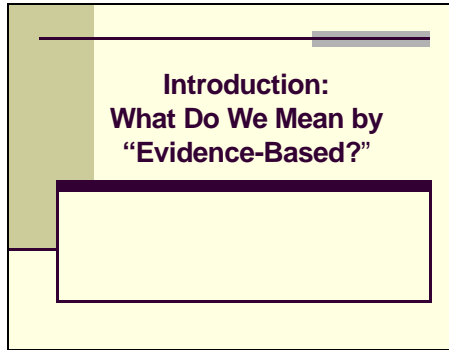
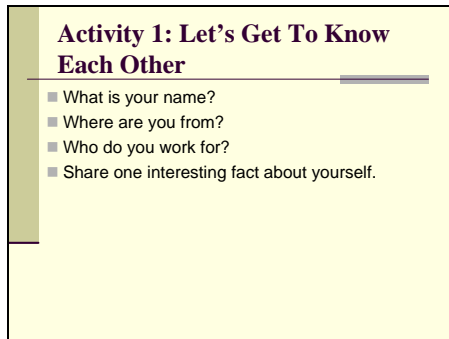


Handout #1: Slides

Slide 1




Slide 2



Slide 3

Objectives

- Be familiar with fellow module participants.
- Understand what evidence-based means, what evidence-based programs are, and why they are important to use in health interventions.
- Be familiar with the structure of the tutorial.



Slide 4

Question

What do you think of when you hear the term “evidence-based”?

Slide 5

Answer

An evidence-based program has been:

- Implemented with a group
- Evaluated
- Found to be effective.

Slide 6

What Is Evidence?

- Surveillance Data
- Systematic Reviews of Multiple Intervention Studies
- An Intervention Research Study
- Program Evaluation
- Word of Mouth
- Personal Experience

OBJECTIVE

SUBJECTIVE

Slide 7


Why the Fuss?

- More Federal funders are requiring program planners to use evidence-based programs.
- Some consider evidence that is proven through research (explicit).
- Some consider evidence that is derived from experience or practice (tacit).
- The best evidence may be a combination of research and practice.

Slide 8

Your Experience

- What has your experience been with evidence-based programs?
 - Where have you heard of them before?
 - Have any of you used these programs in the past?



Slide 9

Advantages to Evidence-Based Programs

- What are advantages to evidence-based programs?
 - Effective in the study populations
 - Cost effective
 - Shorten the time it takes to develop a program
 - Reduce the time it takes to research a community
 - Help narrow the evaluation.

Slide 10

Evidence-Based Program Barriers

- Using evidence-based programs limits my creativity.
- Evidence-based programs take too much time and/or money.

Slide 11


Evidence-Based Program Barriers, cont.

- Evidence-based programs are too scientific.
- My community is unique. An evidence-based program will not be as appropriate as if I developed the program myself.

Slide 12

Evidence-Based Program Barriers, cont.

- I do not know what evidence-based programs are or where to find them.



Slide 13

Level 1 Programs

- Funded by peer-reviewed grant
- Published in peer-reviewed journal
- Part of systematic review
- Strategies from Community Guide

■ See Handout #2: Evidence-Based Practice

Slide 14

Level 2 Programs

- Funded by peer-reviewed grant
- Published in peer-reviewed journal
- Part of systematic review
- Strategies from systematic reviews but NOT Community Guide

Slide 15

Level 2 Programs

- Published in peer-reviewed journal but NOT funded by peer-reviewed grant
- Part of a systematic review
- Strategies from Community Guide

Slide 16

Level 3 Programs

- Published in a peer-reviewed journal but NOT funded by a peer-reviewed grant
- Part of a systematic review
- Strategies from systematic reviews but NOT by Community Guide

Slide 17

Level 4 Programs

- Funded by peer-reviewed grant
- Published in a peer-reviewed journal
- Strategies from single study but NOT in systematic review

Slide 18

Level 5 Programs

- Published in a peer-reviewed journal but NOT funded by peer-reviewed grant
- Strategies from single study but NOT part of systematic review

Slide 19


Terminology

- Theory-based
- Best practices
- Evidence-based
- Research-tested

■ See Handout #3: Important Terminology

Slide 20

Activity: Tutorial Expectations




- Please write down one or two things that you would like to learn during our time together.
- How could you use this information for your health program?


Slide 21

Adaptation Tutorial Structure

- Five modules
- Each module includes:
 - Lecture
 - Handouts
 - Group/individual activities
 - A case study.



Slide 22



Questions?

Handout #2: Evidence-Based Practice

Q: What are evidence-based programs?

A: Programs that have proven to be effective at different levels of research

When you look for an evidence-based program to adapt, be aware that they have been through different levels of research. Even research-tested intervention programs (RTIPs) you can find on Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) vary among Levels 1, 2, 3, and 4. In the breakdown listed below, a Level 1 program has the strongest evidence. A Level 5 program has acceptable evidence. A Level 1 program may be more effective than a Level 5 program, but a program that meets Level 5 requirements may be a useful model.

Level 1

A program that:

- Is funded by a peer-reviewed grant. This means that a panel of experts had to approve the intervention and evaluation study design before it received grant funds for planning, implementation, and evaluation.
- Has findings published in a peer-reviewed journal
- Is part of a systematic review. This means that other researchers have tested similar programs.
- Uses strategies listed in the Guide to Community Preventive Services (Community Guide) (<http://www.thecommunityguide.org/>). The Community Guide summarizes “systematic reviews.” It looks for the best practices for effective programs.

Level 2

A program that:

<ul style="list-style-type: none">• Is funded by a peer-reviewed grant. This means that a panel of experts had to approve the intervention and evaluation study design before it received grant funds for planning, implementation, and evaluation.• Has findings published in a peer-reviewed journal• Is part of a systematic review. This means that other researchers have tested similar programs.• Uses strategies listed in other systematic reviews, such as Cochrane (http://www.cochrane.org/index2.htm). However, it is not recommended by the Community Guide.	OR	<ul style="list-style-type: none">• Has findings published in a peer-reviewed journal but is not funded by a peer-reviewed grant• Is part of a systematic review. This means that other researchers have tested similar programs.• Uses strategies listed by the Community Guide (http://www.thecommunityguide.org/)
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Level 3

A program that:

- Has findings published in a peer-reviewed journal but is not funded by a peer-reviewed grant
- Is part of a systematic review. This means that other researchers have tested similar programs.
- Uses strategies listed by other systematic reviews, such as Cochrane (<http://www.cochrane.org/index2.htm>). However, it is not recommended by the Community Guide.

Level 4

A program that:

- Is funded by a peer-reviewed grant. This means that a panel of experts had to approve the implementation and evaluation study design before it received funds for planning, implementation, and evaluation.
- Has findings published in a peer-reviewed journal
- Uses strategies that have been proven effective in a single study. But they have not been tested in other research studies or been evaluated as part of a systematic review.

Level 5

A program that:

- Has findings published in a peer-reviewed journal but was not evaluated and funded by a peer-reviewed grant.
- Uses strategies that have been proven effective in a single study. But they are not supported by other research or part of a systematic review.

Q: Why would one use an evidence-based program?

A: We promote the use of these interventions because we know that they had some effect on the community in which they were first conducted. They are therefore a good starting place.

They may be more cost effective. Using such a program shortens the time it takes to develop a new program, reduces the amount of research needed, and helps to focus the evaluation.

Rather than creating a new intervention, program planners are encouraged to use evidence-based programs and methods and to carefully adapt them to fit the needs of their audience and the capacity of their organization. Some of these programs can be found in Step 4 of Cancer Control PLANET: <http://cancercontrolplanet.cancer.gov/>.

Q: What does “research-tested” mean?

A: Research-tested is a feature of evidence-based practice. It means that the program was tested in a peer-reviewed and funded research study. A program may not be as effective once it leaves

the research setting if there are changes in parts of the program used, the environment, or the population served. However, the research-tested program serves as a good starting place.

Q: What is Cancer Control PLANET?

A: Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) is a Web portal to data and resources. These resources can help planners, program staff, and researchers plan, conduct, and evaluate cancer control programs. The five steps to planning a cancer control program, as found on Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>), are:

Step 1: Assess the program priorities by looking at the cancer burden on a local, State, or national level.

Step 2: Find program and research partners to help with your efforts.

Step 3: Look for interventions that work by reviewing strategies and approaches that have been shown to be effective.

Step 4: Find RTIPs and products to adapt for your audience.

Step 5: Review resources needed to plan, implement, and evaluate a program.

Q: How are the evidence-based programs on PLANET rated and by whom?

A: Programs on Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) have been reviewed by a panel of topic experts in the field. Programs are rated on 17 criteria. The following six are being reported at this time:

- Dissemination capability
- Cultural appropriateness
- Age appropriateness
- Gender appropriateness
- Integrity
- Program utility.

For more detailed information on the program ratings used, please visit the National Registry of Effective Programs and Practices (NREPP):

<http://www.modelprograms.samhsa.gov/template.cfm?page=nreppen>.

Q: When should I use an evidence-based/research-tested intervention program rather than developing my own?

A: Evidence-based programs such as the RTIPs on Step 4 of PLANET (<http://cancercontrolplanet.cancer.gov/>) have been shown to be effective in the populations and settings in which they were studied. You are more likely to have success by using or adapting an RTIP which has been tested in the field than by creating a new program for the same population held in the same setting.

Creating a new program may be the best solution if:

- There are no research-tested cancer control programs that would be suitable for your populations or settings.
- None can be adapted to fit those needs without sacrificing the utility of the program.

However, in creating a new program, it would be wise to:

- Review the research on similar programs. (A summary of these are in the Guide to Community Preventive Services on Cancer Control PLANET Step 3 (<http://cancercontrolplanet.cancer.gov/>).)
- Involve local cancer control research experts in the design and evaluation of your new program. (See Cancer Control PLANET Step 2 (<http://cancercontrolplanet.cancer.gov/>) for State and regional contacts who can help you find researchers in your area.) Your new program can become listed on RTIPs if it is tested in a peer-reviewed study and published in a peer-reviewed journal.

Handout #3: Important Terminology

Theory Driven or Theory Based

Program planners use theory to investigate answers to the questions of “why,” “what,” and “how” health problems should be addressed. Theory guides the search for reasons why people engage in certain behaviors. Theory also helps suggest strategies and identify which indicators should be monitored and measured during program evaluation. Therefore, theory can provide a road map for studying problems, developing appropriate interventions, and evaluating their successes. *(from Theory at a Glance, NCI, Pub # 05-3896, Sept 2005)*

Best Practices

Programs based on best practices utilize STRATEGIES that have been shown to be effective. Strategies found in the Guide to Community Preventive Services (Community Guide) or the Guide to Clinical Preventive Services (Clinical Guide) provide strategies that can serve as best practices for programs. The Community Guide can be found at <http://www.thecommunityguide.org>. An example of best practices being used can be found at: <http://www.cdc.gov/tobacco/bestprac.htm>.

Evidence-Based

Evidence-based PROGRAMS have been proven to be effective in the populations and settings in which they were studied. Using an evidence-based program shortens the time it takes to develop a new program, reduces the amount of research needed, and helps focus the evaluation process.

Research Tested

Research-tested is a feature of evidence-based practice. It means the program was tested in a peer reviewed and funded research study. A program may not be as effective once it leaves the research setting if there are changes in parts of the program used, the environment, or the population served. However, the program serves as a good starting place. Research-tested programs can be found on Step 4 of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>).