



Welcome!

EVIDENCE INTO ACTION

EBI Planning Guides



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

- ✓ Webinar recording and PDF of slides will be posted on <https://chronicdisease.org/p2plearning/>
- ✓ Use chat for questions and comments during the webinar: make sure you choose “All panelists and Attendees”
- ✓ Q&A at the end
- ✓ Muting everyone – unmute yourself to ask a question
- ✓ CC is enabled

BASIC LOGISTICS

Housekeeping notes



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

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Mary Wangen, MPH

Jennifer Leeman, DrPH, MDiv

Cam Escoffery, DrPH, MPH

BIOS

Presenters



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.



Evidence-Based Intervention (EBI) Planning Guides: Translating the Evidence to Action

Stephanie Melillo

Health Scientist, PSB Evaluation Team

NACDD Webinar

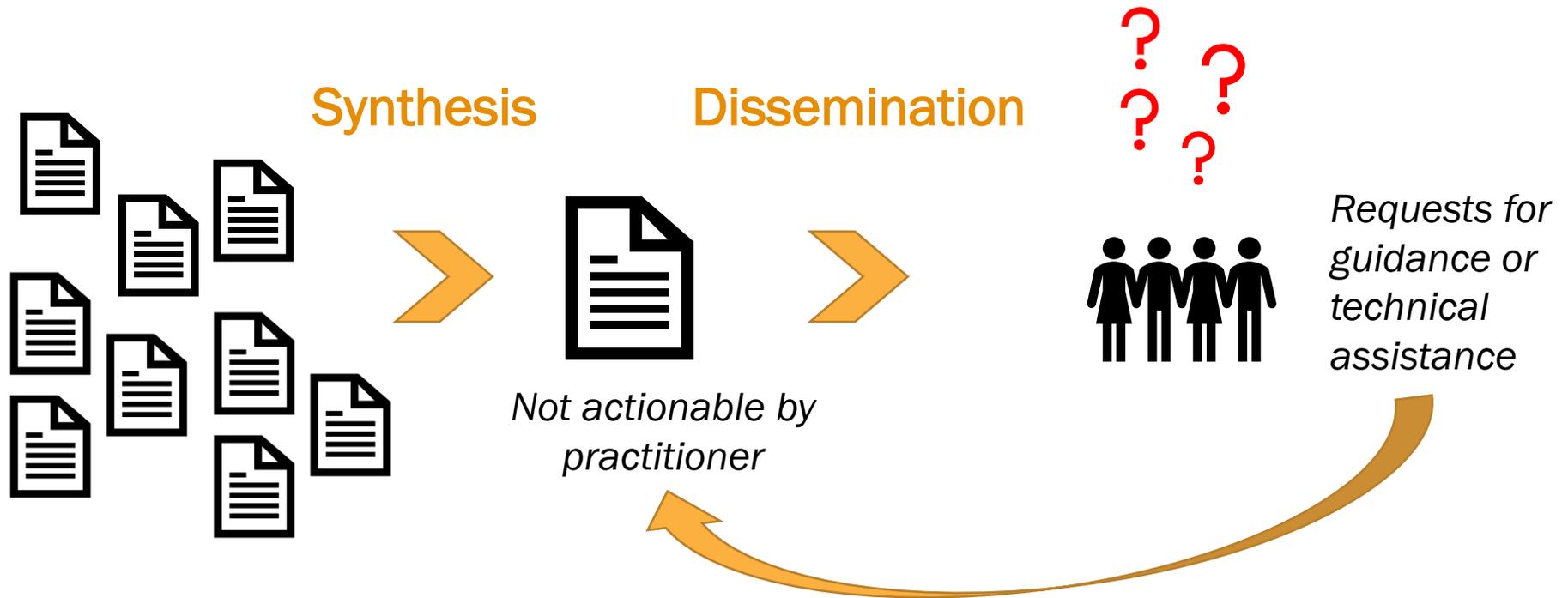
June 21, 2021



Research to Practice (assumed)



Research to Practice (reality)





Pilot Project with the Community Guide

- 4 Priority EBIs/strategies
 - Recommended by CG Task Force
 - Emphasized in NBCCEDP, CRCCP
 - Utilized effectiveness review included studies

| INTERVENTION STRATEGY | CPSTF FINDING | | |
|---|---------------|-----------------|-------------------|
| Increasing Breast, Cervical, and Colorectal Cancer Screening | | | |
| Client-oriented screening intervention strategies | | | |
| Interventions | Breast Cancer | Cervical Cancer | Colorectal Cancer |
| Client reminders | ● | ● | ● |
| Client incentives | ◆ | ◆ | ◆ |
| Small media | ● | ● | ● |
| Mass media | ◆ | ◆ | ◆ |
| Group education | ● | ◆ | ◆ |
| One-on-one education | ● | ● | ● |
| Reducing structural barriers | ● | ◆ | ● |
| Reducing client out-of-pocket costs | ● | ◆ | ◆ |
| Multicomponent intervention strategies | | | |
| Increase screening and provider delivery of services | ● | ● | ● |
| Provider-oriented screening intervention strategies | | | |
| Provider assessment and feedback | | ● | |
| Provider incentives | | ◆ | |
| Provider reminder and recall systems | | ● | |

Collaborative Implementation Project

- 3 Teams of 2 abstractors each
- 109 included *effectiveness* studies
 - No standard reporting of implementation details
 - Difficult to synthesize
- 4 Implementation Briefs
 - 3 – 8 pages long
 - Compilation of study details



Focus Group Feedback on the Implementation Briefs

| Recurring Themes | Examples from Focus Groups |
|-----------------------|---|
| Utility of the briefs | <ul style="list-style-type: none"> • These are good for background info and to make the case for the intervention. • For actual implementation, need more guidance than is offered here; steps, flowchart etc. • Clinics need a process for implementation, not just a review of literature. • Include more tangible resources. |
| Length of documents | <ul style="list-style-type: none"> • Closer to 1-3 pages would be ideal. • Some sections seem repetitive; could be combined to shorten document. |
| Content | <ul style="list-style-type: none"> • Could add a section on how to evaluate the EBI. • Include an EBI enhancement component: how-to, steps to take. • In the section about the Task Force recommendation, ; what is the meaning of “insufficient evidence” for implementation? • Need more information on how to sustain the EBI. • Can you identify which steps are necessary and which are customizable? |

Focus Group Feedback on the Implementation Briefs

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Creating the EBI Planning Guides

- Created graphic of the theory of each intervention strategy
- Included indicators for process and outcome evaluation
- Standardized subheadings across the 4 documents
- Translated lessons learned into practical terms



EBI Planning Guides

- <https://www.cdc.gov/screenoutcancer/ebi-planning-guides/index.htm>

Posted to the web March 2021

The screenshot shows the CDC ScreenOutCancer website. The header includes the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7. Saving Lives. Protecting People™". A search bar is located in the top right corner. The main navigation menu on the left includes: ScreenOutCancer Home, About ScreenOutCancer, Evidence-Based Interventions, Patient Navigation, ScreenOutCancer In Action, Evidence-Based Intervention Planning Guides (highlighted), Client (Patient) Reminder Planning Guide, Reducing Structural Barriers Planning Guide, Provider Reminder Planning Guide, Provider Assessment and Feedback Planning Guide, and Resources to Share. The main content area is titled "Evidence-Based Intervention Planning Guides" and contains the following text: "The four Evidence-Based Intervention Planning Guides provide tips to help clinic staff and those who provide technical assistance to them to implement evidence-based interventions (EBIs) to increase screening for breast, cervical, and colorectal cancer." It also states: "The content of the planning guides came from a narrative review of implementation details documented in the studies included in the corresponding effectiveness and economic systematic reviews published by the Preventive Services Task Force, as well as their Finding and Rationale statement for the review. A group of Implementation experts worked collaboratively to create a framework and identify the characteristics relevant to implementation." Below this, it lists the components of each planning guide: "Each planning guide includes: A process flow diagram showing the theory of the intervention strategy, Process evaluation metrics, outputs, and example measures, A list of resources needed to support implementation, such as partnerships, staff, and tools, Lessons learned from the literature included in the Community Guide review of each intervention, including: Ways to strengthen performance or sustainability, Settings where the intervention was studied, Outcomes from the systematic review of effectiveness, Components of the intervention." At the bottom, there are four colored boxes with icons and text: 1. Client (Patient) Reminder Planning Guide: A message from a health care provider can help patients get the cancer screenings and follow-up care they need. 2. Reducing Structural Barriers Planning Guide: You can reduce or eliminate obstacles that make it difficult for people to access cancer screening. 3. Provider Reminder Planning Guide: Learn how to make sure health care providers know that a patient is due or overdue for a cancer-screening test. 4. Provider Assessment and Feedback Planning Guide: This guide helps you motivate providers to make cancer screening recommendations to patients. The footer of the page reads: "Page last reviewed: December 17, 2020 Content source: Centers for Disease Control and Prevention".

Thank you!

Go to the official federal source of cancer prevention information:

www.cdc.gov/cancer



Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The Cancer Prevention and Control Research Network (CPCRN)

Putting Public Health Evidence in Action

Cam Escoffery, PhD, MPH | Emory University

Jennifer Leeman, DrPH | University of North Carolina

Mary Wangen, MPH | University of North Carolina



This training is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of financial assistance awards (cooperative agreement numbers U48 DP006400 and U48 DP006377). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



Agenda

- CPCRN Overview
- Putting Public Health Evidence in Action Curriculum Overview
- Module Highlights
 - Find and Select Evidence-Based Interventions (EBIs)
 - Adapt EBIs

Overview of the Cancer Prevention and Control Network

CPCRN

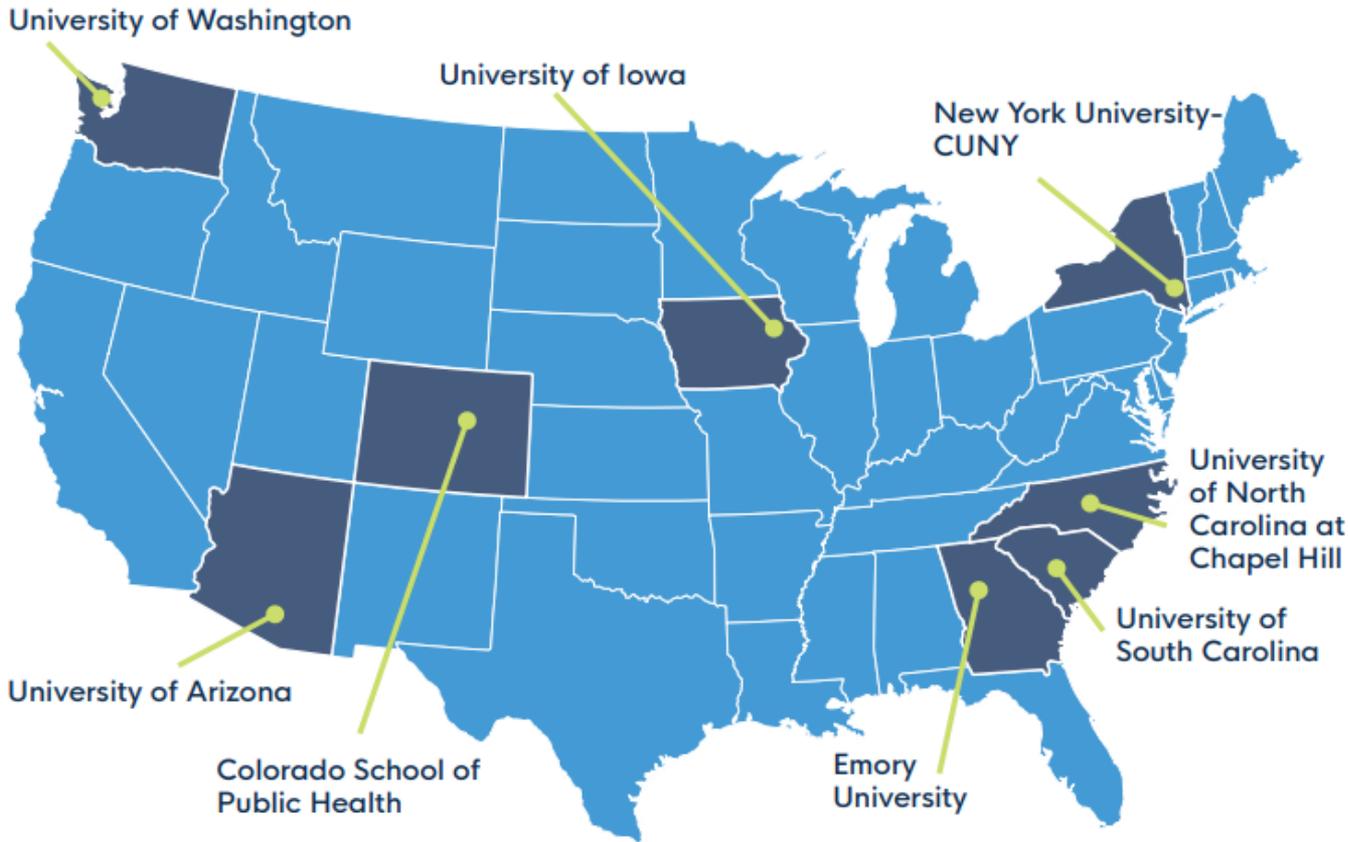
CPCRN Vision

Reduce the burden of cancer in U.S. populations and eliminate cancer disparities

CPCRN Mission

- Accelerate the adoption and implementation of evidence-based cancer prevention and control strategies in communities
- Enhance large-scale efforts to reach underserved populations and reduce their burden of cancer
- Deepen our understanding of the predictable processes that achieve those goals
- Develop the D&I workforce in cancer prevention and control

Cancer Prevention and Control Research Network | 2019 - 2024



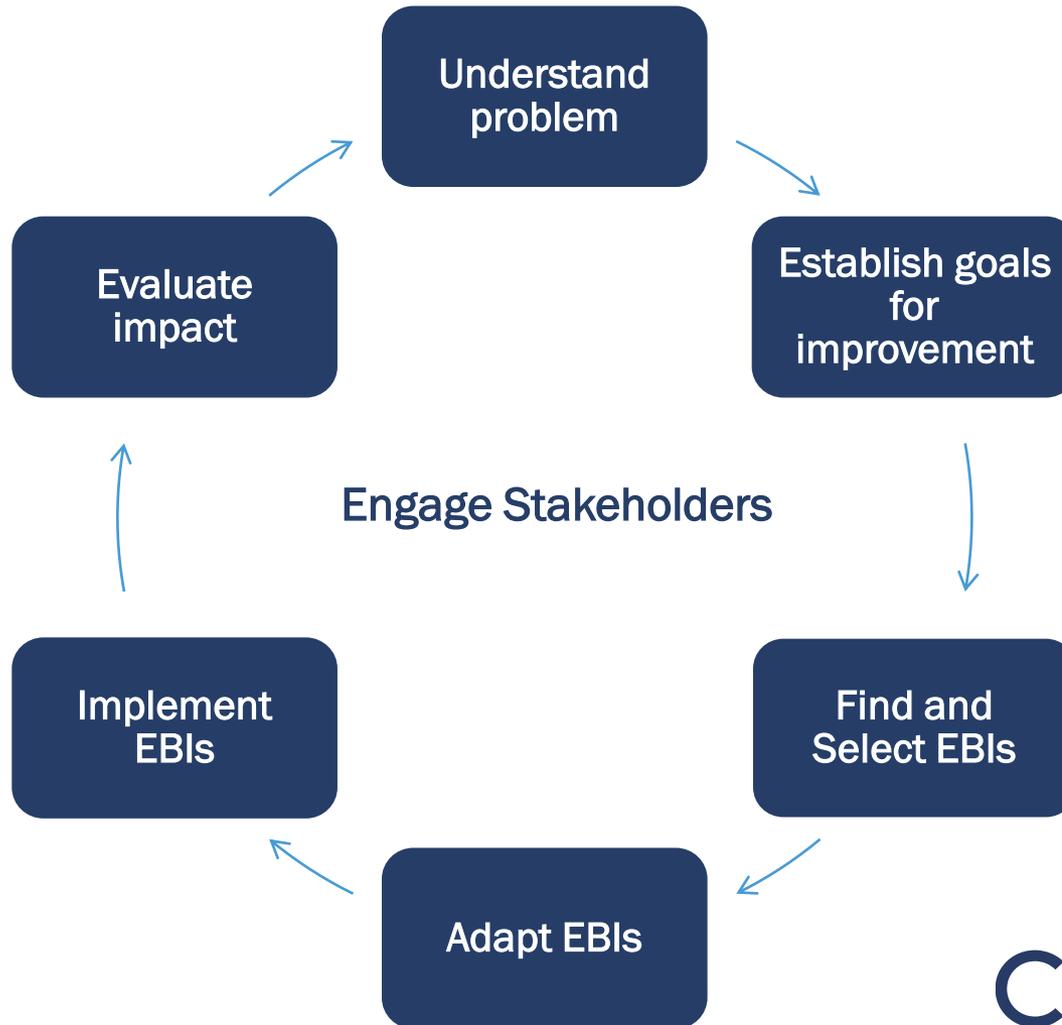
Overview of the Putting Public Health Evidence in Action Curriculum

PPHEIA

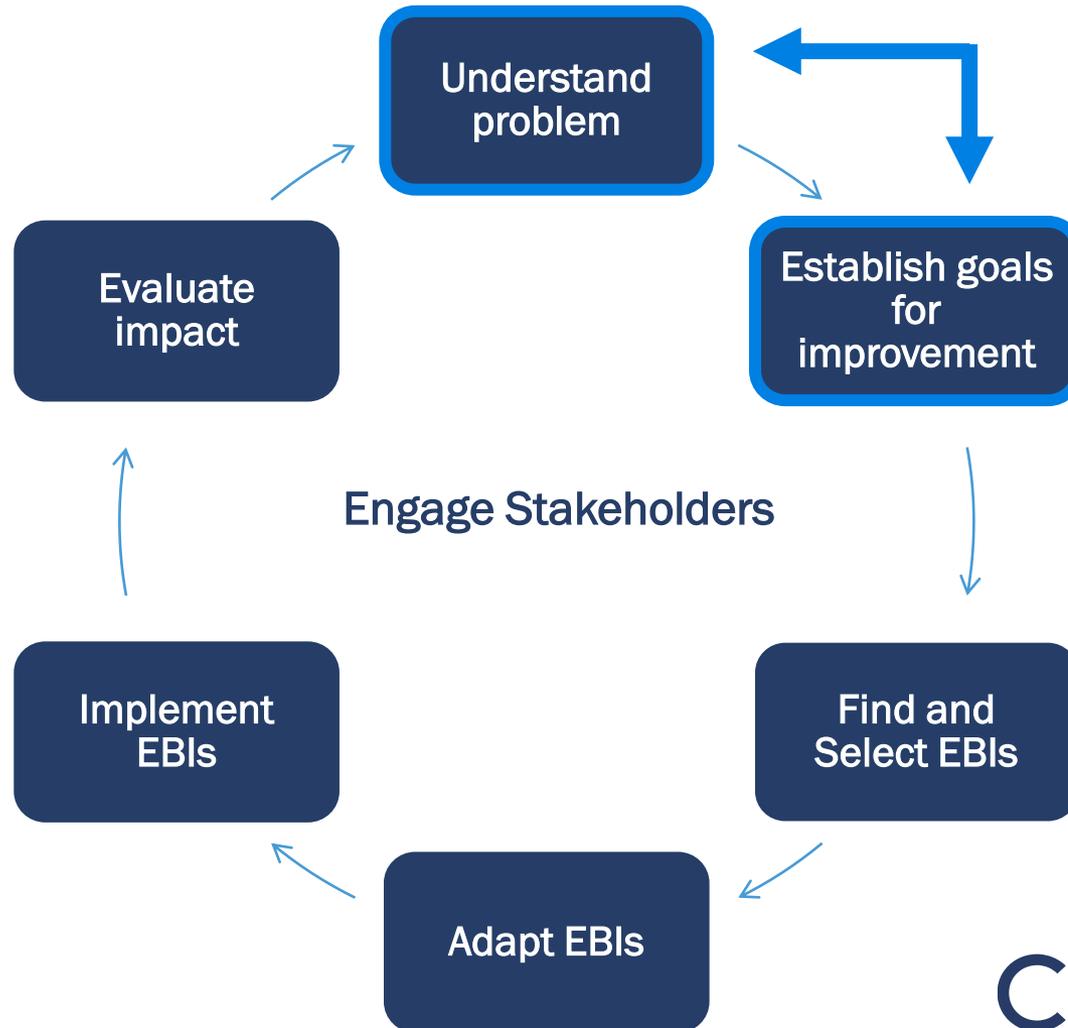
Acknowledgements

- The Cancer Prevention and Control Research Network developed this training with funding from the Centers for Disease Control and Prevention and the National Cancer Institute.
- The training content builds on the following:
 - National Cancer Institute's Using What Works http://cancercontrol.cancer.gov/use_what_works/start.htm
 - Getting to Outcomes <https://www.rand.org/health/projects/getting-to-outcomes.html>
 - Brownson et al. (2017). Evidence-Based Public Health. 3rd ed. New York, NY: Oxford University Press.
 - Institute for Healthcare Improvement's Collaborative Model for Achieving Breakthrough Improvement. www.ihp.org
 - The Centers for Disease Control and Prevention's Principles of Community Engagement

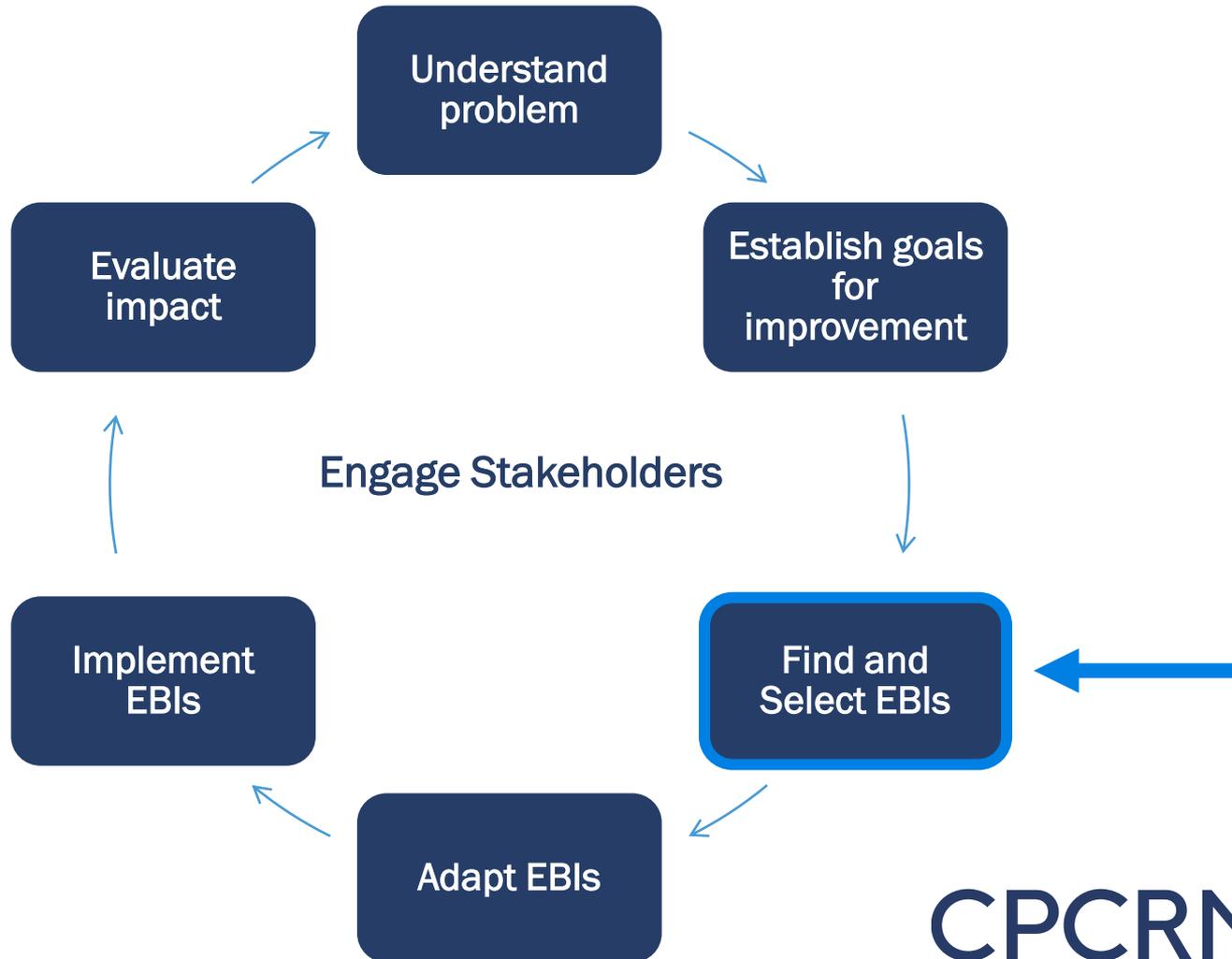
Framework for the Training



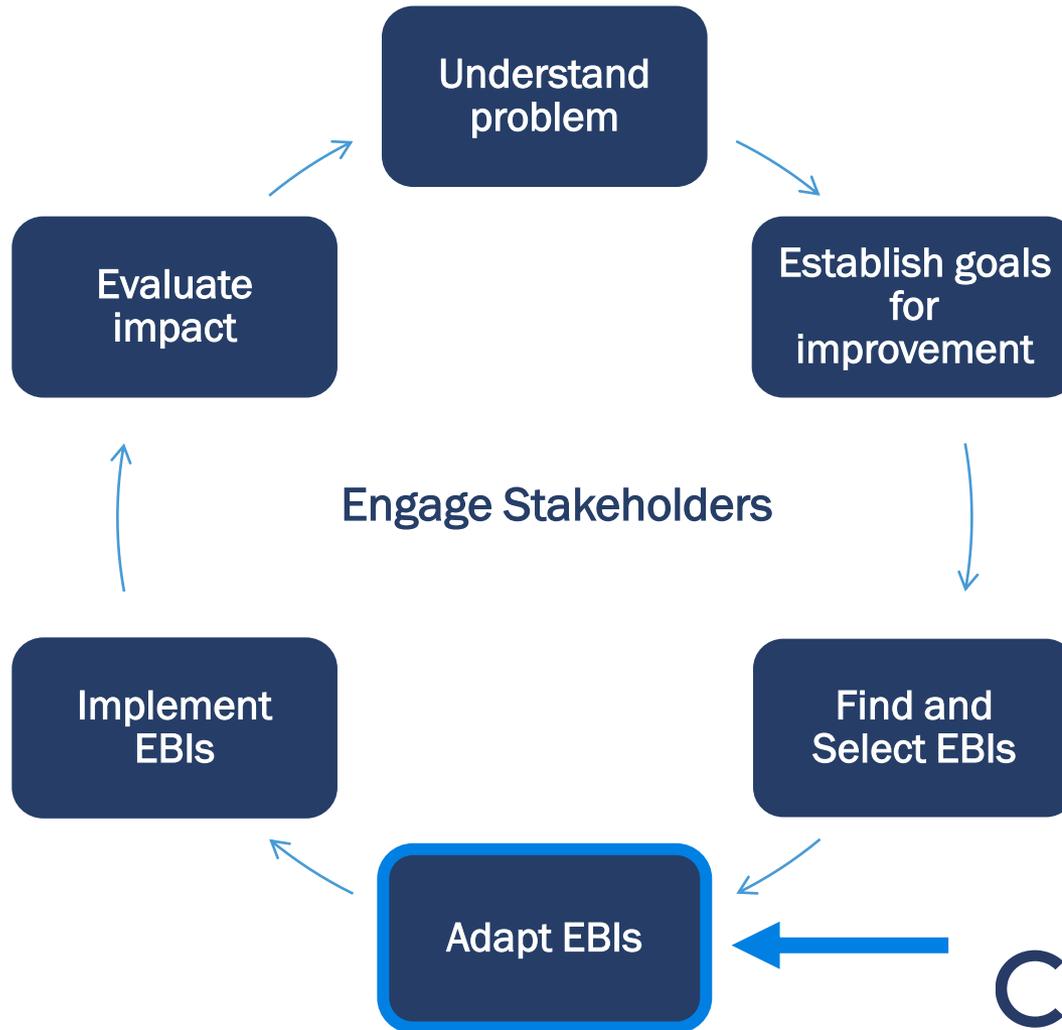
Framework for the Training



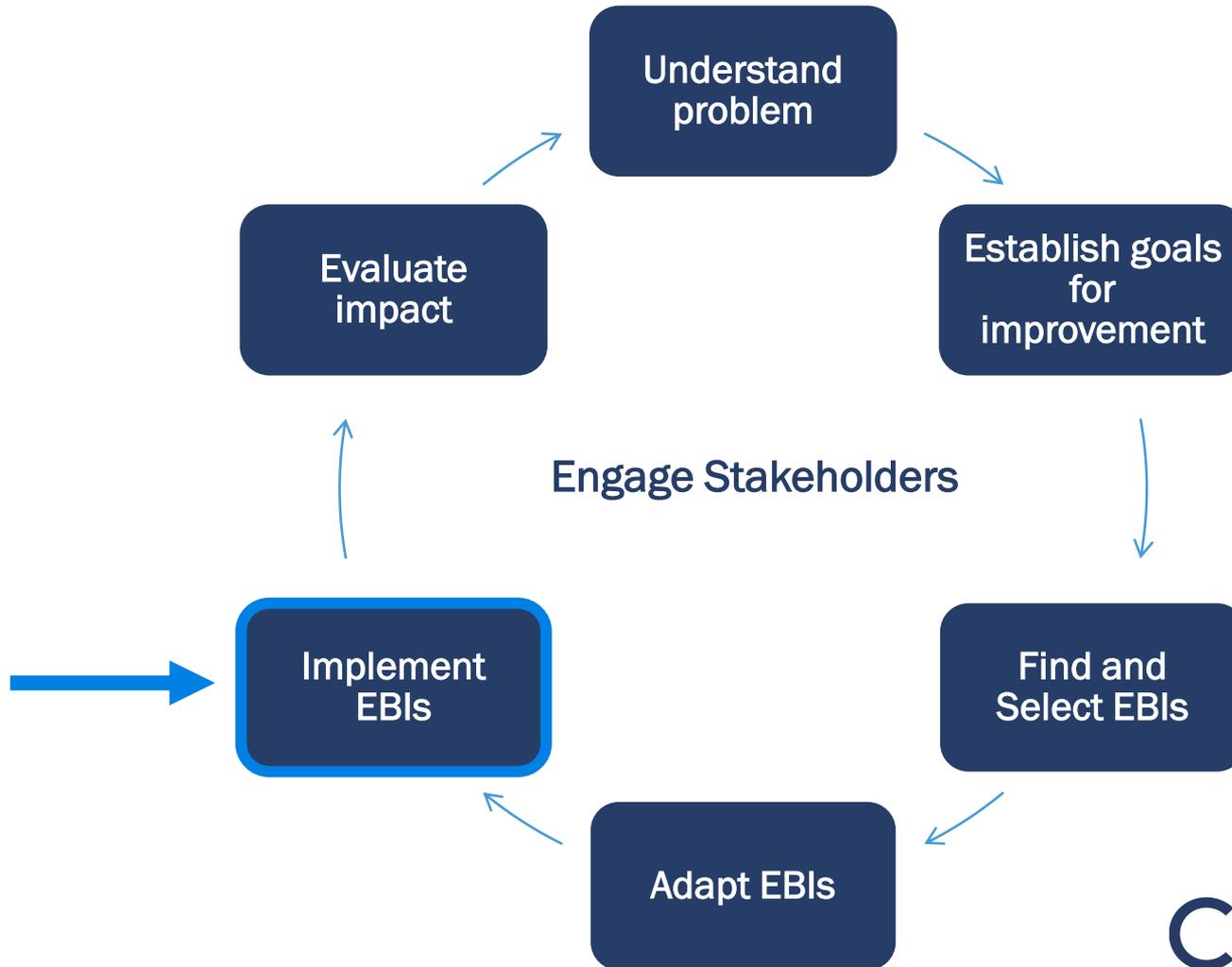
Framework for the Training



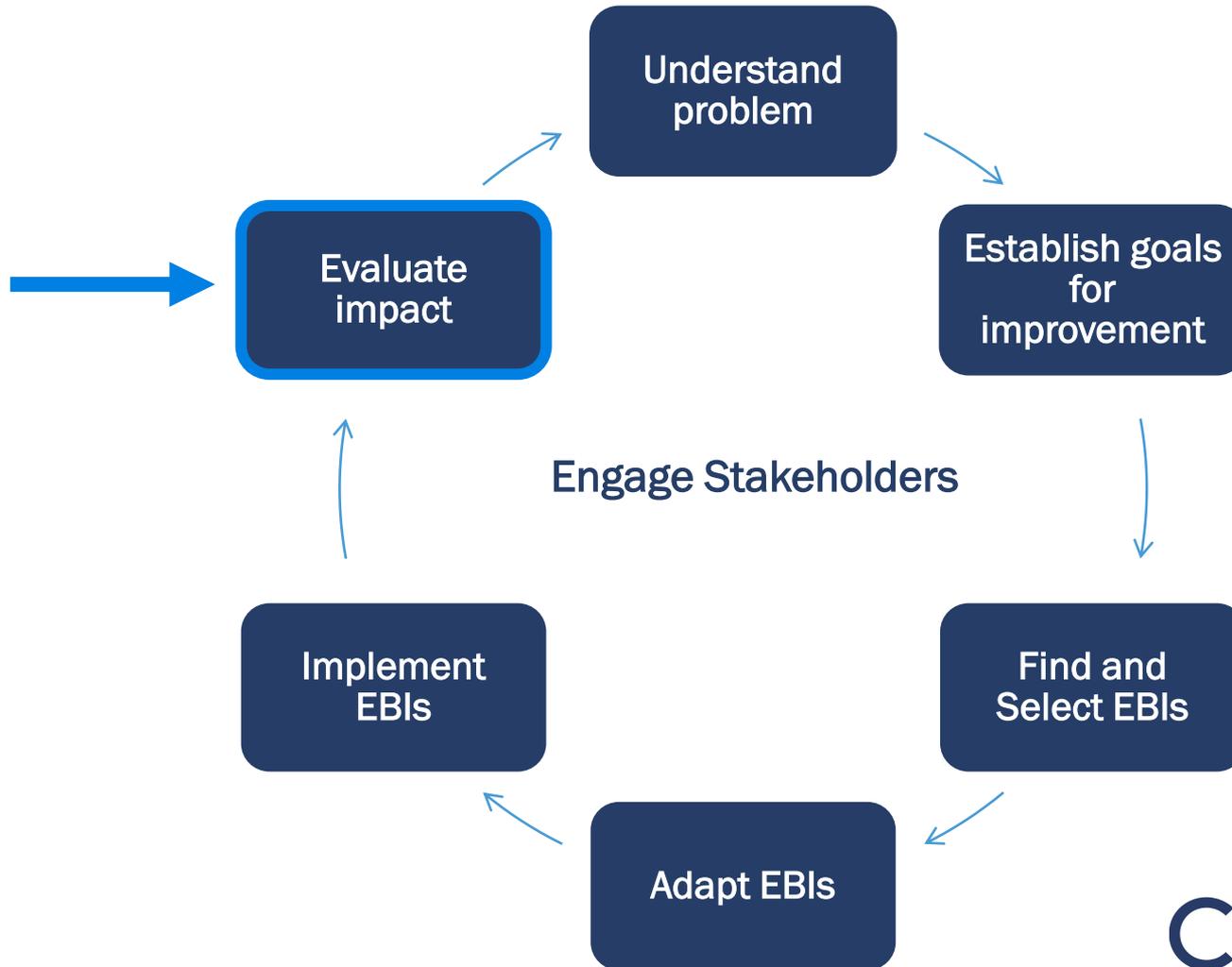
Framework for the Training



Framework for the Training



Framework for the Training



Visit cpcrn.org/training for full curriculum

SEARCH 



Find and Select EBIs

Highlights from the PPHEIA Curriculum

Objectives

- Find evidence-based interventions (EBIs)
- Apply criteria to evaluate EBIs based on their
 - Effectiveness
 - Potential for implementation in real-world practice
 - Fit with your objectives, setting, and population

EBIs are disseminated in three formats

- Systematic review recommendations
- Packaged interventions
- Journal articles reporting on intervention studies

EBI = Systematic review recommendations

- Broad recommendations for intervention approaches that are effective
- EBIs to increase colorectal cancer screening rates:
 - Provider reminder and recall systems
 - Client reminders
 - Reducing structural barriers for clients

Where to find systematic review recommendations



**County Health
Rankings & Roadmaps**
Building a Culture of Health, County by County

What Works for Health



Systematic review recommendations



Strengths

- Strongest source of EBI effectiveness, because they synthesize findings from multiple research studies



Limitations

- Provide evidence in support of broad EBI approaches (e.g., reminder systems) but offer little guidance on how to deliver and implement a specific intervention in practice

EBI = Packaged interventions

- Specific interventions with materials, protocols, and other resources to support implementation and delivery
- EBIs to increase colorectal cancer screening rates:
 - Smart Options for Screening
 - Flu-FIT and Flu-FOBT program

Where to find packaged interventions



Evidence-Based Cancer Control Programs

[HPVIQ.org](https://www.hpviq.org)

SAMHSA

Substance Abuse and Mental Health
Services Administration

CPCRN



Cancer Prevention and Control Research Network

Packaged interventions



Strengths

- Provide detailed guidance and materials to support the implementation and delivery of a specific EBI



Limitations

- Only a subset of interventions have been packaged and guidance and materials may be designed for a specific setting or population

Three steps to finding EBIs

Step 1: Search **systematic reviews** to identify broad EBIs

Step 2: Search websites for **packaged EBIs**

Step 3: Search **peer-reviewed literature** to update and fill gaps

Start with your goal for improvement

By December 2021, 75% of our average risk patients between 45-75 years of age will be up to date on their colorectal cancer screening with no disparities in screening rates for people of color.

Three steps to finding a colorectal cancer screening EBI

Step 1: Search **systematic reviews**: reminders, small media, one-on-one education, reducing structural barriers

Step 2: Search websites for **packaged EBIs**: Flu FIT/FOBT Program

Step 3: Search **peer-reviewed literature** to update and fill gaps

As you find EBIs, assess

- A. How strong is the evidence for EBI effectiveness at improving the targeted problem?
- B. What is the potential for implementation in real-world practice?
- C. How well does the EBI fit with your population and setting?

A. Criteria for assessing effectiveness

- **Methods** used to test interventions and/or to review intervention studies
- **Number of studies** testing intervention and consistency of findings across studies
- **Magnitude of effects**
- Effectiveness across **subpopulations**
- Degree to which findings are **current**

Applying effectiveness criteria (<https://www.thecommunityguide.org/>)

https://www.thecommunityguide.org

 The Community Guide

Topics

CPSTF

Publications & Resources

About

GuideCompass

[Login or Register](#)

Search The Community Guide

search the guide

Search

Your online guide of what works to promote healthy communities

[About the Guide](#) >

CPSTF Announces New Members

Eight public health and clinical professionals have been appointed by the CDC Director to serve five-year terms on the CPSTF, starting in either 2021 or 2022. [Read more >>](#)

 Community
Preventive Services
Task Force

New Publications!

Prevent and Reduce Intimate

When working in different community settings, follow [CDC guidance](#) to help prevent the spread of COVID-19. Visit www.cdc.gov/coronavirus for public health information.

[Login](#) or [Register](#)

Community Guide

Topics

CPSTF

Publications & Resources

About

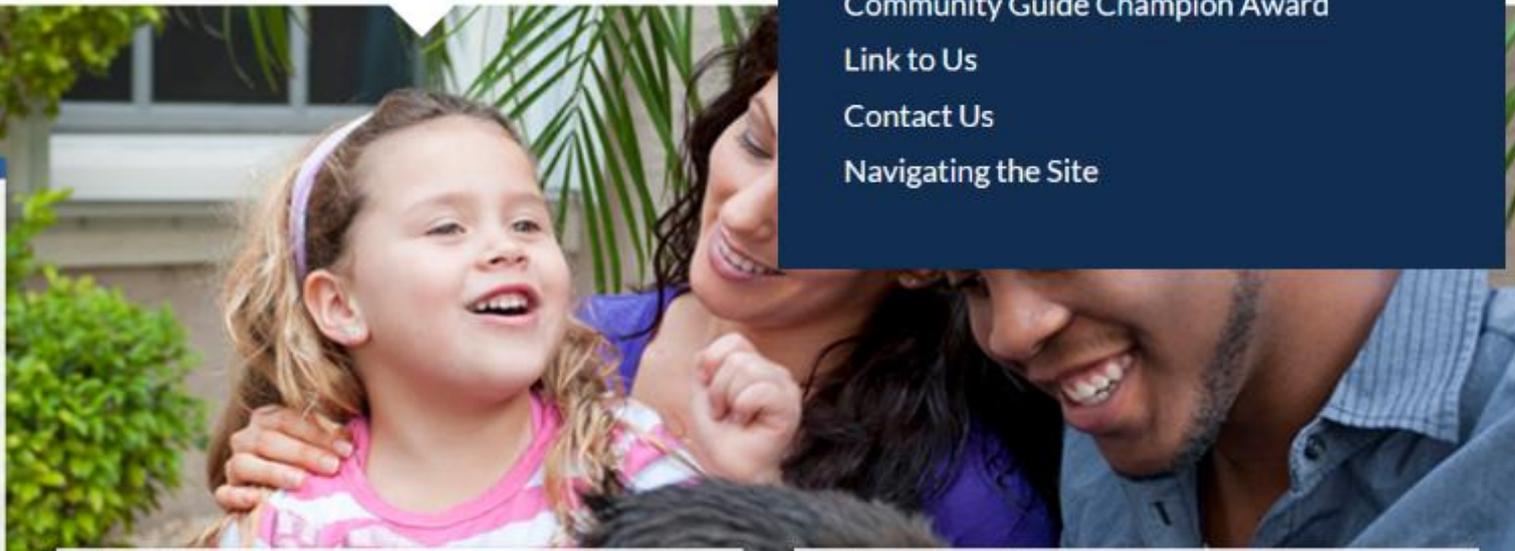
GuideCompass

Community Guide

25 years of evidence-based findings for population

Commends Tenant- ing Voucher

tenant-based housing
ns improve health and
outcomes for adults and
equity. Read more >>



About the Community Guide

Using the Community Guide

Our Methodology

The Community Guide Staff

News & Announcements

Community Guide Champion Award

Link to Us

Contact Us

Navigating the Site



Desktop



Systematic Review



Topic

Recommended
(strong evidence)
April 2019

Adults
Low-income Population

Setting
Clinical/Health Systems
Community
Home

Strategy
Health Education
Screening

This webpage summarizes information available in the CPSTF Findings and Rationale Statement, located under the Snapshot tab.

Cancer Screening: Interventions Engaging Community Health Workers - Colorectal Cancer

Snapshot

What the CPSTF Found

Supporting Materials

Considerations for Implementation

Summary of CPSTF Finding

The [Community Preventive Services Task Force \(CPSTF\)](#) [recommends](#) interventions that engage community health workers to increase screening for colorectal cancer by colonoscopy or fecal occult blood test [FOBT].

Evidence shows these interventions increase colorectal cancer screening rates when community health workers deliver them independently or as part of an implementation team.

Economic evidence shows interventions that engage community health workers as part of a team to increase screening for colorectal cancer by colonoscopy are cost-effective and may also result in net cost savings.

Search here to search



Summary of Results

Detailed results from the systematic review are available in the [CPSTF Finding and Rationale Statement](#).

The systematic review included 66 studies. Studies evaluated intervention effects on breast (36 studies), cervical (29 studies), or colorectal (17 studies) cancer screening use.

Colorectal Cancer Screening

- Interventions that engaged community health workers, alone or as part of a team, increased colorectal cancer screening when compared with no intervention or usual care.
- Increases in screening were observed for the following tests:
 - Up to date with any test: a median of 12.5 [percentage points](#) (9 studies),
 - Colonoscopy: a median of 13.0 percentage points (3 studies),
 - FOBT: a median of 8.0 percentage points (9 studies).

Breast, Cervical, or Colorectal Cancer Screening

The following results are based on an analysis of all included studies across breast, cervical, or colorectal cancer screening. Stratified analyses were performed for each cancer type and findings were comparable.

B. As you find EBIs, assess potential for implementation

- A. How strong is the evidence for EBI effectiveness at improving the targeted problem?
- B. What is the potential for implementation in real-world practice?**
- C. How well does the EBI fit with intended population and setting?

Interventions need to be effective, and they need to:

- Reach intended patients and populations
- Be adopted by providers and practice settings
- Be implemented with fidelity (i.e., as designed)
- And be maintained over time

(re-aim.org)

Applying effectiveness and implementation criteria

<https://ebccp.cancercontrol.cancer.gov/index.do>

The image shows a screenshot of a web browser displaying the National Cancer Institute's Evidence-Based Cancer Control Programs (EBCCP) website. The browser's address bar shows the URL <https://ebccp.cancercontrol.cancer.gov/index.do>. The page header features the NIH logo and the text "NATIONAL CANCER INSTITUTE". Below this, a dark teal banner reads "Evidence-Based Cancer Control Programs (EBCCP)". A navigation menu includes links for "HOME", "SEARCH FOR PROGRAMS", "PROGRAM AREAS", "HELP & RESOURCES", and "ABOUT", along with a search bar labeled "Search All EBCCP". Social media icons for print, email, Facebook, and Twitter are visible. The main content area has a large heading: "Transforming Research into Community and Clinical Practice". Below the heading, a paragraph states: "The EBCCP (formerly RTIPs) website is a searchable database of evidence-based cancer control programs and is designed". The browser's taskbar at the bottom shows several open files, including "CFIR Constructs.pdf" and "ACIMH Symposium....docx", and the system tray displays the time as 2:52 PM on 12/17/2020.

NIH NATIONAL CANCER INSTITUTE

Evidence-Based Cancer Control Programs (EBCCP)

HOME SEARCH FOR PROGRAMS PROGRAM AREAS HELP & RESOURCES ABOUT

Search All EBCCP

Transforming Research into Community and Clinical Practice

The EBCCP (formerly RTIPs) website is a searchable database of evidence-based cancer control programs and is designed

49

CFIR Constructs.pdf ... ACIMH Symposium....docx ...

Type here to search

2:52 PM 12/17/2020

Showing 1 to 10 of 202 programs

Filters Active - 0 Clear All

- Program Area ?

Breast Cancer Screening

Cervical Cancer Screening

Colorectal Cancer Screening

Diet/Nutrition

HPV Vaccination

Informed Decision Making

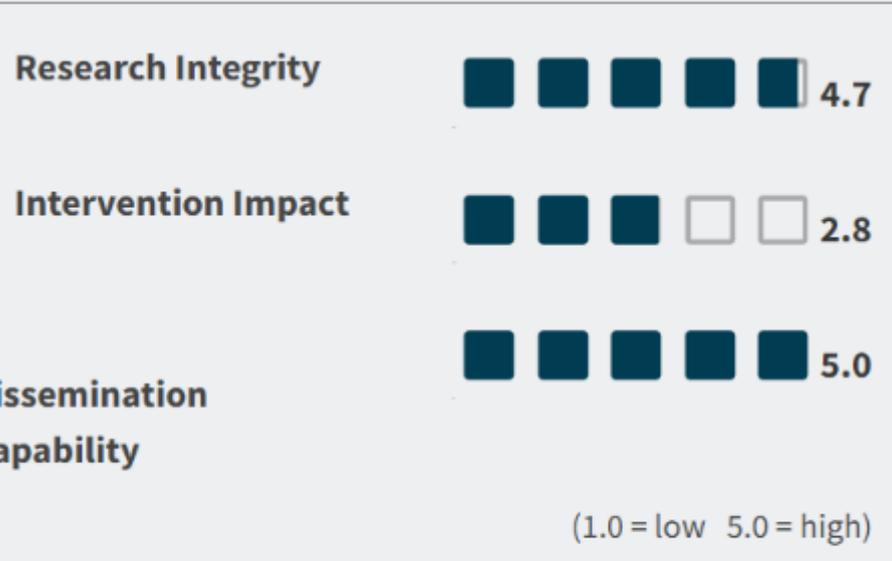
+ Population Focus ?

+ Delivery Location ?

| | Program Title & Description | Program Area |
|--|---|---------------------------|
| + | 1-2-3 Pap: Easy Steps to Prevent Cervical Cancer | HPV Vaccination |
| + | 5 A Day Peer Education Program | Diet/Nutrition |
| + | 5-a-Day Power Plus | Diet/Nutrition Obesity |
| + | A Self-Help Intervention for African American | Tobacco Control |



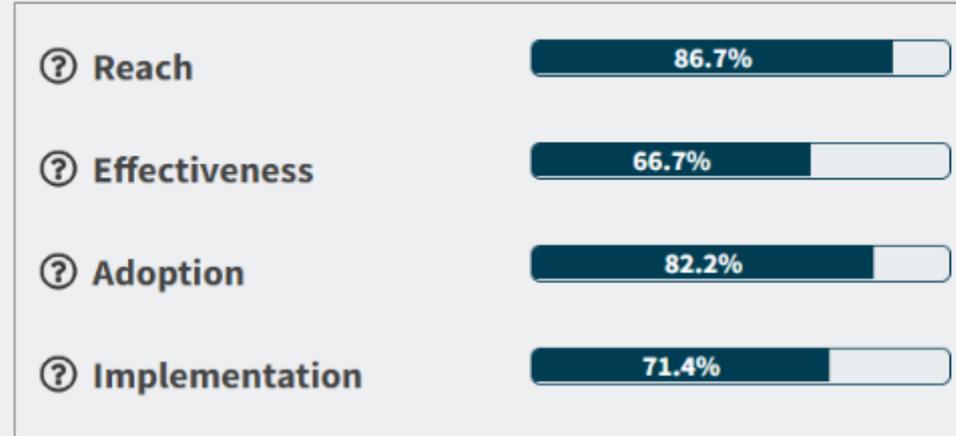
BCCP Scores



program has been rated by external peer reviewers.

[Learn more about the ratings](#)

RE-AIM Scores



This program has been evaluated on criteria from the RE-AIM framework, which helps translate research into action.

[Learn more about the ratings](#)





Population Focus: *This information is not available.*

Program Area: Colorectal Cancer Screening

Delivery Location: Clinical

Community Type: Suburban, Urban/Inner City

Program Materials



Preview and order the materials from the developer

[View](#)

Program Developer



Contact Program Developer

[Contact](#)

Featured Profile



Learn more about this program and the developer who created it

[Learn More](#)

? EBCCP Scores

? Research Integrity



? RE-AIM Scores

? Reach

86.7%

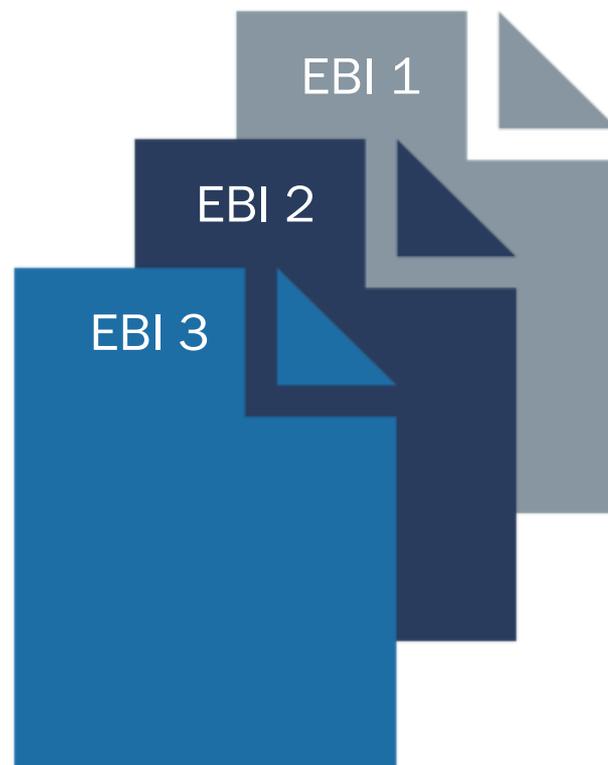
As you find EBIs, assess fit

- A. How strong is the evidence for EBI effectiveness at improving the targeted problem?
- B. What is the potential for implementation in real-world practice?
- C. How well does the EBI fit the intended population and setting?

C. Assess EBI Fit

Fit Criteria

- Goal for improvement
- Priority population
- Setting
- Other factors
 - Patient
 - Provider
 - Organization
 - Community
- Resources



2. Assess fit Comparison Tool for Selecting an EBI

| Fit Criteria | Assessment/ Finding Priorities | EBI 1 | Does this fit your audience? | | | EBI 2 | Does this fit your audience? | | |
|----------------------------------|--------------------------------------|-------|------------------------------|------|----|-------|------------------------------|------|----|
| | | | Yes | Some | No | | Yes | Some | No |
| Health Problem | | | | | | | | | |
| Objectives | | | | | | | | | |
| Priority population | | | | | | | | | |
| Setting | | | | | | | | | |
| Multi-level contributing factors | | | | | | | | | |
| Resources | | | | | | | | | |

Adapt EBIs

Highlights from the PPHEIA Curriculum

Objectives

- Define adaptation, fidelity, and core elements
- Describe the process and steps for adaptation
- Discuss which changes can be made without affecting the effectiveness vs. which cannot

Adaptation

- Making changes or modifications to fit priority populations and local conditions
- Helps address health equity in bringing evidence-based (EB) programs and policy, systems, and environmental changes (PSEs) to different minority and disadvantaged communities

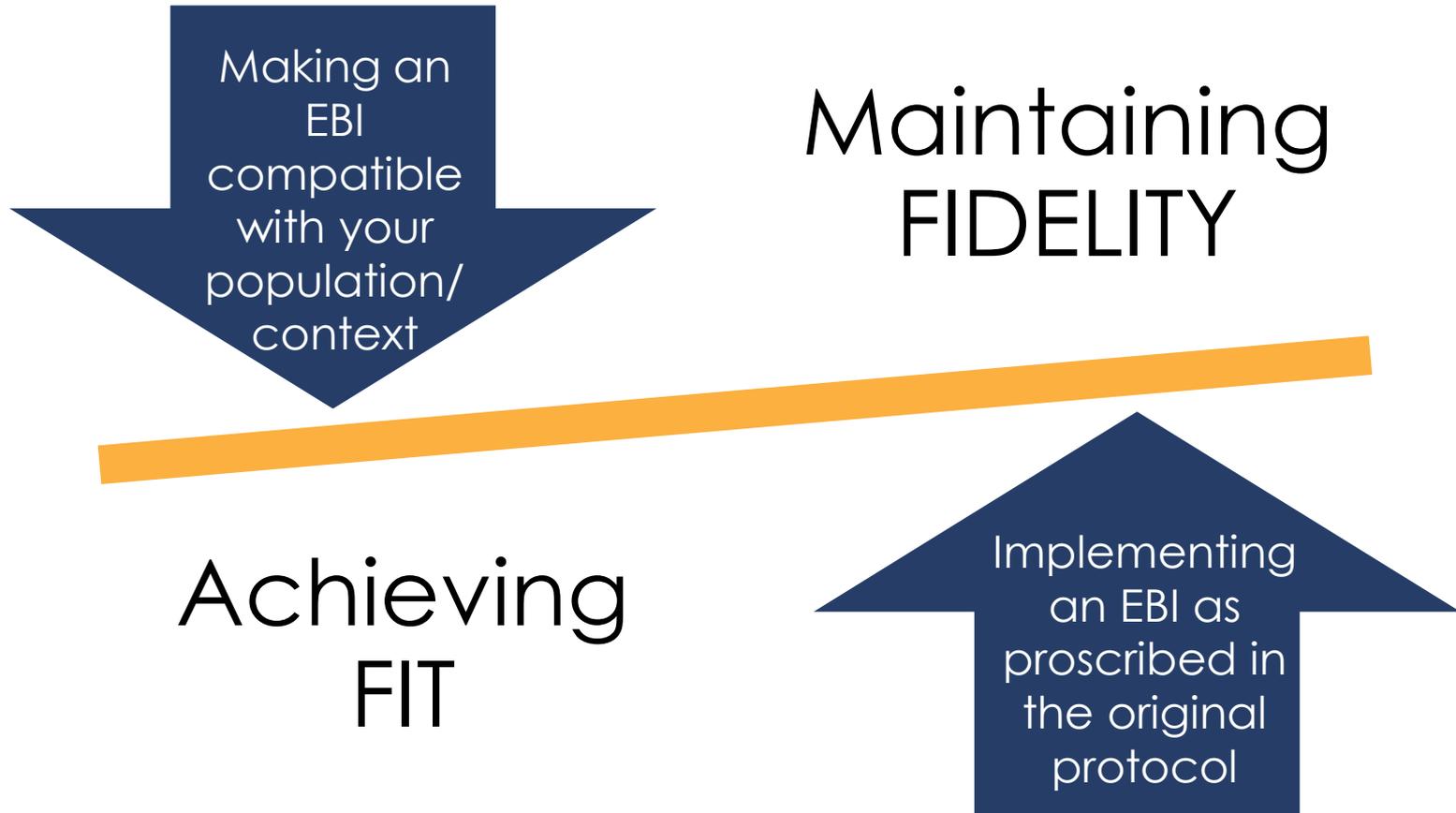


Additions

Deletions

Substitutions

Adaptation is the balance between:

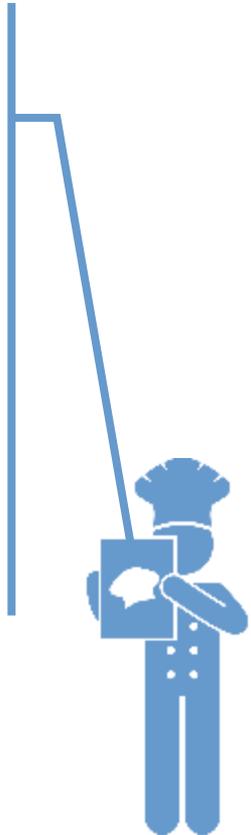


Core Elements

- Required components that represent the logical mechanisms of change and key delivery steps of an EBI
- They most likely produce the EBI's effectiveness

“Recipe”
Core elements include:

1. Content
2. Delivery mechanisms
3. Methods



Adaptation Frameworks: A Review

13 adaptation frameworks found in a scoping study

| Grey Literature | Published Literature |
|---|--|
| <ul style="list-style-type: none">• CSAP's Guidelines for Balancing Program Fidelity/Adaptation• Research Tested Intervention Programs (RTIPs) Adaptation Guidelines• Intervention Mapping (IM) ADAPT | <ul style="list-style-type: none">• Map of Adaptation Process (MAP)• Research-based Program Adaptation• Adapting Evidence-Based Programs to New Contexts• ADAPT-ITT• Cultural Adaptation Process• Planned Adaptation• Step Framework• Method for Program Adaptation through Community Engagement (M-PACE)• General Adaptation Guidance• Cultural Adaptation |

Common Adaptation Steps from the Review

Adaptation Steps

1. Assess community
 2. Understand the intervention
 3. Select intervention
 4. Consult with experts
 5. Consult with stakeholders
 6. Decide what needs adaptation
 7. Adapt the original program
 8. Train staff
 9. Test the adapted materials
 10. Implement
 11. Evaluate
- **Eleven** program adaptation steps were identified and grouped into categories.
 - **Eight** of these steps were recommended by more than five frameworks: #1-3, #6-7, and #9-11

Steps for Adaptation

1. Assess fit
to consider
adaptation

2. Decide
what to adapt

3. Make the
adaptations

4. Pretest
the
adaptations

5. Pilot test
the EBI

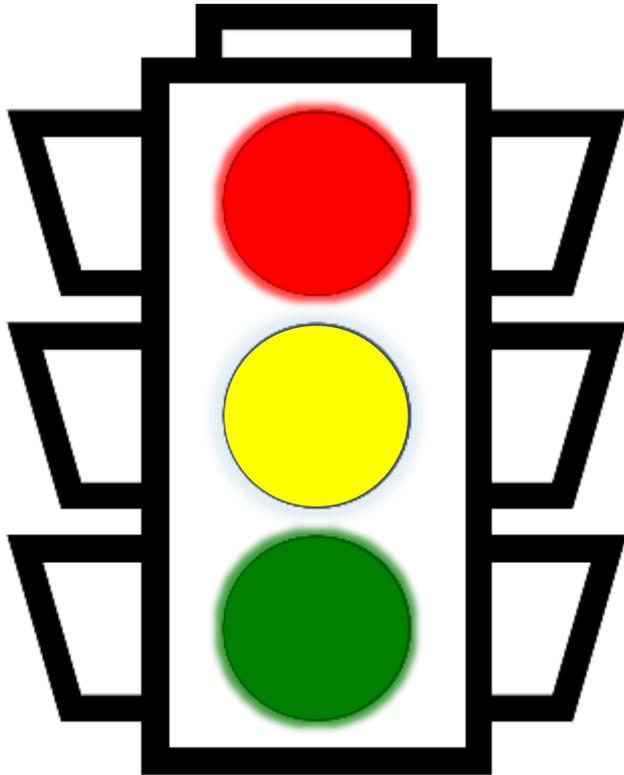
1. Assess Fit

| Fit Criteria | Assessment Findings | EBI | Does This EBI Fit Your Audience? | | |
|----------------------------------|---------------------|-----|----------------------------------|-------|-----|
| | | | NO | MAYBE | YES |
| Health Problem | | | | | |
| Objectives | | | | | |
| Priority Population | | | | | |
| Setting | | | | | |
| Multi-level Contributing Factors | | | | | |
| Resources | | | | | |

2. Decide What to Adapt

| Fit Criteria | Assessment Findings | EBI | Areas of Misalignment | Specific Aspects of the EBI to be Adapted |
|----------------------------------|---------------------|-----|-----------------------|---|
| Health Problem | | | | |
| Objectives | | | | |
| Priority Population | | | | |
| Setting | | | | |
| Multi-level Contributing Factors | | | | |
| Resources | | | | |

Guidelines for Adapting Programs (i.e., RTIPs)

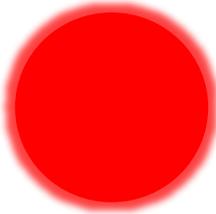


Red should be avoided to maintain fidelity on core components

Yellow should be made cautiously

Green is safe

Adapted from: Lesesne, C. A., Lewis, K. M., Moore, C., Fisher, D., Green, D., & Wandersman, A. (2007). Promoting Science-based Approaches to Teen Pregnancy Prevention using Getting To Outcomes: Draft June 2007. Unpublished manual; Firpo-Triplett, R., Fuller, T. R. (2012). General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula.



Red Light Adaptations

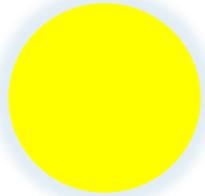
Elements that probably cannot be modified

Methods used

- Change theoretical underpinning; mechanisms of change

Content

- Change health topic/behavior addressed
- Add activities that contradict or detract from the original program goals
- Delete whole sections or major activities
- Reduce duration and dose



Yellow Light Adaptations

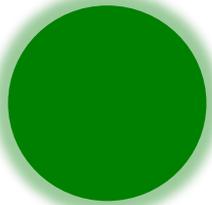
Elements that can probably be changed with caution

Content or methods

- Alter the length of program activities
- Change the order of sessions or sequence of activities
- Add activities to address other risk factors or behaviors
- Apply EBI to a different population

Delivery mechanisms

- Change delivery format/process/setting
- Modify who delivers the program
- Substitute activities and/or materials



Green Light Adaptations

Elements that can probably be modified

Minor adaptations to increase reach, receptivity, and participation

- Update and/or customize statistics and guidelines
- Customize program materials to fit the priority population such as changing names, pictures, wording, etc.
- Change ways to recruit and/or engage priority population

3. Make the Adaptations

- Take the EBI Fit tool and identify aspects of the EBI you may need to adapt
- Consult all relevant stakeholders

Areas to Adapt

| Fit Criteria | Assessment Findings | EBI | Areas of Misalignment | Specific Aspects of the EBI to be Adapted |
|----------------------------------|---------------------|-----|-----------------------|---|
| Health Problem | | | | |
| Objectives | | | | |
| Priority Population | | | |  |
| Setting | | | |  |
| Multi-level Contributing Factors | | | |  |
| Resources | | | |  |

Consult Experts to Decide on Adaptations



4. Pretest Adaptations

For example, evaluate outcomes:

Test adapted elements using Plan Do Study Act cycles (e.g., new approach to referring patients)

Acceptability

Behavior change

Appropriateness:

Cultural
Relevance

Social support

5. Pilot Adaptations

Test adapted elements using Plan Do Study Act cycles (e.g., new approach to referring patients)

Test with a sample sample of participants full program

For example, test on:

Comprehension

Acceptability

Cultural Relevance

Impact

Visit cpcrn.org/training for full curriculum



July 9 and 23 at 3 – 4:30 pm ET

Awardees will present successful implementation and evaluation strategies they have used.

Hold-the-date e-mails have been shared via the listservs
Webinar links to follow

UPCOMING WEBINARS

Awardee Showcases



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