

---

# Adapting the Evidence-Based Program to Fit Your Needs

---

Zul Surani

Manager, Community Outreach and Partnerships

USC Norris Comprehensive Cancer Center

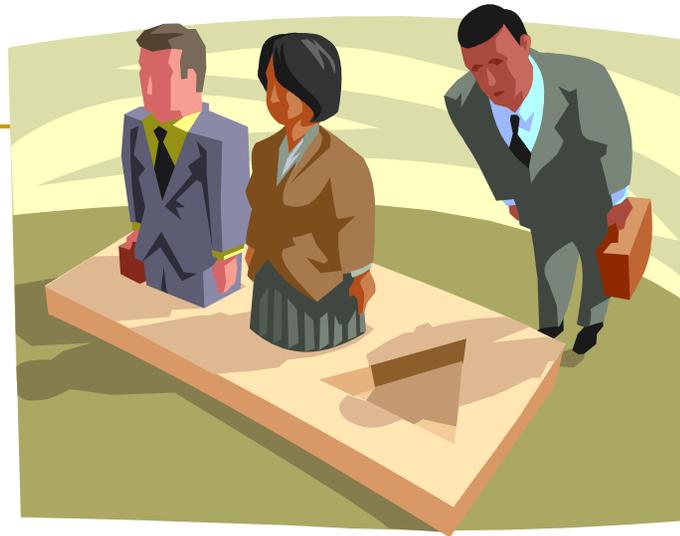
---

# Session

- Intervention Adaptation
    - Program Fit
    - Core Elements
    - Modification
  - Adaptation Activity
-

---

# Making the Evidence-Based Program Fit Your Needs: Adaptation



---

# Effective Community-based Program Design involves a Combination of:

- **FIDELITY:** the degree to which a delivered program is congruent to the original implementation plan and core elements
- **FIT:** include setting and audience characteristics in planning through adaptation
- Need collaborations between **RESEARCHERS** and **PRACTICE COMMUNITIES** to learn about both

---

# Program Fit Considerations

## ■ Program

- Health behaviors/topics
- Goals
- Type of program strategies
- Time span
- Setting

## ■ Audience

- Age
- Education
- Gender
- Race/ethnicity
- Socioeconomic status

## ■ Organization

- Fit with mission
- Leadership support
- Availability of a project coordinator
- Resources
  - Finances/cost
  - Staff & expertise
  - Facilities
  - Partnerships

## ■ Community

- Priorities and values
  - Readiness for prevention program
  - Fit with other programs
-

---

# Remember...

- Consider needs assessment
  - Match with topic/behavior, audience and organization
  - Consider resources
-

---

# But..... What if nothing fits?????



---

# Adapting the Evidence-Based Program to Fit Your Needs



---

# 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).
-

---

# Questions

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



---

# **Effective community based program adaptation involves a combination of:**

**FIT** – Modified for setting and audience characteristics through the entire program design.

**FIDELITY** – Incorporate core components completely into a program

---

---

# Evidence-based Intervention Elements

## ■ Core elements\*:

- **required components** that represent the theory and internal logic of the intervention and most likely produce the intervention's effectiveness may be identified as **core program components or activities** in the program's methods section

## ■ Process steps:

- **required steps** that are conducted to contribute to the intervention's effectiveness
- may be described as critical process steps taken in program implementation in the program's methods section or implementation protocol

---

\* Eke et al., *AIDS Education & Prevention*, 2006

---

# Keep Core Elements Intact

If you choose an evidence-based program to adopt, **do not** change the core elements or key process steps.



---

# Consider Cultural Elements

- Work with community groups to plan adaptations to make program culturally appropriate for the new community
    - Evaluate program materials and if they are congruent with the community group's culture
      - Health practices
      - Values
      - Relationships
      - Clothing
      - Food
-

---

# Intervention Package Contents

- Materials produced and used in the conduct of the program
  - **Examples:**
    - Training manual or an administrator's manual for agency staff and partners
    - Video introducing the program and demonstrating each of its components
    - Materials for reproduction, such as training modules, brochures, fact sheets, etc.
  - **Considerations:**
    - These may be used in conjunction with core elements (e.g., fact sheet with one on one education with women)
    - These may be adapted for specific purposes (e.g., modifications to fit another setting or target audience)
-

---

# Hand-picking Strategies

- Should not choose a component from various evidence-based programs and combine them, assuming that they work
- If you do, have a strong evaluation plan to determine the new program's effect



---

# Step 1: Identify What Can and Cannot Be Modified

- ❑ What can be adapted in the evidence-based programs?
  - ❑ What is the difference between adapting an evidence-based program and changing it?
-

---

# Things That Can Be Modified

- Names of health care centers or systems
- Pictures of people and places and quotes
- Ways to reach your audience
- Incentives for participation
- Timeline
- Cultural indicators based on population



---

# Things That Should NOT Be Modified



- The health topic
  - Deleting whole sections of the program
  - Putting in more strategies
  - The health communication model or theory
-

---

# 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.
-

---

## Step 2: What do I *need* to modify & what can stay the same?

- When thinking about what *can* be modified, decide if you *need* to make those changes or not.
  - See Handout #2: Adaptation Guidelines.
-

---

# Levels of Adaptation

- Minor vs. Major
    - Minimal Adaptation (Replication) – maximize impact while maintaining fidelity of outcomes
    - Major Adaptation – may effect program effectiveness
-

---

# Planning for Evaluation

- Look at the evaluation methods used in the original evidence-based program.
- When discussing evaluation, think about 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?



---

## Step 3: Making the Modifications

- Brand materials with your contact information (e.g., 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
-

---

## Making the Modifications, cont' d

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

---

# Additional Considerations for Adaptation

- What have others in the community done to modify to improve the adoption and implementation of similar program?
  - What have others done to modify the program to fit local delivery channels?
  - Does your organization have the capacity and budget for adaptation?
-

---

# Pilot Testing

- If any elements of the original intervention have been adapted, it is recommended that you pilot test the intervention with your audience
  - Elements include:
    - Audience
    - Mode of delivery
    - Only some program components are used
    - Limited resources
    - Translation
-

# 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.

---

# Adaptation of A Physical Activity

## Program Example

- Original Program:

Instant Recess originally developed by Dr. Toni Yancey

Adaptation by WINCART Center COP.

Cal State. University Fullerton.

Target Population: Pacific Islanders in Southern California.

---

---

# Effectiveness of Instant Recess

- Small bouts of physical activity
  - Changes in Workplace Environments to support PA.
  - The Community Guide: Community-wide campaigns, policy and environmental changes.
  - 6 publications on its effectiveness.
-

---

# Choosing the intervention

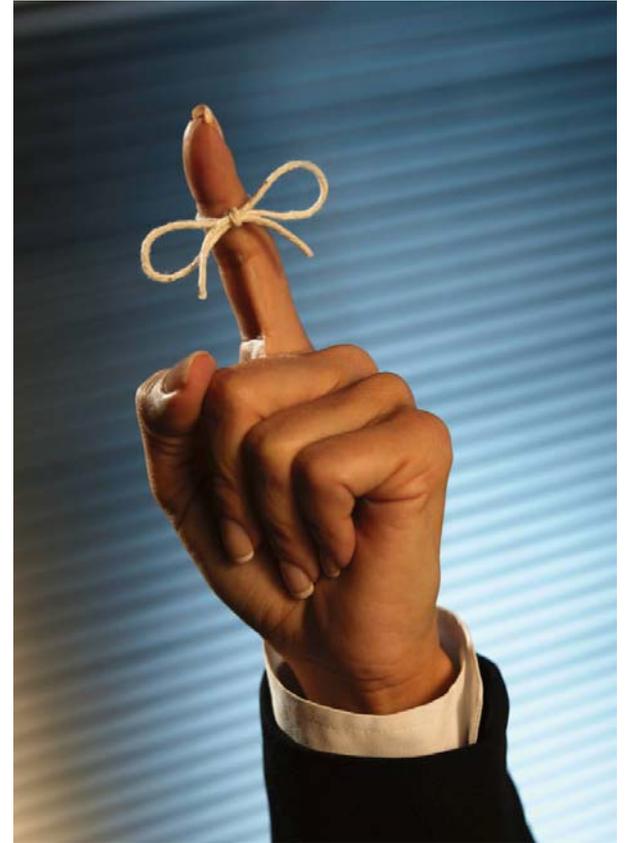
How did we decide on the type of intervention?

- CBPR
  - Cost
  - Possibility to incorporate the intervention into existing Pacific Islander organizations  
potential for institutionalization
-

---

# Key Presentation Point

- Evidence-based programs can be adapted to **meet the needs** of your community





---

# Questions?

Zul Surani

[zsurani@usc.edu](mailto:zsurani@usc.edu)

---

## References

- Minkler & Wallerstein, *Community-Based Research for Health*, 2003
  - Rabin et. al., *J Public Health Management & Practice*, 2008
  - Eke et al., *AIDS Education & Prevention*, 2006
  - Emory Prevention Research Center, *Prevention Programs that Work Training Modules, Module 4*, retrieved January 12, 2009 from <http://www.sph.emory.edu/eprc/binder.html>
-