national council on aging

UNIVERSITY of WASHINGTON
Health Promotion Research Center
Department of Health Systems and Population Health // School of Public Health

Administration for Community Living Evidence-Based Program (EBP) Review Process

Frequently Asked Questions

Informational Webinar

Q: Can I view the information session and download the slides?

A: Yes, you can access the recording and slides on NCOA Connect.

Preparation/Planning Phase

Q: Will there be a cost for the application and any annual fees, if approved for EBP?

A: No, there are no application fees or additional fees to be included in the national list of evidence-based programs approved for ACL funding.

Q: Is there a 6-month follow up requirement for outcomes?

A: Yes, this is a requirement (criteria 1b). Less than 6 months would not be acceptable. Outcome data should be published in a peer-reviewed journal in alignment with Criteria 3. We understand a 6-month follow-up may not be feasible for some health promotion programs. If the follow-up period for your program differs, we encourage you to reach out to EBPreview@uw.edu.

Q: What is the best approach to connect with researchers to fulfill the peer-reviewed publication requirement?

A: Contact a colleague at a university to establish an academic-community partnership. If you don't have connections at a university or within an academic setting, you can reach out to EBPreview@uw.edu for assistance.

Q: During the review/approval process, would we need studies on our specific program, similar programs in general, or both?

A: The purpose of this evidence-based review process is to acknowledge programs that serve diverse populations and address different focus areas. You will need to submit studies related to your specific program and highlight how it differs from similar programs.

Q: Are clinical interventions eligible to apply for EBP Review?

A: ACL funding primarily focuses on community-based interventions and generally does not prioritize programs that can only be conducted in clinical settings. However, interventions that can be delivered in clinical or community settings and are facilitated by health professionals may still be eligible. If this applies to your program, please outline the potential settings where the program can be implemented and specify the minimum clinical training required for delivery (e.g., Bachelor's degree in a health profession like social work or nursing; community health worker (CHW) certification).

Q: Are international programs eligible to apply?

A: International developers may submit their programs through the EBP review process. ACL would want to discuss further post-submission to ensure appropriateness with a US population, program fidelity, support, etc.

Letter of Intent (LOI)

Q: Who is the audience for the letter of intent?

A: The purpose of the letter of intent within the review process is to make sure that the program is a good fit for the review and to ensure we have the right reviewers on our panels. If the program is successful in the application process the letter of intent will be viewed by program managers and organizations to help them decide whether or not to offer your program.

Q: In the letter of intent who should be listed as the primary contact? Will they be displayed as the contact on the website if the application is successful?

A: If you would like the contact for the review process and the contact that will be displayed on the website to be different, please indicate that in the letter.

Q: In the letter of intent's program type and program format section, what should we do if the program is offered in a group, but the intention is that they will take what they learned and use it at home?

A: Focus on the program as it's delivered. In this case an "individual" program would be one where the participant works through the program alone or with a program facilitator, instead of with other participants. A "self-directed" format

would involve participants working through the program alone, without any kind of program facilitator.

Q: In the letter of intent's program length section, what should be put if the program is offered in multiple lengths?

A: In situations where the program has multiple ways of being delivered (such as ongoing vs a specific number of sessions), you should put whatever is used in the research you published. You can then state that, in practice, it has been adapted to also be offered in other lengths.

Q: In the letter of intent section 'Who delivers the intervention?' What should we put?

A: If there are program deliverers who aren't covered in the list, put them in "other" option. The minimum requirements to lead/deliver the program will be spelled out in the application and don't need to be specified here.

Q: In the letter of intent section that asks about population, what should we put?

A: This question is really about which population the program was specifically developed for, not just populations who can utilize or benefit from the program. Use the language your community uses to describe themselves, and use the "other" option to call out particular populations that aren't mentioned in the list.

Stage 1 Application

Q: Is the follow-up requirement comparing baseline measures to 6-month follow-up measures?

A: Yes - the applicant should demonstrate meaningful change from program enrollment to 6-month follow-up.

Q: Can we include unpublished data in our application?

A: Yes, unpublished data may be included to support your application, however this does not satisfy the requirement for research results published in a peer-review journal.

Q: How has the 6-month follow-up been cleared by other programs that are on the registry, and is it possible for potential applicants to consult on how they maintained those benefits 6-months later and documented that for their applications?

A: Yes, it is possible for potential applicants to reach out for TA to consult on how other EBPs have documented maintenance of outcomes in their applications. We also discussed on the webinar that some programs may have collected data at different follow-up periods which may be appropriate given the outcomes being measured, program duration, population being served, and other study and program characteristics. The intention with this requirement is that program effects are maintained after the program ends so reporting beyond pre-post change in outcomes. Please reach out to EBPReview@uw.edu or join our upcoming office hours with any further questions or to schedule a time to discuss further.

Q: Can community-based programs rely on research conducted by others to satisfy evidence requirements?

A: Yes, many community-based programs partner with academic or research institutions to meet evidence requirements. If your program is not currently connected to such an institution and would like support in establishing a partnership, please contact EBPreview@uw.edu for assistance.

Q: Are programs that have only conducted pilot studies eligible to apply and are there any special considerations?

A: Pilot studies are acceptable for establishing Stage 1 evidence IF they meet criteria #1 (demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults), criteria #2 (using an appropriate quasi-experimental or experimental design), and criteria #3 (program research results published in a peer-review journal(s).

Q: Are programs eligible to apply if they did not conduct the original validation research, and if so, how should that be demonstrated in the application?

A: You are eligible to apply if the researchers who conducted the original research provide documented permission. This should be included in your application. Additionally, it would also be ideal if they were available for any questions about the original validation studies should these come up while you are preparing the application or after the program review. You will also want to consider which organization will serve as the lead dissemination hub for the program as this is required to be designated as an EBP.

Q: Is there an expiration date on published studies?

A: There is no expiration date on published studies, however there might be some difficulty in translating study that was published a long time ago into the application. Some information required in the application might not be in the article due to research expectations changing over time, in which case you would need to obtain additional information to complete the application. For stage 2, the reviewers will want information on what is happening right now, the current program implementation.

Q: What are you looking for when you say "quasi-experimental" study design?

A: A quasi-experimental study design should include both a control group and pre-post data collection. Essentially, we are looking for evidence that your program is contributing to measurable improvements in older adult health. Initially, we focused exclusively on RCTs, however, we have since expanded to include quasi-experimental designs, as we recognize that RCTs are not always feasible or ethical in all settings.

Below is a deidentified example of how one former applicant described their quasi-experimental design:

"Although we compared participants to a control group, these groups were not randomly assigned. Participants were given a choice as to whether they wanted to participate in the experimental group vs. control group. Thus, we used a quasi-experimental design and analyzed our data with multivariate statistics at the X alpha level and X power level. Significantly fewer participants in the experimental groups experienced falls compared to those who were in the control group. Significantly greater improvements occurred in the balance confidence of the experimental

group as well, with a statistical power of X. No adverse responses were reported. This pilot study was subsequently published in X. "

Glossary

- **Adverse events (AE)** = any harmful experience (physical or psychological) a participant has while involved in a study. Serious AEs are life-threatening, require institutionalization, or substantial disruption of a person's ability to conduct normal life functions.
- **Demographics** = data to describe characteristics of study/program participants, e.g. age, gender, race, ethnicity
- **Dropout rates** = the percentage of participants who begin a study but do not complete it. Dropout rates are often expressed as a percentage of the initial sample size. Also called an "attrition" rate.
- **Effect sizes (ES)** = a statistical measure that shows the magnitude of a difference between two groups (e.g. intervention and control group, pre and post measures). ES suggests how meaningful the observed effect is (the practical implications) beyond whether the effect is statistically significant (p-values). Commonly used ES include Cohen's d (for comparing means between groups) and Pearson's r (for measuring correlation).
- **Outcomes** = the impact or results of a program for improving health and well-being or reducing disease, disability or injury among older adults (age 60+) and/or adults with disabilities. May be behavioral, psychosocial, physical and/or physiological outcome(s).
- **Representativeness** = The degree to which the study/program participants are similar to those of the target population that did not participate in the study to indicate how generalizable the findings are.