December 18, 2024

Evidence-Based Health Promotion and Disease Prevention Program Application Form
STAGE 1: Research and Outcomes

The Stage 1 application should be submitted in the EBP Review Process application portal. The link to complete the Stage 1 Application will be available on January 6, 2025. Minor changes may be made to the application prior to publication.

2-STAGE APPLICATION PROCESS

Stage 1: Research and Outcomes
Stage 2: Program Implementation – *BY INVITATION ONLY*

Application Schedule

- **Informational Webinar**: December 9, 2024 @ 3-4 pm EST (Watch the recording)
- **Stage 1 Application Process Open**: Monday, January 6, 2025
- **Letter of Intent Deadline (Required)**: Monday, January 20, 2025
- **Stage 1 Application Deadline (Research/Effectiveness)**: Friday, February 21, 2025
- **Invitation to Submit Stage 2 Application:** By April 14, 2025
- **Stage 2 Application Deadline (Program Implementation)**: May 16, 2025
- **Notifications to Applicants + Promotion of New Programs**: By July 2025

The purpose of the Evidence-Based Program Application is to identify new programs that meet the criteria established by the Administration for Community Living/Administration on Aging (ACL/AoA) for evidence-based programs funded through the Older Americans Act (OAA) Title III-D. **Please carefully read Appendix A for the Title III-D criteria and operationalizing recommendations**.

The National Council on Aging (NCOA) oversees the program review process in partnership with the University of Washington Health Promotion Research Center (UW). NCOA and UW have established a Review Council to assess whether applicants meet the ACL Title III-D criteria for evidence-based programs. The Review Council consists of national leaders with expertise in program research, evaluation, and implementation. This process is supported by the National Chronic Disease Self-Management Education Resource Center, funded by the Administration for Community Living, U.S. Department of Health and Human Services through Prevention and Public Health Funds (Grant number: 90CS0058).

The evidence-based program review process provides several benefits:

- Programs will be reviewed for potential inclusion on the ACL Title III-D approved list in a timely, unbiased manner;
- More programs that address historically underrepresented risk factors, populations, settings, and other contexts will be available for dissemination; and
- Community, state, and tribal organizations/agencies can use the recommendations of Review Council to reference programs that have been deemed to be appropriate for inclusion for ACL Title III-D or other ACL future evidence-based program discretionary funding.

Application Process

The Review Council is conducting a two-stage program application process:

1. Stage 1: The first stage application addresses the effectiveness, evidence, and evaluation details related to the program. Once evaluated by Review Council members with expertise in research and program evaluation, applicants will be notified whether they will be invited to complete the Stage 2 application to review program supports.

2. Stage 2 (by invitation only): The second stage will require information about program implementation, training, dissemination materials, supports available, and other elements essential for successful implementation.

Support and technical assistance:

UW and NCOA are available to answer questions and provide technical assistance as you prepare your Stage 1 and Stage 2 applications:

- Contact the University of Washington Team (EBPreview@uw.edu) with questions related to technical assistance, program research, and program implementation.
- Contact Samantha Capacillo (Samantha.capacillo@ncoa.org) with questions related to the application portal and review process logistics.

We encourage all applicants to watch the information session about the review process: December 9, 2024 @ 3-4 pm EST (Watch the recording).

Following Stage 1 and Stage 2 of the application process, you are eligible to receive technical assistance provided by UW to discuss the findings of the review and next steps. You may be able to re-apply during a subsequent review, depending on the recommendations of the review council.

Your application and all attached materials will not be made public and will be kept strictly confidential.

STAGE 1 APPLICATION, SECTION I: PROGRAM NAME AND CONTACT INFORMATION

Name of Program:
Name of Primary Contact:
Position/Title:
Organization/Institution:
Phone Number:
Email:
Street Address:
City, State, Zip:

**** If the Primary Contact is not the program developer, please attach a letter of support from the program developer. ****

Co-Authors/Co-Investigators:
Please provide, as applicable, the name, position/title, organization/institution, email, phone number, and role(s) of up to five people, other than yourself, who were instrumental in developing the program, creating implementation/dissemination components, or researching or evaluating the program. (Note: This list should include any co-principal investigators for single-site or multi-site trials.)

STAGE 1 APPLICATION, SECTION II: PROGRAM OVERVIEW AND RESEARCH

Please answer all questions below. Your submission will be considered incomplete if some questions are not answered. Please be clear, concise, and complete in responding. Your submission will be reviewed solely on the information you provide in this application, although the Review Council may reach out to you for clarification, if needed.

Primary health condition(s) or topics addressed by program: (Maximum of 250 words)

Brief Description of Program Goals/Objectives (Maximum of 250 words)
List up to three primary goals of the program.

Target Audience (Maximum of 250 words)
Describe the target audience(s) for whom this program has been evaluated as effective.

Program Format:

- By mail
- In-person in community setting
- In-person at home
- Online
- Self-directed
- Telephone
- Other

Program Setting(s) (Maximum of 250 words)

Describe the community setting in which this program has been evaluated as effective.

Research design
What type of research design did you use for evaluating the program? Please note, per the ACL Evidence-Based Program criteria, all research designs listed below must have had a control group:

- ☐ Randomized Controlled Trial (RCT)
- ☐ Quasi-experimental
- ☐ Single Posttests
- ☐ Multiple posttests
- ☐ Other (write-in) _____

Summary of research (Maximum of 800 words)
Provide a summary of the research design used for evaluating this program. Please reference the peer-reviewed article(s) that demonstrate(s) the research methods. Also include a description of the control group(s), sample size and power calculation, information on the implementation of the intervention, and any adverse outcomes or events that occurred as part of your research.

How many subjects were in the original efficacy trial? Please share the total number (N) of participants (sample size) in your treatment or intervention arm and in your control arm. This information is used to evaluate *Review Criterion #2: Proven effective with older adults , using Experimental or Quasi-Experimental Design*.

Treatment N: _____

Control N: _____

Summary of program outcomes (Maximum of 800 words)

- Describe the outcomes that are achieved with this program. Please describe what outcomes were measured, the instruments/tools/metrics used to measure outcomes, and any evidence of their validity where applicable in the study population. Reference the peer-reviewed article(s) that demonstrate(s) evidence for each outcome listed as well as which table(s) in the research articles provide evidence for meaningful improvement in each key outcome (including effects sizes or data to calculate effect sizes). Also include eligibility criteria, descriptive statistics about the study population, dropout rate, and any adverse outcomes or events that occurred as part of your program. This information is used to evaluate *Review Criterion #1: Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults .*

For up to 6 key outcomes, please specify the outcome name and measure, provide the author, year, and table # within the document (if applicable) for the trial, time points data were collected (e.g. baseline/pre, post/6-months, follow-up/12-months), the significance AND effect size. You may enter outcomes from more than one research trial; please specify the article source for the outcome(s). Articles will be attached below under "Published Articles."

Outcome Name	Author, Year Published, Table # (if applicable)	Time points for data collection (Time 1,2,3,..)	Significance (p-value, from Time 1 to Time 2)	Effect Size, from Time 1 to Time 2	Significance (p-value, from Time 2 to Time 3)	Effect Size, from Time 2 to Time 3

Criterion #1 Additional Comments (Maximum of 250 words)

Published articles

Attach up to three articles that have been published about this program in a peer-review journal. Please include studies referenced above (i.e. under "Summary of research"). This information is used to evaluate *Review Criterion #3: Program research results published in a peer-review journal or journals*. Attach up to three published articles (PDFs only).

Published Articles Comments (Maximum of 250 words)

Appendix A

U.S. Administration on Aging Title III-D Highest-Level Criteria for Disease Prevention and Health Promotion Evidence-Based Programs and Operationalizing Recommendations

The table below includes the five Title III-D evidence-based program criteria; ALL FIVE MUST BE MET FOR YOUR PROGRAM TO BE APPROVED AS BEING EVIDENCE-BASED. Under each criterion are clarifying recommendations to help you determine if your program meets the criterion.

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
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+). *<u>Relevant</u> depends on what intervention is being studied, e.g. for physical activity, may include strength or function; for depression, includes depressive symptoms.* Changes to knowledge or attitudes is not sufficient.
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. *"Clinically significant change" may be demonstrated using effect sizes, comparison to an established intervention (e.g., a new falls prevention intervention delivered using lay leaders provides similar positive health outcomes and is more cost effective than a well-established falls prevention intervention delivered by physical therapists), or a public health criterion (e.g. exercising 150 minutes or more per week per recommended CDC physical activity guidelines).*
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. **We recommend that descriptive statistics include age; gender; education or income; other chronic conditions; disease severity; recruitment source/setting; enrollment rate.* *While not a minimum threshold, ACL supports the development of evidence-based programs that a) are broadly applicable and b) reduce or at a minimum do not exacerbate health disparities experienced by underserved populations (e.g. tribal communities, people who speak languages other than English) and fill gaps in health areas (e.g. oral health, nutrition, hypertension).*
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.

Criteria #2: Proven effective with older adult population*, using Experimental or Quasi-Experimental Design* **Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment. See appropriate designs from the US Preventive Services Task Force here on page 74 of the article (page 31 of the PDF).*
2a. Intervention is evaluated using an appropriate *experimental* or *quasi-experimental* design that includes an appropriate control group. *An "appropriate control group" is one in which the intervention (treatment) and control (comparison) groups are equivalent OR statistically controls for confounding differences between groups if such differences are identified. Furthermore, allocation to the intervention and control group is conducted using a standard/systematic process that minimizes bias (randomization could be utilized, but is not required).* *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.
Criteria #3. Research results published in a peer-review journal.
3a. The published study article(s) has 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.
Criteria #4: Fully translated in one or more community site(s)**
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.
Criteria #5. Developed dissemination products that are available to the public.

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.