

Guidelines for Adapting Programs

With the permission of program developers, the National Cancer Institute (NCI) Evidence-Based Cancer Control Programs (EBCCP) makes many of its programs and their products available for your use. EBCCP programs have been reviewed and found to have sufficient information on relevance and effectiveness for you to make an informed choice about their use in your setting. It is important to understand that a given program's effectiveness was evaluated within a research study, which is a highly controlled situation. It is expected that you may need to adapt the program for your own audience and setting. This fact sheet walks you through how to do this.

What are adaptations?

Adaptations are the degree to which an evidence-based program or intervention (EBI) is changed to suit the needs of the setting or the intended audience or population.¹

What adaptation guidelines should I follow?

If you want to implement an EBI to address a public health problem and think you might need to adapt a program for use with your population or setting, consider these nine recommended steps²:

Pre-Adaptation Work

1. Conduct a needs assessment

Determine the needs of your audience (e.g., culture, language, accessibility) and whether the program addresses those needs. You can assess the needs of your community by conducting focus groups or interviews, working with community members, and understanding the current resources and assets available.³

2. Consult with experts and community partners and review assessment data to determine the most appropriate and effective EBI

Work with the original program developers and other experts to receive their feedback on potential adaptations. Throughout the adaptation process, consult with an advisory board and community partners. You should share your program material mockups with your partners and discuss key changes.

¹Rabin BA, Brownson RC, Haire-Joshu D, Kreuter MW, Weaver NL. A glossary for dissemination and implementation research in health. *J Public Health Manag Pract.* 2008;14(2):117-123. doi:10.1097/01.PHH.0000311888.06252.bb.

²Weiner BJ, Lewis CC, Sherr KH, eds. *Practical Implementation Science: Moving Evidence into Action*. New York, NY: Springer; 2023.

³Assessing community needs and resources. Community Tool Box. Accessed September 29, 2025. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>.

Steps for Adapting an EBI

1. Decide what needs adapting

Prior to making adaptations, the fidelity (the intended outcomes) of the program should be maintained. Figure 1 “signals” which changes are safe to make, should be made with caution, and should be avoided.

2. Adapt the original EBI

Modify or revise the adapted program and products based on expert and partner feedback. Planned and unplanned adaptations should be documented to fully understand which modifications affect the implementation outcomes.^{4,5} Share your adaptation plans and documents with your partners to maintain collaboration.

3. Train staff

Conduct training for program staff, and include a checklist of program activities and other training tools to help ensure that the adapted intervention is implemented as intended.

4. Pre-test and pilot test the adapted materials

Prior to implementing your adapted materials and program, you should assess whether your processes are feasible, check for unintended outcomes, seek feedback, and make further adaptations as necessary by: (1) pre-testing with a small number of intended participants and getting their feedback (via focus groups, interviews, or surveys) on a selected number of adapted materials, incorporating their feedback, and making any necessary changes; and (2) pilot testing the entire adapted intervention on a small scale with representatives from your audience (see **When to Pilot Test the Program Prior to Implementation** below for more guidance).

5. Evaluate

Evaluate the adaptation process. Determine a data collection, analysis, and reporting plan. Identify measures to track implementation, behavior, and health outcomes. Document planned and unplanned program adaptations.

Figure 1. Guidance for Program Adaptations: The Traffic Light Framework⁶



⁴Miller CJ, Barnett ML, Baumann AA, Gutner CA, Wiltsey-Stirman S. The FRAME-IS: a framework for documenting modifications to implementation strategies in healthcare. *Implement Sci.* 2021;16(1):36. doi:10.1186/s13012-021-01105-3.

⁵Wiltsey Stirman S, Baumann AA, Miller CJ. The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implement Sci.* 2019;14(1):58. doi:10.1186/s13012-019-0898-y.

⁶National Cancer Institute. *Implementation Science at a Glance: A Guide for Cancer Control Practitioners*. Bethesda, MD: National Institutes of Health; 2019.



6. Review results and determine next steps (e.g., further adaptation, discontinuation)

To keep a strong relationship with community partners, share program outcomes and progress.

Conduct final interviews and focus groups to understand the implementers' and participants' experiences with the adaptation. Assess unintended outcomes and make additional changes as needed.

7. Implement and continue to evaluate adapted intervention (if warranted, based on step 6)

Revise implementation plan based on the information learned in the previous steps; identify and refine outcomes; and determine if further adaptations are needed, if a new intervention should be selected, or if the process should be discontinued.

Program Adaptation Checklist

When reviewing the program and associated products (see step 6), pay attention to the following aspects and consider whether they are appropriate for your audience:

Objectives

The program's content is built to meet its overall objectives. Be certain that these objectives fit the needs of your audience.

Approach used (premises, concepts, theory)

Good programs make assumptions about what factors or concepts are associated with getting the audience to take a desired action. These assumptions are generally drawn from theories about how people behave or act. If you are unsure about the approaches or theories used, consider working with health education specialists or behavior change researchers as you review the program.

Content (education level, depth of coverage, and comprehensibility)

Examine the level of complexity, the reading level, and the level of detail to ensure that the information provided is appropriate for your audience. Have individuals from your audience review the materials and give you their feedback.

Fit with community resources

Review the program to see if it includes activities that are realistic and achievable, given the resources in your community. For example, access to specific services may not be as readily available for your population as it was for the participants in the original program.

Level of understanding or acceptance

Beliefs or values may cause people to either reject or accept the information that the program provides. Personal experiences, historical events, myths and inaccurate information, or cultural backgrounds can shape people's beliefs and values. Representatives of your intended audience can help to assess whether the program suits your audience.

Terminology used

Terms might convey different things to different audiences. For some groups, the term "physical activity" is associated with work or labor, when often it is meant to refer to "leisure time activity" or "exercise." Pilot testing will help you understand how your audience interprets the key terms used in the program.

Fit with your audience's culture and abilities

The best way to determine the fit of a product or program is to pilot test it with your audience. Asking questions like “Does this seem to have been developed with people like you in mind?” or “Is this relevant to your experiences?” will help you determine the cultural appropriateness of the program and product. To assess accessibility, ask questions such as “Do you see any barriers to using this program?” or “Could changes be made to make the use of this program easier for you?”

Media and channels used to transmit the information

Many of the EBCCP programs are designed to be delivered in a specific way—for example, some are intended for small-group settings, while others are intended for entire communities. Their effectiveness may be dependent on that mode of delivery. If you intend to offer programs or products through a different delivery channel, you will need to consider how the effectiveness of the message(s) might be affected by the change.

Intended actions

If participants are being asked to act on information, be sure that the desired or expected behaviors are consistent with your objectives and the needs of the audience.

When to Pilot Test the Program Prior to Implementation

If any of the below are true, NCI recommends that you pilot test the adapted program before wider implementation.

- Your audience differs from the audience with which the program was tested. If the audience is significantly different, you should consider working with cancer control researchers in your area to replicate the findings from the original study before fully implementing the program.
- You intend to deliver the program to your audience using a different mode of delivery (for example, using it in groups when it was tested for use in one-on-one situations).
- You do not intend to use the entire program and all its recommended products as implemented in the original setting—that is, you will choose some but not all of the program components or products to modify and use.
- Your resources prevent you from implementing the program as it was intended.
- You intend to translate the program materials into another language. In general, language translation does not guarantee that the program’s content will be culturally relevant.

Additional Resources

For additional learning about selecting, adapting, and implementing EBIs, visit Putting Public Health Evidence in Action at <https://cpcrn.org/training>.