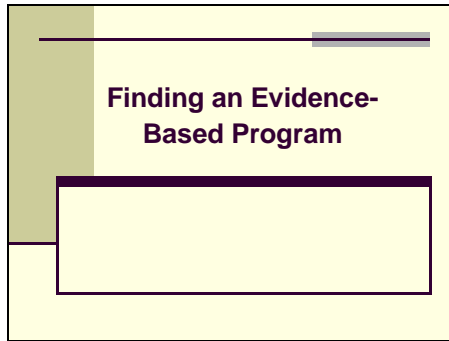
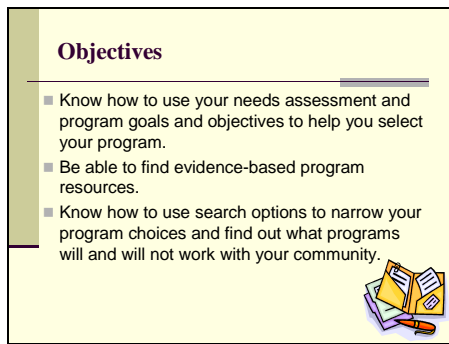


Handout #1: Slides

Slide 1



Slide 2



Slide 3

Handouts



- Developing Goals and Objectives
- Alternative Sources for Evidence-Based Programs
- Talking With the Principal Investigator
- Finding an Evidence-Based Program: Case Study.

Slide 4

Activity: Finding the Connection

How does a needs assessment help in choosing an evidence-based program?

Slide 5


Drafting Program Goals and Objectives

- They help to:
 - Narrow program scope
 - Avoid straying from the needs assessment.

Slide 6


Goals: Definition

- The “grand reason” for engaging in your public health effort
- Span 3 or more years
- State the desired end result of the program.



Slide 7

Objectives: Definition

- More specific than goals. They state how the goals will be achieved in a certain timeframe.
- Objectives should be SMART:
 - S—Specific
 - M—Measurable
 - A—Achievable
 - R—Realistic
 - T—Time-framed
-  See Handout #2: Developing Goals and Objectives.

Slide 8


Activity: Goals and Objectives Questions

- How can a needs assessment help you decide your goals and objectives?
- How do you think your goals and objectives might change after you select an evidence-based program?

Slide 9

Strategies

- Will depend on which evidence-based program you select
- Answer these questions:
 - What specific behaviors do I want my audience to acquire or enhance?
 - What information or skills do they need to learn to act in a new way?
 - What resources do I need to carry out the program?
 - What methods would best help me meet my objectives?



Slide 10

Where Can I Find Evidence-Based Programs?

- Cancer Control PLANET—
<http://cancercontrolplanet.cancer.gov>
 - Step 4: Research-tested Intervention Programs (RTIPs)
 - Program summaries include a list of journal articles about the program.



Slide 11

Other Sources for Evidence-Based Programs

- Journals that report on evidence-based programs, such as *Evidence-based Healthcare and Public Health*
 - See Handout #3: Alternative Sources for Evidence-Based Programs.

Slide 12

Level 1 Programs

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

See Handout #3: Alternative Sources for Evidence-Based Programs.

Slide 13

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 14

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 15

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 Community Guide

Slide 16

Level 4 Programs

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

Slide 17


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 18

Criteria for Selecting a Program


- Refer back to your needs assessment and think about:
 - Was the program conducted with people who had similar:
 - Socioeconomic status
 - Resources
 - Ethnicity
 - Traditions
 - Priorities
 - Community structure and values.
 - Is the program appropriate for the age of your audience?



Slide 19

Criteria for Selecting a Program

- Choose a program that is well-matched with:
 - Your health topic (e.g., breast or cervical cancer, nutrition, physical activity)
 - What your audience is already doing about the health issue.




Slide 20

Criteria for Selecting a Program

Pay attention to the strategies the programs used to achieve their objectives.


- These strategies can include:
 - Giving information
 - Enhancing skills
 - Improving the services and/or support systems that exist
 - Changing incentives or barriers that maintain the problem
 - Promoting access
 - Making suggestions for policy changes.



Slide 21

Your Resources



- Remember to avoid a program that takes more resources than you have.
- Different evidence-based programs will take different amounts of money, labor, and/or time.




Slide 22

Talking With the Principal Investigator

Whenever you can, speak with the team that developed the program or product in which you are interested. They can share information about the program that may be helpful.




 See Handout #4: Talking With the Principal Investigator.

Slide 23


Case Study Scenarios

- **Scenario 1:** You want to adapt an evidence-based program in Cameron County, Texas. This is a county that borders Mexico. You have chosen cervical cancer as your health topic. What are your goals and objectives for this program?
- **Scenario 2:** You searched for evidence-based programs in the Research-tested Intervention Programs (RTIPs) section of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov>). There are several programs having to do with cancer. How might you narrow your search?



Slide 24

Scenario 1: Goals



- The goal for the program is based on:
 - Location
 - Health issue
 - Population.
- Goal: Reduce cervical cancer mortality among Mexican American women, ages 18–65, in Cameron County.

■ See Handout #5: Finding an Evidence-Based Program: Case Study.

Slide 25

Scenario 1: Objectives

- Program priorities:
 - Raise awareness about cervical cancer screening
 - Instruct women about when to first get a Pap test and how often
 - Mention the link between HPV and cervical cancer.

Slide 26

Scenario 1: Objectives, cont.

- Our draft objectives are:
 - **Objective 1:** Increase the number of women who receive Pap test screening by 20 percent during the life of the program
 - **Objective 2:** Find out about the cervical cancer screening behaviors of this group of women in Cameron County
 - **Objective 3:** Increase the number of Mexican American/Tejana women who can state that HPV is linked with cervical cancer by 20 percent.

Slide 27

Scenario 2: Narrowing the Search

- Refine your search by age, race/ethnicity, or setting on Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov>)
- Narrow your search by:
 - Resources
 - Number of products
 - Number of interventions
 - Education level
 - Needs of your audience.



Slide 28

Group Activity: Which Would You Pick?

- You want to adapt an evidence-based program in Cameron County, Texas.
- You have selected cervical cancer as your health topic. You have narrowed your search to two evidence-based programs, Program A and Program B.

Program A: <ul style="list-style-type: none"> ■ African American women ■ Ages 40+ ■ Live in low-income housing ■ Distrust physicians ■ Have limited access to medical care ■ Conducted in churches, community centers, homes, and clinics ■ Included a church program and educational brochures and training health care providers who work with the target audience. 	Program B: <ul style="list-style-type: none"> ■ Cambodian women, refugees ■ Ages 18+ ■ Live in a farming community ■ Limited English skills ■ Unfamiliar with Western medicine ■ Conducted in home and community settings ■ Included an outreach worker manual and letters to the target audience, a clinical resource manual, and a Khmer-language video.
---	--

Slide 29

Program	FaCaS	Cambodian Women's Health
Target audience	<ul style="list-style-type: none"> • Ages 40+ • African American • Low-income housing communities 	<ul style="list-style-type: none"> • Ages 18+ • Cambodian women
Cancer type	• Breast and cervical	• Cervical
Setting	<ul style="list-style-type: none"> • Community centers • Individual homes • Community churches • Clinic, waiting and exam rooms 	<ul style="list-style-type: none"> • Home-based • Community-based
"The good" (reasons why underscored)	<ul style="list-style-type: none"> • Limited access and referral to preventive and treatment services • Fear and fatalistic views of breast cancer • Distrust of medical community • Decides may be less likely to recommend screening to older or minority women 	<ul style="list-style-type: none"> • Refugees, relocated to mainly farming communities, not familiar with Western medicine, services, and prevention • Low levels of being absorbed into the culture; limited English-language skills • Limited access to preventive care
Program scores	<ul style="list-style-type: none"> • Discrimination capability: 3.0 • Cultural appropriateness: 5.0 • Age appropriateness: 5.0 • Gender appropriateness: 5.0 • Integrity: 3.3 • Utility: 3.3 	<ul style="list-style-type: none"> • Discrimination capability: 4.0 • Cultural appropriateness: 5.0 • Age appropriateness: 4.5 • Gender appropriateness: 5.0 • Integrity: 2.8 • Utility: 2.5

Slide 30

Group Activity: Program Selection


- Selected the Cambodian Women's Health Project because:
 - Target age: 18+
 - Cancer type: Cervical
 - "Need": Immigrants, limited sense of belonging to majority community, limited English, farming community.
- See Handout #5: Finding an Evidence-Based Program: Case Study.

Slide 31

Objectives

- Know how to use your needs assessment and program goals and objectives to help you select your program.
- Be able to find evidence-based program resources.
- Know how to use search options to narrow your program choices and find out what programs will and will not work with your community.

Slide 32



Questions?

Handout #2: Developing Goals and Objectives

Goals

Goals state the “grand reason” for engaging in your public health effort. They are statements of intent.

To create goals, ask yourself:

- In the long run, what effect do I hope to have on this community?
- What is the overall improvement I want to achieve?

Goal statements should be simple and concise. They should include who will be affected and what will change as a result of the program (McKenzie & Smeltzer, 1997).

You should also set your goals with input from your audience. Develop a plan based on the community’s needs and concerns rather than on what you think should happen or an agency’s agenda. You will be far more likely to achieve change.

Objectives

Objectives are more specific than goals. They state how much of the goal will be accomplished within a certain timeframe. They are specific accomplishments or benchmarks that show step-by-step progress toward the goal.

Objectives are statements that focus on outcomes. They should follow these SMART rules:

- Specific
- Measurable
- Achievable
- Realistic
- Time-framed.

There are many types of objectives. They can include:

- Behavioral
- Learner
- Outcome or program
- Process or administrative.

Behavioral objectives describe the behaviors or actions that the population will engage in because of the program. They state who is to demonstrate how much, of what action, and by when (Green & Kreuter, 1999).

Example:

“Among women attending the program, yearly mammograms will increase by 50 percent over the following 2 years.”

Learner objectives are the educational or learning tasks that need to be achieved before the behavior change can take place (Deeds, 1992).

Example:

“The women will list three things they should not do before a pelvic exam.”

Program or outcome objectives are the change in health status that is the desired result of the educational intervention. They must be specific and measurable and must be achieved by a given time.

Example:

“Within 3 years, breast cancer deaths will decrease by 15 percent in Monroe County.”

Process or administrative objectives are the daily tasks and work plans that must be done to achieve any of the other objectives.

Example:

“Develop a system to contact at least 10 OB/GYN physicians per year to gather support for the program.”

Handout #3: Alternative Sources for Evidence-Based Programs

Finding Alternative Evidence-Based Programs

If you do not find an appropriate evidence-based program from Cancer Control PLANET's (<http://cancercontrolplanet.cancer.gov/>) Research-tested Intervention Programs (RTIPs), try the following steps:

1. Locate databases for peer-reviewed journals, which are journals reviewed by a panel of experts. You may be able to find these through your organization, local library, or nearby college or university.

Some of these databases are:

- MEDLINE/PubMed (medical journals)
- Educational Resource Information Center (ERIC)
- FirstSearch
- EBSCO
- Academic Search Premier
- Web of Science.

See the Literature Review Handout from Module 2.

When doing a search of databases, look for journals such as these: *New England Journal of Medicine*, *Journal for the American Medical Association*, *Health Education Research*, *Health Promotion Practice*, and *Health Education and Behavior*. See the Literature Review Handout from Module 2.

2. Brainstorm search terms related to your topic of interest.
3. Conduct a systematic review of the literature related to the topic. Find intervention studies. When you find these studies, look at the procedures, evaluation methods, and target populations. Read the conclusions and discussion sections of the article, where the researcher discusses the strengths and the weaknesses of the study. If you choose an evidence-based program from one of the alternative sources, look at a systematic review guide. Two of these guides are the Community or Clinical Guides which you can find on Step 3 of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>). Your selected program should use best practices as described by systematic reviews such as PLANET (<http://cancercontrolplanet.cancer.gov/>) or the Cochrane review.
4. Find the principal investigator's (PI) contact information. The PI is often listed as the first author.

5. Develop a script and question guide for talking to the PI(s). Decide how to ask for a copy of the evidence-based materials to adapt to your audience. **See Handout #4, Talking With the Principal Investigator.**
6. Obtain the evidence-based materials from the original intervention studies.
7. Use the 24 criteria from the National Registry of Effective Programs and Practices (NREPP) Web site, www.modelprograms.samhsa.gov/template.cfm?page=nreppgen, to rate the program. These program scores will help you evaluate the strength of the program. You may want to see how it compares with other programs you find during your search.
8. Double-check your NREPP program scores with at least one to two other reviewers.

Priorities for Selecting an Invention Program: Levels of Research Evidence

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, 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 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) (<https://www.thecommunityguide.org/>). The Community Guide summarizes systematic reviews. It looks for the best practices for effective programs.

Level 2

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 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

- 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 (<https://www.thecommunityguide.org/>).

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 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 has not been 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.

Handout #4: Talking With the Principal Investigator

Finding Contact Information

Most evidence-based programs from Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) and journals will include contact information for the program staff. This will include how to contact the principal investigator (PI).

Contacting the PI can be helpful if you have questions about his or her program. It may also be helpful to contact local researchers who know the topic area. You can use Step 2 on Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) to find some of these contacts.

Preparing for the Interview

Keep in mind that many PIs will want to discuss their evidence-based program and help you adapt it. However, they may not have a lot of time. Because of this, try to be as prepared as possible. Be sure to research the program thoroughly. Jot down any questions. You may want to do a literature review before you call to make sure that you are familiar with the PI's work. The literature review itself may answer some of your questions.

Interviewing

Below are some questions you may want to ask the PI. Make sure that you are not merely repeating what you already know.

Questions:

- How did you choose your intended audience?
 - Age
 - Ethnicity
 - Health behaviors
 - Sex
 - Socioeconomic status
 - Insurance coverage.
- Why did you choose to define your audience this way?
- Why did you select the employed strategies?
- What costs were involved with the program?
 - Labor (project labor, community labor)
 - Incentives
 - Materials
 - Printing/production
 - Time.
- How did you obtain community buy-in?

- What barriers did you find during the implementation?
 - How did you overcome these barriers?
 - Did you change the program to address the barriers?
- How did you evaluate the program?
- How long did you follow participants?
- How did you collect data? What instruments/methods did you use?
- How did you do your data analysis?
- What barriers did you encounter during the evaluation phase?
 - Were you able overcome these barriers? If so, how?
- What were the key outcomes of the program?
- How may I obtain a copy of the materials and evaluation instruments used for the program?
Are they available for download?

When calling a PI, introduce yourself and state where you found his or her evidence-based program. Make sure that the person has enough time to talk or ask to schedule a time. After you have completed the interview, ask the PI if you may contact him or her again and how he or she would prefer being contacted. Be sure to thank the PI for his or her time.

Possible recommendations from the PI can include:

- Things not to change or adapt from the program
- Other people to speak with for more information
- Other programs to review.

Handout #5: Finding an Evidence-Based Program: Case Study

Scenario 1

You want to adapt an evidence-based program in Cameron County, Texas, a county that borders Mexico. You have selected cervical cancer as your health topic.

What are possible goals and objectives for your program?

Goal:

The goal for the program is based on the following:

- Identified location: Cameron County, TX
- Identified health issue: cervical cancer
- Identified population: Mexican American/Tejana women, ages 18–65.

Draft Goal:

“Reduce cervical cancer mortality among Mexican American women, ages 18 to 65, in Cameron County.”

Objectives:

We decided that we needed a program that would raise awareness about the Pap test—the primary method for detecting cervical cancer. We wanted our audience to know when to first get the Pap test and how often to be retested. We also thought it was important that women should know the link between HPV and cervical cancer.

Draft Objectives:

- **Objective 1:** Increase the number of women who receive Pap test screening by 20 percent during the life of the program
- **Objective 2:** Obtain information about the cervical cancer screening behaviors of Mexican American/Tejana women, ages 18–65, in Cameron County
- **Objective 3:** Increase the number of Mexican American/Tejana women who will be able to associate HPV with cervical cancer by 20 percent.

Scenario 2

You searched for evidence-based programs in the Research-tested Intervention Programs (RTIPs) section of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>). There are several programs related to your chosen health issue.

How might you narrow your search? (Hint: what information could you use from your needs assessment?)

Cancer Control PLANET—<http://cancercontrol.cancer.gov/rtips/>

Step 4 of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) had a number of evidence-based programs. These were listed by cancer type, such as breast and cervical, or by cancer-related health issues, such as informed decision-making and sun safety. Also, there is an option to refine your search by age, race/ethnicity, and setting.

While there were several breast cancer control programs tailored to Hispanic women, there were no such programs for cervical cancer.

Based on the program summary pages, we were able to narrow our choices to two programs:

- The Forsyth County Cancer Screening Project (FoCaS)
- Cambodian Women's Health Project.

Group Activity

You want to adapt an evidence-based program in Cameron County, Texas, a county that borders Mexico. You have selected cervical cancer as your health topic. You have found two evidence-based programs.

Program A, the FoCaS project, was focused on African American women, ages 40+, who live in low-income housing. These women distrust doctors and have limited access to medical care because of their financial situation. The program was conducted in churches, community centers, homes, and clinics. The FoCaS project included a church program and educational brochures and training health care providers who work with the target audience.

Program B, the Cambodian Women's Health Project, targeted Cambodian women, ages 18+, who are refugees and live in a rural farming community. The women have limited English skills and are unfamiliar with Western medicine. The program was conducted in home- and community-based settings. The Cambodian Women's Health Project included an outreach worker manual with handouts and letters to the target audience, a clinical resource manual with maps to different health centers, and a Khmer-language video.

Summary of Program A versus Program B:

What program would you choose and why? What are the advantages and disadvantages of Program A versus Program B?

Comparison: FoCaS and Cambodian Women's Health Projects

Program	FoCaS	Cambodian Women's Health
Target audience	<ul style="list-style-type: none"> • Ages 40+ • African American • Low-income housing communities. 	<ul style="list-style-type: none"> • Ages 18+ • Cambodian women.
Cancer type	<ul style="list-style-type: none"> • Breast and cervical 	<ul style="list-style-type: none"> • Cervical
Setting	<ul style="list-style-type: none"> • Community centers • Individual homes • Community churches • Clinic waiting and exam rooms. 	<ul style="list-style-type: none"> • Home-based • Community-based.
“The need” (reasons why underscreened)	<ul style="list-style-type: none"> • Limited access and referral to preventive and treatment services • Fear and fatalistic views of breast cancer • Distrust of medical community • Doctors may be less likely to recommend screening to older or minority women. 	<ul style="list-style-type: none"> • Refugees, relocated to primarily farming communities, unfamiliar with Western medicine, services, and prevention • Low levels of acculturation and limited English-language skills • Limited access to preventive care.
Program scores	<ul style="list-style-type: none"> • Dissemination capability: 3.0 • Cultural appropriateness: 5.0 • Age appropriateness: 5.0 • Gender appropriateness: 5.0 • Integrity: 3.3 • Utility: 3.3. 	<ul style="list-style-type: none"> • Dissemination capability: 4.0 • Cultural appropriateness: 5.0 • Age appropriateness: 4.5 • Gender appropriateness: 5.0 • Integrity: 2.8 • Utility: 2.5.

Selection

After comparing the two projects, we selected the Cambodian Women's Health Project, rather than the FoCaS Project, because of the:

- Target age: 18+
- Cancer type: Cervical
- “Need”: Immigrants, low levels of acculturation, limited English, farming community.