Step 4: Choose and adapt an EBP

1. Frame the issue
2. Find effective strategies
3. Assess partnership opportunities
4. Choose an EBP
5. Adapt an EBP
6. Plan the evaluation
7. Prepare to implement
Two complementary stages

Step 4a: CHOOSE

Step 4b: ADAPT
Step 4a: Choose an EBP

- Frame the issue
- Find effective strategies
- Assess partnership opportunities
- Choose an EBP
- Adapt an EBP
- Plan the evaluation
- Prepare to implement
Step 4a

As we choose an evidence-based program, we will

◦ Create program goals
◦ Create program objectives
◦ Consider criteria to choose an EBP
Current practices

How do you typically find a program?
What factors drive selection?
What would improve the process for your organization?
Goals and objectives

**HOW** the goals will be achieved

- **S** — Specific
- **M** — Measurable
- **A** — Achievable
- **R** — Realistic
- **T** — Time-framed

**WHO** will be affected

**WHAT** will change after the program
Example: HPV vaccine initiative

Goal 1. Reduce the prevalence of HPV infection in the community.

- **Objective 1.** At least 80% of participants understand the 5 key training points in year 1.
  - Ex: HPV affects both men and women
- **Objective 2.** Increase the number of eligible residents who complete the vaccine series by 10% in year 2.
Program fit

How do we choose a program when we have to “juggle” and prioritize our resources and assets?
Other search methods

• Literature searches
• Web searches to find trusted sources
  • e.g., CDC or a professional society
• Opportunity for partnership
# Compare EBPs

Plan your Implementation:

<table>
<thead>
<tr>
<th>Fit Criteria</th>
<th>Assessment Findings/Priorities</th>
<th>EBP 1</th>
<th>Does this fit your audience?</th>
<th>EBP 2</th>
<th>Does this fit your audience?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Yes</strong></td>
<td><strong>Some</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>Health Topic/Problem</td>
<td></td>
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<tr>
<td>Goals &amp; Objectives</td>
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<tr>
<td>Audience</td>
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<tr>
<td>Organization/Partner Community Capacity and Resources</td>
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<tr>
<td>Level of Adaptation</td>
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</tbody>
</table>

**Planet Hot Tip:** Find this tool on the portal!

Adapted from CPCRN’s “Putting Public Health Evidence in Action Training Workshop”
http://cpcrn.org/pub/evidence-in-action/
## Research-Tested Intervention Programs (RTIPs)

<table>
<thead>
<tr>
<th>Program Title &amp; Description</th>
<th>Program Focus</th>
<th>Population Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1-2-3 Pap: Easy Steps to Prevent Cervical Cancer</strong></td>
<td>Awareness building, Behavior Modification and Self-efficacy</td>
<td>Women</td>
</tr>
<tr>
<td>Designed to promote completion of the HPV vaccine series among women. (2013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC (Grant number: U48DP001932-01)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria Matched: HPV Vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOSE HPV: Development of Systems and Education for HPV Vaccination</strong></td>
<td>Awareness building and Behavior Modification</td>
<td>Adults and School Children</td>
</tr>
<tr>
<td>Designed to promote HPV vaccination. (2015)</td>
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<td></td>
</tr>
<tr>
<td>Criteria Matched: HPV Vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Give Teens Vaccines</strong></td>
<td>Awareness building and Behavior Modification</td>
<td>School Children</td>
</tr>
<tr>
<td>Designed to promote HPV vaccination. (2013)</td>
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<tr>
<td>AHRQ (Grant number: HHSA 290-07-10013), NICHD (Grant number: K23-HD059919)</td>
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<td></td>
</tr>
<tr>
<td>Criteria Matched: HPV Vaccination</td>
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<tr>
<td><strong>HPV Vaccine Decision Narratives: Encouraging Informed HPV Vaccine Decision-making</strong></td>
<td>Awareness building, Behavior Modification and Self-efficacy</td>
<td>Women</td>
</tr>
<tr>
<td>Designed to increase knowledge about HPV vaccination among college women. (2011)</td>
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<tr>
<td>CDC (Grant number: R06 C00000704)</td>
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<tr>
<td>Criteria Matched: HPV Vaccination</td>
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<td></td>
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<tr>
<td><strong>Making Effective HPV Vaccine Recommendations</strong></td>
<td>Awareness Building for Healthcare Providers and Behavioral Modification for Healthcare Providers</td>
<td>Clinicians</td>
</tr>
<tr>
<td>Designed to promote HPV vaccination. (2016)</td>
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<tr>
<td>NCI (Grant number: R25CA037728), NCI (Grant number: K22CA186979)</td>
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<td></td>
</tr>
<tr>
<td>Criteria Matched: HPV Vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Promoting HPV Vaccination Among American Indian Girls</strong></td>
<td>Awareness building and Behavior Modification</td>
<td>Adults and School Children</td>
</tr>
<tr>
<td>Designed to promote HPV vaccination among American Indian girls. (2016)</td>
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<td></td>
</tr>
<tr>
<td>NCI (Grant number: 1P50-CA-148110)</td>
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<td></td>
</tr>
<tr>
<td>Criteria Matched: HPV Vaccination</td>
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</tbody>
</table>
Original Study

Do Educational Seminars for the Human Papillomavirus Vaccine Improve Attitudes Toward the Value of Vaccination?

Kay Roosness-Ross MD 1, Leah Foster MD 1, Hanna V. Petersen BS 1, Julie DeCeare MD 2

1 Department of OB/GYN and CSMC, University of Florida College of Medicine, Gainesville, Florida
2 University of Florida, College of Medicine, Women’s Health Systems, Gainesville, Florida

ABSTRACT

Study Objective: This study aimed to determine the effectiveness and effect of educational seminars given to 2 sites in north central Florida on the knowledge of human papillomavirus (HPV) among women attending the HPV vaccine clinic, and willingness to vaccinate against HPV in eligible patients.

Design, Setting, and Participants: This study was performed in conjunction with the Committee for the Healthcare of Underserved Women, District 53, American College of Ob/Gyn. The hundred participating patients aged 8-18 years, were included in the study. Intervention: All participants were asked to complete educational seminars and after seminar surveys were given to evaluate the effect of the seminars on knowledge of HPV, willingness to vaccinate against HPV, and factors in clinic referrals. Results: Participants were asked to complete an educational seminar and their knowledge and willingness to vaccinate were assessed. Thirty participants completed an educational seminar and after the seminar, 30 participated in the survey and 30 completed the willingness to vaccinate. There was a statistically significant increase in knowledge of several HPV-related facts. There was a statistically significant decrease in several perceived barriers to HPV vaccination.

Conclusion: This study demonstrates the effect of educational seminars in patient acceptance of health care options; improving the educational opportunities of patients and families in relation to the HPV vaccine has the opportunity to make a significant outcome on vaccination rates.

Key Words: Human papillomavirus, HPV, Vaccination, Education, Florida

Introduction

The human papillomavirus (HPV) is a small and non-enveloped, double-stranded DNA virus. There are more than 100 different HPV genotypes, with at least 40 known to cause genital warts. The most common topically transmitted infection, and it is contracted through skin-to-skin contact. HPV is known to be a highly causative agent of cervical cancer. HPV 16 and 18 are the most carcinogenic strains, and are responsible for approximately 50% of cervical cancer cases, and HPV 31, 33, 45, 52, and 58 are associated with another 20% of cervical cancers. Additionally, the low-risk strains, HPV 6 and 11, are responsible for 90% of genital warts. Approximately 80% of sexually active women will contract HPV in their lifetime, putting them at greater risk for cervical cancer. Annually over 12,000 cases of invasive cervical cancer occur in the United States and over 500,000 cases worldwide. Of these reported cases, there are more than 4000 deaths a year in the United States and more than 220,000 deaths worldwide. The number one risk factor for the development of cervical cancer is HPV. Other risks include smoking, number of sexual partners, early age of initiation of sexual activity, immunosuppression, and HPV infection. Several vaccines are available to help prevent HPV infections in young women and young men, significantly decreasing the risk for development of HPV-associated cancers. The 3 approved HPV vaccines provide protection against HPV types 16, 18, 31, 33, 45, 52, 58, and 41. Gardasil (Merck) is a quadrivalent vaccine that protects against HPV 6, 11, 16, and 18, and Cervarix (GlaxoSmithKline Biologicals) is a bivalent vaccine that protects against HPV 16 and 18. The strains are more highly associated with cervical cancer; Gardasil (Merck) is a quadrivalent vaccine that protects against HPV 6, 11, 16, and 18, and Cervarix (GlaxoSmithKline Biologicals) is a bivalent vaccine that protects against HPV 16 and 18, and the additional strains 31, 33, 45, 52, and 58. The major causes of 90% of cervical cancer and genital warts. In men and girls age 9-26 years, high-risk HPV6 or 11 is highly associated among the HPV vaccines. The vaccine is given in 1 dose; an initial dose at time of association at 2 months, and a follow-up 6 months. Vaccination is most effective before initiation of sexual activity and, in a recent study, vaccination was encouraged.
## Compare EBPs

<table>
<thead>
<tr>
<th>Fit Criteria</th>
<th>Assessment Findings/Priorities</th>
<th>EBP 1: 1-2-3 Pap</th>
<th>Fit?</th>
<th>EBP 2: ACOG</th>
<th>Fit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Topic/Problem</td>
<td>HPV</td>
<td>HPV</td>
<td>Yes</td>
<td>HPV</td>
<td>Yes</td>
</tr>
<tr>
<td>Goals &amp; Objectives</td>
<td>Improve knowledge and intention re: vaccine</td>
<td>Focuses on vaccine series completion (those who already received first HPV shot)</td>
<td>No</td>
<td>Increases knowledge and receptivity</td>
<td>Yes</td>
</tr>
<tr>
<td>Audience</td>
<td>Parents of adolescents; adults vaccine eligible (18-26) from Greater Boston and Greater Lawrence.</td>
<td>Young adult women in rural Appalachian Kentucky</td>
<td>No – images and content tailored for very different population</td>
<td>Black and Hispanic Caregivers in northern Florida</td>
<td>Yes – Caregivers No – different state</td>
</tr>
<tr>
<td>Organization/Partner Community Capacity and Resources</td>
<td>Need a simple, low-cost program</td>
<td>DVD – easy to use</td>
<td>Yes</td>
<td>PowerPoint</td>
<td>Yes  – just need a trained facilitator</td>
</tr>
<tr>
<td>Level of Adaptation</td>
<td>Many adaptations required for culture, setting, etc.</td>
<td>Difficult and costly to adapt a DVD</td>
<td>No</td>
<td>Can adapt PowerPoint slides (content/format) with limited resources</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Selected HPV EBP
Think about the health topic that you chose for your organization.

Use the PLANET MassCONECT web portal to find two programs.

Use the EBP comparison tool to select one program that would be the best for your organization.
Step 4b: Adapt an EBP

- Frame the issue
- Find effective strategies
- Assess partnership opportunities
- Choose an EBP
  Adapt an EBP
- Plan the evaluation
- Prepare to implement
Step 4b

As we adapt the program, we will learn to

◦ Make our chosen program more relevant, while staying true to the program design
◦ Be strategic when changing elements of the program
◦ Pilot test changes we have made
A balancing act

*EBPs may be tested and proven effective...in settings unlike ours*

Original program

Local expertise, available resources

Make adjustments to increase impact!

Adapted from CPCRN's “Putting Public Health Evidence in Action Training Workshop”
http://cpcrn.org/pub/evidence-in-action/
Making the most of your expertise

Community
- Strengths and resources
- Culture and traditions
- Leaders
- Norms
- Competing demands

Local environment
- Physical environment

Broader environment
- Policies
- Priorities
- External funding

Organization
- Available funding
- Staffing
- Culture
What can we change?

**CORE**

Essential features that make the EBP work

**PACKAGING**

The details (e.g., what materials look like, how you recruit participants)
Example: Mpowerment

“Generic” design strategy

Source: http://mpowermentproject.blogspot.com/2017/02/evaluating-mpowerment-project-by.html
Adaptations

**GO AHEAD**
- Update statistics
- Customize scenarios
- Change word choices / language
- Modify activities
- Replace images
- Replace cultural references
- Use different outreach methods

**PROCEED WITH CAUTION**
- Change session number/length
- Lower participant engagement
- Eliminate key messages or skills
- Remove topics or sections
- Use untrained staff or volunteers
- Use too few staff
Adaptations (cont.)

AVOID THESE

Delete core components or whole sections of the program
Reduce program timeline or dosage
Change the health topic or behavior
Change the underlying theory or model of change
Contradict or compete with program goals
“We did some work with Boston Public Schools on Safe Routes to Schools, which is a CDC evidence-based intervention. But when you actually look at it, it doesn’t fit urban schools very well. It’s designed for suburban areas. So what a safe route to school in a suburb is different than in a city where it’s not just about traffic. It’s about what the neighborhood is and violence and all sorts of things.” – Community leader, Boston (2017)
**Example: HPV (ACOG)**

**HPV Infections can cause CANCER**
- Cervical Cancer
- Vaginal Cancer
- Vulvar Cancer
- Anal Cancer
- Penile Cancer
- Mouth and Throat Cancers

**Quadrivalent HPV Vaccine-Gardasil**
- Produces immunity against the four HPV strains that most commonly cause pre-cancerous cervical changes and cervical cancer
  - 6,11,16,18
- Approved by CDC in 2006
- Recommended for females ages 11-26
  - Vaccine may be given to females as young as 9 years old

**We do Pap smears to try to prevent cervical cancer after women are already infected with HPV.**

**But can we prevent HPV infections before they occur?**

**What we have done..**
With only a 33% vaccination rate in US girls, and 10% vaccination rate in US boys, we have decreased the incidence of HPV by 56% in girls ages 14-19!!!

---

ACOG: Core Elements

What kinds of things would be **CORE ELEMENTS** of the presentation?

- Health topic
- Intended behavior
- Program goals
- Sections of presentation
- Amount (dosage) of training
Adaptation: Content?

In Florida

- Only 25.3% of eligible Florida adolescent girls are getting vaccinated
- 80% adolescent girls vaccinated in Rwanda

Update statistics
Adaptation: Design?

Would these images be effective and appropriate for your clients?
Adaptation: Delivery?

Is the Vaccine Effective?

- HPV 16 and 18 responsible for 70% of cervical cancers
- HPV 6 and 11 cause 90% of genital warts cases
- The vaccine is almost 100% effective
- Since introduction of the vaccine in 2006, there has been a 56% reduction in HPV infections in US adolescent girls, even with low vaccination rates

Research has also shown fewer cases of genital warts.

Change participant engagement
What other formats might be effective for your clients?

How might this work for you?

Brainstorm with a partner about how you would adapt this HPV presentation for use with clients like yours.

Some questions to consider:

- What types of information/data would you present?
- What messages and language would you use to talk about HPV vaccination?
- How would you share information? What ways could you actively engage participants?
- Who would lead the discussion?
- Are there any other changes you would make?
Stepped approach: Iterative process

1. Frame the issue
2. Find effective strategies
3. Assess partnership opportunities
4. Choose an EBP
5. Adapt an EBP
6. Plan the evaluation
7. Prepare to implement
Reasons to pilot test

Different audience

Different delivery method
  • E.g., one-on-one instead of group setting

Smaller scope of program
  • Limited resources

Edited materials
  • E.g., translation, improved readability
How to pilot

Recruit a small group of people like those you want to serve

Run through the program with them

• You don’t have to deliver the whole program, just give a high-level overview to walk them through the entire program

Capture in-depth feedback on what worked and what didn’t

Get feedback from collaborators

Findings will be used to guide adaptation and delivery of the EBP in community and faith-based settings
Pilot test

Plan
- What do you want to change?
- Who should be involved?

Do
- Test the revised program
- Document results

Act
Did the pilot work?
- Yes → scale up
- No → try another version

Study
- What did you learn?
- Did you meet your goals for participants?
- What did not work?

http://cpcrn.org/pub/evidence-in-action/
Thinking about the EBP you selected for use in your organization...

1. Briefly, what would you adapt? Why?
2. Of these considerations, what might you focus on in a pilot test?

   ◦ Different audience
   ◦ Different delivery method
     • E.g., one-on-one instead of group setting
   ◦ Smaller scope of program
     • Limited resources
   ◦ Edited materials
     • E.g., translation, improved readability
Step 5: Plan the evaluation

- Frame the issue
- Find effective strategies
- Assess partnership opportunities
- Choose an EBP
- Adapt an EBP
- Plan the evaluation
- Prepare to implement
Step 5

As we prepare to evaluate, we will learn to

- Identify the key things we want to measure
- Access available tools and resources to help plan the evaluation
Why evaluate?

- Manage resources and services effectively
- Share successes, capture challenges
- Assess investments
- Funder requirements
Benefits of evaluation: Driving change

Change → Improvement

Theories
Ideas

P = Plan
D = Do
S = Study
A = Act

Putting it all together

Goals → Impacts

Objectives → Outcomes

Activities → Outputs
Different types of evaluation

**QUANTITATIVE**
- Formative: What is the current situation?
- Process: How is the program going?
- Outcome: Did the program work?

**QUALITATIVE**
Why measure process?

Process measure helps answer **why** the outcomes occurred

If the program was successful...
- What helped us succeed?
- How can we make the most of those learnings (for ourselves and others)?

If the outcomes of the program are disappointing...
- Where did the initiative break down?
- Should we attempt the program again or start anew?

https://www.samhsa.gov/capt/tools-learning-resources/process-evaluation-monitor-implementation
Formative evaluation

Assessing HPV vaccine knowledge and evidence-based programming among community- and faith-based organizations in Massachusetts

<table>
<thead>
<tr>
<th>Interviews on HPV and the HPV vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV awareness in the community</td>
</tr>
<tr>
<td>What is the level of awareness about HPV among your community members? How familiar are they with the vaccine?</td>
</tr>
<tr>
<td>HPV as a priority</td>
</tr>
<tr>
<td>Do you think HPV is a priority health topic for community-/faith-based organizations in the community you serve?</td>
</tr>
<tr>
<td>HPV programs</td>
</tr>
<tr>
<td>Do you know of any recent events or programming within the community you serve that focused on HPV prevention?</td>
</tr>
</tbody>
</table>
Process evaluation

Agendas & attendance logs

How many trainings delivered?

Observations of core training activities

Who attended?

How did they go?

Planet Hot Tip: Think about existing administrative records that could serve a process data
Outcome evaluation survey

<table>
<thead>
<tr>
<th>Adapted survey</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HPV is the most common sexually transmitted disease in the U.S.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. HPV causes certain types of cancers and genital warts.</td>
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<tr>
<td>3. I discuss questions about sexual health at home.</td>
<td></td>
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<tr>
<td>4. There is a vaccine available for teen girls and boys to protect against HPV.</td>
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<tr>
<td>5. My healthcare provider has discussed the HPV vaccine with me.</td>
<td></td>
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<tr>
<td>6. I am willing to receive the HPV vaccine or allow my son/daughter to receive the vaccine.</td>
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<tr>
<td>7. I am against vaccination at this time because of concern for the (safety/side effects/cost) of the vaccine.</td>
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<tr>
<td>10. I am against vaccination at this time because of concern that it may encourage risky sexual behavior.</td>
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</tbody>
</table>

Please write any questions you would like answered.

- □ Pre-training
- □ Post-training
- □ Parent of teens
- □ Adult eligible for HPV vaccine (18-26 years old)
Change in intention to get the HPV vaccine

I am willing to receive the HPV vaccination or allow my son/daughter to receive the vaccination:

- **Agree**
  - Pre-Test: 49.5%
  - Post-Test: 66.2%

- **Disagree/Unsure**
  - Pre-Test: 50.5%
  - Post-Test: 33.8%
After the evaluation is in...

With a partner, please discuss:

A) Your motivation for sharing findings

B) Challenges to sharing findings

C) The formats (e.g., briefs or social media bursts) that you have used / received that seem promising.
Thinking about the evaluation for your selected program, please list one thing you would want to get from:

- The formative research
- The process evaluation
- The outcome evaluation
Step 6: Prepare to implement

- Frame the issue
- Find effective strategies
- Assess partnership opportunities
- Choose an EBP
- Adapt an EBP
- Plan the evaluation
- Prepare to implement
Step 6

As we prepare to implement, we will learn to

- Support our team in the implementation process
- Draft a plan for program implementation
Why plan for implementation?

Implementation: The way and degree to which an organization takes up an intervention and puts it into practice.
Who all has to be on board?

“A grant writer...understands the mechanics of putting a grant together. But sometimes, she may not fully understand the implementation, the logistics around implementing an evidence-based program. And then you have to go to your program director or your coordinator to get that information..., and then you have your advocates... – it’s all those pieces.” – Community leader, Lawrence (2017)
Teamwork

• Engages partners
• Gets the organization (and partners) ready for implementation
• Makes sure the core elements of the EBP are present
• Provides assistance to overcome challenges
• Monitors outcomes to improve implementation
## Implementation plan

<table>
<thead>
<tr>
<th>SMART objective</th>
<th>Activities</th>
<th>Person responsible</th>
<th>Resources needed</th>
<th>Due date</th>
<th>Measures of progress</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
### Example: HPV

<table>
<thead>
<tr>
<th>SMART objective</th>
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<th>Due date</th>
<th>Measures of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct 2 HPV education classes to 3 CBOs and FBOs in Boston in year 1</td>
<td>1. Design recruitment flyers. Identify 2 potential locations for classes. 2.</td>
<td>FBO health ministry Pastoral leadership CBO outreach coordinator</td>
<td>1. Obtain pastoral/leadership permission Book location</td>
<td>11/28/2018</td>
<td>1. Who attended classes? 2. How many classes were held?</td>
</tr>
</tbody>
</table>
Sustainability – Everything a program needs to keep going over time

- Additional funding
- Program champion
- Partners invested
- Structures / processes
- Integration
- Continued fit
• Brainstorm a list of people who need to be on board for implementation
• Write **one row** of the implementation plan for your project

<table>
<thead>
<tr>
<th>SMART objective</th>
<th>Activities</th>
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<th>Due date</th>
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</table>
What’s next?

We value your feedback. Please complete your surveys!

Visit www.planetmassconect.org for resources, training materials, and updated reports/resources!

Please reach out for technical support – we are here to help!

Spread the word! More trainings to come in 2018 and 2019!
A systematic approach to program planning

- Frame the issue
- Find effective strategies
- Assess partnership opportunities
- Choose an EBP
  - Adapt an EBP
- Plan the evaluation
- Prepare to implement