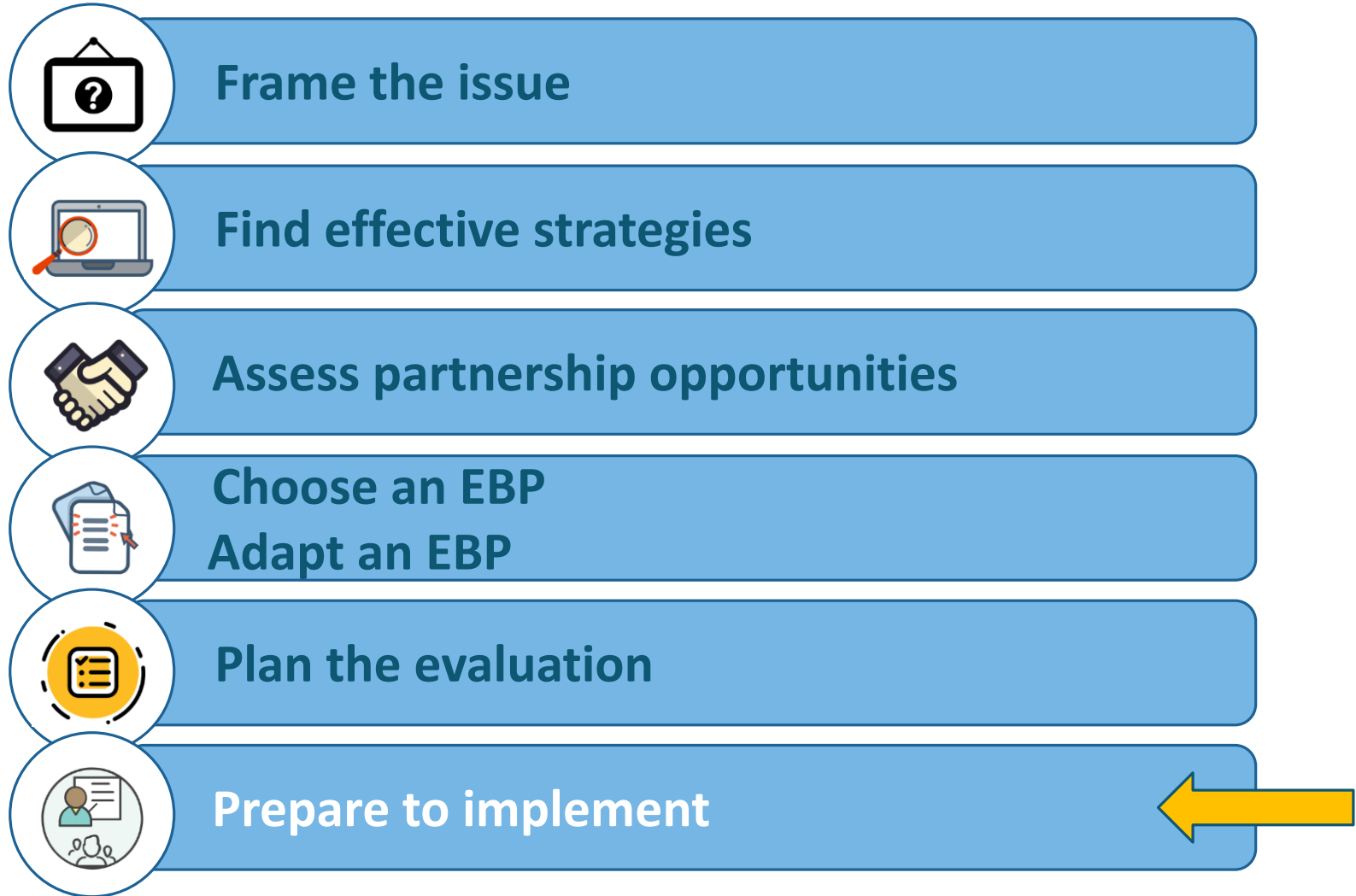


Workshopping opportunity

Create an **evaluation plan** for your program.

- What are some examples of:
 - **Formative** evaluation activities
 - **Process** evaluation activities
 - **Outcome** evaluation measures?
- What **tools** could you use?
- What ways could you **share** your findings?

Step 6: Prepare to implement



Step 6



As we **prepare to implement**, we will learn to

- Assemble **teams** to lead the implementation process
- Check the organization's **readiness** to implement the chosen EBP
- Draft a **plan** for program implementation

Why plan for implementation?



Implementation: The way and degree to which an organization takes up an intervention and puts it into practice.

Implementation teams

What does an implementation team do?

- Engages **partners**
- Gets the organization (and partners) **ready** for implementation
- Makes sure the **core elements** of the EBP are present
- Provides **assistance** to overcome challenges
- Monitors **outcomes** to improve implementation



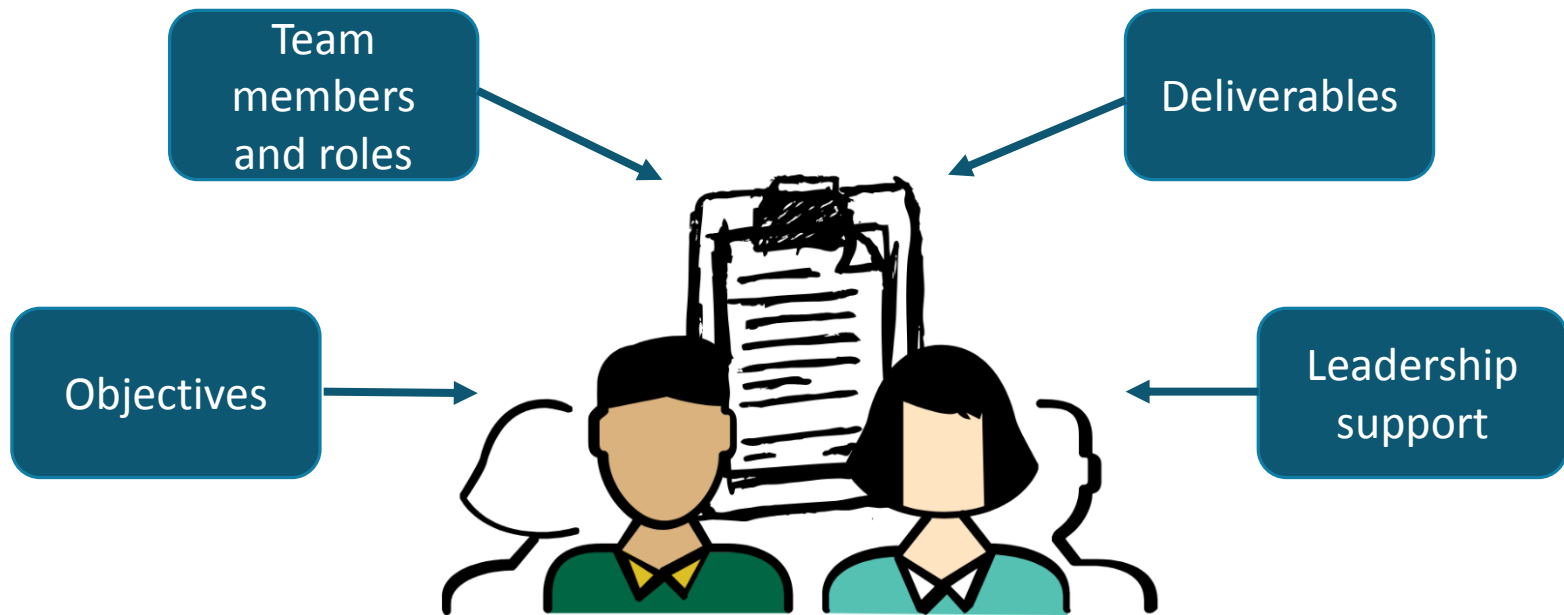
Implementation teams

“A [grant writer](#)...understands the mechanics of putting a grant together. But sometimes, she may not fully understand the implementation, the logistics around implementing an evidence-based program. And then you have to go to your [program director](#) or your [coordinator](#) to get that information..., and then you have your [advocates](#)... – it’s all those pieces.” – Community leader, Lawrence (2017)

Who are on implementation teams?

- Content experts
- Program managers
- Partners
- Clients/residents

Documenting the team's effort



Planet Hot Tip: Find an Implementation Team Charter on the portal!

Assess readiness

Are we ready to implement?

Supportive leaders?

Engaged partners?

Systems to monitor
progress?



Resources (staff,
money, supplies)?

Staff trained for EBP
(knowledge, skills)?

Other systems
(administration,
accounting)?

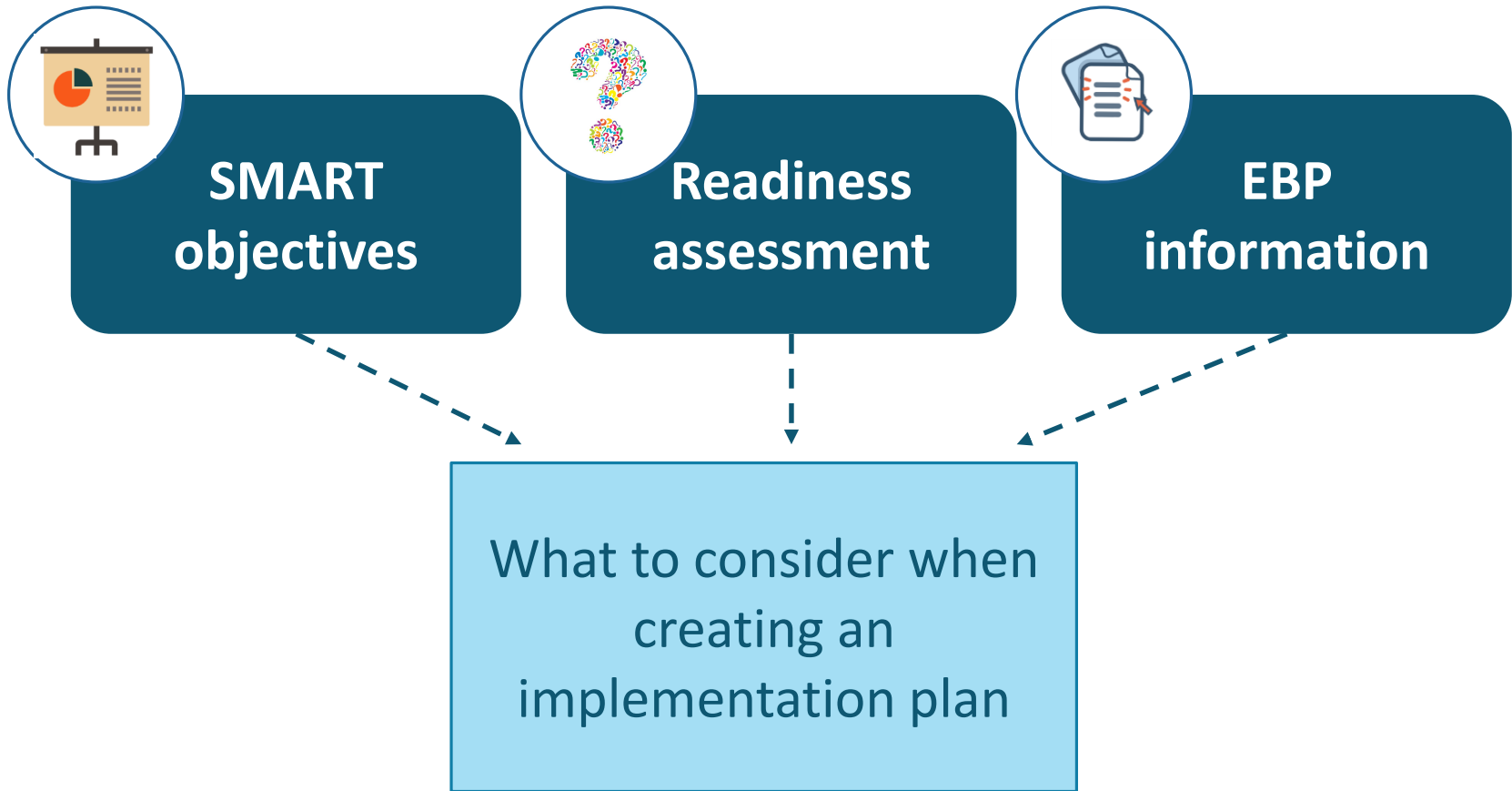
Organizational readiness checklist

Capacities and Resources	Yes, we have this capacity (2)	We do not presently have this capacity, but we can build it (1)	No, we do not have this capacity (0)	Comments
PREIMPLEMENTATION				
Staffing				
Staff who can <u>coordinate</u> the program/policy/practice				What staff are needed:
Staff or volunteers to <u>deliver</u> the program/policy/practice				What roles are needed to deliver the program:



Planet Hot Tip: Find this resource on the PLANET portal.

Implementation plan



Implementation plan

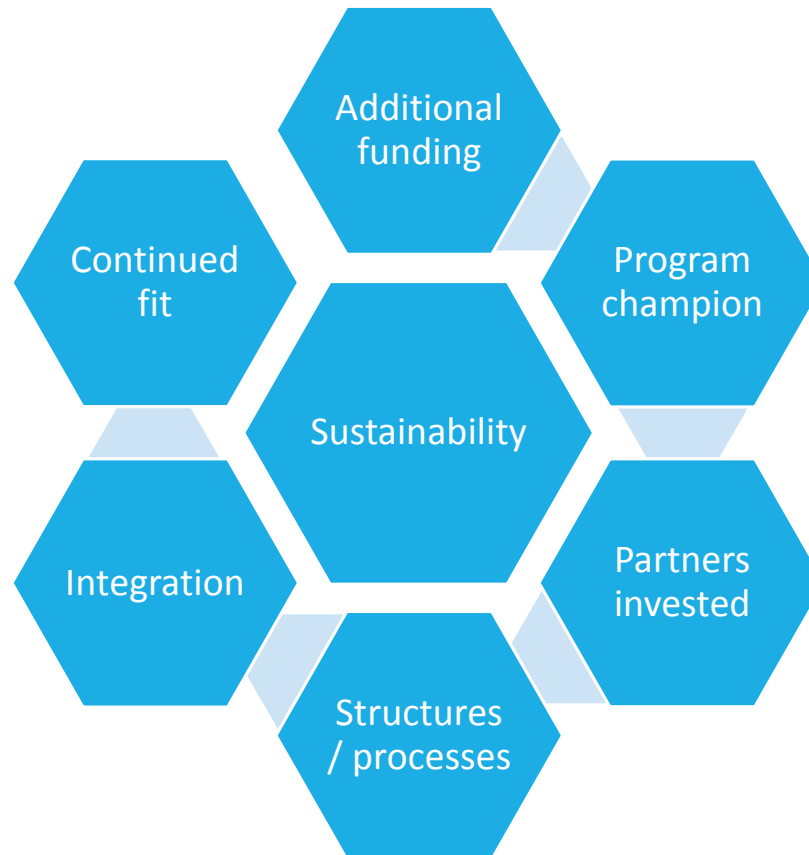
SMART objectives	Activities	Person responsible	Resources needed	Due date	Measures of progress

Example: HPV



SMART objectives	Activities	Person responsible	Resources needed	Due date	Measures of progress
Conduct 2 or more HPV education classes to 3 CBOs and FBOs in Boston before December 2018	<ol style="list-style-type: none">1. Design recruitment flyers.2. Identify 2 potential locations for classes.	<ol style="list-style-type: none">1. FBO health ministry2. Pastoral leadership3. CBO outreach coordinator	<ol style="list-style-type: none">1. Obtain pastoral/ leadership permission2. Book location	11/28/2018	<ol style="list-style-type: none">1. Who attended classes?2. How many classes were held?

Sustainability – Everything a program needs to keep going over time



Workshopping opportunity

- Brainstorm at least **4 people** to be on your implementation team
- Write one row of the implementation plan for your project
 - What is the **SMART objective**?
 - What **activities** are needed to achieve the objective?
 - Who is **responsible** for leading the activities?
 - What are the **start and end dates** for these activities?
 - What **measures** could you use to check progress?

What's next?

We value your feedback. Please complete your surveys!

Visit www.planetmassconnect.org for resources, training materials, and updated reports/resources!

Please reach out for technical support – we are here to help!

Spread the word!

A systematic approach to program planning

