



Age + Action

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National Council on Aging

Understanding How Programs Are Added to the Approved “Evidence-Based” List

Ellen Schneider, Casey DiCocco, Margaret Haynes

June 19, 2019

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Understanding How Programs Are Added to the Approved “Evidence-Based” List

Age+Action Conference
Washington, D.C.

June 19, 2019



CENTER FOR HEALTH PROMOTION
AND DISEASE PREVENTION

Agenda

- The new evidence-based program (EBP) review process
 - Ellen Schneider, University of North Carolina-Chapel Hill
- Overview of ACL/AoA evidence-based health promotion and disease prevention programs
 - Shannon Skowronski, Administration for Community Living
- How the Evidence-Based Leadership Collaborative can provide TA to EBP applicants
 - Margaret Haynes, MaineHealth/EBLC
- Q&A

How Are Programs Added to the Evidence-Based Program “Approved” List?

Ellen Schneider, MBA

June 19, 2019



CENTER FOR HEALTH PROMOTION
AND DISEASE PREVENTION

What does it mean to be an “evidence-based” health promotion/disease prevention program?

- Achieved **significant outcomes** in community settings
- Produced **positive, measurable results**
- **Standardized, systematic**
- **Ease of implementation**
- Program **fidelity** monitored
- Have some **adaptability**
- Demonstrated to have **high retention, engaging** to participants
- **Sustainability** strategies in place
- Meets **ACL EBP criteria**



ACL Evidence-Based Program Criteria

1. Demonstrated through evaluation to be effective for **improving the health and well-being or reducing disease, disability and/or injury** among older adults and/or adults with disabilities *and*
2. Proven effective with older adults and/or adults with disabilities, using **Experimental or Quasi-Experimental Design**; *and*
3. Research results published in a **peer-reviewed journal** or journals; *and*
4. **Fully translated** in one or more community site(s); *and*
5. Includes **developed dissemination products** that are available to the public.

Pre-approved List of Evidence-Based Programs

- Programs meet the Administration for Community Living's criteria for evidence-based programs under Title III-D of the Older Americans Act (OAA).
- Programs on the list eligible for OAA Title III-D and other discretionary funding.
- A program does not need to be included on the chart to be considered an evidence-based program.
- Programs approved in 2018 through new review process:
 - BRI Care Consultation™
 - Health Coaches for Hypertension Control (HCHC)
 - REACH Community (Resources Enhancing Alzheimer's Caregiver Health in the Community)
 - SHARE (Support, Health, Activities, Resources, and Education) for Dementia
 - Bingocize
 - Eat Smart, Move More
 - On the Move
 - Wellness Recovery Action Plan (WRAP)
 - wCDSMP
 - Healthy Steps in Motion

<https://www.ncoa.org/resources/ebpchart/>

Evidence-Based Program (EBP) Review Process

-Letter of Intent
-Stage 1 Application

Stage 1 Review

Criteria

- Outcomes
- Research
- Publications
- Current Activities

EBLC TA available for
programs not
approved for Stage 1
or Stage 2

Stage 2 Application

*Programs must meet ALL
Stage 1 criteria to advance
to Stage 2*

Stage 2 Review

Criteria

- Dissemination
- Training
- Quality Assurance
- Technical Assistance

*Programs must meet ALL
Stage 1 and 2 criteria to be
approved*

Approved
for EBP List

Stage 1: Program Outcomes

Addresses Criterion #1:

“Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults.”



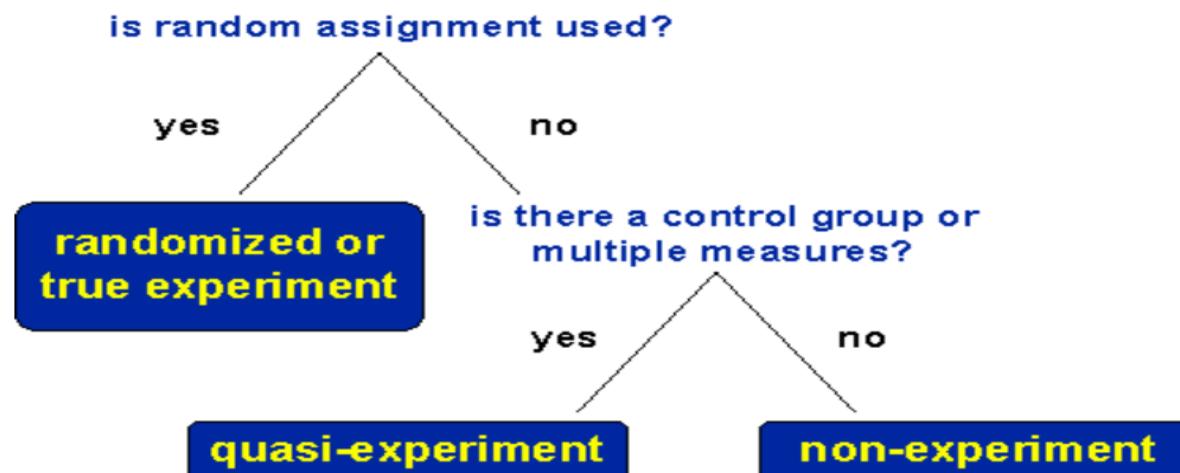
Outcomes Rigor and Quality Clarification

- 1a.** Intervention targets at least one primary behavioral, psychosocial, physical and/or physiological outcome(s) relevant to improving the health and well-being, or reducing disease, disability or injury among older adults (age 60+) and/or adults with disabilities.
- 1b.** Meaningful improvement is demonstrated in at least one relevant primary outcome at least 6 months following the end of the intervention. “Meaningful improvement” is indicated by effect size or other clinically or statistically significant change in outcome using a valid and reliable measure.
- 1c.** Outcomes are reported as effect sizes or provide data to be able to calculate effect sizes (e.g. mean, SD, N).
- 1d.** Study provides eligibility criteria and descriptive statistics (demographics, representativeness) on study participants to describe the study population (at least half of which are older adults or adults with disabilities).
- 1e.** Evidence is provided for the safety and tolerability of the intervention as indicated by: (a) minimal/no adverse events directly associated with intervention delivery; and (b) dropout rate is reported for the intervention group and is comparable (or better) than the study’s control group or for similar interventions with similar populations.

Stage 1: Research

Addresses Criterion #2:

“Proven effective with older adults and/or adults with disabilities, using Experimental or Quasi-Experimental Design.”



Research Clarification

2a: Intervention is evaluated using an appropriate experimental or quasi-experimental design that includes an appropriate control group.

Pilot studies are acceptable if the study meets other criteria.

2b. The sample size provides sufficient power to determine an effect.

2c. If more than one study is published, there are consistent trends in study findings (direction and magnitude).

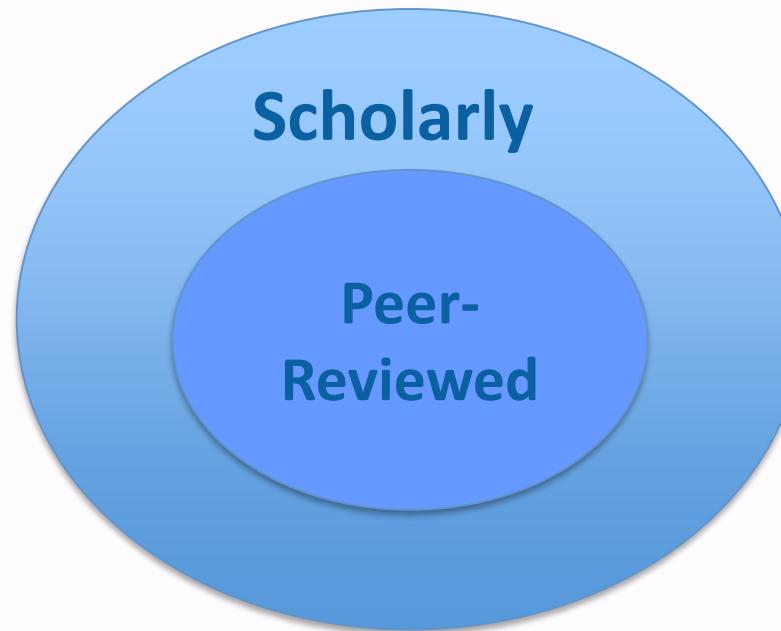
2d. Information is provided on the implementation of the intervention during the study (e.g., planned and actual frequency; intensity and duration; participation rates).

2e. Methods are reported in sufficient detail for replication and are appropriate given study design.

Stage 1: Published Articles

Addresses Criterion #3:

“Program research results published in a peer-reviewed journal or journals.”



Publication Clarification

- 3a. The published study article(s) has (have) gone through a journal's independent, external peer-review.
- 3b. Journal has a published Impact Factor or other published measure of quality.
- 3c. Journal is indexed in a national scientific indexing database such as PubMed or Web of Science.

Stage 1: Current Activities

Addresses Criterion #4:
“Fully translated in one or more
community site(s).”



Stage 1 Scoring

Applicants MUST have a minimum score of “Meets” on ALL FOUR Stage 1 scoring sections to be recommended for Stage 2.

Possible Stage 1 Scores:

- Program recommended for Stage 2
- Program not recommended, but applicant has the opportunity to resubmit Stage 1.
 - EBLC technical assistance available
- Program NOT recommended for Stage 2; program NOT recommended; research submitted for Stage 1 is not adequate and would require a new effectiveness or efficacy study for consideration.
 - EBLC technical assistance available

Stage 2: Program Implementation

Addresses Criterion #4:

“Program fully translated in one or more community site(s).”



Program Implementation Clarification

- 4a.** The program has been delivered with fidelity and achieved positive outcomes in at least one community site that was not part of the original research study.
- 4b.** The program developer and/or replication sites can be contacted to learn about program implementation and maintenance.
- 4c.** The program's forms can be adapted for local context using *appropriate standards* (e.g. changes to program setting, population or modality) without removing or significantly altering core functions.
- *Appropriate standards include RTIP and HHS/ACF.*
 - Forms are “modes of delivery, who delivers, materials/tools, dose, frequency/intensity” that can be tailored to local literacy, language, culture and learning styles.
 - Core functions are “the intended purpose or goals of the intervention” that are done across delivery settings and populations.

Stage 2: Dissemination, QA, and TA Considerations

Addresses Criterion #5:
“Program includes developed dissemination products that are available to the public.”



Dissemination, QA, and TA Considerations

5a: The program training is standardized and available on a regular basis so sites that adopt the program can be trained within 6 months of selecting the program.

5b: There is a reliable way to contact the program developer or national office to obtain training, manuals, and dissemination materials; to discuss implementation; and to receive timely technical assistance regarding implementation on an ongoing basis.

5c: Supports and guidelines for implementing the program are readily available, including implementation manual, quality assurance/fidelity guidelines, data collection protocol, anticipated costs for implementing the program, and overall technical assistance.

5d: Supports for implementing the program are updated on a regular basis.

Stage 2 Scoring

- Program approved for the ACL EBP pre-approved list; OR
- Program not approved, but applicant has the opportunity to resubmit after addressing issues identified in the review
 - EBLC technical assistance available

Evidence-Based Program (EBP) Review Process

-Letter of Intent
-Stage 1 Application

Stage 1 Review

Criteria

- Outcomes
- Research
- Publications
- Current Activities

EBLC TA available for programs not approved for Stage 1 or Stage 2

Stage 2 Application

Programs must meet ALL Stage 1 criteria to advance to Stage 2

Stage 2 Review

Criteria

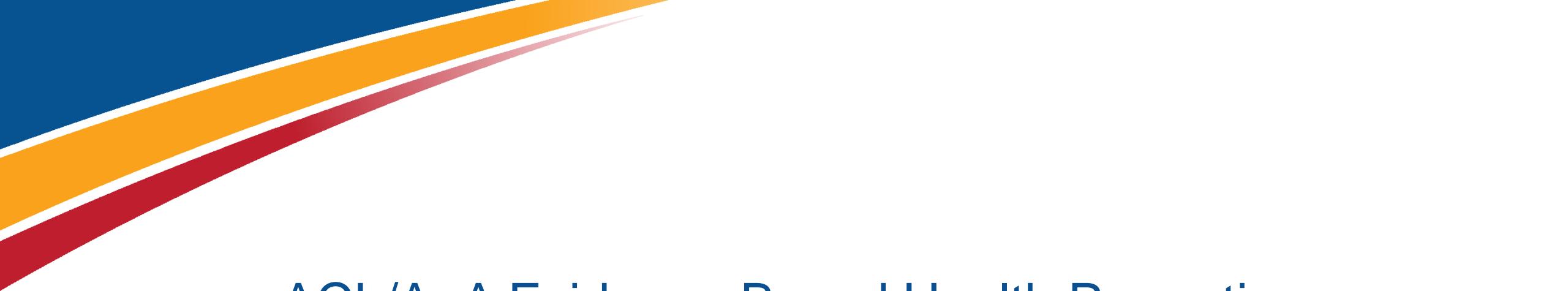
- Dissemination
- Training
- Quality Assurance
- Technical Assistance

Programs must meet ALL Stage 1 and 2 criteria to be approved

Approved for ACL EBP List

Current Review Activity

- Stage 1 applications were due May 31st
 - More details: <https://hpdp.unc.edu/research/acl-evidence-based-program-review/>
 - Google “UNC ACL Evidence-Based Program Review”
 - Includes link to clarifying/operationalizing the ACL criteria
- Re-review of programs on the pre-approved list taking place this year



ACL/AoA Evidence-Based Health Promotion and Disease Prevention Programs

Age+Action Conference

Shannon Skowronski, MPH, MSW

Administration for Community Living

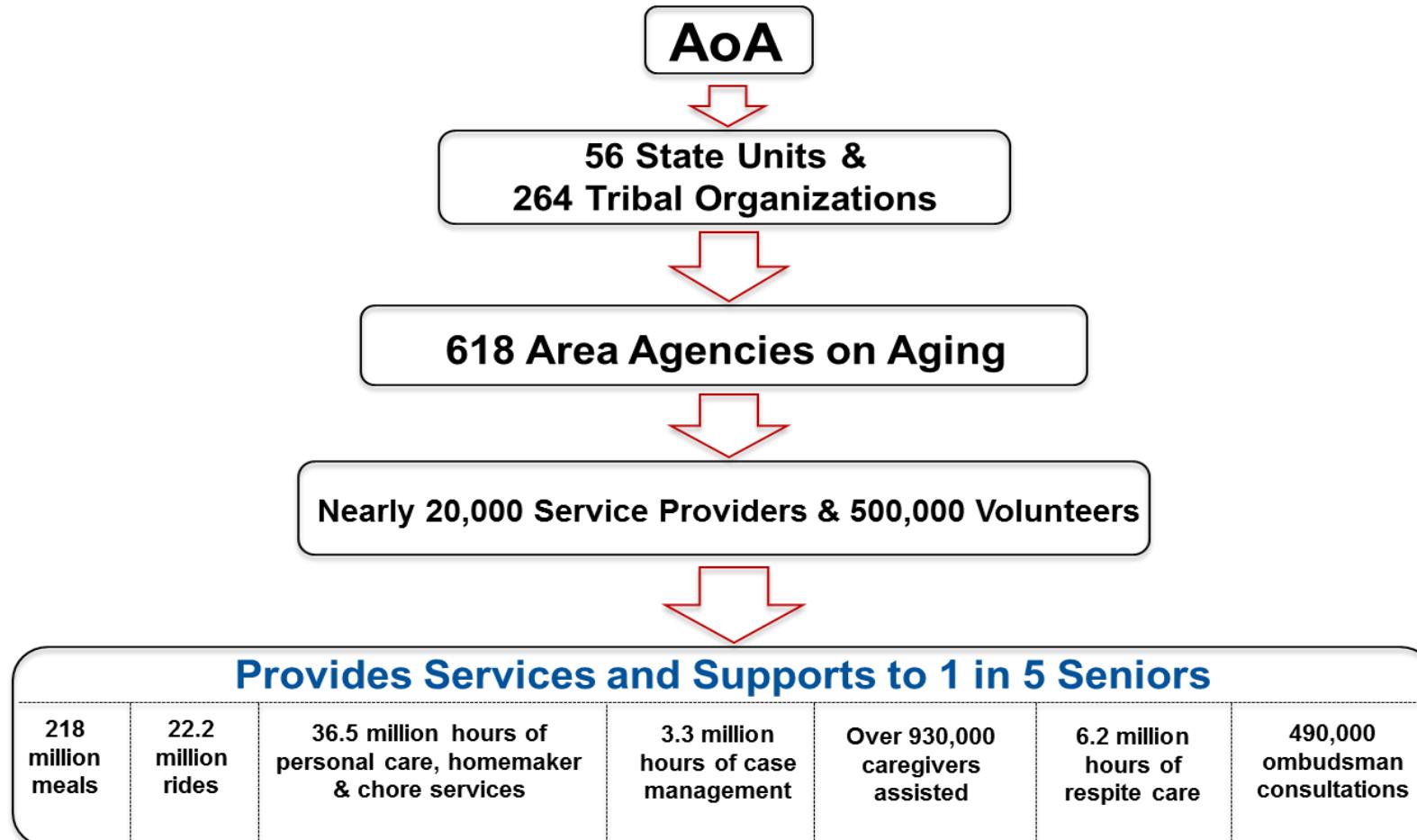
June 19, 2019



About the Administration for Community Living

- **Mission** – maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers
- Commitment to one **fundamental principle** – people with disabilities and older adults should be able to live where they choose, with the people they choose, and participate fully in their communities

The Aging Network

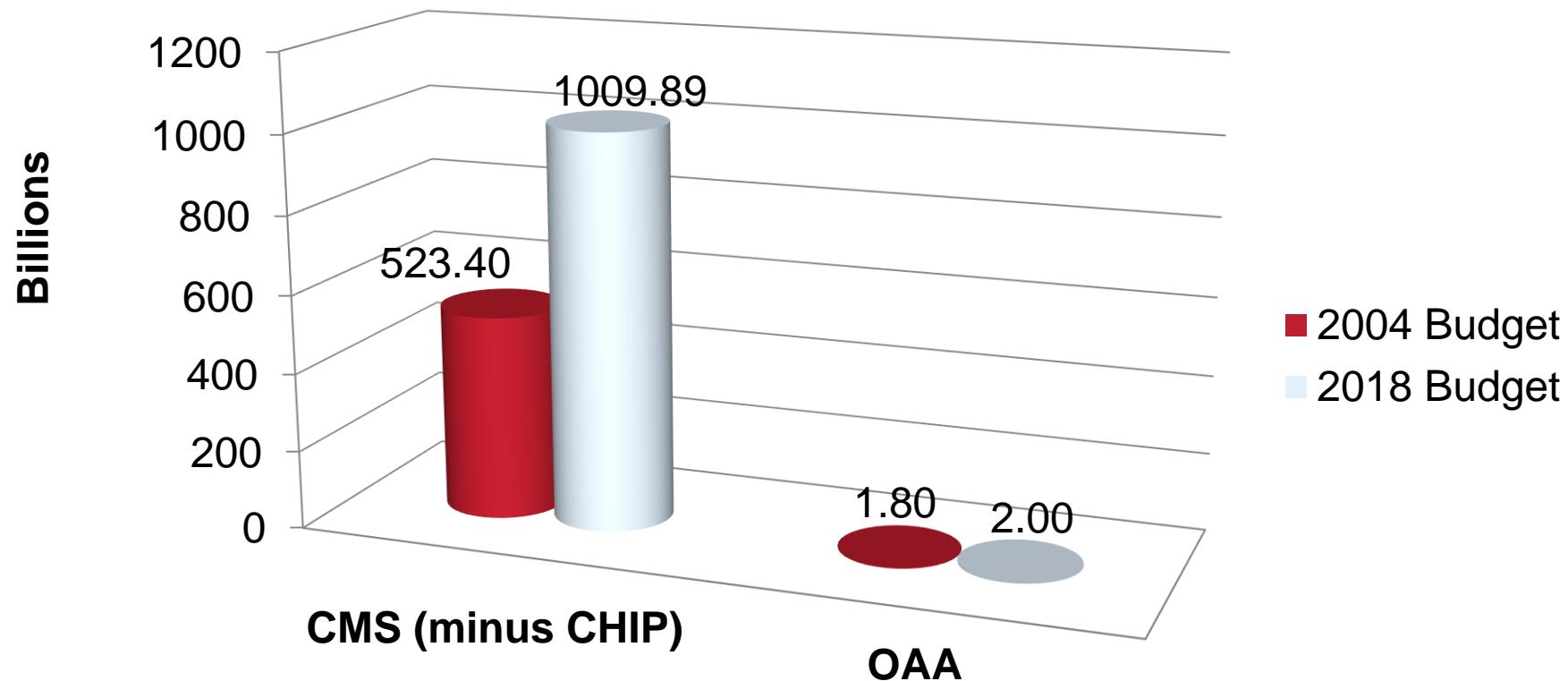


Older Americans Act Title III-D

- Discreet funding for evidence-based disease prevention and health promotion programs
- Relevant Appropriations language:
 - “Funding...may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.”

Why is there an EBP Requirement?

Federal Funding 2004 and 2018



EBPs Value to the Healthcare Sector

- The connection between social services and health care cannot be underrated
 - 4 out of 5 physicians:
 - Said patients' social needs are as important as their health needs
 - Said unmet social needs are directly leading to worse health
 - Are not confident in their capacity to address their patients' social needs

ACL Evidence-Based Criteria

1. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults.
2. Proven effective with older adult population, using Experimental or Quasi-Experimental Design.
3. Research results published in a peer-review journal
4. Fully translated in one or more community site(s).
5. Includes developed dissemination products that are available to the public.

National CDSME Resource Center

- ACL-funded co-operative agreement to provide leadership, expert guidance, and resources to promote and measure the value of, increase access to, and enhance the sustainability of evidence-based programs, particularly **Chronic Disease Self-Management Education (CDSME)** and self-management support programs that improve the health and quality of life of older adults and adults with disabilities.

National Falls Prevention Resource Center

- ACL-funded co-operative agreement to increase public awareness and educate consumers and professionals about falls risks and how to prevent falls.
- Serve as the national clearinghouse of tools, best practices, and other information on falls and falls prevention
- Support and stimulate the implementation, dissemination, and sustainability of **evidence-based falls prevention programs** and strategies

EBP Survey of State Units on Aging

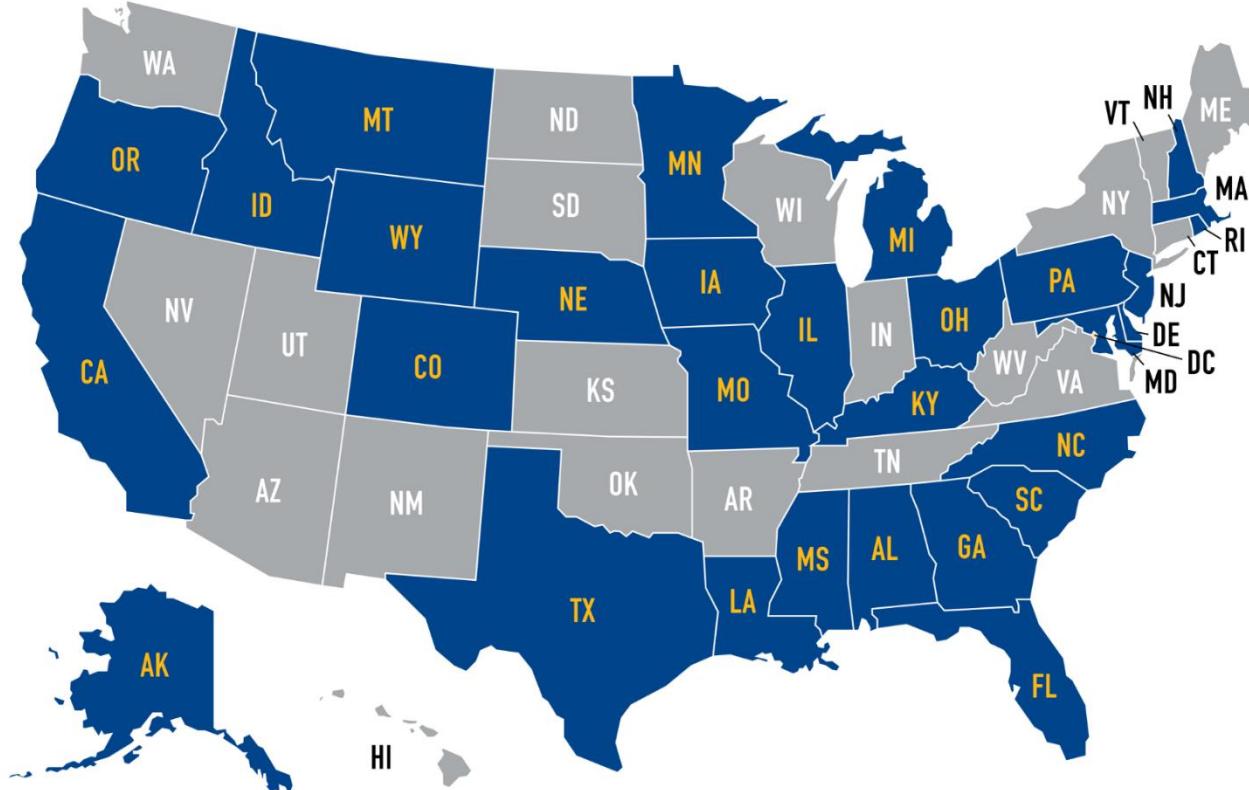
- Early 2017, NCOA conducted a national survey on how states are meeting the Title III-D requirements and what EBP gaps exist in the network.
- 19 questions regarding
 - Current evidence-based program offerings and reach
 - Funding
 - Health concerns
 - Program gaps
 - Technical assistance needs
- Survey results available at https://www.ncoa.org/wp-content/uploads/2017-NCOA-State-Unit-on-Aging-Survey-Report_FINAL-1.pdf

Survey Goals

- How comfortable were states in ensuring that III-D requirements were being met?
- What programs are being delivered across the country with III-D funds?
- Most significant programming gaps?
- What populations are being served by EBPs?

Survey Response

- 31 State OAA Title III-D coordinators responded



Some Key Survey Findings

- The highest rated health concerns in the states were diabetes (80.6%), falls prevention (77.4%), Arthritis (48.4%), and Hypertension (48.4%)
- **Many respondents reported that the current menu of evidence-based programs in the state only partly met or didn't meet their needs (~43%)**
- States reported that scaling up programs was major challenge. Gaps frequently persist in some parts of the state, especially in rural areas

Some Key Survey Findings, cont.

- There is a significant need for programs that serve non-English speaking older adults
 - Most respondents (65.6%) reported that programs only somewhat, marginally, or did not meet their language needs at all
- Most felt that they had a moderate (38.7%) or a modest/scant (32.3%) amount of resources to evaluate whether a program met the ACL EBP requirements

EBP Program Review Council

- In response, ACL supported the establishment of EBP Review Council
 - National leaders in evidence-based programs
 - Expertise in program research, evaluation, and implementation

Other ACL EBP Funding Opportunities

- CDSME and Falls Discretionary Grants

Contact Information

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Role of the Evidence-Based Leadership Collaborative in Implementing EBPs

Margaret Haynes, MPA, BA
Evidence-Based Leadership Collaborative
MaineHealth



EBLC Overview

Informal community of practice formalized in 2012 as the Evidence-Based Leadership Collaborative (EBLC).

Mission

Increase delivery of multiple evidence-based programs that **measurably** improve the health and well-being of diverse adult populations.

Vision

An ever increasing number of adults engaged in evidence-based programs that inform, activate and empower them to improve their health and maintain independence.

Objective

Create a nationally based organization to build a strong network of providers of EB programs within CBO's and to advocate for sustainable funding streams for these programs.

EBLC's Statement of Purpose



People, especially those with chronic conditions, spend 99% of their time outside of the healthcare system.

The EBLC develops and delivers evidence-based programs so people gain skills and confidence to live a healthy life.

“These programs have been well-tested and can be replicated with relative ease with well-developed training, technical assistance and good outcomes.”

What is an Evidence-Based Program?

Evidence-based programs (EBPs) are programs that have been rigorously tested in controlled settings, proven effective, and translated into practical models.

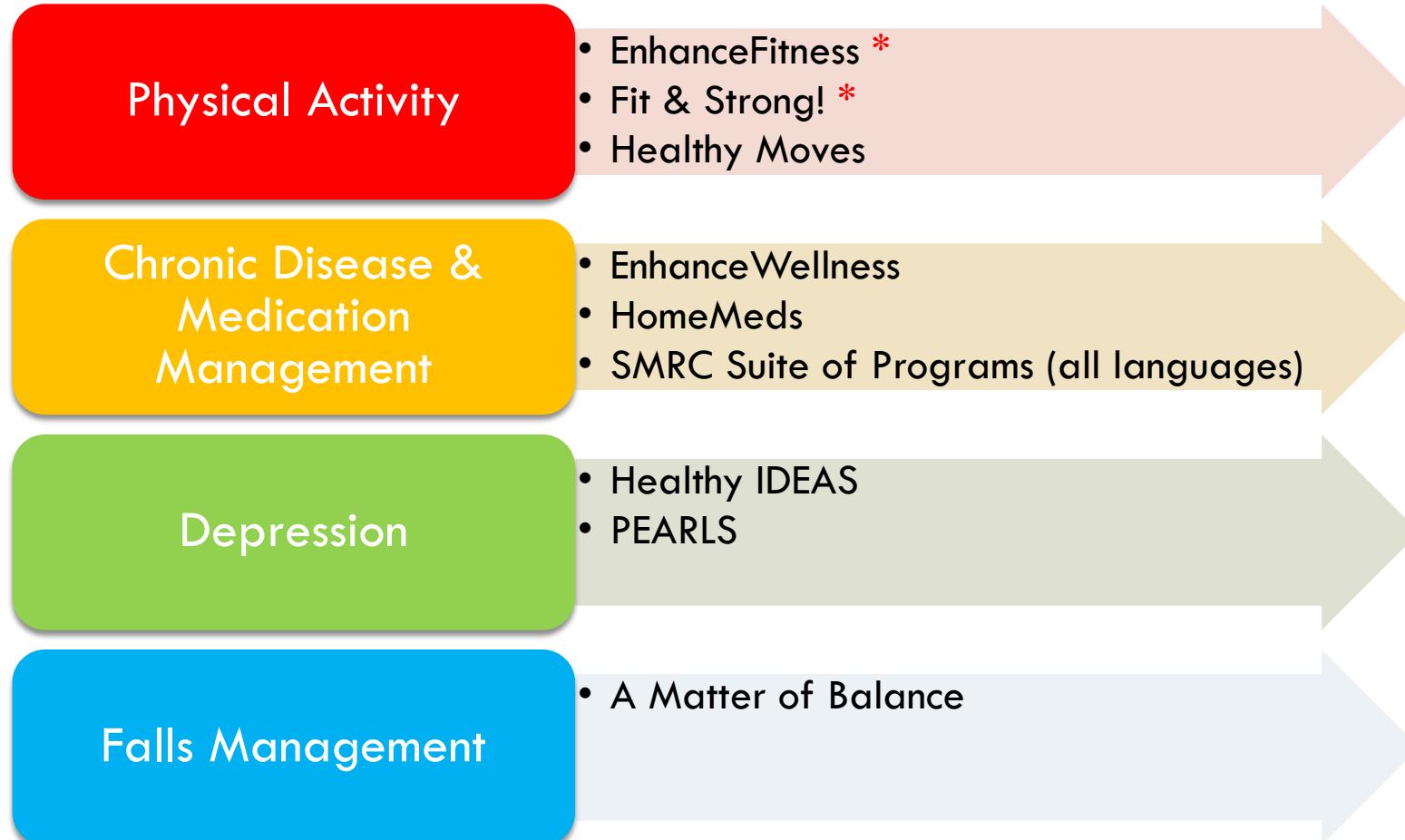
Evidence-based

- Theory-based
- Strong evidence of effectiveness from research
- Measureable outcomes

Programs

- Replicable / manualized
- Protocol for training and TA
- Quality improvement / fidelity
- Data monitoring and tracking

EBLC Programs



* = also a Falls Management program

Challenges of Implementing EBPs

- Sustainability
- Recruiting
- Retention
- Cost of training
- Culturally and linguistically appropriate adaptations
- Logistics of varied licensing structures
- Maintaining fidelity
- Interoperability

Role of the EBLC

- National Council on Aging is partnering with the Evidence-Based Leadership Collaborative to assist applicants who do not meet EBP criteria
 - to support program developers/administrators with technical assistance
 - enhance research
 - delivery systems
 - further new EBP development
 - strengthen field

Feedback to applicants - Research

- Detailed feedback from reviewers about areas that need to be strengthened:
 - Research methods
 - Sample size
 - Measures
 - Study duration
 - Design

Feedback to applicants - Implementation

- Successful dissemination requirements:
 - Implementation infrastructure
 - Licensing/MOU
 - Replicable / manualized
 - Protocol for training with implementation manuals
 - Technical assistance
 - Fidelity - quality assurance checklists
 - Data management tools
 - Tracking program locations
 - Adoptions to local context
 - Sustainability

How to find an EBP?

ACL/AoA Title III-D list

NCOA's Center for Healthy Aging

CDC's program websites

State/regional websites

EBLC website: www.eblcprograms.org

EBLC Website Home Page

www.eblcprograms.org

EBLC Evidence-Based Leadership Council

(747) 239-0647 eblc@eblcprograms.org [Affiliate Log In](#)

[Map of Licensed Organizations](#)

About Us ▾ Evidence-Based Programs ▾ Training and Consulting ▾ Getting Started ▾ Moving Forward ▾ Measuring Progress ▾

To access the
Locator click here



Innovative
Health Promotion

EBLC makes it easy for those who serve older adults to find evidence-based health promotion programs.

[Find a Program!](#)

Your Partner In Innovative Health Promotion

The EBLC is a collaborative effort to help you find, adopt and implement evidence-based health promotion programs. This site is a centralized hub for communities, senior centers, and others seeking to learn more about innovative programs proven to help people manage and improve their health and well-being!



Chronic Disease and
Medication Management



Physical Activity



Falls Management



Depression

EBLC Contact List

We would love to let you know when we've posted new content and tools. If you would like to receive occasional updates, please provide your info.

your email address

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[EBLCprograms.org](http://EBLCPROGRAMS.ORG)

Programs are offered in community settings, online, and in clients' homes.

Screenshot of the Program Locator

~~Search by:~~

- Zip code
- City & State
- State
- Country

~~Narrow Search by:~~

- Program
- Program type
- Radius

FIND A SITE Tarrant County, TX, USA Enter Site Name

FILTER BY PROGRAM All Sites

United Way of Tarrant County / Sixty and Better
1500 N Main St Ste 200,
Fort Worth, TX, 76164,
USA
817-413-4949 x226
 Website
Programs Offered:
Chronic Disease Self-Management Program (CDSMP)
Diabetes Self-Management Program (DSMP)

United Way of Tarrant County / Sixty and Better
1500 N Main St Ste 200, Fort Worth, TX, 76164, USA
817-413-4949 x226
 Website

United Way of Tarrant County AAA
1500 N Main St Suite 200, Fort Worth, TX, 76114, USA
817-258-8085
 Website

EBLC Directors

Program Developers/Administrators

Kate Lorig (*SMRC Self-Management Programs suite*)
Peggy Haynes, Patti League (*A Matter of Balance*)
Sue Hughes (*Fit & Strong!*)
Lesley Steinman (*PEARLS*)

Community Partners (CBOs)

Stephanie Fallcreek (*Fairhill Partners, OH*)
Carol Nohelia Montoya (*Florida Health Network, FL*)
Don Smith (*United Way of Tarrant County, TX*)
Paul Hepfer (*Open Hand, CA*)

Both CBOs & Program Administrators

Jennifer Raymond (*Elder Services of Merrimack Valley, MA | Healthy IDEAS*)
Paige Denison (*Sound Generations, WA | EnhanceFitness, Enhance Wellness*)
June Simmons, Alexandra Cisneros, Dianne Davis (*Partners in Care Foundation, CA | Healthy Moves, HomeMeds*)

Questions?



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Margaret Haynes: haynem@mainehealth.org



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