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
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 Skowronsiki, 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
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

Stage 1 Review

- Letter of Intent
- Stage 1 Application

Criteria
- Outcomes
- Research
- Publications
- Current Activities

Stage 2 Application

Criteria
- Dissemination
- Training
- Quality Assurance
- Technical Assistance

Stage 2 Review

Approved for EBP List

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

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

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

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Approved for EBP List

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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

Stage 1 Review
- Criteria
  - Outcomes
  - Research
  - Publications
  - Current Activities

Stage 2 Review
- Criteria
  - Dissemination
  - Training
  - Quality Assurance
  - Technical Assistance

Approved for ACL EBP List

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

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

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

- Letter of Intent
- Stage 1 Application
Current Review Activity

• Stage 1 applications were due May 31st
  o More details: https://hpdp.unc.edu/research/acl-evidence-based-program-review/
  o Google “UNC ACL Evidence-Based Program Review”
  o 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

AoA

56 State Units & 264 Tribal Organizations

618 Area Agencies on Aging

Nearly 20,000 Service Providers & 500,000 Volunteers

Provides Services and Supports to 1 in 5 Seniors

<table>
<thead>
<tr>
<th>Service Details</th>
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<tbody>
<tr>
<td>218 million meals</td>
</tr>
<tr>
<td>22.2 million rides</td>
</tr>
<tr>
<td>36.5 million hours of personal care, homemakers &amp; chores services</td>
</tr>
<tr>
<td>3.3 million hours of case management</td>
</tr>
<tr>
<td>Over 930,000 caregivers assisted</td>
</tr>
<tr>
<td>6.2 million hours of respite care</td>
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<tr>
<td>490,000 ombudsman consultations</td>
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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

- CMS (minus CHIP): 2004 Budget = 523.40 Billion, 2018 Budget = 1009.89 Billion
- OAA: 2004 Budget = 1.80 Billion, 2018 Budget = 2.00 Billion
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 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

Physical Activity
- EnhanceFitness *
- Fit & Strong! *
- Healthy Moves

Chronic Disease & Medication Management
- EnhanceWellness
- HomeMeds
- SMRC Suite of Programs (all languages)

Depression
- Healthy IDEAS
- PEARLS

Falls Management
- A Matter of Balance

* = 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
    - Adaptions 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

To access the Locator click here.
Screenshot of the Program Locator

Search by:
- Zip code
- City & State
- State
- Country

Narrow Search by:
- Program
- Program type
- Radius
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, EnhanceWellness)
June Simmons, Alexandra Cisneros, Dianne Davis (Partners in Care Foundation, CA | Healthy Moves, HomeMeds)
Questions?

Ellen Schneider: ecschnei@email.unc.edu
Casey DiCocco: Casey.Dicocco@acl.hhs.gov
Margaret Haynes: haynem@mainehealth.org
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