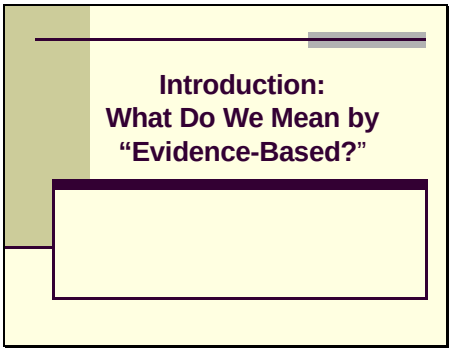
Module 1: Introduction

Slide 1



Purpose:

- Participants will learn what is meant by "evidence-based." They will learn about the benefits of using evidence-based tools.

Objectives for the Lesson:

- By the end of this module, participants will:
  - 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 this tutorial.

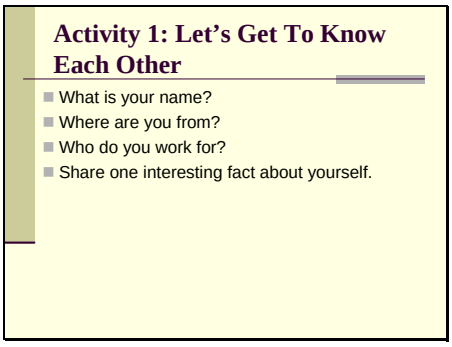
Materials Required:

- Name tags or seat cards
- Paper for notes
- Pens
- Newsprint or chart paper
- Easel
- Masking tape
- LCD projector and screen
- Laptop
  - Module 1: Introduction Microsoft PowerPoint file
- Handouts
  - HO-1: Slide Handout
  - HO-2: Evidence-Based Practice
  - HO-3: Important Terminology.

Lesson Outline

1. Activity #1: Let's get to know each other
2. Objectives for module 1
3. Defining evidence-based programs
4. Experience with evidence-based programs
5. Advantages and disadvantages to evidence-based programs
6. Activity #2: Tutorial expectations
7. Tutorial structure.

Slide 2



TRAINER:

Activity #1: Let's Get To Know Each Other

- Welcome everyone and introduce yourself to the group.
- Depending on the size of the group, ask participants to introduce themselves at their tables or to the entire group by responding to the items listed on the slide:

  – What is your name?
  – Where are you from?
  – Who do you work for?
  – Share one interesting fact about yourself.

OPTIONAL ACTIVITY: How Are Things Done in My Agency?

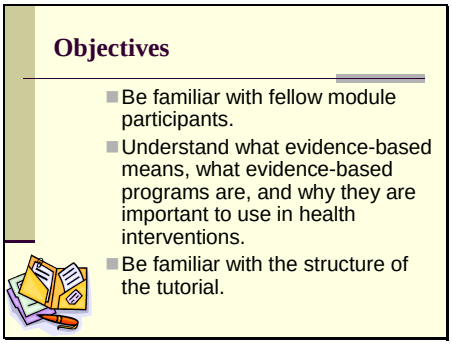
Ask participants to briefly describe the work being done by their group or agency and how they develop and implement programs for their audiences.

Objectives for Module 1

TRAINER: TALKING POINTS

- Refer participants to Handout #1: Slide Handout so they can follow along with the presentation.
- Review the objectives for this module with participants.

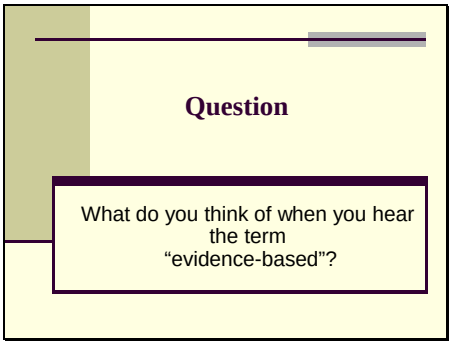
Slide 3



Defining Evidence-Based Programs

- The importance of the concept of “evidence-based”

Slide 4



TRAINER: TALKING POINTS

- Ask participants:
  - What do you think of when you hear the term “evidence-based”?
  - What is your definition of this term?
- Review their answers.

Note to Presenter: You might write their definitions on the memo board or flipchart to refer to during the discussion.

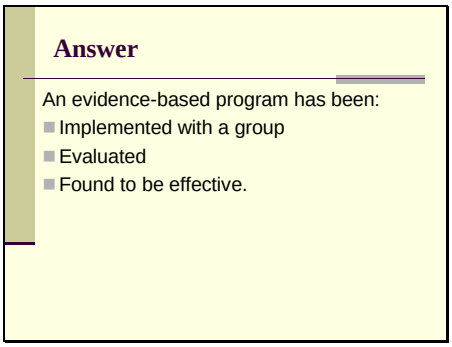
TRAINER: TALKING POINTS

- Share the following:

  – There have been several ways to define evidence-based practices in the past:

    - First thought of as evidence-based medicine
    - Defined in terms of best medical practices. Example: what a doctor would tell a patient about treatment choices.

Slide 5

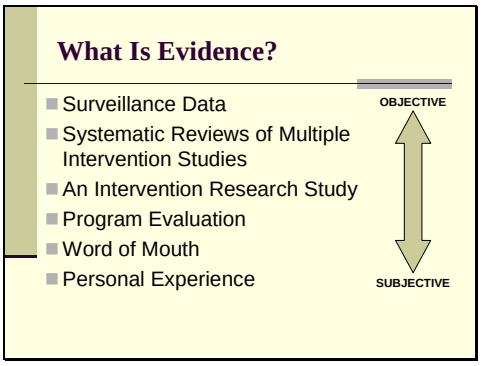


TRAINER: TALKING POINTS

- What we mean by "evidence-based" has to do with social science rather than clinical practice:

  – An evidence-based program has been conducted with a group. It was found to be effective through some type of evaluation.
  – These programs and their evaluations have also been reviewed by experts in the field. This is often known as peer review.
  – Evaluation methods could be as simple as pre- and post-program surveys or focus groups. They can also be very complex and collect data in many ways.

Slide 6

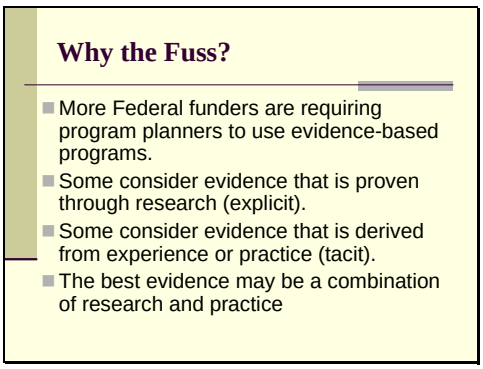


Evidence can be based on fact (objective) or opinion (subjective).

- You can get relatively objective evidence from:
  - Large population data (for example, census or deaths) or survey data (for example, National Health Interview Survey data). These are more objective types of evidence.
  - Published journal articles that are systematic reviews of studies. These articles often make general findings or recommendations based on trends in the evidence. To be considered objective, articles should look at a large number of studies in a systematic way (that is, where the rules of what is included and what is not are explicit).
  - A single study about the results of using a program or intervention. This study should be funded by a peer-reviewed grant. Formal findings should be published in a peer-reviewed journal.

- You can get relatively subjective evidence from:
  - A program that has not had a formal peer review of its development or evaluation
  - "Word of mouth" from colleagues about programs
  - Personal experience with programs.

Slide 7



TRAINER: TALKING POINTS

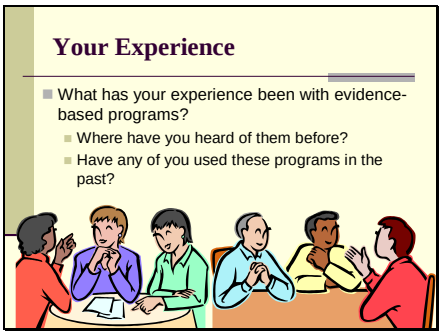
- More Federal funding agencies now may be requiring program planners to use evidence-based programs.
  - Some Federal agencies will consider evidence that is tested through research (explicit).
  - Some Federal agencies will consider evidence that is obtained from experience or practice (tacit).
- The best evidence may be a combination of research and practice.

TRAINER: TALKING POINTS

- This tutorial discusses different levels of evidence. You will need to decide which levels of evidence work best for your situation.
- Hopefully, the elements addressed as we go through the next modules will help you decide how to use all the available evidence when you create your program.
- The level of evidence you decide to use for your program will also help decide how you evaluate it.
- Throughout this tutorial, we use a case study example about how to adapt an evidence-based program to fit your needs. This example was taken from Step 4 of Cancer Control PLANET. The Web portal Cancer Control PLANET will be discussed a little later in the module.

Experience With Evidence-Based Programs

Slide 8



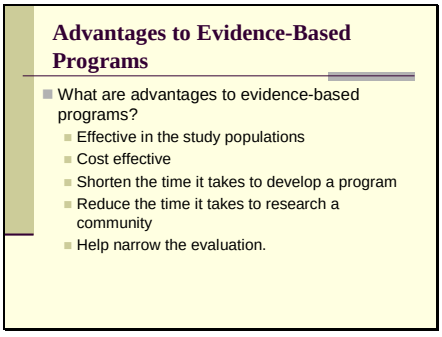
TRAINER: TALKING POINTS

- Ask participants:
  - Who has ever adapted and used evidence-based programs?
  - Who would like to share his or her experience?

- Review and discuss the answers.

Advantages and Disadvantages to Evidence-Based Programs

Slide 9



TRAINER: TALKING POINTS

- **Advantages and Disadvantages**
  - An evidence-based program is not always completely effective. However, we promote the use of these programs because we know that they had some effect on the community in which they were conducted. Therefore they are a good starting place.
  - Most evidence-based programs have been successful in the groups and settings in which they were studied.

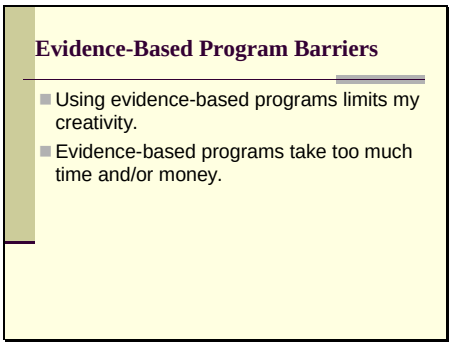
  - Adapting an evidence-based program can be easier than creating a new program with similar objectives.
  - It can also be more cost effective to use one of these programs than to develop a new program.

- At the very least, evidence-based programs:

  - Shorten the development process
  - Reduce the need for formative research
  - Help narrow the evaluation questions.

- Ask participants why they might not want to use evidence-based tools. List some barriers they mention on the memo board or flipchart. Go through the following slides to show some common barriers.

Slide 10



TRAINER: TALKING POINTS
Responding to barriers:

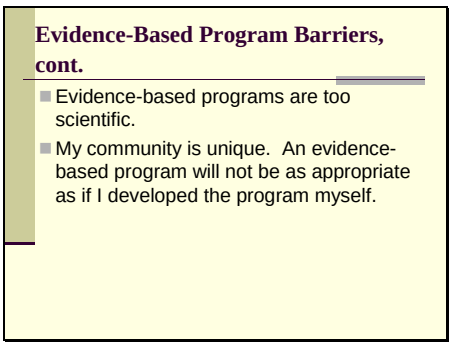
- Using evidence-based programs limits creativity.

  - You can be creative by changing the reading level to fit your communities' needs or making the language more culturally relevant. You can also add the logo or brand of your agency.

- Evidence-based programs take too much time and/or money.

  - Different programs take different resources.
  - You can spend less time on formative research. Although it is recommended, you do not need to pilot test the program.
  - You will learn how to pick a program that will work for your community and also fits your budget and staff.

Slide 11

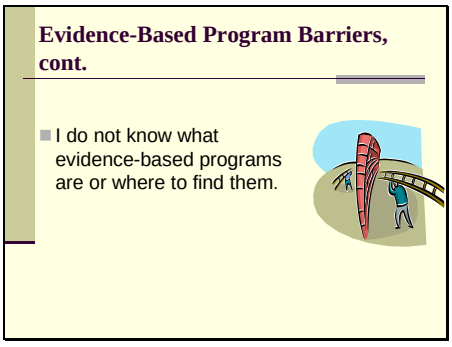


TRAINER: TALKING POINTS

- Evidence-based programs are too scientific.
  - You will learn how to evaluate the success of your program. You can use the methods of the original program.
  - "Evidence-based" means that peer-reviewed research and evaluation have already been done on the program. This is what allows us to say it is effective. You may not have to evaluate the program to the same degree.

- My community is unique. An evidence-based program will not be as appropriate as if I developed the program myself.
  - We will show you how to adapt a program to fit your community's specific needs. We can show you how to do this using a case study.
  - Often what makes the program effective is not seen by just looking at the products. By speaking with the program developers, you can see if their program might work for your community.

Slide 12

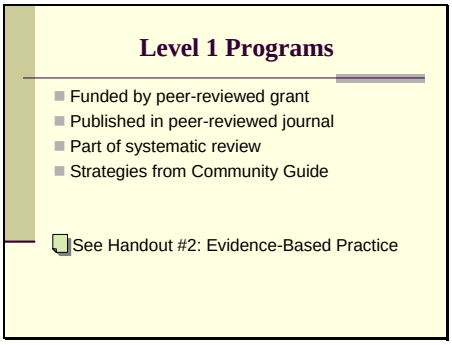


TRAINER: TALKING POINTS

- I do not know what evidence-based programs are or where to find them.
  - By the end of the tutorial you will know what evidence-based programs are, where to look for them, and how to use them for your health program.
- Refer participants to Handout #2: Evidence-Based Practices and discuss when to use an evidence-based intervention.

Looking at Handout #2 we can see the different levels of Evidence-Based Practice.

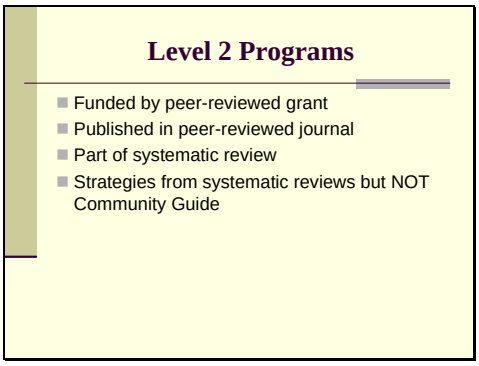
Slide 13



TRAINER: TALKING POINTS
A Level 1 program:

- Has been funded by a peer-reviewed grant. This means a panel of experts had to approve the intervention and evaluation study design before granting funds for planning, implementation, and evaluation.
- Has been published in a peer-reviewed journal
- Has been part of a systematic review
- Uses strategies listed in the Guide to Community Preventive Services (http://www.thecommunityguide.org/). The Community Guide summarizes systematic reviews.

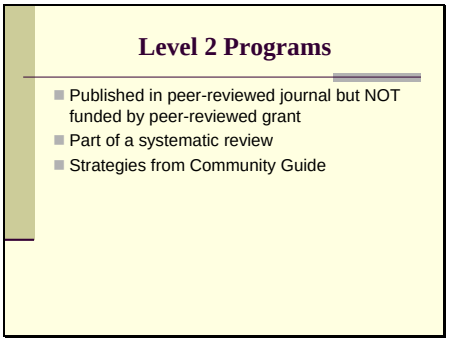
Slide 14



TRAINER: TALKING POINTS
A Level 2 program:

- Has been funded by a peer-reviewed grant. This means a panel of experts had to approve the intervention and evaluation study design before granting funds for planning, implementation, and evaluation.
- Has been published in a peer-reviewed journal
- Has been part of a systematic review
- 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.

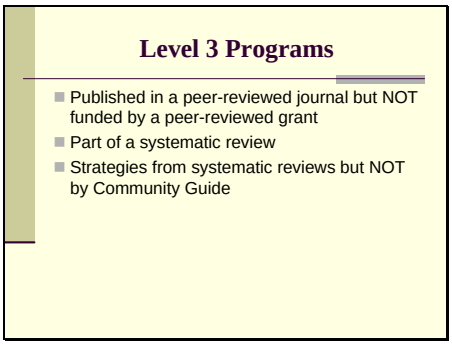
Slide 15



TRAINER: TALKING POINTS
OR a Level 2 program:

- Has been published in a peer-reviewed journal but not funded by peer-reviewed grant
- Has been part of a systematic review
- Uses strategies listed in the Community Guide (http://www.thecommunityguide.org/).

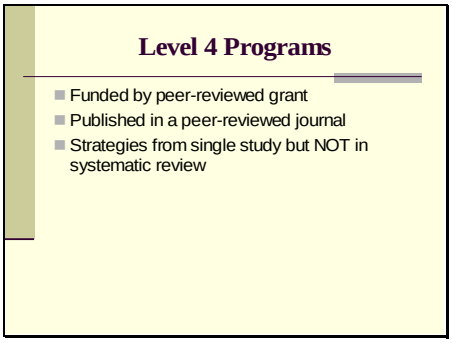
Slide 16



TRAINER: TALKING POINTS
A Level 3 program:

- Has been published in a peer-reviewed journal but not funded by a peer-reviewed grant
- Has been part of a systematic review
- 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.

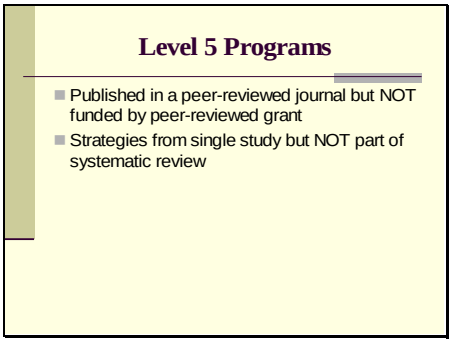
Slide 17



TRAINER: TALKING POINTS
A Level 4 program:

- Has been funded by a peer-reviewed grant. This means that a panel of experts had to approve the intervention and evaluation study design before granting funds for planning, implementation, and evaluation.
- Has been 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.

Slide 18



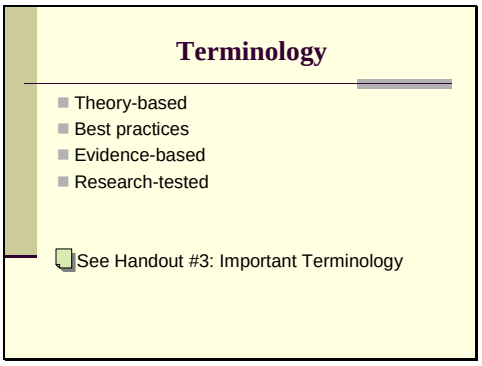
TRAINER: TALKING POINTS
A Level 5 program has been:

- Published in a peer-reviewed journal but was not evaluated and funded by a peer-reviewed grant
- Based on strategies found to be effective in a single study but not part of a systematic review.

You may choose one of these levels of evidence to adapt your program. This choice may be based on resources or time available. However, it is important to remember that using programs with less evidence, such as among Level 4 or 5, requires more rigorous evaluation measures.

Also on Handout #2 are additional Qs and As about evidence-based practice. They discuss the value of using an evidence-based program over developing a new program. They also cover the basics of evidence-based programs available on Step 4 of PLANET. Let's take a moment to review the rest of Handout #2. Let me know if you have any questions or points for discussion.

Slide 19



TRAINER: TALKING POINTS

We have heard different terminology used in the evolution of evidence-based practice. If we look at Handout #3, we can see some definitions to make things clearer.

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.

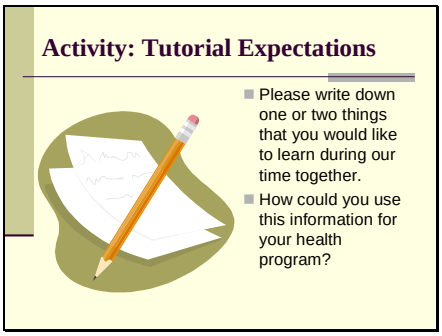
Research Tested

Research-tested is a feature of evidence-based programs. 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.

Now that we have discussed evidence-based, let us learn more about the tutorial and today's training.

Activity #2: Tutorial Expectations

Slide 20



TRAINER: TALKING POINTS

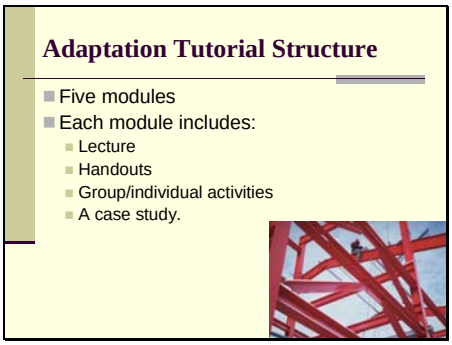
- Ask participants to write down one or two things that they would like to learn or achieve during this course now that they know more about the value of evidence-based programs.

  – Allow participants 1 to 2 minutes to write down their items.
  – Tell them that you will review their responses at the end of your time together, after they have completed the modules.

Note to Presenter: You might want to list expectations on a memo or flipchart to review at the end of the training.

Tutorial Structure

Slide 21



TRAINER: TALKING POINTS

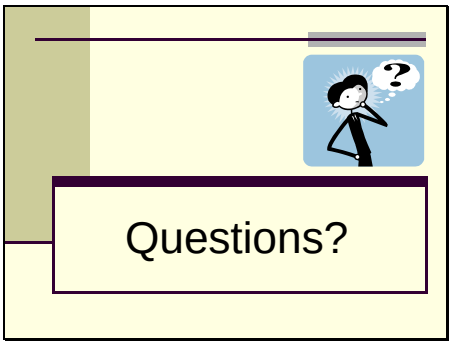
- Explain the structure of the tutorial:
  - Introduction: What Do We Mean by Evidence-Based?
  - Needs Assessment: Getting To Know Your Audiences Better
  - Finding an Evidence-Based Program
  - Making the Evidence-Based Program Fit Your Needs: Adaptation and Your Program Summary
  - Does It Work? Evaluating Your Program.

- Each module contains:
  - Presentation
  - Handouts
  - Discussion and/or written activities
  - Case study example.

- Each module is approximately 45–90 minutes in length, depending on class discussion.

Note to Presenter: If not all of the modules will be covered, share which modules you will cover together. Tell participants that they have the handouts and lecture notes for the other modules for them to review at their leisure.

Slide 22



- Answer any questions that participants have.