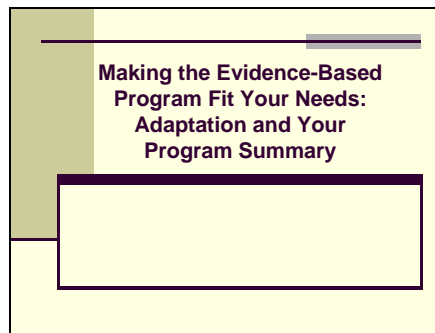


Module 4: Adaptation and Your Program Summary

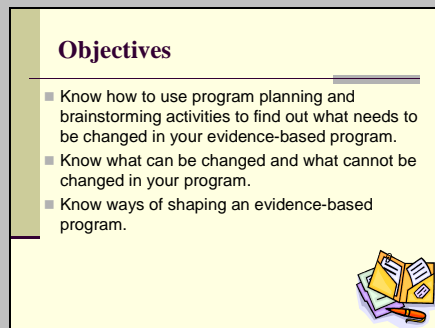
Slide 1



Purpose:

- Participants will learn how to make changes to their chosen evidence-based program so that it best fits their community's needs.

Slide 2



Objectives for the Lesson:

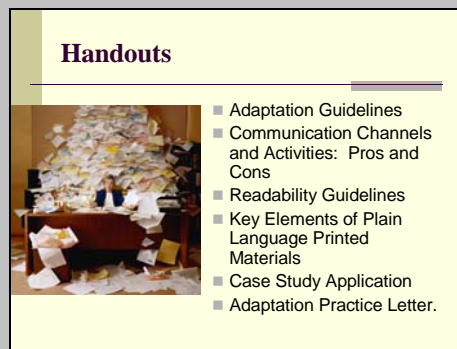
- By the end of this module, participants will:
 - Know how to use program planning and brainstorming activities to find out what needs to be changed in their evidence-based program
 - Know what can be changed and what cannot be changed in their program
 - Know ways of shaping an evidence-based program.

Materials Required:

- Name tags or seat cards
- Paper for notes
- Pens
- Newsprint or chart paper
- Easel
- Masking tape
- LCD projector and screen
- Laptop with Internet access (if available)

- Module 4: Adaptation and Your Program Summary (Microsoft PowerPoint File)

Slide 3



- Handouts:
 - HO-1: Slide Handout
 - HO-2: Adaptation Guidelines
 - HO-3: Communication Channels and Activities: Pros and Cons
 - HO-4: Readability Guidelines
 - HO-5: Key Elements of Plain Language Printed Materials
 - HO-6: Case Study Application
 - HO-7: Adaptation Practice Letter.

Lesson Outline


1. Activity 1: Defining adaptation
2. Identifying what can and cannot be modified
3. Discussion: Reaction to what can and cannot be modified
4. Identifying what you need to modify in your program
5. Connect your program plan to the adaptation process
6. Adaptation methods
7. Readability and other print issues
8. Activity 2: Case study application
9. Closing.

Activity 1: Defining Adaptation

Slide 4

Questions

- How do you define “adaptation”?
- What does it mean to you?



TRAINER: TALKING POINTS

- Ask the group to take 2 to 3 minutes to write down their definition of “adaptation.”
- Ask them to share their responses with the group.

Slide 5

Adaptation

- Microsoft Encarta Dictionary definition of **adaptation** (ad·ap·ta·tion):
 - Adapting: the process or state of changing to fit new circumstances or conditions, or the resulting change
 - Something adapted to fit need: something that has been modified for a purpose (e.g., a film adaptation of a novel).

TRAINER: TALKING POINTS

- Review the definition of “adaptation”:
 - Microsoft Encarta Dictionary definition of adaptation (ad·ap·ta·tion):
 - Adapting: the process or state of changing to fit new circumstances or conditions, or the resulting change
 - Something adapted to fit need: something that has been modified for a purpose (e.g., a film adaptation of a novel).

Identifying What Can and Cannot Be Modified

Slide 6

Step 1: Identify What Can and Cannot Be Modified

- Given the definition you wrote down for adaptation:
 - What do you think can be adapted in the evidence-based programs?
 - What is the difference between adapting an evidence-based program and changing it?

TRAINER: TALKING POINTS

- Refer to the opening writing activity in which the participants defined adaptation.
- Discussion question: Ask the group to take 5 to 10 minutes as a whole group or in their small groups to discuss the following. (If the group is divided up, make sure there is time for each small group to report back to the whole.)








- What do they think can be adapted in the evidence-based tools?

TRAINER: TALKING POINTS

- Go over these points:
 - Adapting the program means deciding what can be changed and what cannot be changed.
 - Remember that the reason for using an evidence-based program is that it has been evaluated for usability and effectiveness.
 - However, the more changes you make to the original program, the less likely you are to get the original program scores.

Slide 7

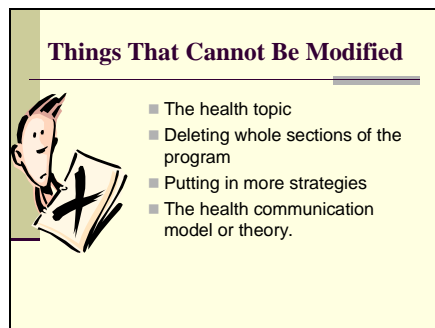
Things That Can Be Modified

- Names of health care centers or systems 
- Pictures of people and places and quotes 
- Hard-to-read words that affect reading level 
- Ways to reach your audience 
- Incentives for participation 
- Timeline 
- Cultural indicators based on population 

TRAINER: TALKING POINTS

- Examples of what can be changed:
 - Names of health care centers or systems
 - Pictures of people and places
 - Quotes, photographs, illustrations, and color schemes should reflect your audience's culture.
 - Hard-to-read words that affect reading level
 - Ways to reach your audience
 - For instance, giving out information in a community center versus a church
 - Incentives for participation
 - Timeline
 - Your program may take less or more time.
 - Cultural indicators based on population.

Slide 8



TRAINER: TALKING POINTS

- Examples of what should not be changed:
 - Deleting whole sections of the program
 - Putting in more strategies
 - Changing the communication model or theory
 - If the evidence-based program uses the Health Belief Model or Stages of Change Theory, then your program should use the same.

- Changing the health topic means that you have to reinvent ALL of the content of the program. You essentially are only using the approaches. Each health topic has its own effective approaches as outlined in systematic review sites such as the Community and Clinical Guides. That means the approaches for the original health topic may not be the most appropriate for the new health topic.
- Remind the group that the more they change, the more rigorous the evaluation will need to be to measure the effectiveness of the modified program.
- Knowing what you can and cannot change can help you stick to the program.

Note to Presenter: This tutorial teaches the user to follow the theories used in the original program, rather than build a new program with a theory. For more information about health promotion theories, use *Theory at a Glance*, published by the National Cancer Institute. To order this publication, call 1-800-4-CANCER or go to <http://www.cancer.gov/>.

Discussion: Reaction to What Can and Cannot Be Modified

Slide 9

What Do You Think?

- Can you think of any other changes—permitted or not—while adapting an evidence-based program?
- Do you agree with all the examples of things that can and cannot be changed?
 - Explain your position.


TRAINER: TALKING POINTS

- Ask the group to base their answers to these questions on what they learned can and cannot be changed during the adaptation process:
 - Can you think of any other changes—permitted or not—while adapting an evidence-based program?
 - Do you agree with all the examples of things that can and cannot be changed?
 - For example, do you think any of the items we discussed that cannot be changed could actually be changed or vice versa?
 - Explain your position.

Identifying What You Need To Modify in Your Program

Slide 10


Step 2: What Do I Need To Modify and What Can Stay the Same?

- Now you are only looking at what can be modified and deciding if you need to make those changes or not.
-  See Handout #2: Adaptation Guidelines.

TRAINER: TALKING POINTS

- Share with the group:
 - Once you have chosen the evidence-based program that you will adapt to meet your goals and objectives, think about how the program best fits with what you have found from your needs assessment.
 - Adapting the evidence-based program begins with seeing which parts can remain the same and which will need to be tailored to your audience.
- **Refer the group to Handout #2: Adaptation Guidelines.** This handout covers what we just discussed. Let's take a moment to briefly review this handout. Let me know if you have any questions or points for discussion.
- Explain that these points are covered in the module and will be reviewed again at the end.

Slide 11

Your Program 

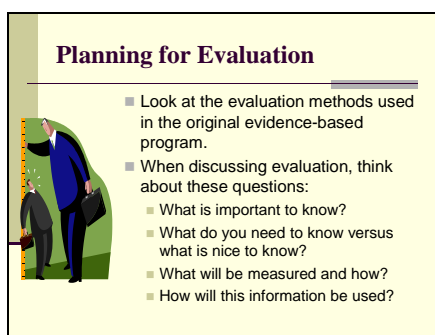
Your program should now include:

- A summary of the data you have collected
- Program goals and objectives from the evidence-based program
- Program management needs such as a timeline, staff needs, budget, and your resources
- Evaluation methods.

TRAINER: TALKING POINTS

- Your program should now have:
 - A summary of the data you have collected
 - The selected evidence-based program
 - A list of the program goals and objectives
 - An outline of the proposed evidence-based program's strategies (and how they relate to your goals and objectives)
 - A list of management issues, such as a timeline, staff needs, budget, and resources. (You should also have a comparison with what was originally involved in the evidence-based program.)
 - A brainstormed list of evaluation methods.

Slide 12



- Evaluation methods should be brainstormed now that you have your objectives and strategies.
 - When doing this, try to answer these questions:
 - What is important to know?
 - What do you need to know versus what is nice to know?
 - What will be measured and how?
 - How will this information be used?
- Tell the group that a description of possible evaluation methods and times when these data should be collected will be discussed in Module #5.

Note to Presenter: If you are not presenting Module #5: Evaluation, refer the group to that module's materials.

Connecting Your Program Plan to the Adaptation Process

Adaptation Methods

Slide 13

Step 3: Making the Modifications

- Brand materials with your contact information. (This includes contact names, mail and e-mail addresses, and phone numbers).
- Replace general pictures and drawings with ones that reflect your audience's culture.
- Think about the best media and channels that should be used to publicize your program.
 - See Handout #3: Communication Channels and Activities: Pros and Cons.

TRAINER: TALKING POINTS

- Share these points about adaptation:
 - Brand materials with your contact information. (This includes contact names, mail and e-mail addresses, and phone numbers).
 - Replace general pictures and drawings with ones that reflect your audience's culture.
 - Measure the reading level of written materials that will be used by your public.
 - If the reading level is too high, then change the wording.
 - You may need the help of your partners to distribute the materials.
 - Think about the best media and channels that should be used to publicize your program.
 - Refer to your needs assessment for locations to reach your audience.
- Also remind them that Step 3 of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) gives suggestions for effective communication channels.
- Refer the group to Handout #3: Communication Channels and Activities: Pros and Cons. This handout provides some communication channels that may be used in the adapted program. Let's take a moment to review the handout. Let me know if you have any questions or points for discussion.

Slide 14

Making the Modifications, cont'd


- Choose incentives that appeal to your audience.
- Make a timeline that makes sense based on your resources.
- Try not to remove existing or add extra materials.
- Use the original health or communication model from the evidence-based program.

TRAINER: TALKING POINTS

- Share these points about adaptation:
 - Choose incentives that appeal to your audience.
 - Go to your needs assessment for ideas about what your audience likes to do and what they value.
 - Make a timeline that makes sense based on your resources.
 - For example, if you have less staff, your program may take longer to conduct than the original program did.
 - Try not to remove existing or add extra materials.
 - Use the original health or communication model from the evidence-based program.

Readability and Other Print Issues

Slide 15

Print Materials and Readability

- Your program may include print materials.
- Be sure to measure their reading level.
- Products you can get on Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) have their reading levels listed.
- If the reading level is too high, you may have to rewrite sections.

See Handout #4: Readability Guidelines.

TRAINER: TALKING POINTS

- Let's talk more about reading level:
 - Print materials may play an important role in your program.

- Be sure to measure the readability of your materials.
- Products you can get on Cancer Control PLANET Step 4 (<http://cancercontrol.cancer.gov/rtips/>) already have reading levels listed for materials distributed to the public.
- If the reading level is too high, then you may have to rewrite sections.

Slide 16

Quick Reference to Readability			
Readability measurement	Fry Graph	SMOG Formula	Fog Index
Length of Section Measured	100 words (3 sections)	10 sentences (3 sections)	Entire passage
What To Measure	Number of syllables	Number of big words (words with 3 or more syllables)	Total number of words, total number of sentences, and total number of big words (words with 3 or more syllables)
Calculation	Average 3 passages; look up readability level on Fry Graph	Average 3 passages; look up reading level on SMOG conversion table	$[(\text{average sentence length}) + (\text{percentage of big words})] \times (0.4) = \text{reading level}$

- Refer participants to Handout #4: Readability Guidelines. It gives a quick review of readability measures.

Note to Presenter: Some participants may be more familiar with measuring readability than others. The following optional activity may be used for those groups who need review and practice with measuring readability.

OPTIONAL ACTIVITY: MEASURING READABILITY

Divide participants into three groups. Refer to Handout #4 for the practice passage to be measured and the readability formulas. The passage is on the last page of the handout. Group 1 will measure the readability of the practice passage with the Fry Graph. Group 2 will measure readability using the SMOG formula, and Group 3 will use the Fog Index. Allow 10–15 minutes for this exercise. Then bring the groups back and review their answers. Review the sections *Choosing a Readability Formula* and *When To Measure Documents for Readability* in Handout #4. Address any questions or points for discussion.

Slide 17

Print Materials and Culture

In addition to reading level, you should ask yourself:

- Is the language appropriate for the culture?
- Are there different meanings for words? Could the words be misinterpreted?
- Do the materials fit with my audience's culture?
- See Handout #5: Key Elements of Plain Language Printed Materials.

If you answer these questions, it may help you find other needed text changes.

TRAINER: TALKING POINTS

- Share these considerations:
 - In addition to reading level, you should ask yourself:
 - Is the language appropriate for the culture?
 - Are there different meanings for words?
 - Do the materials fit with my audience's culture?
 - Your answers to these questions may help you find other needed text changes.
- Refer participants to Handout #5: Key Elements of Plain Language Printed Materials and review the information with them.

Note to Presenter: Some participants may want some additional practice with adaptation. The following activity can help explain the adaptation process.

OPTIONAL ACTIVITY: PRACTICING ADAPTATION

- Refer participants to Handout # 7: Adaptation: Practice Letter.
- Share the following information for the activity:
 - You are implementing an evidence-based program to increase breast cancer awareness and screening among Vietnamese women living in California.
 - You have selected a program that was originally implemented with women who work for the University of Florida in Gainesville. One product is a welcome letter.
- Ask participants to take 10–15 minutes and answer the following questions:
 - What are ways that you can adapt this passage to best fit your audience?
 - What does not need to be adapted?

- Instruct the group to list things that should and should not be modified in the passage.
- Bring the group back together.
- Go around and ask each group to identify one change to the welcome letter until there are no more suggestions.
- Ask for volunteers to identify what does not need to be adapted.

TRAINER: TALKING POINTS

- Some possible examples of things to be modified in the practice letter:
 - location (city and names of meeting places),
 - meeting venue (church and/or community center versus student union and hospital),
 - dates for meeting,
 - length of program,
 - incentives for participation,
 - name of program,
 - language (reading level is too high),
 - offer a Vietnamese translation,
 - cultural relevancy in regard to relationship with physician.

TRAINER: TALKING POINTS

As you remember from the case study in Module 3, we chose to adapt the Cambodian Women's Health Project for Mexican American/Tejana women in Cameron County, TX. We will be adapting components of this program. For example, the program overview was adapted to the following:

Slide 18

Adapting Program Components

Before:

The Cambodian Women's Health Project

- Neighborhood-based program
- Increase cervical cancer screening rates among Cambodian women, aged 18 years and older
- Includes a home visit, group meetings, and help getting to a Pap test
- Given by bilingual, bicultural Cambodian women
- Resources include the video, *The Preservation of Tradition*, as well as the outreach worker and clinic resource manuals.

Program Overview

Before:

The Cambodian Women's Health Project

- Neighborhood-based program
- Increase cervical cancer screening rates among Cambodian women, aged 18 years and older
- Includes a home visit, group meetings, and help getting to a Pap test

- Given by bilingual, bicultural Cambodian women
- Resources include the video, *The Preservation of Tradition*, as well as the outreach worker and clinic resource manuals.
- We would adapt the overview to the following:

Slide 19

Adapting Program Components

After:

The Mexican American Women's Health Project

- Neighborhood-based program
- Increase cervical cancer screening rates among Mexican American/ Tejana women, aged 18 years and older, in Cameron County, TX
- Includes a home visit, group meetings, and help getting to a Pap test
- Given by bilingual, bicultural Mexican-American/ Tejana women
- Resources include a video as well as the outreach worker and clinic resource manuals.

After:

The Mexican American Women's Health Project

- Neighborhood-based program
- Increase cervical cancer screening rates among Mexican American/Tejana women, aged 18 years and older, in Cameron County, TX
- Includes a home visit, group meetings, and help getting to a Pap test
- Given by bilingual, bicultural Mexican American/Tejana women
- Resources include a video as well as the outreach worker and clinic resource manuals.

Activity 2: Case Study Application

TRAINER: TALKING POINTS

- Explain the objective of the group assignment. The goal is to have the group practice using the information from the lecture as if they were adapting their own evidence-based program.
- Divide the class into groups.
- Give each group one of three scenarios:

Slide 20

Scenario 1: Adapting the Video

Brainstorm ideas on how you can adapt the video for the case study population

TRAINER TALKING POINTS

- **Scenario 1:** One of the program components includes an educational video. The original program included a video for Cambodian women in Khmer. Brainstorm ideas on how you can adapt the video for our case study population, Mexican American/Tejana women in Cameron County, TX. Think about the behavior we want to change as well as cultural issues. Some of this information can be provided by your needs assessment. Note: You can access the original video on the CD-ROM under Appendix C: The Cambodian Women's Health Project Materials.

Slide 21

Scenario 2: Adapting the Clinic Resource Manual

Think about how you would adapt the clinic resource manual for the case study population. List what will need to be changed or included.

TRAINER TALKING POINTS

- **Scenario 2:** Another program component is a clinic resource manual. The clinic resource manual for the Cambodian Women's Health Project is a list of clinics in Seattle, WA. It includes how to reach each clinic by public transportation. Think about how you can adapt the clinic resource manual for the case study population. List what will need to be changed or included. Note: You can access the original clinic resource manual on the CD-ROM under Appendix C: The Cambodian Women's Health Project Materials.

Slide 22

Scenario 3: Adapting the Outreach Worker Manual

Think about what will need to be changed to adapt the outreach worker manual for the case-study population. List some items that will need to be changed.

TRAINER TALKING POINTS

- **Scenario 3:** Another component of the program is an outreach worker manual. The manual was used to teach outreach workers about the health issues that affect Cambodian women in Seattle, WA. It talks about Cambodian culture. It gives data on death rates due to cervical cancer among the women. The manual has a specific focus on the cultural views of

reproductive health, Pap tests, and community programs. It writes about beliefs and attitudes of Cambodian women as well. Think about what will need to be changed to adapt the outreach worker manual for our case-study population. Note: You can access the original program manual on the CD-ROM under Appendix C: The Cambodian Women's Health Project Materials.

- Allow 10 minutes for this exercise. Then bring the groups back together and have them report back.

Note to Presenter: Refer participants to Handout #6: Case Study Application. This handout will describe how the Cambodian Women's Health Project was adapted to the Mexican American Women's Health Project. Refer back to this handout as you go over the case study. It can serve as a reference as groups report back. Participants can review the handout on their own or it can be reviewed as a group.

Closing

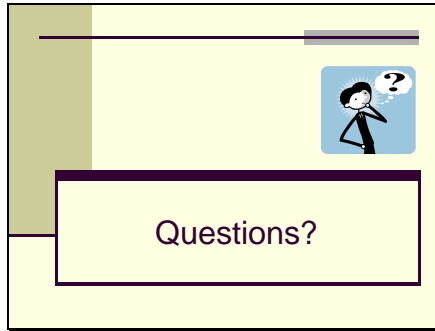
Slide 23

Objectives

- Know how to use program planning and brainstorming activities to find out what needs to be changed in your evidence-based program.
- Know what can be changed and what cannot be changed in your program.
- Know ways of shaping an evidence-based program.

- Review module objectives.
- You may want to review Handout #2: Adaptation Guidelines again to reinforce major points.

Slide 24



- Ask whether there are any questions.
- Thank participants for their attention.