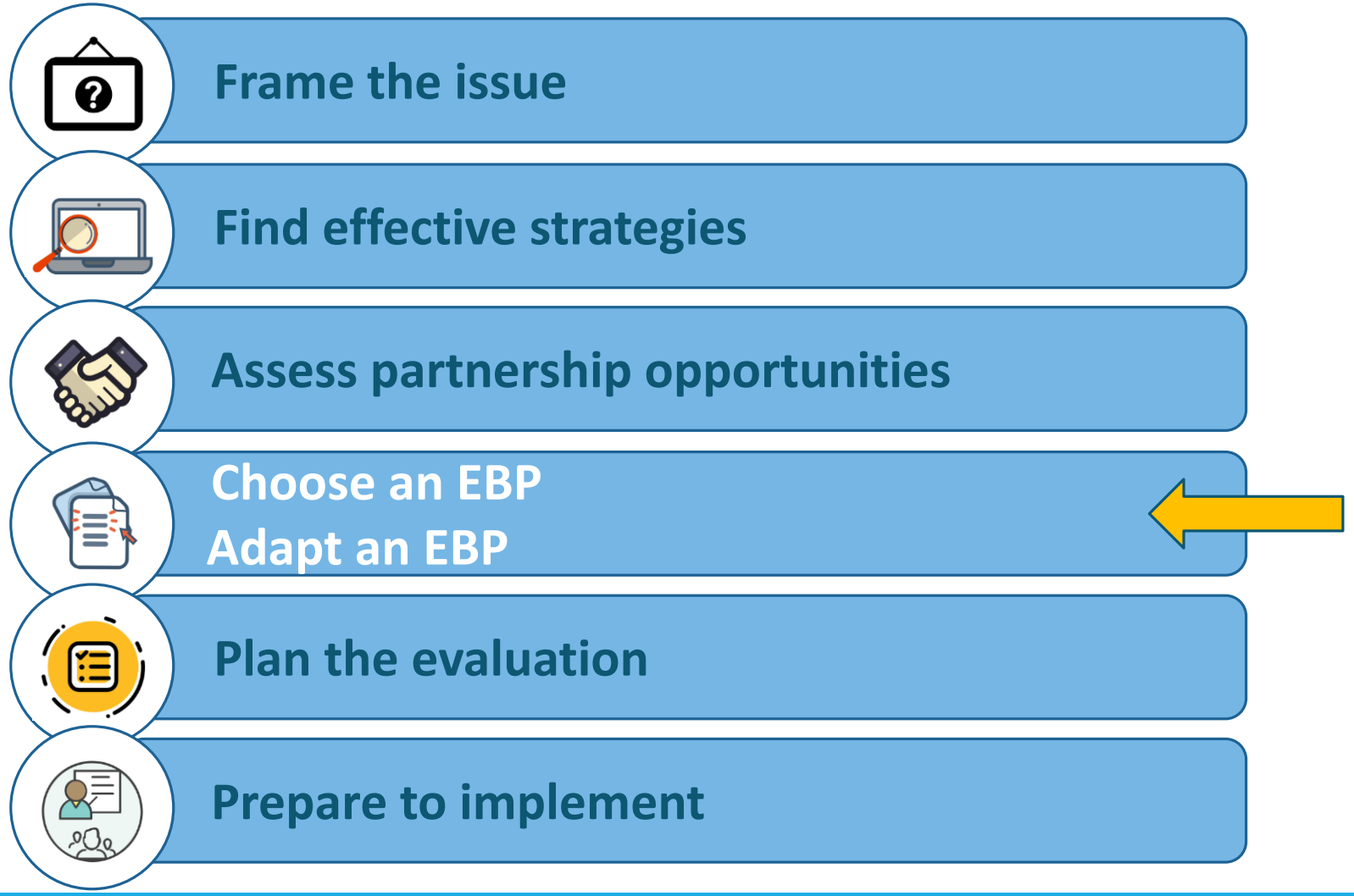
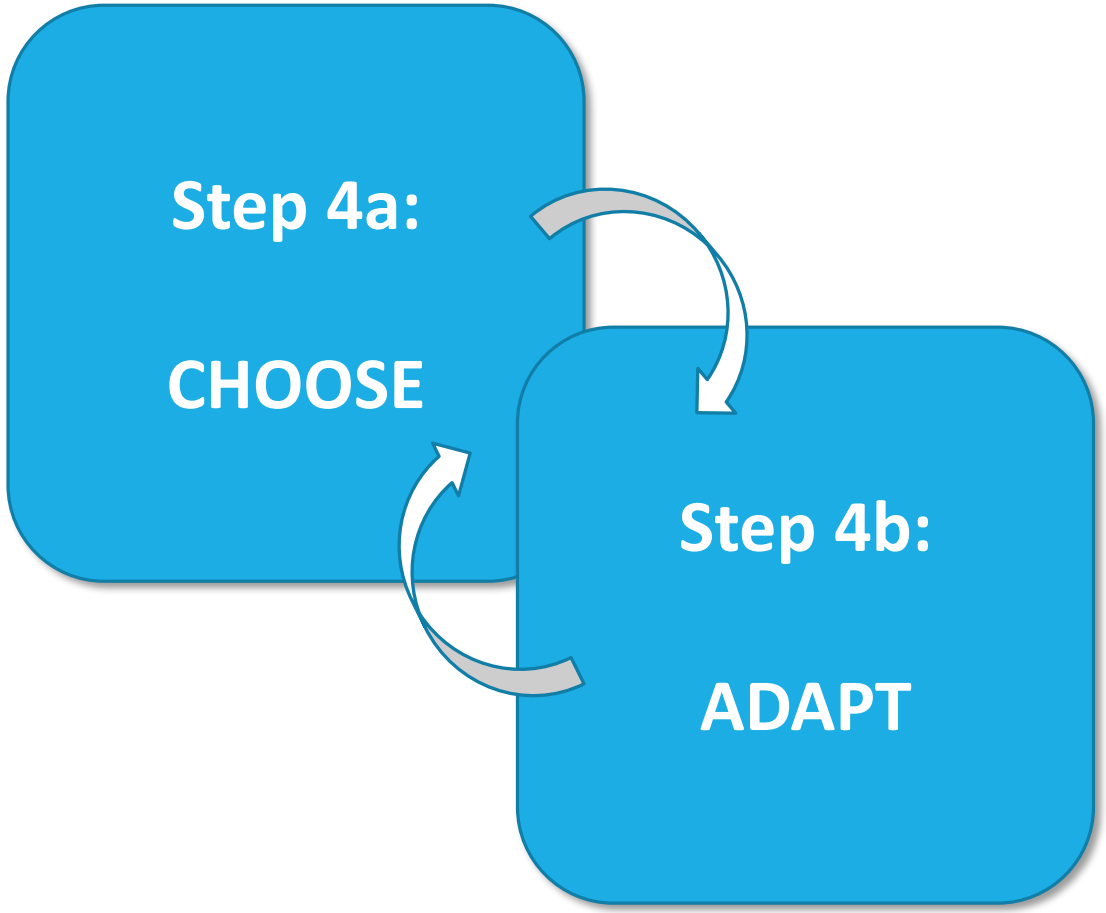
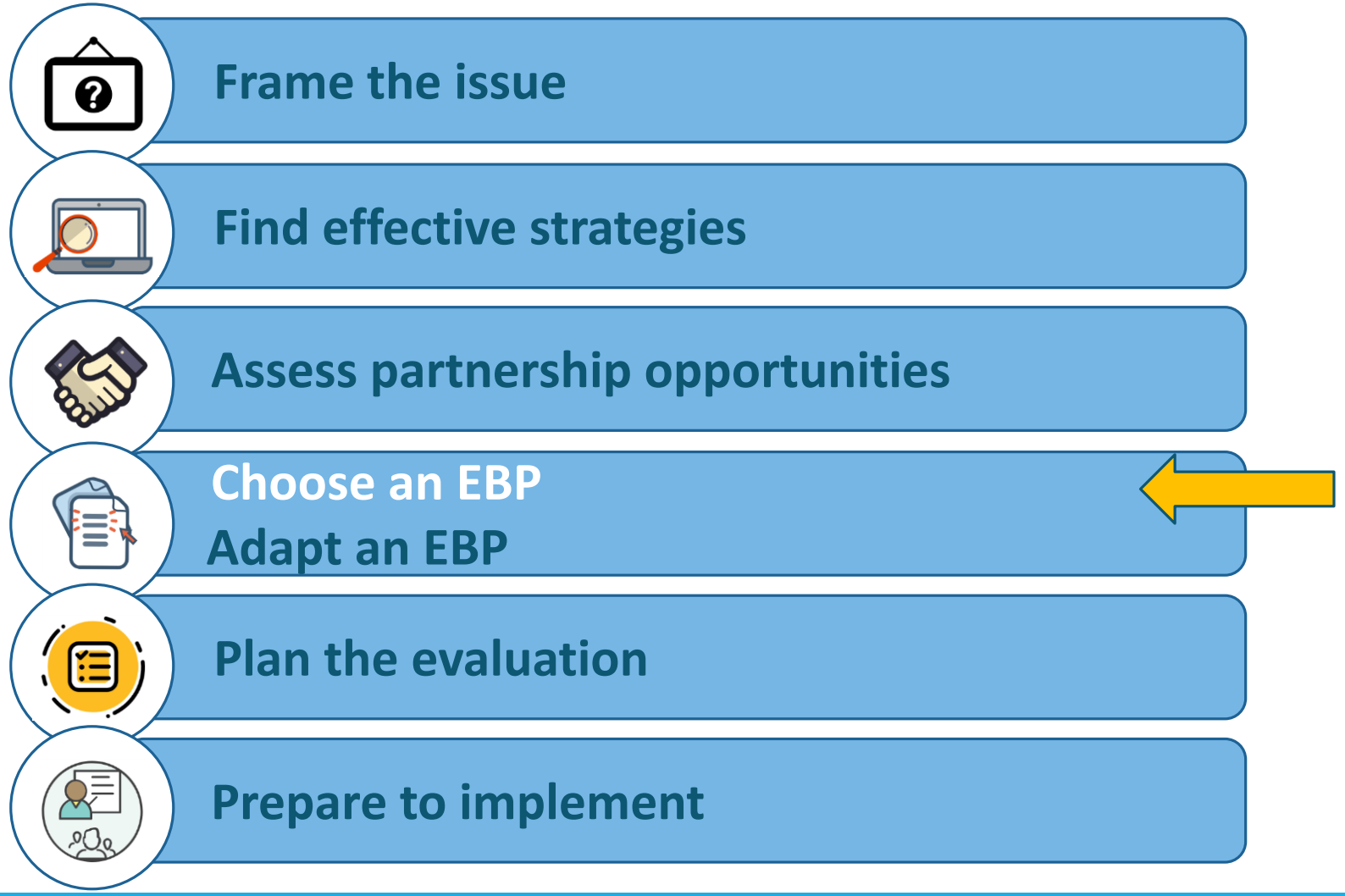
Step 4: Choose and adapt an EBP



Two complementary stages



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

Current practices

How do you typically find a program?

What factors drive selection?

What would improve the process for your organization?

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

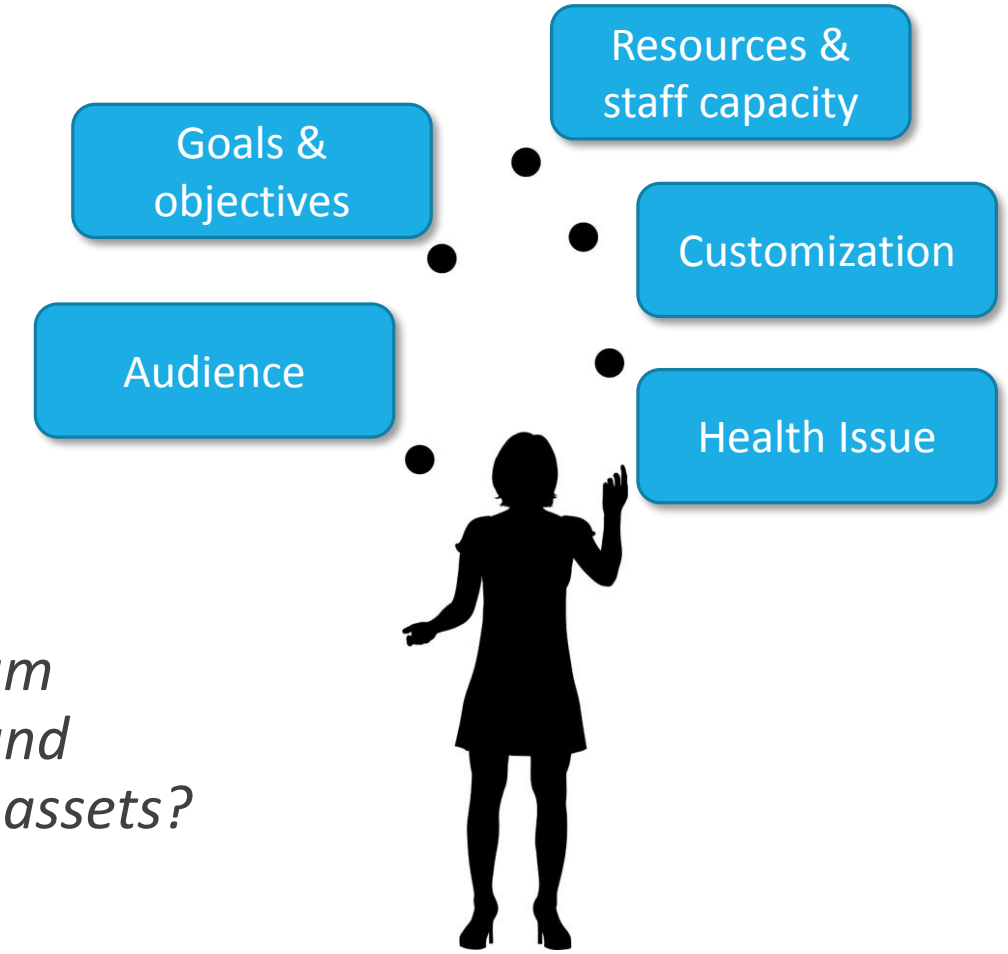
Objectives

Example: HPV vaccine initiative

Goal 1. Reduce the prevalence of HPV infection in the community.

- *Objective 1*. At least 80% of participants understand the 5 key training points in year 1.
  - Ex: HPV affects both men and women
- *Objective 2.* Increase the number of eligible residents who complete the vaccine series by 10% in year 2.

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

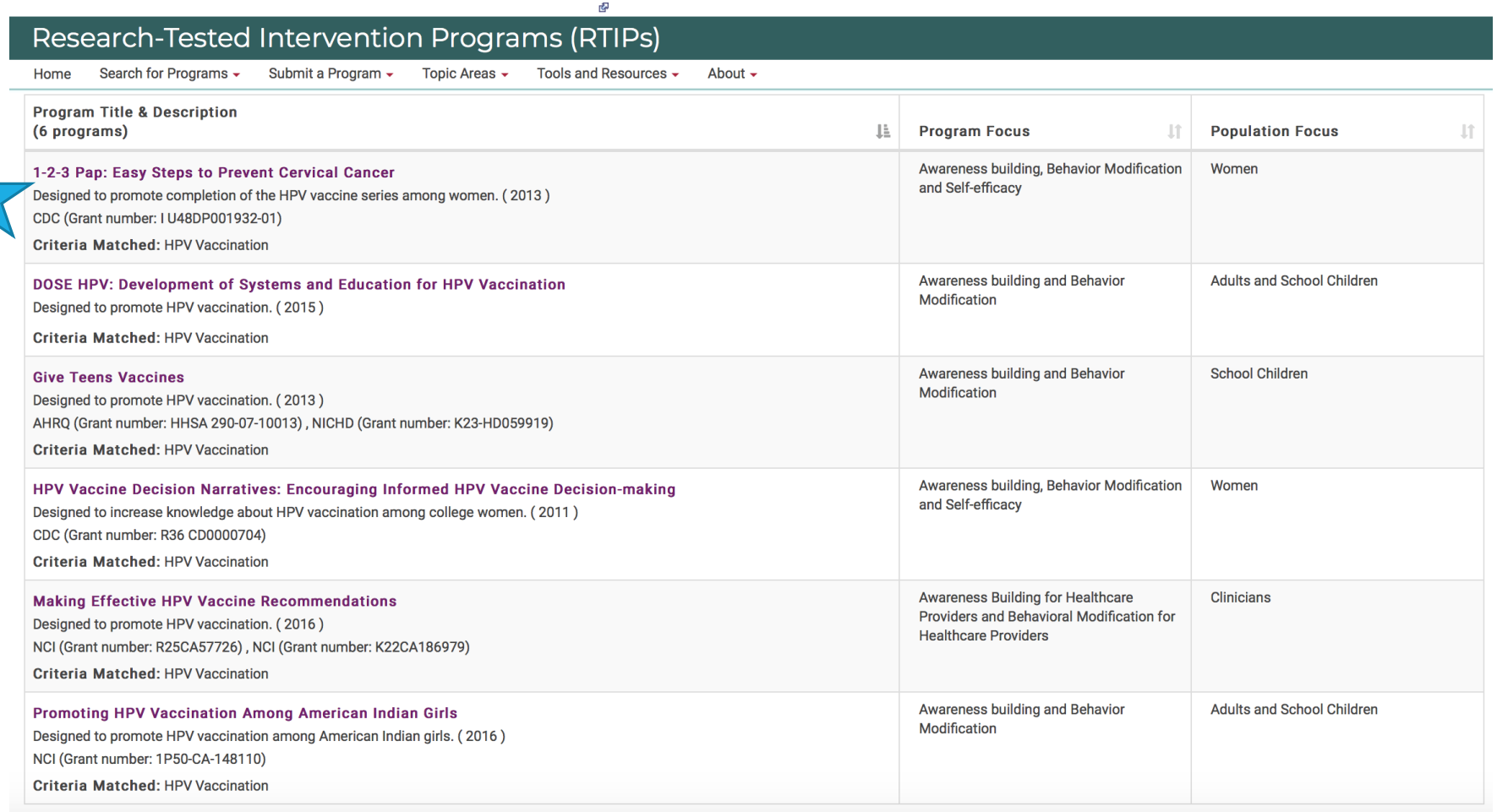
Compare EBPs

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									

Adapted from CPCRN's "Putting Public Health Evidence in Action Training Workshop"
http://cpcrn.org/pub/evidence-in-action/

Demonstration: Search strategy



Research-Tested Intervention Programs (RTIPs)

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

Program Title & Description (6 programs)	Program Focus	Population Focus
1-2-3 Pap: Easy Steps to Prevent Cervical Cancer Designed to promote completion of the HPV vaccine series among women. (2013) CDC (Grant number: I U48DP001932-01) **Criteria Matched:** HPV Vaccination	Awareness building, Behavior Modification and Self-efficacy	Women
DOSE HPV: Development of Systems and Education for HPV Vaccination Designed to promote HPV vaccination. (2015) **Criteria Matched:** HPV Vaccination	Awareness building and Behavior Modification	Adults and School Children
Give Teens Vaccines Designed to promote HPV vaccination. (2013) AHRQ (Grant number: HHSA 290-07-10013) , NICHD (Grant number: K23-HD059919) **Criteria Matched:** HPV Vaccination	Awareness building and Behavior Modification	School Children
HPV Vaccine Decision Narratives: Encouraging Informed HPV Vaccine Decision-making Designed to increase knowledge about HPV vaccination among college women. (2011) CDC (Grant number: R36 CD0000704) **Criteria Matched:** HPV Vaccination	Awareness building, Behavior Modification and Self-efficacy	Women
Making Effective HPV Vaccine Recommendations Designed to promote HPV vaccination. (2016) NCI (Grant number: R25CA57726) , NCI (Grant number: K22CA186979) **Criteria Matched:** HPV Vaccination	Awareness Building for Healthcare Providers and Behavioral Modification for Healthcare Providers	Clinicians
Promoting HPV Vaccination Among American Indian Girls Designed to promote HPV vaccination among American Indian girls. (2016) NCI (Grant number: 1P50-CA-148110) **Criteria Matched:** HPV Vaccination	Awareness building and Behavior Modification	Adults and School Children

Literature search

Original Study

Do Educational Seminars for the Human Papillomavirus Vaccine Improve Attitudes Toward the Value of Vaccination?

Kay Roussos-Ross MD [1,*], Leah Foster MD [1], Hanna V. Peterson BS [1], Julie Decesare MD [2]

[1] Department of Obstetrics and Gynecology, University of Florida College of Medicine, Gainesville, Florida
[2] University of Florida, University of Florida at Sacred Heart Health System, Pensacola, Florida

ABSTRACT

Study Objective: This study aimed to determine the effectiveness and effect of educational seminars given at 2 sites in north central Florida on the knowledge of human papillomavirus (HPV), perceived barriers to HPV vaccination, and willingness to vaccinate against HPV in eligible patients.
Design, Setting, and Participants: This study was performed in conjunction with the Committee for the Healthcare of Underserved Women, District XII, American College of Obstetrics and Gynecology. One hundred participants, ages 18-65 years, were included in the study.
Interventions: Community outreach educational seminars, approximately 30 minutes in length, were given at 2 sites in Gainesville, Florida.
Main Outcomes Measures: Before and after seminar surveys were given to evaluate the effect of the seminars on knowledge of HPV, willingness to vaccinate against HPV, and barriers to vaccination.
Results: There was a statistically significant improvement in the willingness to accept the HPV vaccine and an improvement in knowledge of several HPV-related facts. There was a statistically significant decrease in several perceived barriers to HPV vaccination.
Conclusion: This study illustrates the utility of educational seminars in patients' acceptance of health care options. Improving the educational opportunities of patients and families in relation to the HPV vaccine has the opportunity to make a significant outcome on vaccination rates.
Key Words: Human papillomavirus, HPV, Vaccination, Education, Florida

Introduction

The human papillomavirus (HPV) is a small and non-enveloped, double-stranded DNA virus.[1] There are more than 150 strains of HPV that infect the stratified squamous epithelia of the oral cavity, skin, and anogenital tract. HPV is the most prevalent sexually transmitted infection, and is contracted through skin-to-skin contact.

HPV is known to be a highly causative agent of cervical cancer. HPV 16 and 18 are the most carcinogenic strains, and are associated with approximately 70% of cervical cancer cases; and HPV 31, 33, 45, 52, and 58 are associated with another 20% of cervical cancers.[2] Additionally, the low-risk strains, HPV 6 and 11, are responsible for 90% of genital warts.[3]

Approximately 80% of sexually active women will contract HPV in their lifetime, putting them at greater risk for cervical cancer.[3] Annually, more than 12,000 cases of invasive cervical cancer occur in the United States and more than 500,000 cases worldwide. Of these reported cases, there are more than 4000 deaths a year in the United States and more than 250,000 deaths worldwide.[4] The number one risk factor for the development of cervical cancer is HPV. Other risks include smoking, number of sexual partners, early age of initiation of sexual activity, immunosuppression, and HIV infection.[2]

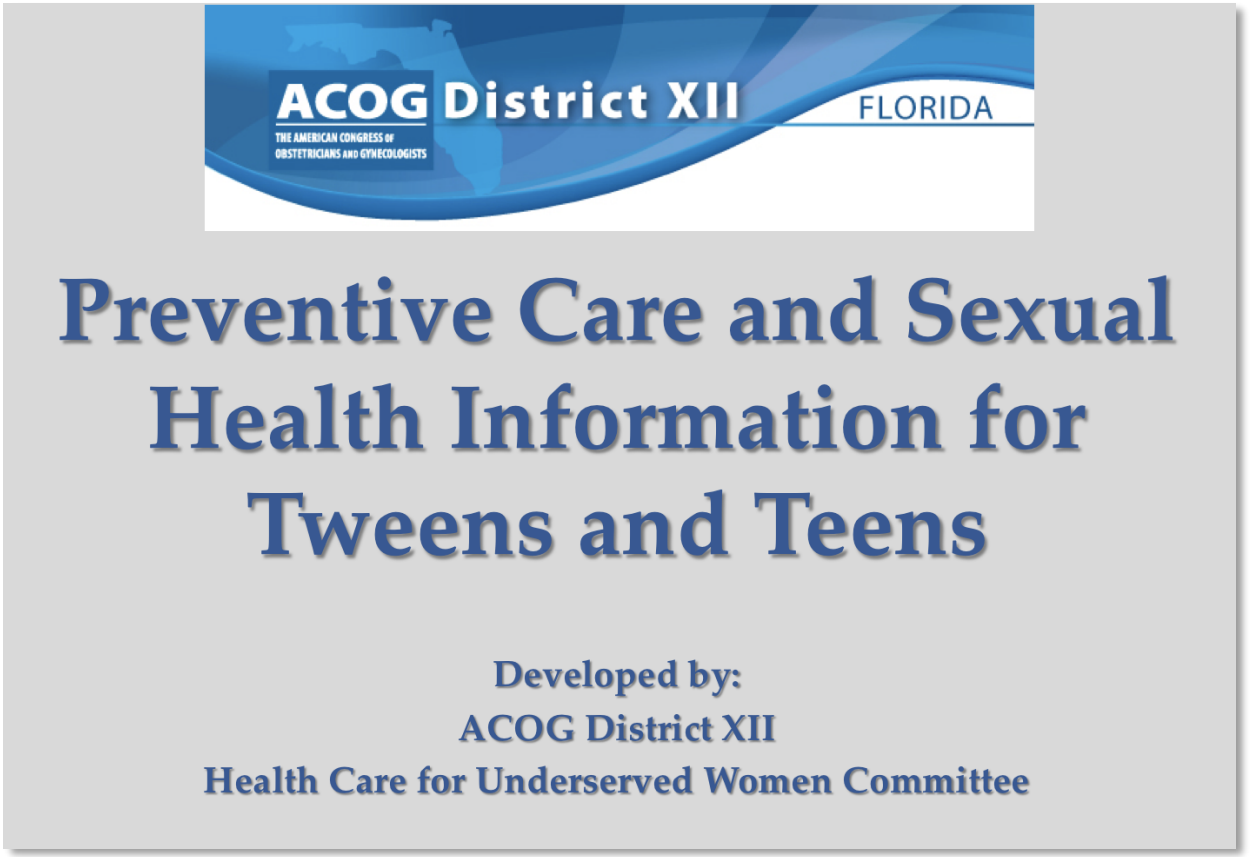
Several vaccines are available to help prevent HPV infection in young women and young men, significantly decreasing the risk for development of HPV-associated cancers. The 3 approved HPV vaccines provide protection against different strains of the virus. Cervarix (GlaxoSmithKline Biologicals) is a bivalent vaccine that protects against HPV 16 and 18, the strains most highly associated with cervical cancer; Gardasil (Merck) is a quadrivalent vaccine that protects against HPV 16, 18, 6, and 11, protecting against the most carcinogenic strains and those that cause 90% of genital warts.[5] The newest recommended and approved vaccine by the Advisory Committee on Immunization Practices is Gardasil 9 (Merck), which affords protection against HPV 6, 11, 16, 18, and the additional strains 31, 33, 45, 52, and 58, the major causes of 90% of cervical cancer and genital warts.[5]

Boys and girls ages 9-26 years are eligible to receive any of the HPV vaccines.[6] The vaccine is given in 3 doses: an initial dose at time 0, a second dose at 2 months, and a third dose at 6 months.[6] Vaccination is most effective before initiation of sexual activity and, as such, early vaccination is encouraged.

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	Parents of adolescents; adults vaccine eligible (18-26) 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	Yes- Caregivers No – different state
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



Roussos-Ross, K., Foster, L., Peterson, H. V., & Decesare, J. (2017). Do Educational Seminars for the Human Papillomavirus Vaccine Improve Attitudes Toward the Value of Vaccination? *Journal of Pediatric and Adolescent Gynecology, 30*(4), 456-459. doi:10.1016/j.jpag.2016.12.003

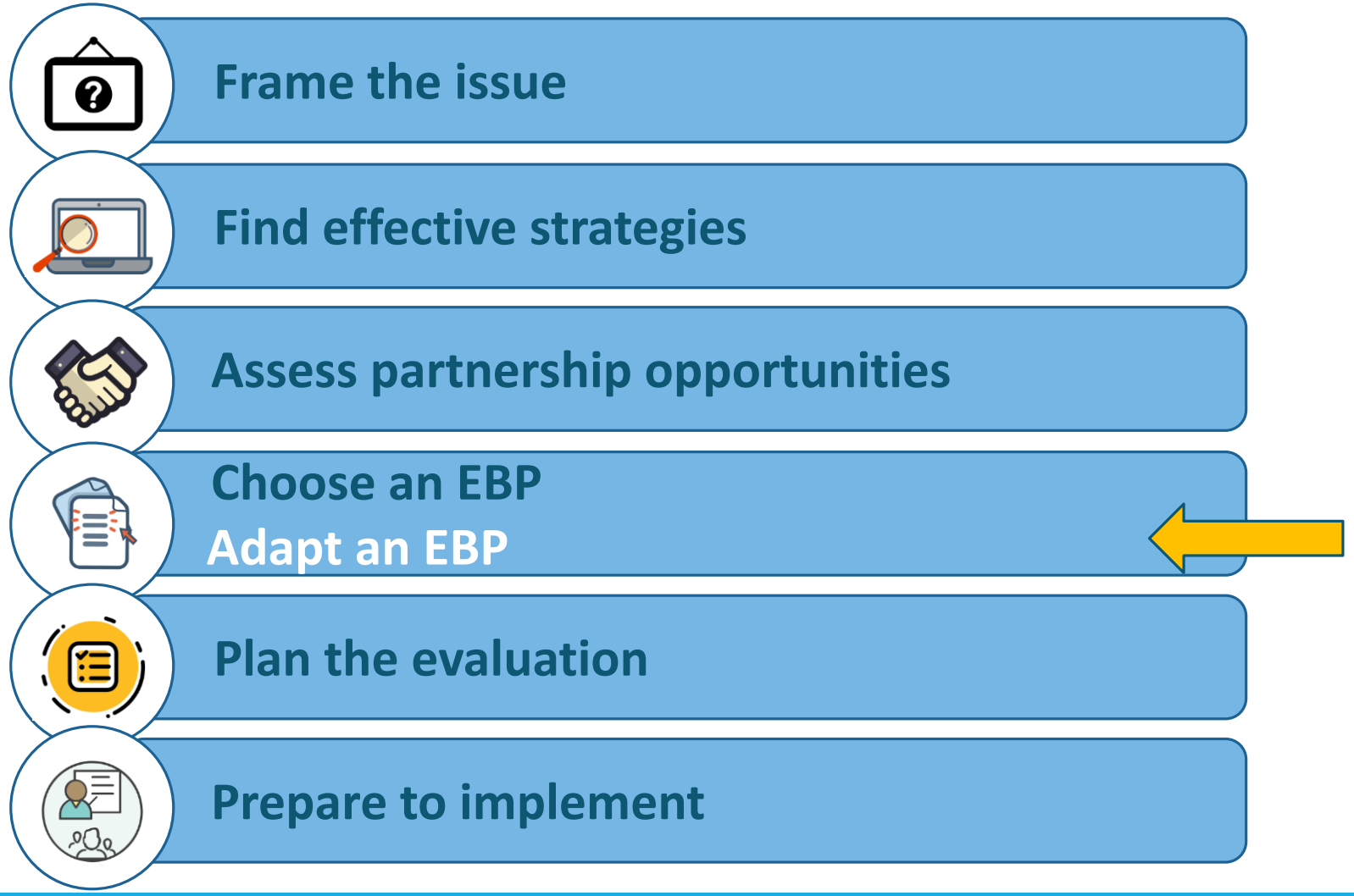
Workshopping opportunity

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

Use the PLANET MassCONECT web portal to find two programs.

Use the EBP comparison tool to 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

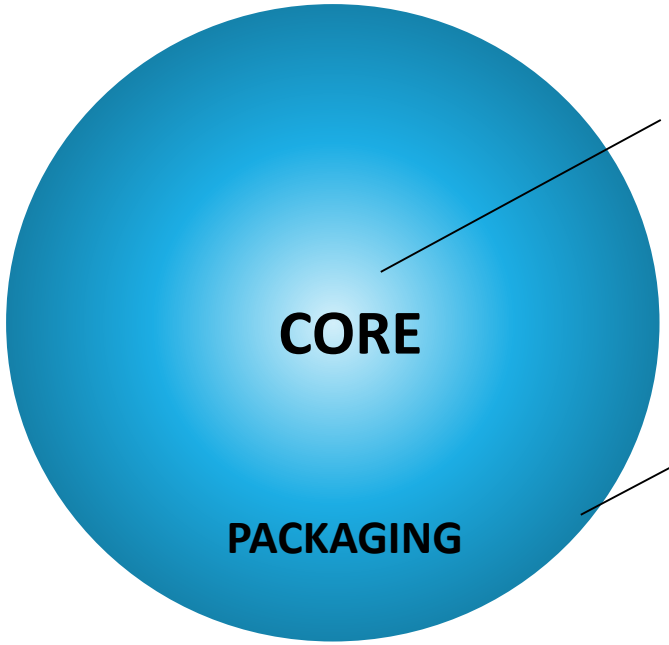
Local expertise, available resources

Make adjustments to increase impact!

Adapted from CPCRN's "Putting Public Health Evidence in Action Training Workshop"
http://cpcrn.org/pub/evidence-in-action/

Making the most of your expertise

What can we change?



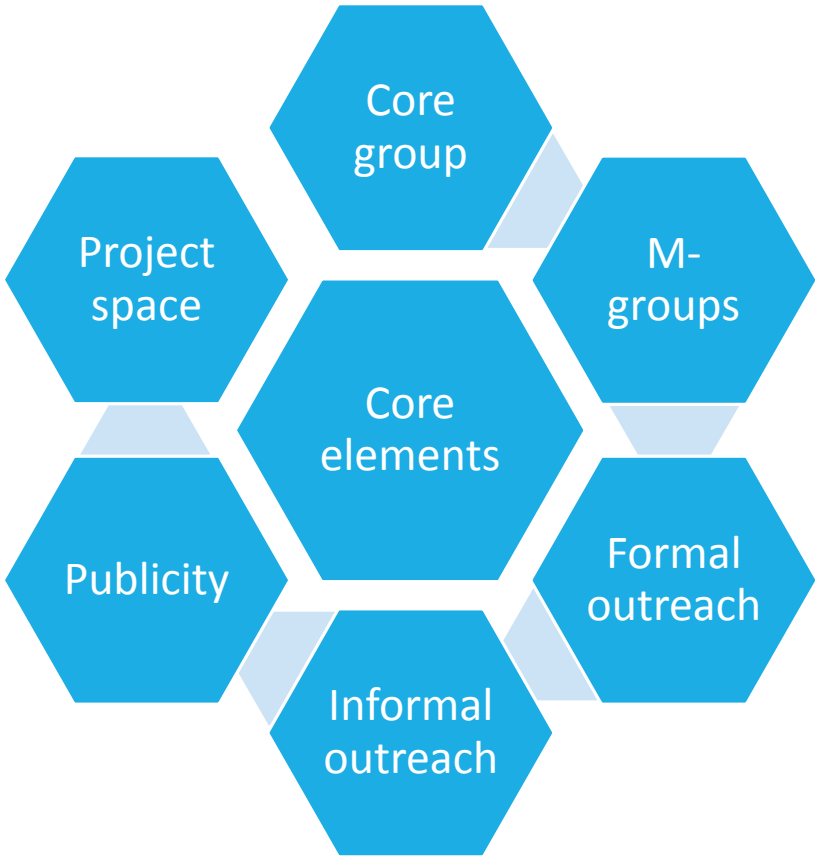
Essential features that make the EBP work

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

Example: Mpowerment

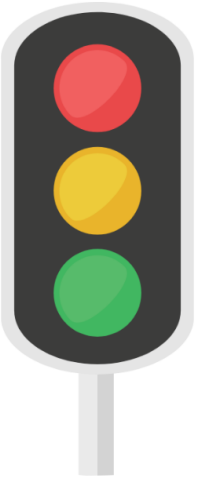
"Generic" design strategy

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



https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/Mpowerment/ResourcesTools.aspx

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/len

Lower participant engagement

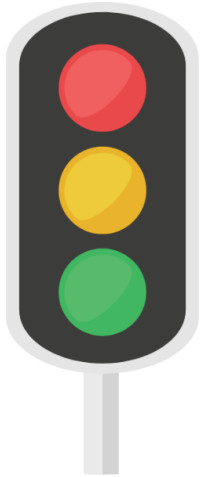
Eliminate key messages or skills

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

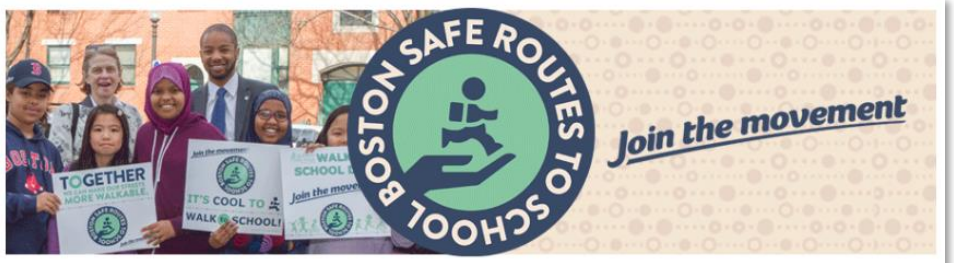
Change the health topic or behavior

Change the underlying theory or model of change

Contradict or compete with program goals

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.

Example: HPV (ACOG)

HPV Infections can cause CANCER

- Cervical Cancer
- Vaginal Cancer
- Vulvar Cancer
- Anal Cancer
- Penile Cancer
- Mouth and Throat Cancers

We do Pap smears to try to prevent cervical cancer after women are already infected with HPV.

But can we prevent HPV infections before they occur?

Quadrivalent HPV Vaccine-Gardasil

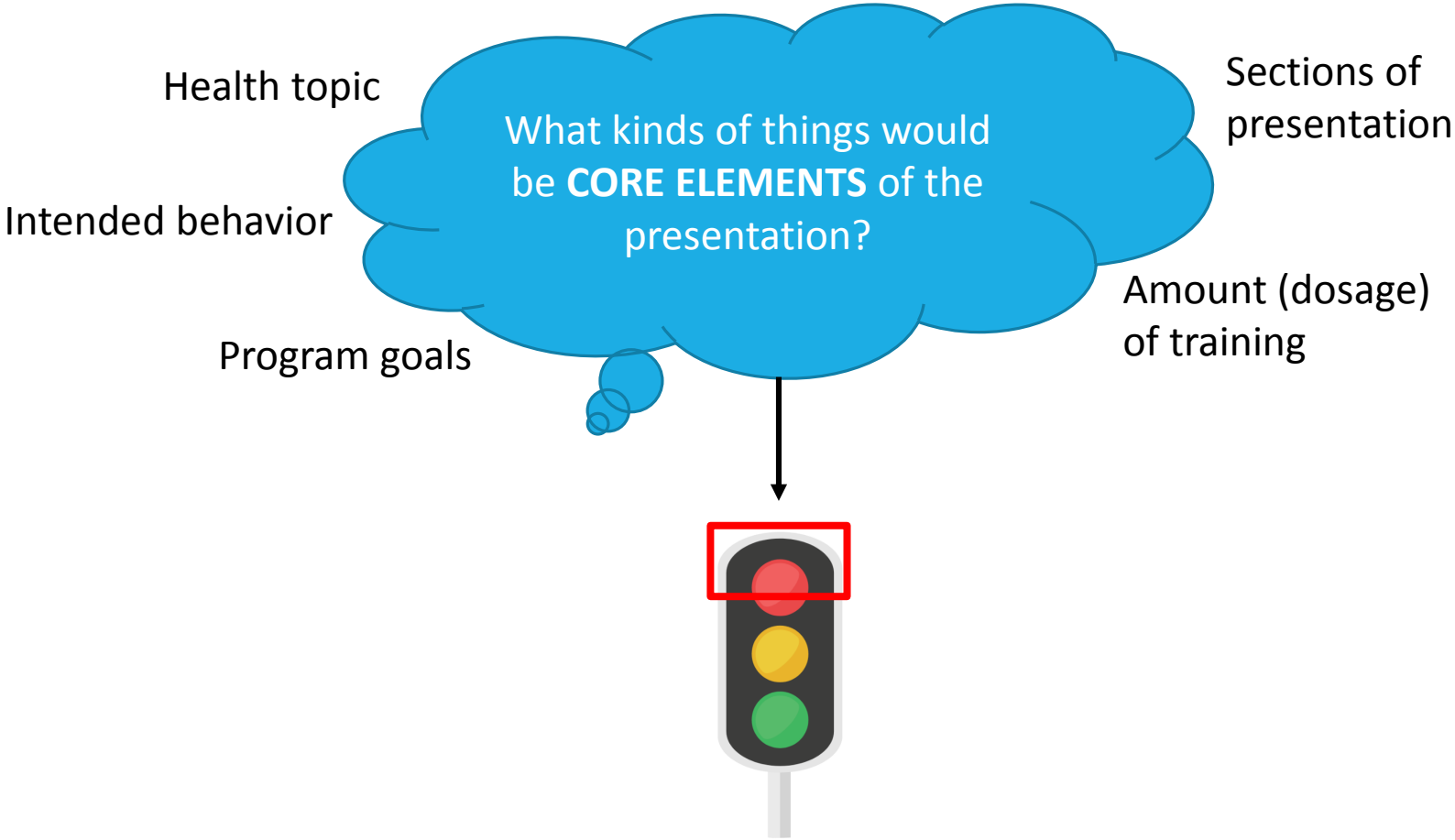
- Produces immunity against the four HPV strains that most commonly cause pre-cancerous cervical changes and cervical cancer
  - 6,11,16,18
- Approved by CDC in 2006
- Recommended for females ages 11-26
  - Vaccine may be given to females as young as 9 years old

What we have done..

With only a 33% vaccination rate in US girls, and 10% vaccination rate in US boys, we have decreased the incidence of HPV by 56% in girls ages14-19!!!

Roussos-Ross, K., Foster, L., Peterson, H. V., & Decesare, J. (2017). Do Educational Seminars for the Human Papillomavirus Vaccine Improve Attitudes Toward the Value of Vaccination? *Journal of Pediatric and Adolescent Gynecology, 30*(4), 456-459. doi:10.1016/j.jpag.2016.12.003

ACOG: Core Elements



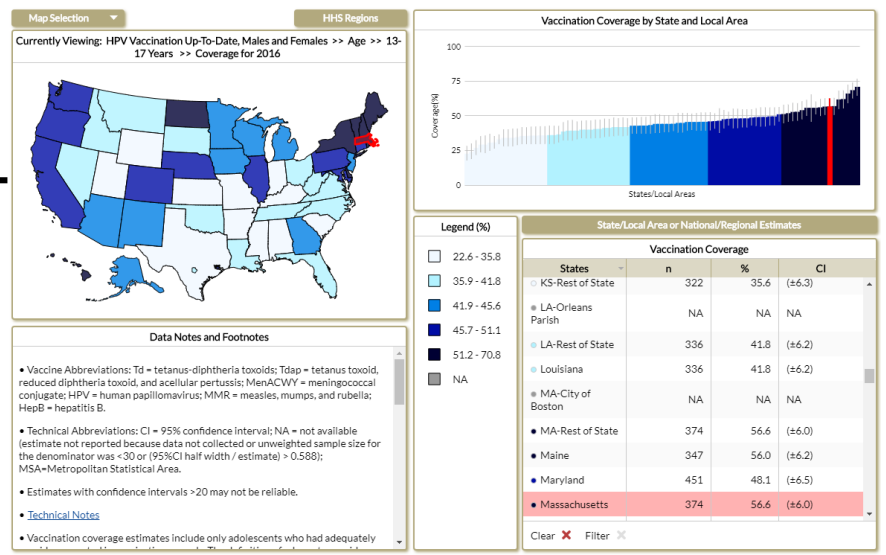
Adaptation: Content?

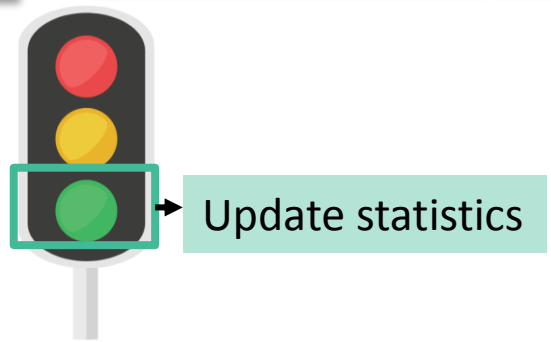
In Florida

- Only 25.3% of eligible Florida adolescent girls are getting vaccinated

VS.

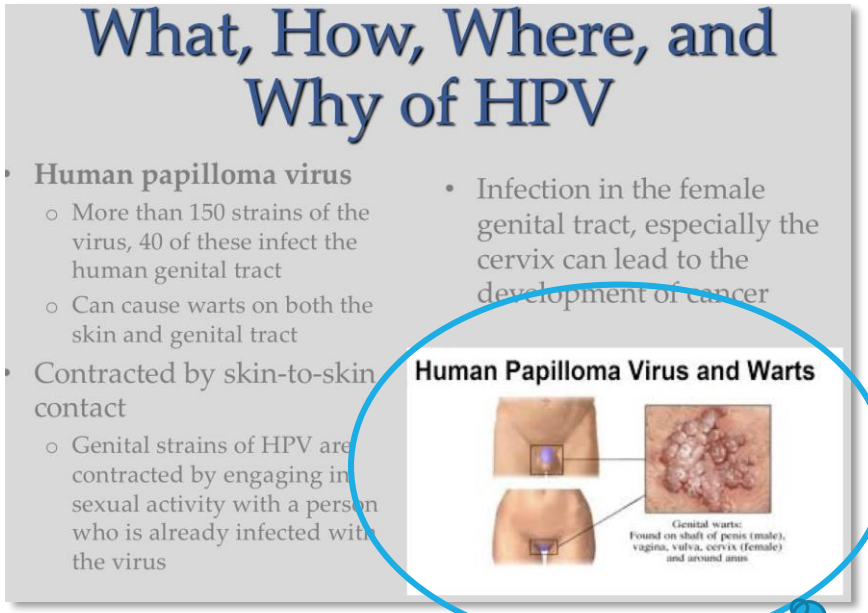
- 80% adolescent girls vaccinated in Rwanda

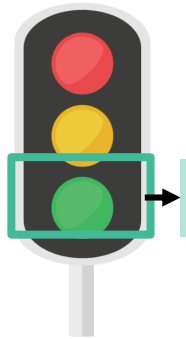




Update statistics

Adaptation: Design?

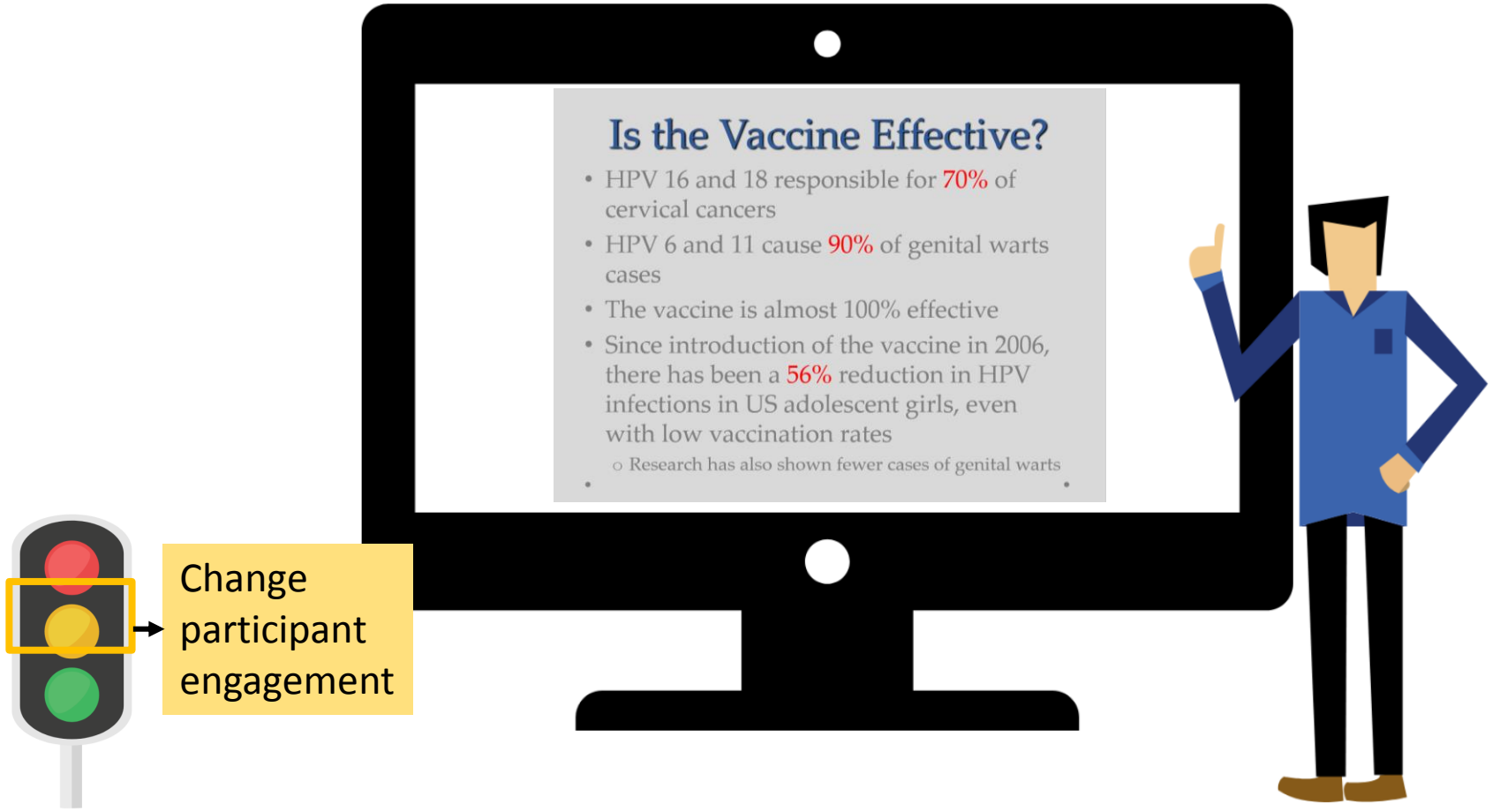




Replace images

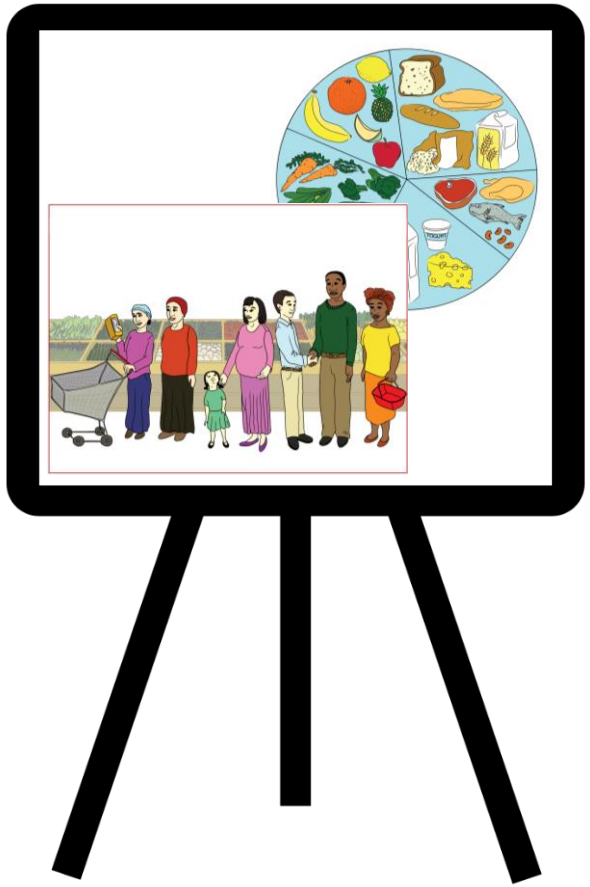
Would these images be effective and appropriate for your clients?

Adaptation: Delivery?



What other formats might be effective for your clients?

Source: iStock



http://latinascontracancer.org/programs/prevention/health-bingo/; http://refugees.org/wp-content/uploads/2015/12/Healthy-Eating-Flip-Chart.pdf

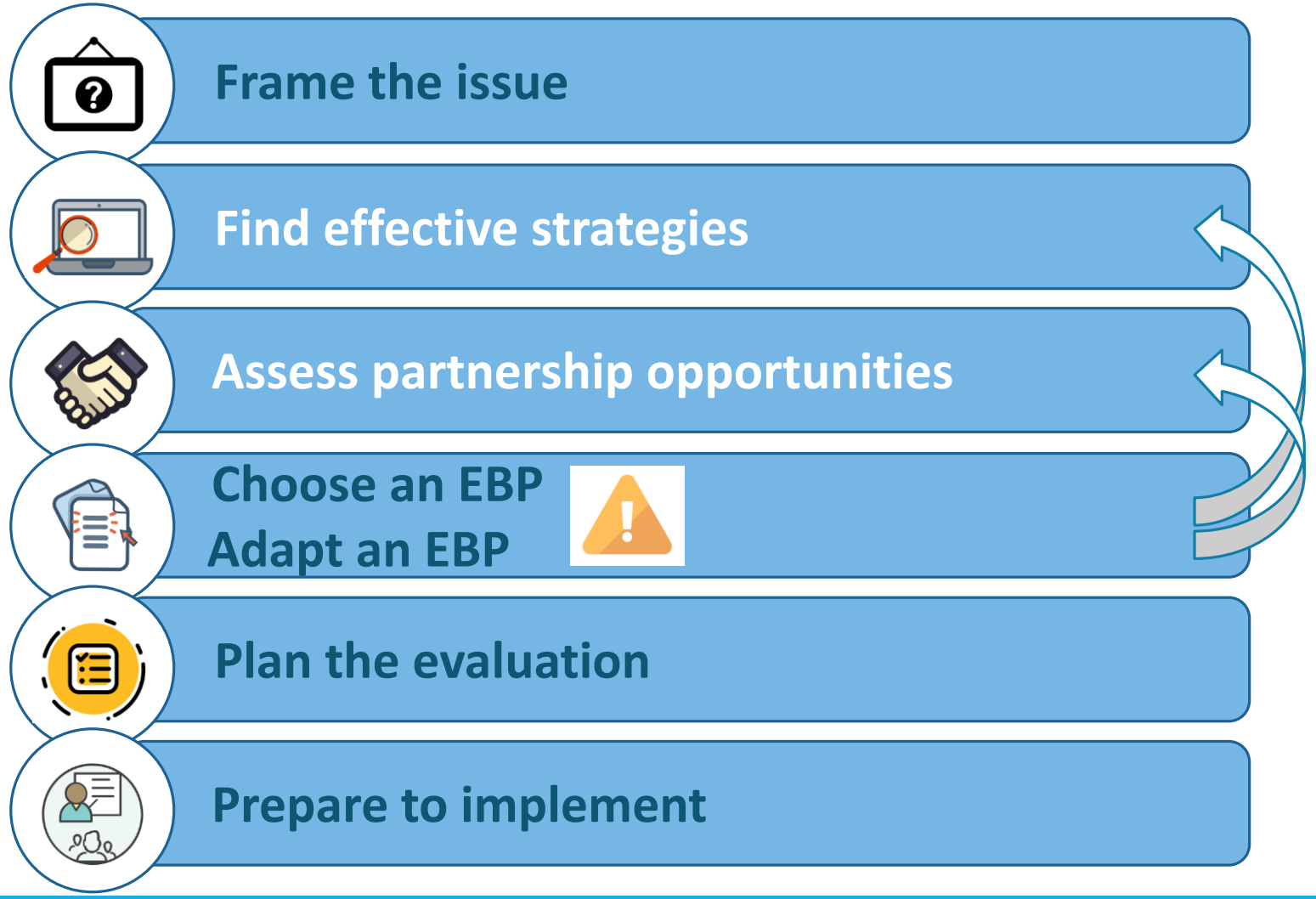
How might this work for you?

Brainstorm with a partner about how you would adapt this HPV presentation for use with clients like yours.

Some questions to consider:

- What types of information/data would you present?
- What messages and language would you use to talk about HPV vaccination?
- How would you share information? What ways could you actively engage participants?
- Who would lead the discussion?
- Are there any other changes you would make?

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

How to pilot

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

Run through the program with them

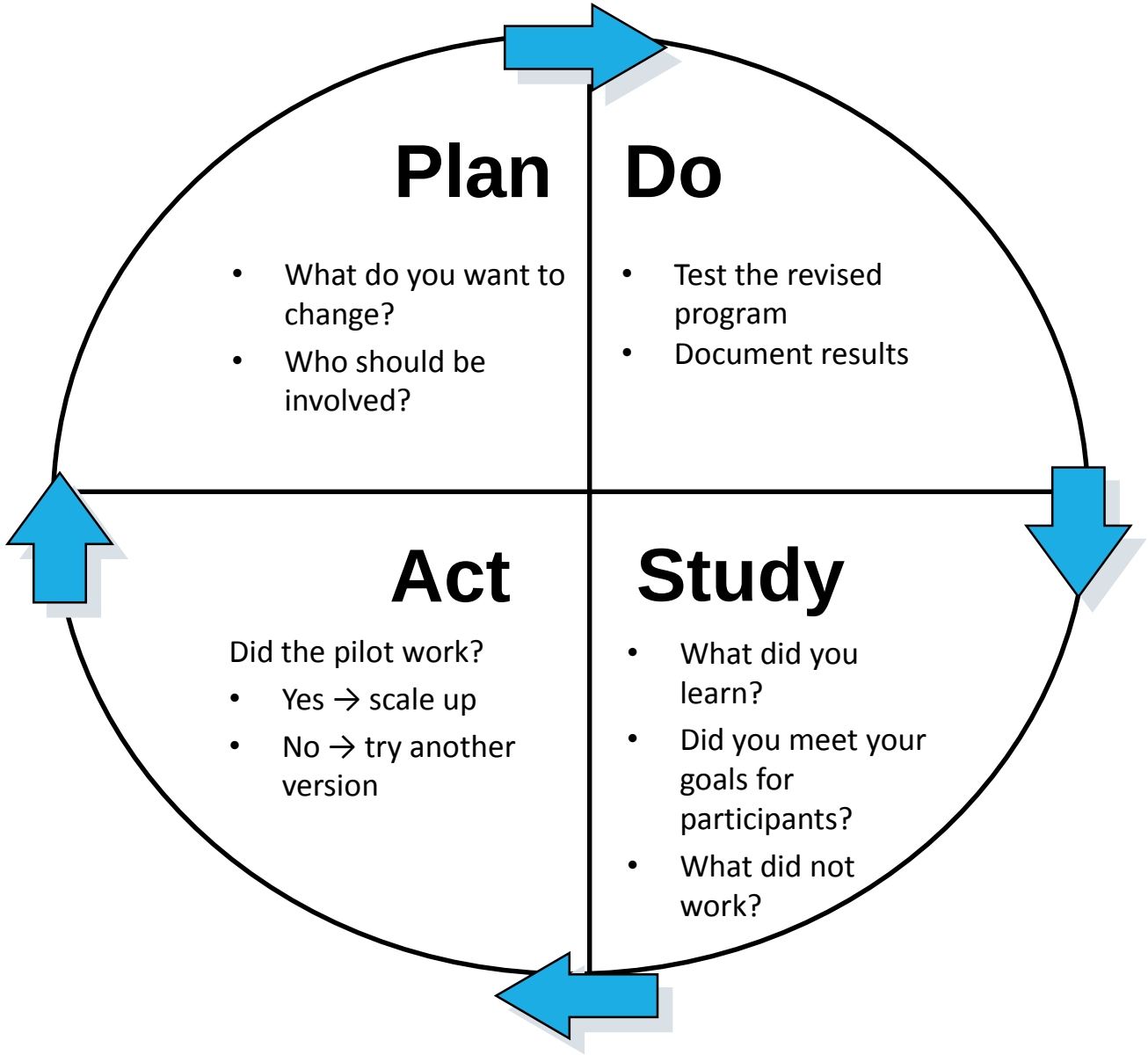
- You don’t have to deliver the whole program, just give a high-level overview to walk them through the entire program

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



http://cpcrn.org/pub/evidence-in-action/

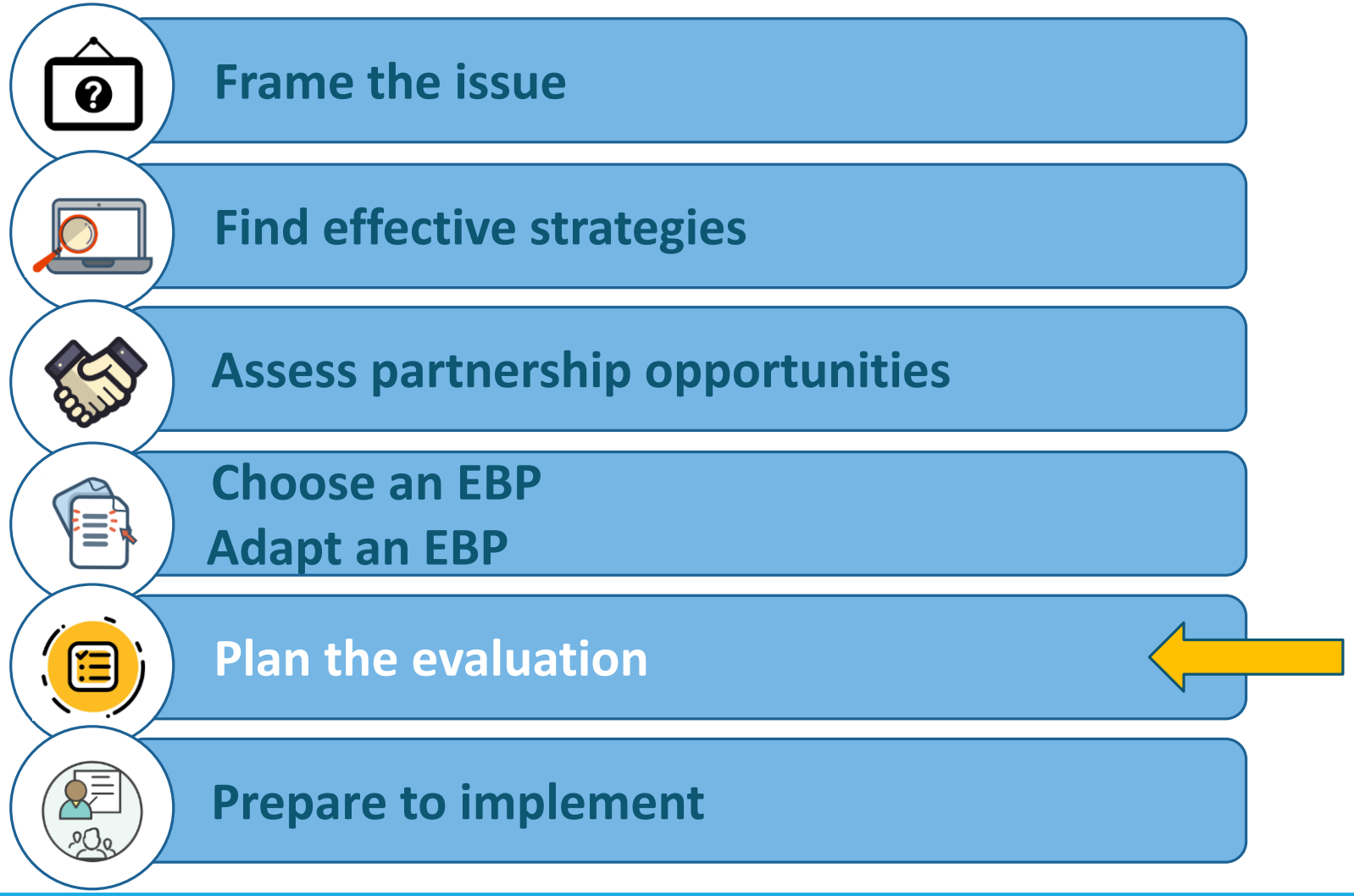
Workshopping opportunity

Thinking about the EBP you selected for use in your organization…

1. Briefly, what would you adapt? Why?
2. Of these considerations, what might you focus on in a 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

Step 5: Plan the evaluation

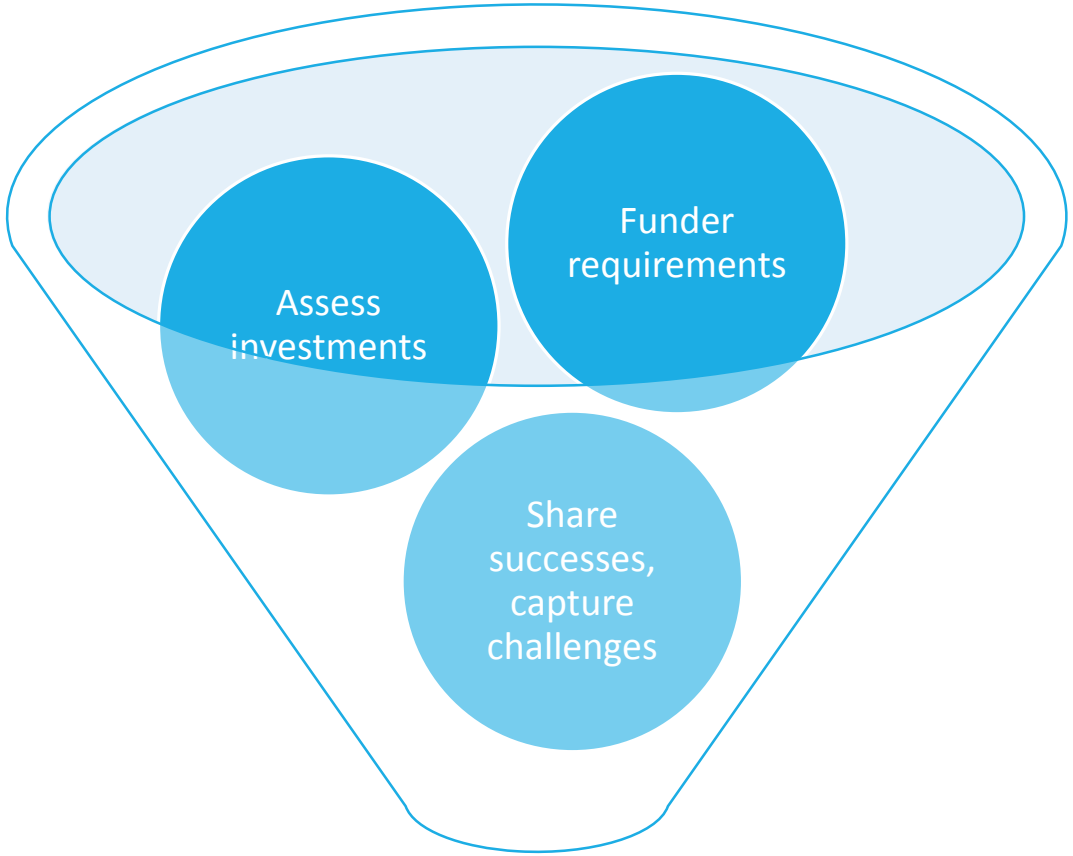


Step 5

As we prepare to evaluate, we will learn to

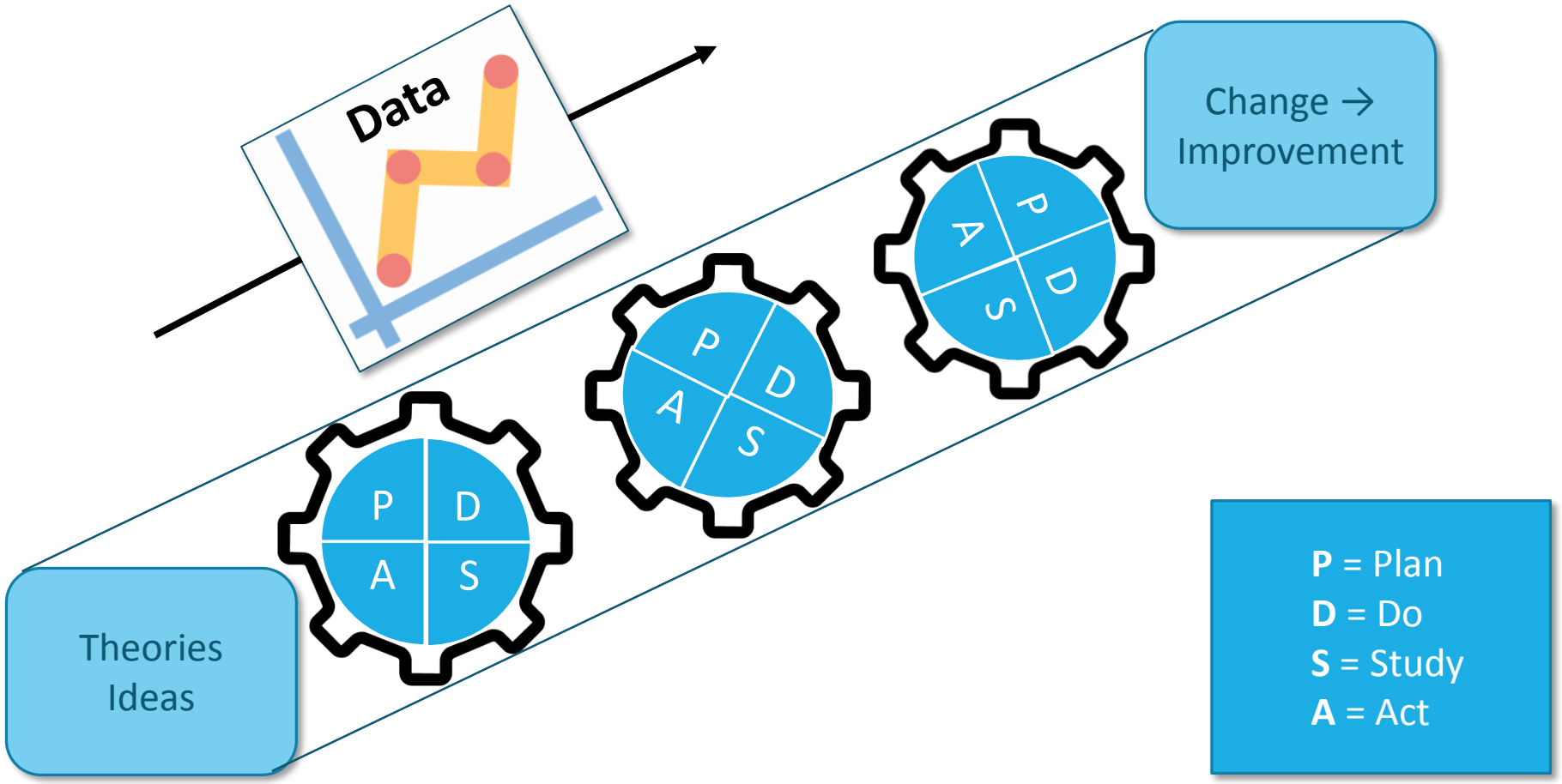
- Identify the key things we want to measure
- Access available tools and resources to help plan the evaluation

Why evaluate?



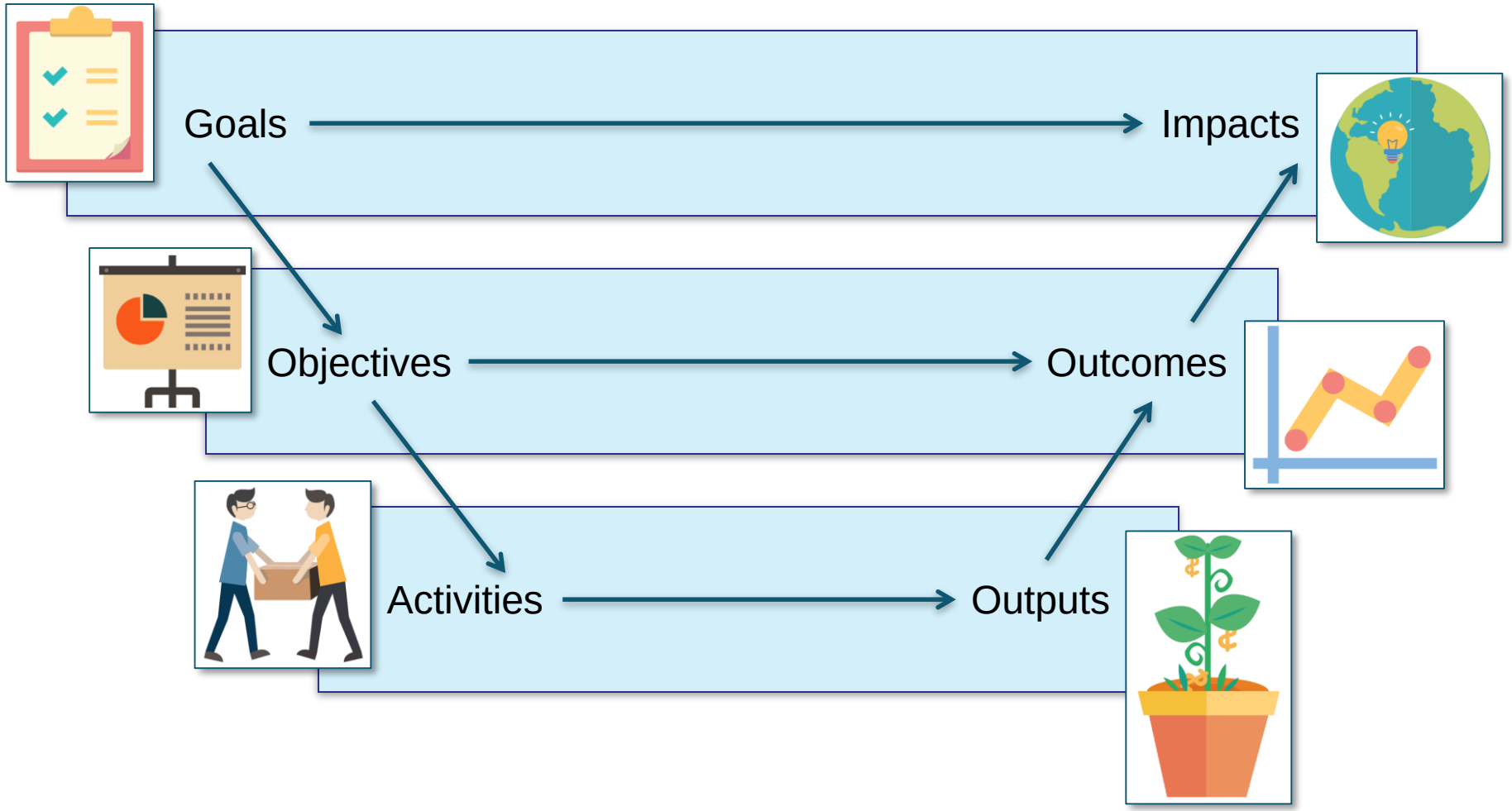
Manage resources and services effectively

Benefits of evaluation: Driving change



The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement, 2003.

Putting it all together



Different types of evaluation

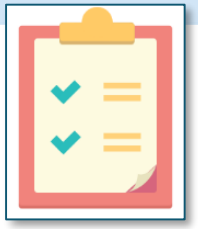
QUANTITATIVE

Formative

What is the current situation?

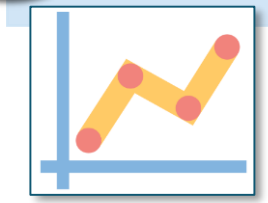
Process

How is the program going?



Outcome

Did the program work?



QUALITATIVE

Why measure process?

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

If the program was successful…

- What helped us succeed?
- How can we make the most of those learnings (for ourselves and others)?

If the outcomes of the program are disappointing…

- Where did the initiative break down?
- Should we attempt the program again or start anew?

Formative evaluation

Assessing HPV vaccine knowledge and evidence-based programming among community- 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 your community members? How familiar are they with the vaccine?
HPV as a priority	Do you think HPV is a priority health topic for community-/faith-based organizations in the community you serve?
HPV programs	Do you know of any recent events or programming within the community you serve that focused on HPV prevention?

Process evaluation

Agendas & attendance logs

How many trainings delivered?

Who attended?

How did they go?

Observations of core training activities

Planet Hot Tip: Think about existing administrative records that could serve a process data

Outcome evaluation survey

Adapted survey	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

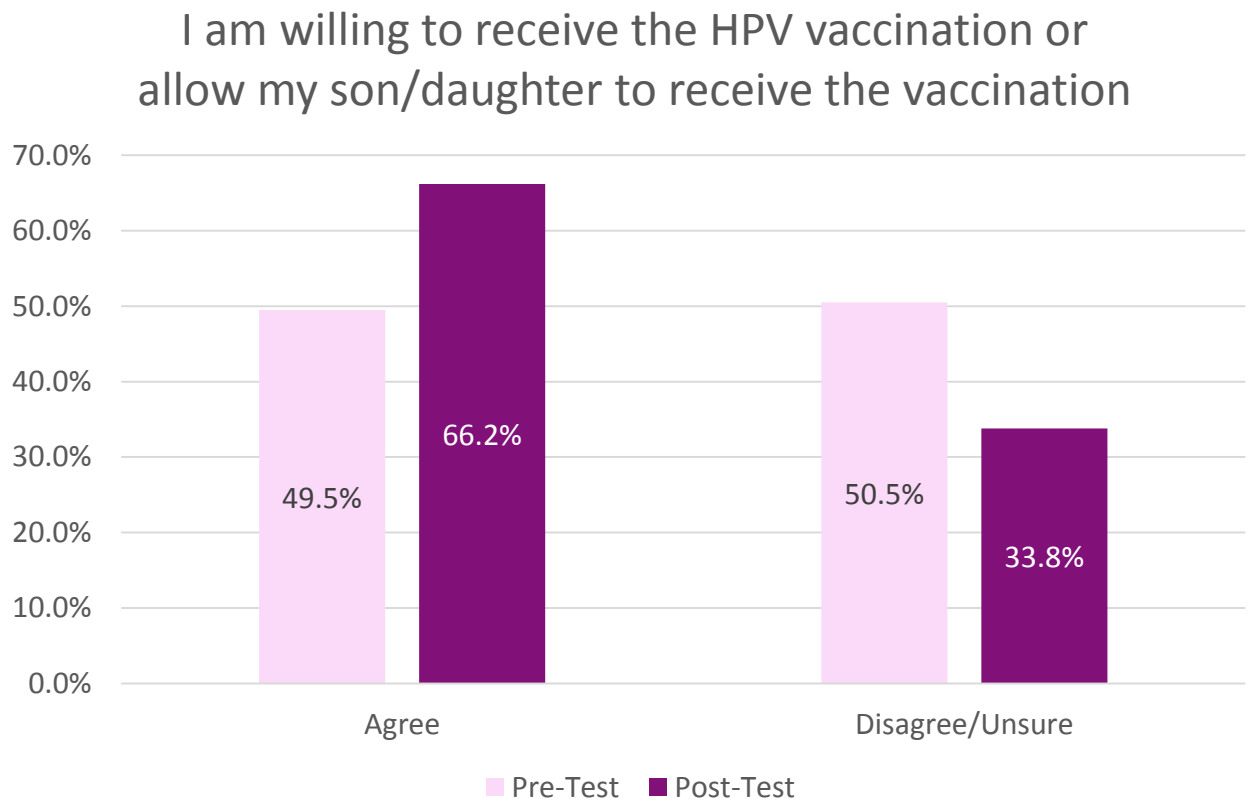
□ Post-training

□ Parent of teens

□ Adult eligible for HPV vaccine (18-26 years old)

Roussos-Ross, K. et al. 2017. Do educational seminars for the human papillomavirus vaccine improve attitudes toward the value of vaccination. *J Pediatric Adolescent Gynecol* . 30 *(4).* 4http://dx.doi.org/10.1016/j.jpag.2016.12.003

Change in intention to get the HPV vaccine



After the evaluation is in…

With a partner, please discuss:

A) Your motivation for sharing findings

B) Challenges to sharing findings

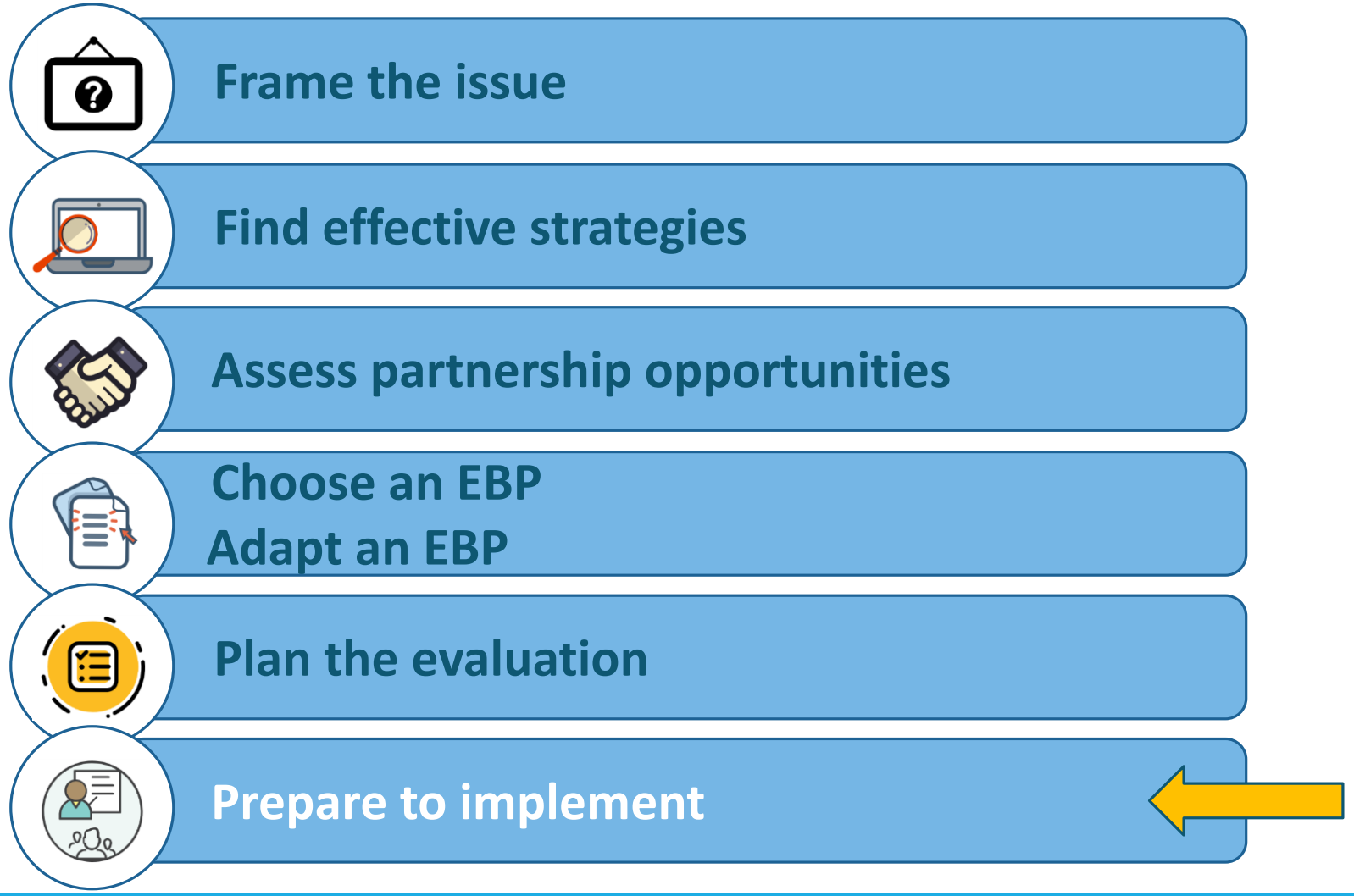
C) The formats (e.g., briefs or social media bursts) that you have used / received that seem promising.

Workshopping opportunity

Thinking about the evaluation for your selected program, please list one thing you would want to get from:

- The formative research
- The process evaluation
- The outcome evaluation

Step 6: Prepare to implement



Step 6

As we prepare to implement, we will learn to

- Support our team in the implementation process
- 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.

Who all has to be on board?

"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

Teamwork

- 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 plan

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

Example: HPV

SMART objective	Activities	Person responsible	Resources needed	Due date	Measures of progress
Conduct 2 HPV education classes to 3 CBOs and FBOs in Boston in year 1	1. Design recruitment flyers. 2. Identify 2 potential locations for classes.	1. FBO health ministry 2. Pastoral leadership 3. CBO outreach coordinator	1. Obtain pastoral/ leadership permission 2. Book location	11/28/2018	1. Who attended classes? 2. How many classes were held?

Sustainability – Everything a program needs to keep going over time

Workshopping opportunity

- Brainstorm a list of people who need to be on board for implementation
- Write one row of the implementation plan for your project

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

What's next?

We value your feedback. Please complete your surveys!

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

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

Spread the word! More trainings to come in 2018 and 2019!

A systematic approach to program planning

Frame the issue

Find effective strategies

Assess partnership opportunities

Choose an EBP
Adapt an EBP

Plan the evaluation

Prepare to implement