

Selecting Evidence-based Interventions (EBIs) for Impact

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Objectives

- Describe resources for locating evidence-based interventions
- Describe a process to implement or adapt evidence-based interventions
- Increase grantees' ability to select high impact interventions with available budgets

Defining Reach and Impact

What Is Reach? Reach is the extent to which a program attracts its intended audience.

What is Effect? The level of ability of an intervention to change behavior (i.e., brochures (small media) vs. provider reminders).

What is Impact? The effect that interventions have on people, organizations, or systems to impact health.



Considerations for Impact

1

- Define your goal(s) for change

2

- Identify EBIs or strategies that have high reach (patients, providers)
- Ex., Identify those that have high geographic access to extend reach

3

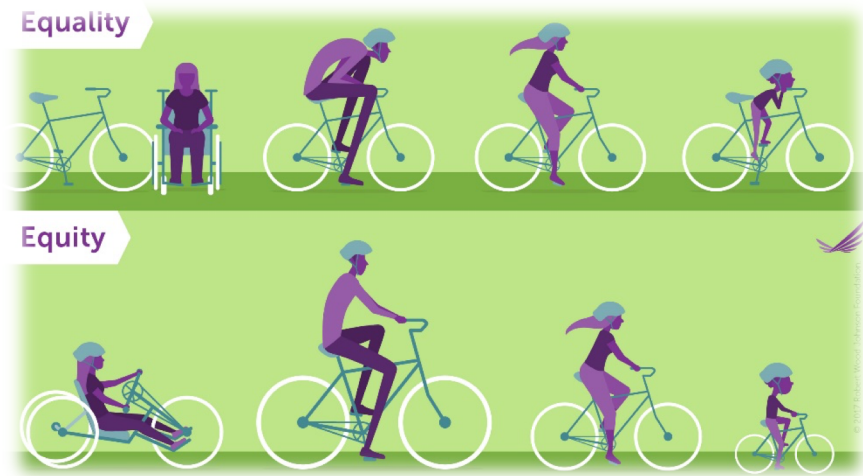
- Consider higher levels of socio-ecological model
- Ex., Change systems (health plans) instead of just 1 organization

HPV State Teams Planning - Impact

- Use of evidence-based interventions
- Work with multiple stakeholders (i.e., parent campaign, education, providers)
- Collaborate with systems (health systems)
- Policy approaches

Focus on Health Equity

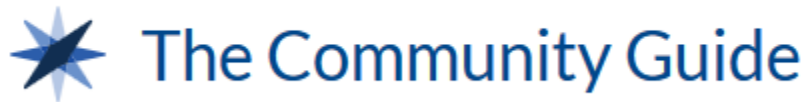
- Equal access is not equity;
Interventions should be tailored to needs of specific population
- Requires the **twin approach**
 - Population level strategies +
 - Targeted and culturally tailored interventions designed to address subpopulations with the highest disease rates



Strategies for Health Equity

- **Examine your data for populations of interest** (i.e., rarely/never screened, lower access, stratify by race/ethnicity, language, income)
- **Take actions that will support social determinants of health** (i.e., assessing needs/assets, barrier specific screening-patient navigation)
- **Partner with community organizations** (e.g., gatekeeper, leveraging resources, extending reach)
- **Collaborate with existing intact groups** (e.g., cancer coalitions, HPV/CRC roundtables, professional associations, population-specific serving organizations)

Resources for Evidence-Based Interventions



Healthy Communities Program

<http://www.thecommunityguide.org/>



The Community Guide

Sponsor: Taskforce for Preventive Services, CDC

Health topics: Multiple

Resources available: Strategies
(Recommendations from systematic reviews)

Search The Community Guide

search the guide

Navigating the Site
About the Community Guide
Our Methodology
The Community Guide Staff
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Your online guide of what works to promote healthy communities

YouthAlert! Uses Teamwork and Education to Prevent Youth Violence

A Kentucky-based youth violence prevention program, YouthAlert!, used evidence-based approaches recommended by the Community Preventive Services Task Force as the foundation of their campaign. Read the [full story](#).

New York Makes Cancer a Public Health Priority

Community Health Workers Help Prevent Diabetes

Explore Popular Features of The Community Guide



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Our Methodology

Categories of Task Force Recommendations and Findings

The Task Force uses the terms below to describe its findings.

Recommended

The systematic review of available studies provides strong or sufficient evidence that the intervention is effective.

The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Recommended Against

The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

Insufficient Evidence

The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Task Force findings may include a rationale statement that explains why they made a recommendation or arrived at other conclusions.

How are costs and economic benefits evaluated?

If an intervention is found to be effective, the Community Guide evaluates its [economic efficiency](#). This approach is used because the Task Force makes recommendations based on whether or not an intervention is shown to improve health, regardless of its cost and/or economic



CPSTF Findings for Cancer Prevention and Control

The following tables include alphabetized lists of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence, access supporting materials, and where available, link to [Research-tested Intervention Programs \(RTIPs\)](#). This table does not include [inactive](#) or [archived](#) reviews. Findings are divided into the following categories:

[Increasing Cancer Screening](#)

- [Client-Oriented Interventions](#)
- [Provider-Oriented Interventions](#)
- [Informed Decision Making](#)

[Preventing Skin Cancer](#)

- [Community-Wide Interventions](#)
- [Education and Policy Approaches](#)
- [Interventions Targeting Parents and Caregivers](#)



Search The Community Guide

Search

[Home](#) » [Systematic Review](#)

Systematic Review



Topic
[Cancer](#)

Recommended
July 2010

Audience
Adults
Healthcare Providers
Older Adults

Setting
Clinical/Health Systems
Rural
Urban

Strategy
Case Management
Health Communication
Outreach
Screening
Technology-based

Cancer Screening: Client Reminders – Colorectal Cancer

Snapshot

What the CPSTF Found

Supporting Materials


Considerations for Implementation

Analytic Framework

[Analytic Framework](#)  [PDF – 230 kB] – see Figure 1 on page 100

Summary Evidence Table

[Summary Evidence Table - Effectiveness Review, Screenings by FOBT](#)  [PDF – 118 kB]

[Summary Evidence Table - Effectiveness Review, Screenings by flexible sigmoidoscopy, colonoscopy, or barium enema](#)  [PDF – 103 kB]

Intervention	Breast Cancer	Cervical Cancer	Colorectal Cancer
Multicomponent	★	★	★
Client-oriented			
Small media	★	★	★
One on one education	★	★	★
Group education	★		
Reducing Structural Barriers	★		★
Provider-oriented			
Provider reminder/recall systems	★	★	★
Provider assessment and feedback	★	★	★

★ =Recommended

<http://rtips.cancer.gov/rtips>



Sponsor: National Cancer Institute

Health topics: Multiple

Resources available: Programs



Research-tested Intervention Programs (RTIPs)

Moving Science into Programs for People

■ [RTIPs Home](#) ■ [RTIPs Archive](#) ■ [Frequently Asked Questions](#) ■ [Fact Sheet](#) ■ [Contact Us](#)

 [Cancer Control P.L.A.N.E.T. Home](#) 

Use the link below to select a number of criteria, and see a list that contains evidence-based programs from several topics.


[Select from 179 Evidence-Based Intervention Programs](#)

RTIPs is a searchable database of evidence-based cancer control interventions and program materials and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.

[Register your program now](#) and be part of the **RTIPs Community**.

For more information on how to participate in a RTIPs review, read the [RTIPs Submission and Review Process: A Guide for Program Developers](#)



Search Research to Reality (R2R) , NCI's online community of practice that links cancer control practitioners and researchers, for discussions, cyber-seminars, and much more.

New programs on RTIPs:

- Breast Cancer Screening
 - ★ [-Kukui Ahi \(Light the Way\): Patient Navigation](#) (Post date: April, 2017)
 - Sun Safety
 - [-Sun Protection Strategies for Kidney Transplant Recipients](#) (Post date: March, 2017)
 - HPV Vaccination
 - [-DOSE HPV: Development of Systems and Education for HPV Vaccination](#) (Post date: February, 2017)
- ★ New evidence-based programs are released periodically. Please check for updates.

News and Announcements About RTIPs

- [RTIPs highlighted in the University of Kentucky News](#) 

Research-tested Intervention Programs (RTIPs)

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Search

Select program attributes (if you like) and then click the button at the bottom of the page to get a list of relevant programs. Multiple selections within a category expand your criteria; selections in different categories narrow them.

Topics

- ☐ Breast Cancer Screening
- ☐ Cervical Cancer Screening
- ☒ Colorectal Cancer Screening
- ☐ Diet/Nutrition
- ☐ HPV Vaccination
- ☐ Informed Decision Making
- ☐ Obesity
- ☐ Physical Activity
- ☐ Public Health Genomics
- ☐ Sun Safety
- ☐ Survivorship/Supportive Care
- ☐ Tobacco Control

Age

- ☐ Children (0-10 years)
- ☐ Adolescents (11-18 years)
- ☐ Young Adults (19-39 years)
- ☒ Adults (40-65 years)
- ☐ Older Adults (65+ years)

Setting

- ☐ Community
- ☐ Religious establishments
- ☐ Rural
- ☐ Suburban
- ☐ Urban/Inner City
- ☐ School-based
- ☐ Clinical
- ☐ Workplace
- ☐ Home-based
- ☐ Day care / Preschool

Race/Ethnicity

- (of of the study population)
- ☐ Alaskan Native
 - ☐ American Indian
 - ☐ Asian
 - ☐ Black, not of Hispanic or Latino origin
 - ☐ Hispanic or Latino
 - ☐ Pacific Islander
 - ☐ White, not of Hispanic or Latino origin

Materials

- ☐ Available on RTIPs
- ☐ Partially available on RTIPs
- ☐ Available from third party only

Origination

- ☐ Australia
- ☐ Canada
- ☐ United Kingdom
- ☐ United States

Gender

- ☐ Male
- ☐ Female



R.T.I.P.S. Catalog



Breast Cancer

- 24 Programs



Cervical Cancer

- 13 Programs



Colorectal Cancer

- 19 Programs



HPV Vaccination

- 6 Programs





Survivorship

- 19 Programs

Research-tested Intervention Programs (RTIPs)

Moving Science into Programs for People

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Intervention Programs

Search Criteria Used: Adults (40-65 years), Colorectal Cancer Screening

[Refine Your Search](#)

Program Title & Description (16 programs alphabetically listed)	Program Focus	Population Focus
1. <u>Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing</u> Designed to increase colorectal cancer screening among adults. (2010) NCI (Grant number: R01CA132709) Criteria Matched: Adults (40-65 years), Colorectal Cancer Screening	Awareness building and Behavior Modification	Adults
2. <u>Colorectal Cancer Screening in Chinese Americans Project</u> Designed to help increase colorectal cancer screening among low-income, less-acculturated Chinese Americans. (2006) NCI (Grant number: CA92432) Criteria Matched: Adults (40-65 years), Colorectal Cancer Screening	Awareness building and Behavior Modification	Medically Underserved
3. <u>Colorectal Cancer Screening Intervention Program (CCSIP)</u> Designed to increase colorectal cancer screening among African American adults. (2010) CDC (Grant number: U57/CCU42068) , CDC (Grant number: 548DP000049) , NCI (Grant number: U01CA1146520) , NCI (Grant number: U54CA118638) , NCRR (Grant number: UL1RR025008) Criteria Matched: Adults (40-65 years), Colorectal Cancer Screening	Awareness building and Behavior Modification	Un- and/or Underscreened Individuals

Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing

On This Page

- [The Need](#)
- [The Program](#)
 - » [Implementation Guide](#)
- [Community Preventive Services Task Force Finding](#)
- [Time Required](#)
- [Intended Audience](#)
- [Suitable Settings](#)
- [Required Resources](#)
- [About the Study](#)
- [Key Findings](#)
- [Publications](#)
- [User Reviews \(0\)](#)

Products



Preview, download, or order free materials on CD-ROM



Browse more programs on [Colorectal Cancer Screening](#)

Highlights

Program Title Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing

Purpose Designed to increase colorectal cancer screening among adults. (2010)

Program Focus Awareness building and Behavior Modification

Population Focus Adults

Topic Colorectal Cancer Screening

Age Adults (40-65 years), Older Adults (65+ years)

Gender Female, Male

Race/Ethnicity Alaskan Native, American Indian, Asian, Black, not of Hispanic or Latino origin, Hispanic or Latino, Pacific Islander, White, not of Hispanic or Latino origin

Setting Clinical

Origination United States

Funded by NCI (Grant number(s): R01CA132709)

User Reviews [\(Be the first to write a review for this program\)](#)

RTIPs Scores

This program has been rated by external peer reviewers. [Learn more about RTIPs program review ratings.](#)

Research Integrity

4.6

Intervention Impact

2.0

Dissemination Capability

5.0

(1.0 = low 5.0 = high)

RE-AIM Scores

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

Reach

80.0%

Effectiveness

66.7%

Adoption

100.0%

Implementation

57.1%

The Program

Description

Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing is an automated telephone intervention to increase CRC screening using an FOBT home test kit. Staff at health maintenance organizations (HMOs) identify patients in an electronic database who will receive the automated calls. The criteria used to define the need for routine screening are as follows: (1) no completed FOBT screening within the past 12 months; (2) no flexible sigmoidoscopy or double-contrast

[Show more ▾](#)

Implementation Guide

The Implementation Guide is a resource for implementing this program. It provides important information about the staffing and functions necessary for administering this program in the user's setting. Additionally, the steps needed to carry out the research-tested program, relevant program materials, and information for evaluating the program are included. The Implementation Guide can be viewed and downloaded in the [Products page](#).

[Show less ▴](#)

[↑ Back to Top](#)

Community Preventive Services Task Force Findings

This program is an example of [client reminder intervention](#) (Screening), which is **recommended** by the Community Preventive Services Task Force as found in the *Guide to Community Preventive Services*.

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Time Required

- Up to three, automated, type 1, general reminder calls, each followed by follow-up calls at 6 and 12 weeks later if no FOBT has been completed.
- One additional, automated, type 2, FOBT return call, approximately 4 weeks following an initial patient request for an FOBT kit, if a completed FOBT has not been received.

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Intended Audience

The intervention targets adults aged 51-80 years at average risk for colorectal cancer screening.

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Suitable Settings

The intervention can be delivered through a group-model HMO or other settings.

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Required Resources

- Implementation guide
- Automated calling system
- Call scripts
- Mailed FOBT materials

RE-AIM Notes [View Notes](#)

Use this area to take notes about how this program might work for you. [Read More about RE-AIM](#).

Reach

Absolute number, proportion and representativeness of individuals who participate in the program.

Total # of people who could benefit: (Max. 8 characters)

Total # of people you could reach: (Max. 8 characters)

Your demographic focus:


ing your target

n

- Implementation Guide: Steps and Players/Implementer for each intervention
- Detailed steps can go into your action plan for each cancer area

Selecting and Adapting EBIs





1. Obtain
information
about EBIs that
address your
aims and
objectives

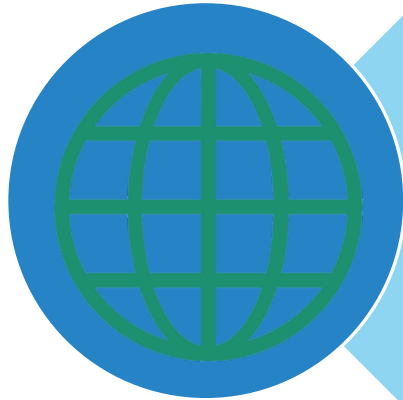
2. Assess fit:
Compare
candidate EBI
with assessment
findings

3. Select based
on fit and
strength of
evidence

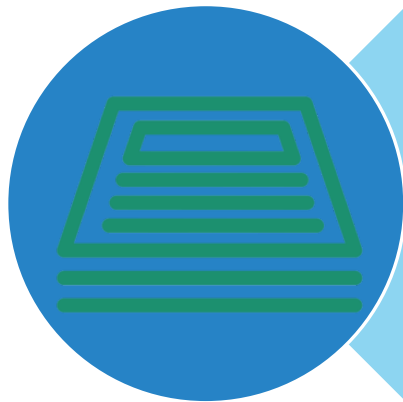
Steps for Selecting

1. Obtain

Find information about EBIs that address your aims/objectives



Websites that are disseminating information about EBIs



Journal articles or other literature about relevant EBIs

1. Obtain

Locate EBIs that address the contributing factors identified in your assessment

Factors by Levels

Individual: Not screened
(Knowledge, Beliefs, Attitude, Confidence)

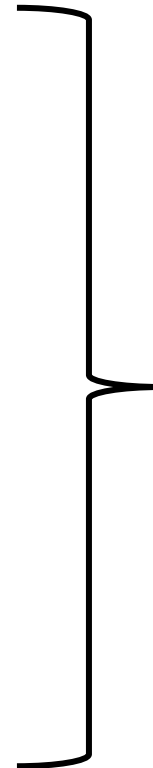
Provider: Does not recommend
(Awareness, Knowledge)

Organization: Lacks accessible hours; no transportation

Community: GI not available to do diagnostic tests

Problem

Low CRC Screening Rates



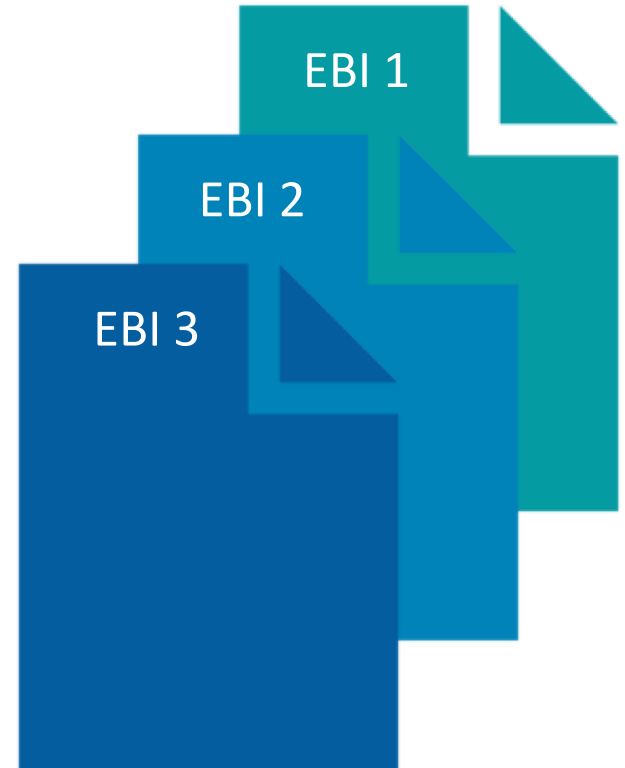
2. Assess fit

Assess EBIs Fit

Fit Criteria

- Health problem
- Aims/Objectives
- Priority population
- Setting
- Other factors
 - Patient
 - Provider
 - Organization
 - Community
- Resources

Compare



2. Assess fit

Consider Both Types of EBIs

Programs

(e.g. from Cancer Control Planet)

- ☉ Community Cancer Screening Program (CCSP)
- ☉ Family CARE (Colorectal Cancer Awareness and Risk Education) Project
- ☉ Flu-FIT and Flu-FOBT Program

Strategies

(e.g. from the Community Guide)

- ☉ One-on-one education
- ☉ Client reminders
- ☉ Provider reminders

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									



1. Assess fit
to consider
adaptation

2. Decide
what to adapt

3. Make the
adaptations

4. Pretest
the
adaptations

5. Pilot test
the EBI

Steps for Adaptation

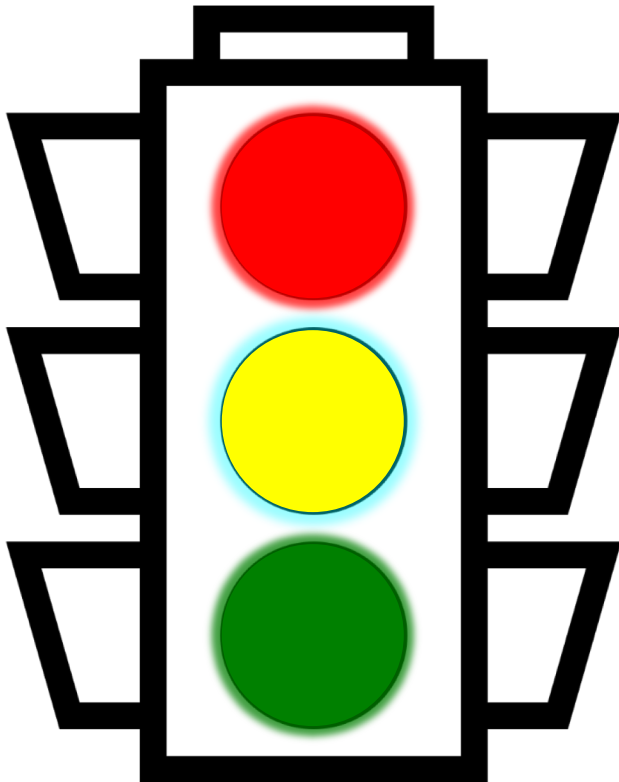
1. Assess Fit

Fit Criteria	Assessment Findings	EBI	Does This Fit Your Audience?		
			NO	MAYBE	YES
Health Goal/Problem					
Objectives					
Priority population					
Setting					
Other multi-level contributing factors					
Capacity and Resources					

2. Decide What to Adapt

Fit Criteria	Assessment Findings	EBI	Areas of Misalignment	Specific Aspects of the EBI to be Adapted
Health Goal/Problem				
Objectives				
Priority population				
Setting				
Other multi-level contributing factors				
Capacity and Resources				

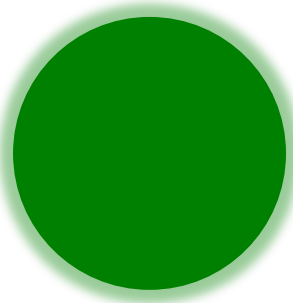
Guidelines for Adapting Programs (i.e., RTIPs)



Red should be avoided to maintain fidelity on core components

Yellow should be made cautiously

Green is safe

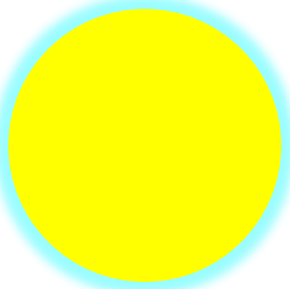


Green Light Adaptations

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, logos, etc.
- Change ways to recruit and/or engage priority population



Yellow Light Adaptations

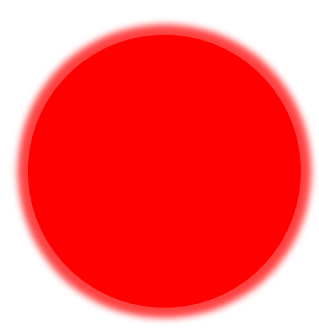
Elements that can probably be changed with caution

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



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

Thank You!



Cancer Prevention and
Control Research Network
Evidence-based Practices
Training Materials

<http://cpcrn.org/pub/evidence-in-action/>

