Administration for Community Living Fidelity Evaluation of ACL's Evidence-Based Programs

Final Report

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

The mission of the Administration for Community Living (ACL) is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.[1-1] As part of its mission, ACL funds programs authorized under the Older Americans Act (OAA).[1-2] Recipients of OAA Title III-D (Section 206) mandatory grants and Falls Prevention and Chronic Disease Self-Management Education (CDSME) discretionary grants (Section 411) are required to spend their funds on evidence-based programs that have been proven to improve health and well-being and reduce disease and injury.

ACL provides technical assistance directly, and also supports the development of resources and technical assistance opportunities via the CDSME and Falls Prevention Resource Centers at the National Council on Aging (NCOA) to assist Title III-D, CDSME, and Falls Prevention grantees and their implementation organizations (I/Os) in the selection, implementation, and evaluation of appropriate evidence-based programs (EBPs) for their circumstances. ACL is charged with monitoring and evaluating the extent to which these grantees are meeting their goals, including – but not limited to – ensuring grantees are delivering their evidence-based programs as intended (with fidelity).

The purpose of this study was to examine the fidelity with which ACL OAA Title III-D and Falls Prevention and CDSME Grantees implement EBPs, the strategies ACL has been using to monitor and promote program fidelity, and to identify opportunities to enhance fidelity processes and technical assistance moving forward. With input from major stakeholders, the study collected fidelity-related materials from ACL and many of its OAA Title III-D, CDSME, and Falls Prevention grantees, conducted surveys of grantees and a sample of I/Os, and conducted interviews with select ACL staff and EBP developers and administrators.

Research Questions and Key Findings

This study addressed four high level topics, which are presented here with key findings:

[1-1] About ACL: Mission, https://acl.gov/about-acl. Accessed Sept 2, 2022.
[1-2] The Older Americans Act of 1965, as Amended Through P.L. 116-131, Enacted March 25, 2020.

Program selection: How do grantees and I/Os select appropriate EBPs for their contexts?

Lessons Learned	Requests for Support
• Grantees and I/Os primarily rely on input from their leadership and in-house staff on program selection • They make wide use of resources provided by ACL • Program content and the health needs of population drive selection decisions • Availability of staffing is also a major issue driving selection	• Grantees and I/Os requested: - More information about program flexibility - Comprehensive and comparable estimates of program costs - Programming tested with special populations such as ethnic minorities or veterans

Program Fidelity: What processes do ACL staff and grantees use to verify that EBPs are being implemented as designed?

Strengths	Challenges
• A broad adoption and understanding of the importance of providing EBPs with fidelity was shared by all stakeholders • There was a strong consensus that training is key to fidelity, and most grantees monitor training • Grantees and I/Os make good use of abundant fidelity resources provided by ACL/NCOA • Grantees find program guidelines clear • Most grantees and I/Os use fidelity checklists • Most grantees report a high degree of fidelity to program guidelines	• Providing program staffing at recommended levels with required training/certification • Limiting participation to target population is difficult and may be counterproductive, but the majority of participants are within target populations • Modifications to program delivery are sometimes necessary, but tend to result in delivery of lower doses of exposure to EBPs

Program Adaptations: Recognizing that adaptations to EBPs are often not recommended, are there adaptations that grantees/subgrantees seek to make to EBPs? How are they handled?

Strengths	Challenges
• Most grantees are reluctant to make adaptations • When adaptations are necessary, most grantees consult program developers	• Responses to the COVID-19 PHE forced rapid adaptation to remote delivery of programs • Some grantees and I/Os had not received guidance about allowable adaptations

Program Support: What can ACL do to support and encourage the proper use and implementation of EBPs?

Strengths	Requests for Support
• There was broad satisfaction with ACL support among discretionary grantees	• Grantees and I/Os requested: - More information about allowable program flexibilities - A simple basic format for monitoring fidelity

Note: For those seeking more detailed information, tables of survey results and statistical testing with discussion are presented in Appendix B: Tables.

2. Introduction

Background

The mission of the Administration for Community Living (ACL) is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.[2-1] As part of its mission, ACL funds programs authorized under the Older Americans Act (OAA).[2-2] Recipients of discretionary grants and states that receive OAA funds under Title III-D are required to spend those funds on programs to improve health and well-being and reduce disease and injury. Section 206 of the OAA requires that these programs be evidence based, and ACL must measure and evaluate their effectiveness in achieving the programs' goals.

ACL has developed a process for reviewing programs to ensure they are evidence based. In addition, through its National CDSME and Falls Prevention Resource Centers at NCOA, ACL supports the development of resources and technical assistance opportunities to assist Title III-D, CDSME, and Falls Prevention grantees and their I/Os in the selection, implementation, and evaluation of appropriate EBPs for their circumstances. ACL has contracted HSAG to evaluate the fidelity with which ACL grantees implement EBPs, and the effectiveness of ACL's process for monitoring program fidelity.

Research Questions

This study addressed four high level topics:

1. Program selection: How do grantees and I/Os select appropriate EBPs for their contexts?
2. Program Fidelity: What processes do ACL staff and grantees use to verify that grantees are implementing EBPs as designed?
3. Program Adaptations: Recognizing that adaptations to EBPs are often not recommended, are there adaptations that grantees/subgrantees seek to make to EBPs? How are they handled?
4. Program Support: What can ACL do to support and encourage the proper use and implementation of EBPs?

Methodology

ACL funds EBPs through a number of mechanisms, and identified a total of 103 organizations receiving funding, divided into three major groups: 1) grantee organizations that received discretionary grants for Falls Prevention, 2) discretionary grants for CDSME, and 3) mandatory grants to states and territories

[2-1] About ACL: Mission. https://acl.gov/about-acl. Accessed Sept 2, 2022.
[2-2] The Older Americans Act of 1965, as Amended Through P.L. 116-131, Enacted March 25, 2020.

pursuant to Title III-D. All grantees were invited to participate in a survey, as were a sample of the I/Os grantees identified as providing programming on their behalf. The survey methodology is provided in Appendix A: Methodology.

The survey response rate for both types of grantees was 89 percent. This indicates that the results from the grantee survey represent the perceptions and experiences of a large portion of the grantee population. The response rate among I/Os was lower (53 percent), but the results still represent a large number of respondents drawn from both urban and rural locations (69).

Limitations

This report has limitations, some stemming from the timing of the study, which overlapped substantially with the COVID-19 PHE. The COVID-19 PHE disrupted activities everywhere, but it hit organizations accustomed to providing face-to-face services to the public especially hard. Services had to be stopped or modified. Agencies had to scramble to find ways to effectively deliver services remotely. Agencies faced staffing shortages due to illness, childcare needs, and other correlates of the emergency. These circumstances may have made cooperation with researchers less likely than it might have been.

Other limitations include that the data used in this study were voluntarily self-reported by grantees, program developers/administrators, and ACL staff. For further discussion, see Appendix A: Methodology.

Landscape of ACL's Evidence Based Community

Of the 103 grantees, 68 (66 percent) provided lists of the EBPs they were implementing with ACL funding in 2018-2020, identifying a total of 500 program deliveries. These were made up of 96 distinct programs created by 86 distinct program developers. Many grantees (16) identified only one or two EBPs, some identified more than two programs, and a few implemented more than 25 programs.

The top 11 most frequently identified programs are presented in descending rank (there was a four-way tie for the 8th place) in Table 2-1. Together these programs account for 332 of the 500 (66 percent) programs implemented.

Table 2-1—Ranked List of Most Frequently Identified EBPs

Rank	Developer	Count
1	Self-Management Resource Center (SMRC)	150
2	A Matter of Balance (MOB)	29
3	Tai Chi for Arthritis	24
4	Tai Ji Quan Moving for Better Balance	24
5	Enhance Fitness	17
6	Walk with Ease	17
7	Arthritis Foundation Exercise Program	15
8	Bingocize	14
8	Staying Active and Independent for Life (SAIL)	14
8	Stepping On (SO)	14
8	Powerful Tools for Caregivers	14

Source: Program lists provided by grantees.
Note: Since grantees may implement multiple programs, the number of EBPs is greater than the number of grantees. SMRC programs include a suite of popular programs such as Chronic Disease Self-Management, Diabetes Self-Management and Chronic Pain Self-Management, all developed along similar lines and administered by the same entity, which handles training and licensing.

Impacts of the COVID-19 PHE on Delivery of ACL-Funded Programming

The population of grantees and I/Os to whom the surveys were directed have been directly impacted by the COVID-19 PHE. Beginning in March 2020 and continuing through the time of this report, efforts to prevent the spread of the COVID-19 virus have required many programs to make dramatic changes in the delivery of their content to participants, or stop delivering services altogether. HSAG found that 87 percent of grantees and 71 percent of I/Os were able to continue delivering some programming to their participant populations. However, delivery pivoted sharply from in-person to remote. I/Os reported delivering 89 percent of programming in person prior to the pandemic, as compared to only 14 percent during the pandemic. Appendix B, Tables 2-68 and 2-69.

Differences between Urban and Rural I/Os

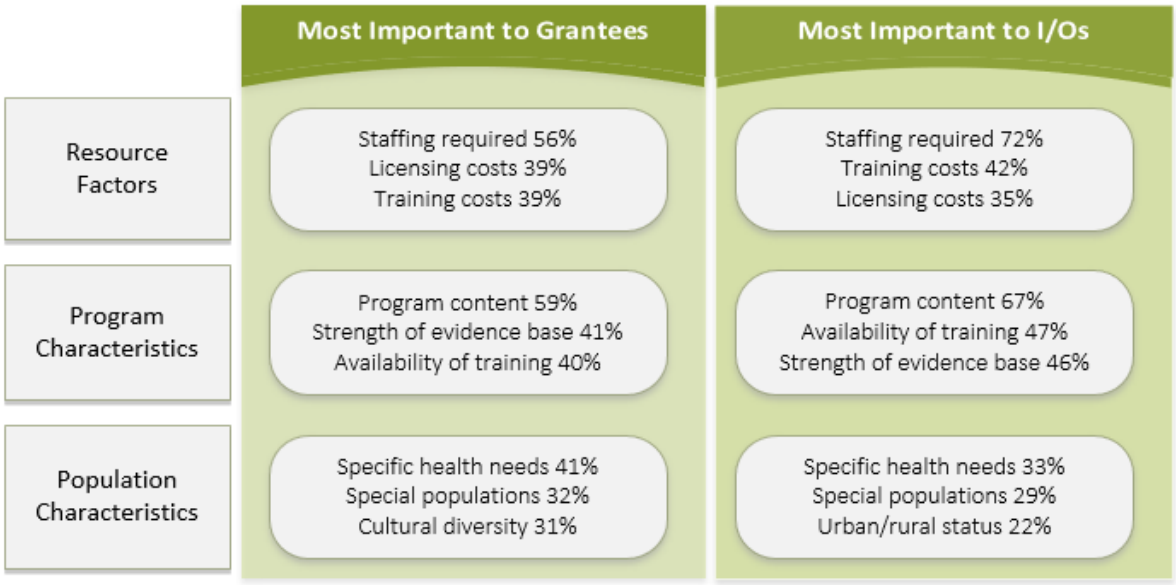
Rural I/Os consistently rated many factors used in program selection higher than those located in urban areas, from program design to flexibility and the presence of supports for implementation and dissemination. They also placed more importance on existing staff's familiarity with programs. In addition, rural I/Os more frequently faced extreme challenges in providing staffing at suggested levels with appropriate credentials per guidelines. Some also reported a moderate challenge in providing participant materials per program guidelines. Urban I/Os, on the other hand, rated cultural diversity as a higher concern in program selection.

3. Program Selection

Input from leadership and in-house staff dedicated to the selection of programs were frequently considered in the selection of EBPs, as was state or local government guidance. Grantees and I/Os reported making good use of the EBP program registries and websites provided by ACL, NCOA, and interested stakeholders such as the Evidence Based Leadership Council (EBLC); these were the predominant information sources regarding program selection, but community needs and interests, past experience, and funder directions were also important.

There was a high degree of agreement across grantees and I/Os on the importance of factors they consider in selecting programs. The three factors most frequently rated as extremely important by grantees and I/Os are presented in Figure 3-1.

Figure 3-1—Top Three Factors Rated Extremely Important by Group



Source: Appendix B Tables 2-3, 2-4; Figures 2-1, 2-2; 2-3, and 2-4.

Survey respondents were receptive to all of the suggested types of assistance for improving the program selection process offered, with the clear favorite being more help in making local adaptations to programs. The most frequently selected program support included:

- Greater information about program flexibility—the capacity to accommodate local adjustments without affecting fidelity and effectiveness;
- Comprehensive and comparable estimates of program costs;
- Standardized program guidelines;
- Simpler program guidelines

Interview Findings

ACL Staff: HSAG interviewed two ACL staff familiar with the award and administration of discretionary grants. They described a cohesive system for building fidelity into the activities the agency oversees, beginning with their work with the CDSME and Falls Resource Centers (NCOA) to identify programs that meet ACL's criteria for EBPs for health promotion and disease prevention. Informants described this process as dependent on developer willingness to go through the process of achieving approval to be identified as an EBP, and identified a potential opportunity for exploring a more active role for ACL in inviting and supporting development of newer programs in areas of special interest.

ACL staff are instrumental in development and publication of Notices of Funding Opportunities (NOFOs) for discretionary health promotion and disease prevention grants that incorporate a specific list of the EBPs pre-approved for implementation. After selecting a program or programs from that list, applicants must submit a plan for implementing the program(s) in their specific circumstances, including preparing a quality assurance plan that addresses fidelity. Applicants must identify specific strategies for implementing the program model(s) with continuing fidelity, and must demonstrate that they have the infrastructure for providing necessary content, ensuring training that meets guidelines, and reporting required data.

For mandatory funding under III-D, the selection process is different. HSAG interviewed four of ACL's regional administrators (RAs) regarding their experience working with several state SUAs to see that their Title III-D funds are used appropriately. They indicated that the flexibility and responsibility for selecting appropriate EBPs lies with the state. RAs described their primary roles as advising SUAs on questions regarding how they are permitted to use grant money, and identifying approved EBPs. One observed that the states she worked with did not often select new programs, but tended to continue whatever EBPs they have provided in the past. Accordingly, ACL staff provide technical assistance on program selection at the request of their state contacts. ACL staff pointed out that State Plans on Aging reflect state stakeholder priorities which may or may not include focus on EBPs.

Program developers/administrators: HSAG also interviewed representatives of six program developers/administrators about their role in the selection process. For the most part, they felt it is up to the grantee or program implementer to select an appropriate program for their population, although there was a range of opinions. For example, some developers exerted quite a degree of control prior to certifying trainers or writing any supportive letter on behalf of a grant applicant to seeking funding to implement their program. This extended for some to a review of infrastructure available to implement the program. Some programs are designed to be implemented by credentialed professionals such as physical therapists, and their developers felt that it was up to the professional to select appropriate programs for their patients. Some of the program developers had maintained little control since launching their program as an EBP, and were curious about how widely adopted it had become.

4. Program Fidelity

ACL's ability to fulfill its mission to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers rests on the quality of the EBPs it supports. The results of implementing these EBPs, in turn, are contingent on the extent to which their program models are followed. Fidelity for purposes of this report is the extent to which delivery of the EBPs supported by ACL consistently adhere to the program models. Maintaining fidelity to the program model is essential to ensure that programs achieve the desired results – in this case, improvements in health outcomes for program participants.

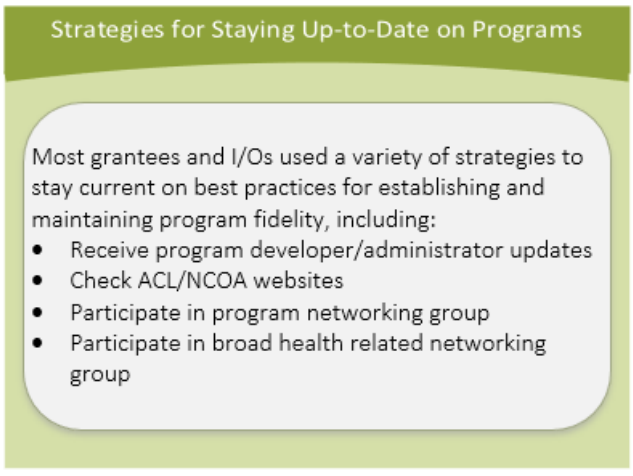
Fidelity is one of the pillars of quality assurance and is considered at each stage of program development, from program design, to training, to program manuals, to materials provided and sometimes detailed scripted content. ACL, NCOA, and other stakeholders have already invested a great deal of energy in identifying EBPs, identifying gaps where additional programs are needed, and putting together basic frameworks for setting up success for implementation with fidelity. Support for fidelity is built into the EBPs supported by ACL at every stage. ACL and NCOA have developed a broad range of materials to support delivering and supervising fidelity in EBPs. The next step for this report is to examine whether that investment in infrastructure can be translated into evidence of fidelity.

General Fidelity

In order to translate program models into outcomes, it is necessary for the program developer/administrator to provide clear guidelines that can be uniformly interpreted by the end users to produce consistent results. The overwhelming majority of respondents rated program guidelines for training, program resources, target population, and program content as "very clear," or "somewhat clear." Very small percentages (from 0 to 4 percent) of respondents found guidelines unclear or absent. Appendix B, Figure 2-5.

Grantees and I/Os reported using several methods to stay current on best practices for establishing and maintaining program fidelity, as shown here in Figure 4-1.

Figure 4-1—Fidelity to Program Models

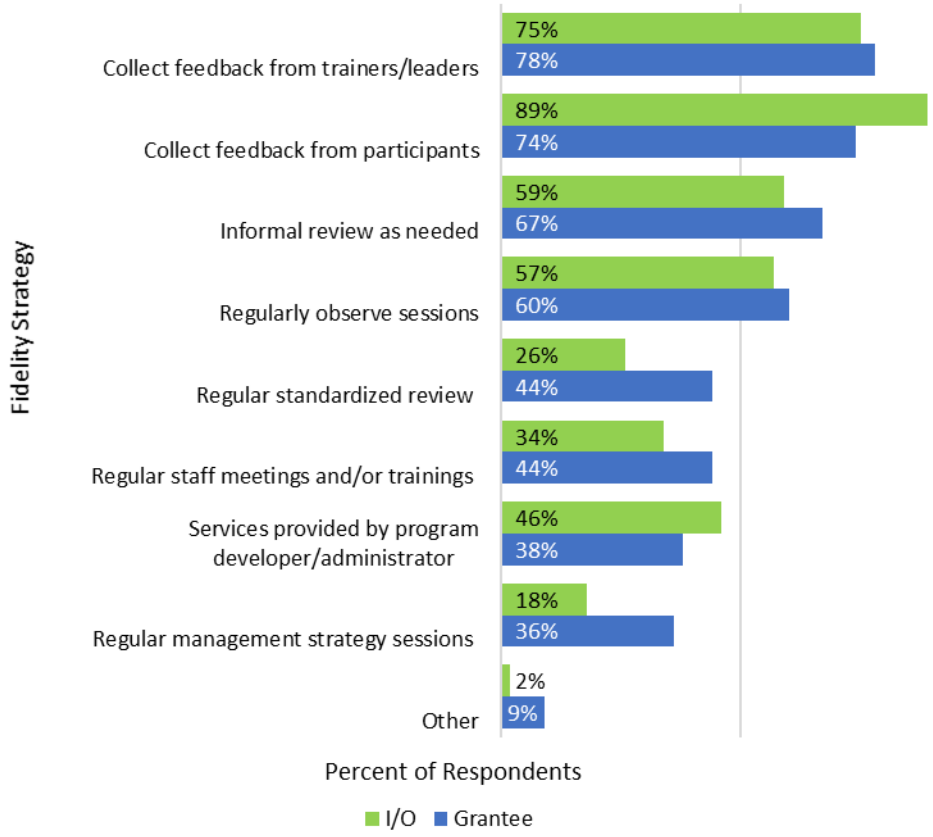


Those entities that delegate responsibility for implementing programing usually supervise fidelity. More than half of grantees (53 percent), and two thirds of I/Os (68 percent), provided EBP programming through subcontractors/subgrantees. Appendix B, Table 2-7. Most I/Os (80 percent)

indicated they are required to submit documentation of fidelity practices to their grantees. Appendix B, Table 2-8

Both grantees and I/Os supervise and monitor fidelity using a broad menu of strategies, as reflected in Figure 4-2. In addition to collecting feedback from leaders and participants, a large percentage regularly observe sessions and/or conducting regular standardized review of fidelity.

Figure 4-2—Strategies to Ensure Fidelity



Source: Appendix B, Table 2-10.

- If grantees or I/Os used a standardized system for review, most had developed their own internal guidelines, and more than half relied on guidelines from program developers/administrators. (Appendix B, Table 2-12.)
- Eighty percent of grantees and 94 percent of I/Os confirmed that programs were being offered with fidelity annually or more frequently. (Appendix B, Tables 2-13 and 2-14.)

- Grantees and I/Os identified time burden as their major impediment to maintaining fidelity. (Appendix B, Table 2-13.)

Fidelity in Training

There is a consensus among stakeholders interested in EBP that fidelity is critically tied to training, i.e., it is training that determines the degree to which those selecting, implementing, and overseeing the EBP in a given situation understand the core program elements and apply them as designed. Among grantees, nearly half (49 percent) use their own staff who have been certified as trainers by the relevant programs while 43 percent have training done by external sources such as the program developers/administrators. (Appendix B, Table 2-16.) I/Os favored external trainers (59 percent) over internal trainers (31 percent). The strategies for ensuring fidelity in training most frequently identified by respondents are presented in Figure 4-3, summarizing data contained in Appendix B, Tables 2-17, -18, -19 and -20.

Figure 4-3—Strategies for Ensuring Fidelity in Training

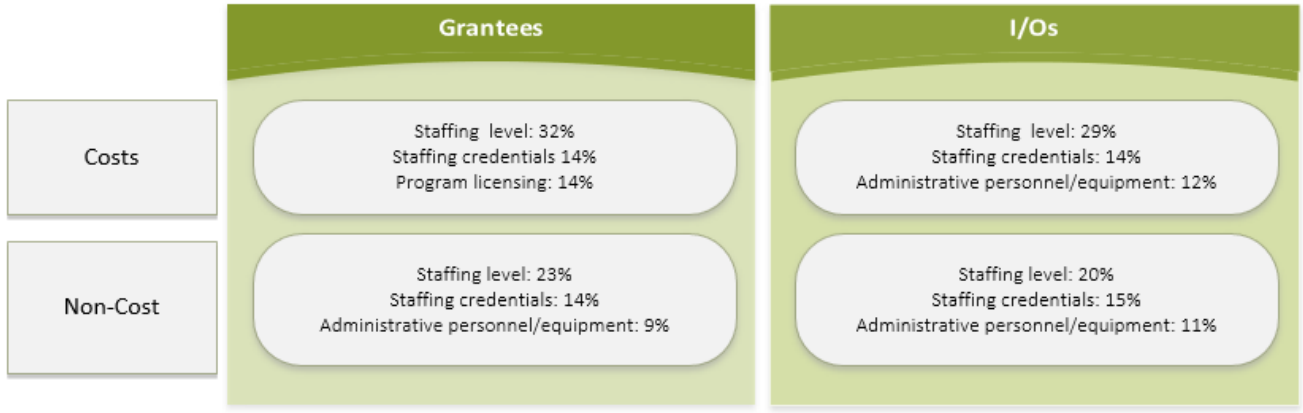
Among grantees that reported overseeing EBPs delivered by a subcontractor or partner, 83 percent of discretionary grantees and 53 percent of Title III-D grantees reported setting standards for training for their subcontractors or partners delivering EBPs. (Appendix B, Table 2-28.)

A large majority of these supervising grantees (87 percent) verified that their standards were met by requiring reporting from I/Os. More than half (57 percent) also periodically observed activities at I/O sites. (Appendix B, Table 2-28.) These results show the broad adoption of systematic attention to training that is needed to maintain fidelity to program models. Certification of trainers, incorporation of program standards, assessment and supervision of their skills and performance over time, and plans for addressing noncompliance all appear to be woven into the system of management for most grantees and I/Os.

Fidelity in Program Resources

Most respondents indicated that funding, staffing, equipment, and facilities for their program were generally adequate to meet guidelines, with slightly higher ratings among grantees than I/Os. (Appendix B, Tables 2-31 and 2-32.) Although a minority of respondents indicated that availability of resources presented extreme challenges, there was a high degree of agreement on which resources were most challenging between grantees and I/Os, as shown in Figure 4-4.

Figure 4-4—Resources Most Frequently Identified as Extreme Challenges by Grantees and I/Os



Source: Appendix B, Tables 2-34, 2-35.

These challenges were more pronounced among I/Os located in rural areas than urban areas. (Appendix B, Tables 2-36, 2-39.)

Fidelity in Target Population

Most grantees and implementation organizations indicated they do not impose strict limitations on participation in EBPs, but most indicated that 75 to 100 percent of the participants in their programs were within the target populations. (Appendix B, Tables 2-41, 2-42, and 2-44.) More than half of grantees and I/Os had expanded populations to include different health conditions, different age groups, and to include companions or caretakers, most frequently because they understood that other populations would also benefit from the program. (Appendix B, Table 2-46.) Reasons for permitting people outside the target population to participate in programing are listed here in Table 4-1.

Table 4-1 — Why has the population been enlarged beyond the target population defined by the program developer/administrator? (Check all that apply)

Reason Enlarged	Grantee	I/O
At the request of individuals or groups outside the target population	74%	72%
Identified other populations that would benefit from the program	67%	76%
Target population not large enough to sustain program	33%	28%
Funding sources other than ACL require inclusion of other populations	26%	7%
Other (please specify)	15%	14%

Grantee Q37; I/O Q35. Grantee N = 39. I/O N = 29. Percentages may not total 100 as users can select multiple responses.

Fidelity in Content

There are several components to providing program content with fidelity. These include providing materials prescribed by guidelines, the frequency, and length of sessions, the allocation of resources, and group size depending on the program. An index of fidelity was calculated to summarize the degree to which respondents were implementing programs with fidelity, based on their self-reported actions. Respondents were asked to rate the following items as "Always," "Usually," "Sometimes," "Never:"[4-5]

- How often are all key components of the program content provided per the guidelines of the EBP? Grantee Q41; I/O Q38.
- How often are materials prescribed by guidelines (e.g., exercise bands, handouts, web pages, videos) provided to participants according to the EBP guidelines? Grantee Q43; I/O Q40.
- How often is the content delivery mode (e.g., in-person vs. remote, lecture, discussion) prescribed by the guidelines of the EBP followed? Grantee Q45; I/O Q42.
- How often is the frequency of sessions prescribed by the guidelines of the EBP followed? Grantee Q47; I/O Q44.
- How often is the length of sessions prescribed by the guidelines of the EBP followed? Grantee Q49; I/O Q46.
- How often are the resource allocations prescribed by the guidelines of the EBP followed? Grantee Q51; I/O Q48.
- How often is the group/session size within the limits (minimum and maximum) prescribed by the guidelines of the EBP? Grantee Q53; I/O Q50.

To create the index score for each respondent, one point was added to the index for each "always" response to these items, for a maximum of 7 points. The median scores for all grantees and urban I/Os

[4-5] The answer options included "No relevant program guidelines," and "We do not track this," and these responses were not included in the index score. The results were adjusted for missing responses, as described more fully in Appendix A: Methodology.

were 6, indicating that half of respondents believed they always followed program guidelines in 6 or 7 of the content areas. (Appendix B, Tables 2-50 and 2-51.) The median for rural I/Os was slightly lower, at 5.6, but the difference was not statistically significant. These results suggest that organizations (including both grantees and implementation organization) generally depart from at least one EBP guideline some of the time, but, at the same time, roughly half (or slightly less for rural I/Os) always follow guidelines in 6 of 7 areas.

Since grantees frequently provide programming through partners or subcontractors, they were asked to describe how they verified that specific sites were implementing EBPs with fidelity to these aspects of program models. The majority of these grantees (65 percent) required that sites report data such as checklists or attendance counts, and more than half (57 percent) conducted site visits to monitor fidelity. (Appendix B, Table 2-48.)

Several Title III-D grantees indicated they used external sources such as sub-grantees or other organizations to conduct formal observations of classes and document observations with program-specific fidelity check lists. Some required and monitored regular reports of the number of sessions observed or other fidelity metrics, but practices appeared to vary widely.

Interview Findings

ACL Staff: Discretionary grantees are required by the application process to develop a quality assurance plan that includes fidelity. Grantees are obligated to collect and report data that confirms that participants attend programs, providing attendance and completion rates, and the results of participation in pre and post surveys. This verifies that funds are being used to provide the EBP covered by the grant, and tracks the number of people served, but does not specifically address fidelity. The ACL staffs' regular contact with grantees over the course of the grant period are intended to address fidelity issues as they arise.

There was consensus among the RAs working with SUAs to administer Title III-D grants that they do not directly supervise the quality or fidelity of implementation of individual programs. For most, their oversight was limited to reviewing State Performance Report of the number of unduplicated persons served. The technical assistance they provided was focused on ensuring SUAs had the systems in place to report the required data, and some RAs look at variance in sessions completed as a flag for improvement efforts.

Several of the ACL staff expressed the view that since the states purchase the licenses for EBPs from third parties, they must maintain fidelity in accordance with program models to maintain licenses. Staff thought it might be appropriate to ask states to self-certify that they are following appropriate fidelity monitoring required by program developers/administrators.

One informant pointed out that it would be incongruous to provide more emphasis on supervising fidelity in health promotion programs, which account for a relatively small proportion of the other

> Our primary approach to being sure programs are delivered with fidelity is technical assistance through the resource centers (NCOA).
>
> - An ACL Regional Administrator

programs funded by the Title III-D funds when there is no such oversight required for the majority of those programs.

ACL staff who are providing technical assistance to grantees explained they are not necessarily familiar with the fidelity requirements of a particular program, and have not usually been trained in particular programs. As mentioned previous, program developers/administrators and the ACL CDSME and Falls Prevention Resource Centers at NCOA provide grantees with fidelity technical assistance and resources.

Program Developers/Administrators

Program developers for some of the more widely-accepted EBPs were adamant that fidelity is built into everything they do. Representatives of program developers/administrators participated in a range of activities sponsored by NCOA, national workgroups, and EBLC which usually addressed fidelity. Most of their interaction with grantees or I/Os was related to training and licensing, and all emphasized the key importance of fidelity and of commitment to fidelity in their training and materials. Some explicitly reserved the right to refuse certification to any individual they judged insufficiently committed to fidelity, even if they had completed the training. One informant agreed that class drop rates might be an indicator of fidelity if happened on a large scale, explaining that in their experience, if 50-60 percent of people are dropping a class, that is usually an indication of a problem with the leader.

Several program developers/administrators described working closely with implementers over time and providing supervision, coaching, or booster trainings as needed. Other programs had little, or no formal follow up over time. One program offered free online training through colleges and universities in order to get their program into the mainstream of the physical therapy workforce. Their representative explained that they addressed fidelity by delivering the program through physical therapists, relying on them to use their own clinical judgement and training to implement the program with fidelity.

Program developers that had strong licensing and training standards were less likely to report barriers to monitoring fidelity over time. Others were smaller organizations, and did not maintain records once they provided training. Representatives of two of the smaller programs mentioned lack of infrastructure to maintain data on people who had been trained in the program, and high turnover in their internal staff at the developer/administrator as barriers to ongoing supervision of fidelity.

5. Program Adaptations

A relatively small number of respondents (15 grantees and 6 I/Os) described making some changes to program content, those changes most often resulted in less frequent sessions, shorter or fewer sessions, and fewer staff per participant. (Appendix B, Tables 2-52, 2-53, 2-54, 2-55, 2-56, 2-57, 2-58.) Each of these has the potential to reduce fidelity.

While reluctant to make adaptations, majorities of both grantees and I/Os (80% of grantees and 69% of I/Os) had considered the need to do so. The factors they considered are presented in Table 5-1.

Table 5-1—What factors do you consider when determining whether adaptations to EBPs are warranted?(Check all that apply)

Factor Considered	Grantee	I/O
Cultural inclusivity, including language and religion	55%	26%
Accommodations for lower-income and rural participants (transportation, hours, etc.)	51%	31%
Accommodations for accessibility (disabilities, etc.)	50%	29%
Availability of staff needed for guideline adherence	48%	34%
Availability of other resources needed for guideline adherence (e.g., facilities, equipment)	39%	26%
To increase appeal to local populations	37%	29%
Funding constraints	32%	19%
Have not considered adaptations	20%	31%
Other (please specify)	7%	3%

Grantee Q56; I/O Q52. Grantee N = 82. I/O N = 58. Percentages may not total 100 as users can select multiple responses.

Most grantees that supervised subcontractors or partners providing EBPs had provided guidance on acceptable adaptations. (Appendix B, Table 2-59.)

- Respondents' primary source of input on adaptations was program developers/administrators, (76 percent of grantees and 53 percent of I/Os) but they also considered input from peers and partners, and program participants. (Appendix B, Table 2-61.)
- Over half of grantees (53 percent) and over one third of I/Os (38 percent) had actually worked with program developers/administrators to identify acceptable adaptations that maintained the integrity of their EBPs. (Appendix B, Table 2-62.)

- However, about one third of grantees and half of I/Os indicated they had not received any guidance about making adaptations from an entity with oversight over their operations. (Appendix B, Table 2-63.)

Interview Findings

ACL staff: Prior to the COVID-19 PHE, all ACL staff interviewed said their primary response to questions about adaptations had been to emphasize that grantees should work with program developers/administrators to identify what was allowable for their particular programs and circumstances. Staff also worked with the ACL CDSME and Falls Prevention Resource Centers at NCOA to provide education and guidance about program adaptations.

Program developers/administrators: Developers/administrators varied in the formality of their approaches to adaptations. Some were reluctant to allow adaptations and had not often done so. Some limited their approved adaptations to translation of program materials; others had the resources to conduct pilot studies of the efficacy of adaptations. One of the larger organizations said they had conducted pilot studies whenever the program was changed to be sure the outcomes were very similar to the original model. Another developer/administrator limited approved adaptations to those made in writing to the physician overseeing clinical aspects of the program and conducted rigorous pilot studies before approving. However, an informant speaking for a smaller program with fewer resources could only hope that implementers would give them a chance to consider whether proposed adaptations were suitable, and was not sure how often that happened.

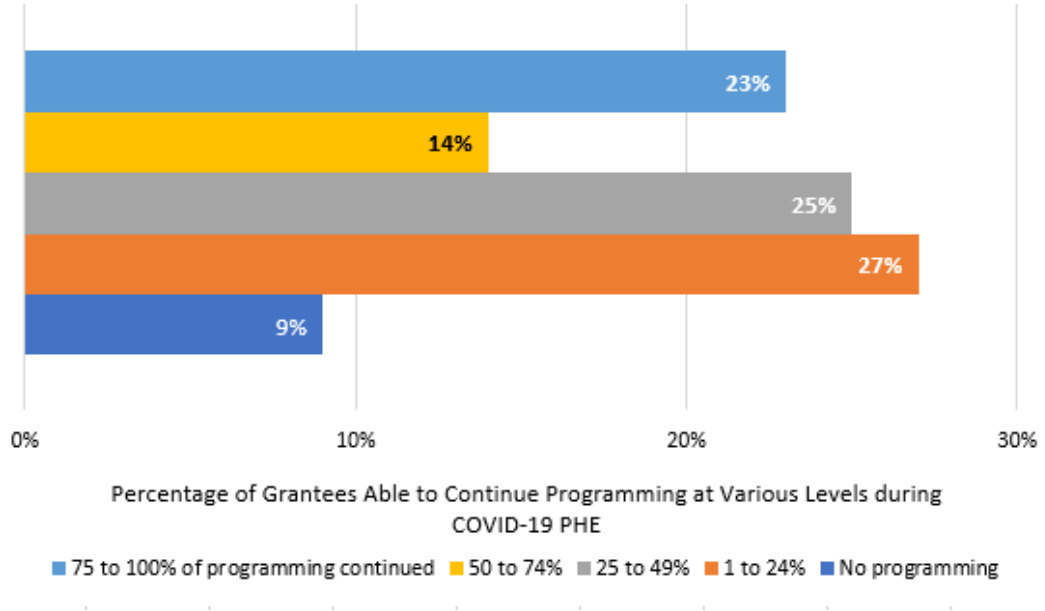
These key informants acknowledged the ongoing challenge of changing EBPs to address new research and to fit the evolving needs of the workforce and participant populations. They described that implementers had commonly requested the addition of a session 0 (an initial session before the official content sessions begin to address preliminary issues like data collection and prepare for the program), permission to allow participants to join the group after the first session, and permission to blend face-to-face and online delivery.

Several developers had supported translation of program materials into other languages. One developer indicated they had been performing pilot studies on virtual presentation of their program prior to COVID-19 PHE. One described analyzing the responses to their requests for feedback from participants toward the end of their programs to identify where additional training was needed. One offered website and technical assistance available to grant applicants who use their program.

Adaptations Related to the COVID-19 PHE

The PHE had multiple major impacts on how grantees and I/Os were able to fulfill their mission to provide EBP programming to promote health and prevent disease. Grantees reported wide variation in the percentage of EBPs they were able to maintain during the PHE, as shown in Figure 5-1.

Figure 5-1—Level of Programming During COVID-19 PHE



Responses to the COVID-19 PHE forced a rapid pivot to remote delivery of programs. Among I/Os, there was a shift from 89 percent of programming provided completely in person prior to the COVID-19 PHE (Appendix B, Table 2-61) to 14 percent all in person during the PHE (Appendix B, Table 2-69.) Nearly all grantees (98 percent) and most I/Os (80 percent) modified their program delivery mode in response to the pandemic, and 68 percent of grantees and 41 percent of I/Os also modified group size. (Appendix B, Table 2-72.) Both grantees and I/Os turned to program developers/administrators as their primary source of information on making adaptations, seeking information on a variety of topics, as shown in Table 5-2.

Table 5-2 — What topics, if any, have you sought guidance on related to the COVID-19 PHE? (Check all that apply)

Guidance Topic	Grantee	I/O
Additional training needed for remote delivery	71%	50%
How to redesign a program remotely that had been designed for in-person delivery	67%	48%
How to reach clients and recruit them for remote delivery	66%	39%
Safe in-person service delivery	50%	24%
How to ensure that clients practiced the program safely without direct oversight	44%	26%
Have not sought guidance on COVID-related adaptations	7%	15%
Other (please specify)	2%	0%

Grantee Q64; I/O Q60. Grantee N = 82. Implementation organization N = 54. Percentages may not total 100 as users can select multiple responses.

Interview Findings

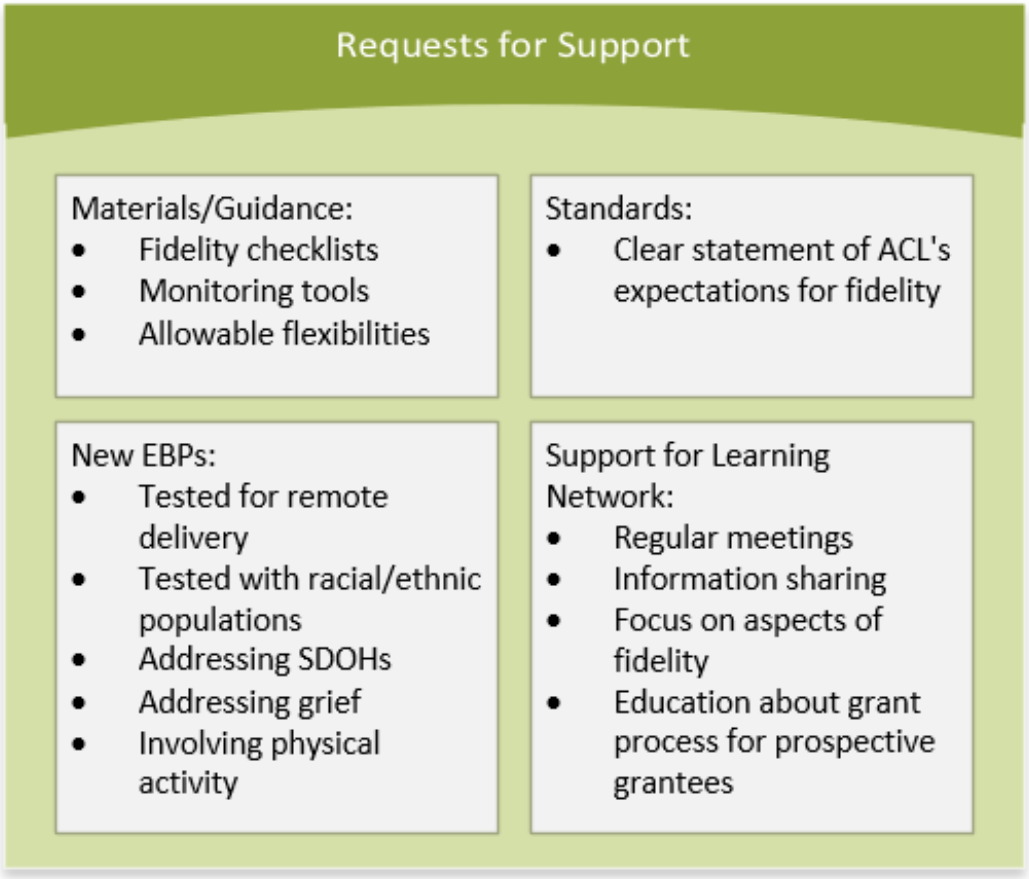
ACL Staff: The predominant driver of adaptations to EBPs in recent years has been the COVID-19 PHE and response to it. As expected, the PHE interrupted in-person services across the nation, and required a sharp pivot to virtual programs through the internet and by telephone. ACL staff referred grantees to program developers/administrators for guidance in appropriate adaptations and provided what technical assistance they could. ACL also issued a written policy that provided some guidance on whether and how to make adaptations.

Developers/administrators: The representatives of developers/administrators interviewed had frequently asked to provide guidance from entities seeking to make changes in response to the pandemic. One developer conceded that the adjustments required by COVID in some instances had taken program delivery beyond the program model to the point it may no longer be the same as the EBP, but was reluctant to tell implementers not to make the changes they felt were necessary to preserve the health of participants and facilitators. One of the larger programs began training a virtual version of their program in January 2021, partly in response to the pandemic.

6. Program Support

Grantees found the existing processes and requirements for awarding CDSME and Falls Prevention grants to be clear and relatively easy to meet, and were generally satisfied with support received from ACL. ACL's role with respect to Title III-D grantees differs, and is focused on providing fidelity-focused resources and technical assistance opportunities through its National CDSME and Falls Prevention Resource Centers, technical support by grantee request, and monitoring data reported as mandated by federal law. Across multiple sources of information, the most repeated requests for support are listed in Figure 6-1.

Figure 6-1—Opportunities for Program Support



Interview Findings

ACL Staff: Staff had several suggestions to improve support. These included:

- Enhanced internal communication and information sharing amongst ACL staff. For example, a centralized location for resources about EBPs.
- Consider working with the resource centers at NCOA to improve support for new programs in meeting EBP standard.

Program Developer

Program developers/administrators also had several suggestions:

- ACL might consider facilitating a data base or platform to upload video-taped sessions for review by program creators as fidelity check.
- ACL might consider reporting on program outcomes since it is collecting data that program developers/administrators cannot see.
- ACL might consider providing more education about the grant application process to help interested parties understand what will be necessary to select and administer programs.
- ACL might consider providing additional opportunities for shared learning among stakeholders such as regular meetings, identification and sharing of best practices for fidelity, or perhaps presentations about what works for different organizations, rotate fidelity focus on the importance of different standards annually or on some other basis.
- ACL might consider setting expectations for fidelity among grantees and I/Os seeking to provide its funded EBPs; program developers/administrators would appreciate an official stamp of approval on their efforts to set and enforce guidelines.

7. Findings and Next Steps

General

There was good cooperation from ACL grantees with the survey and the information-gathering that preceded it. The survey results show a high degree of participation, with responses received from 89 percent of Title III-D and discretionary grantees that were administered the survey. The response rate was lower for I/Os, with responses received from only 53 percent of those invited to take the survey. However, those responses encompass an informative cross-section of the population, with I/Os representing 69 different combinations of EBPs, regions, urban/rural locations, and sponsoring grantees.

An important theme across all sources of data, both quantitative and qualitative, was the broad recognition of the importance of using evidence-based programing and awareness of the key role fidelity to program design plays in allowing programs to achieve the hoped-for outcomes. This was reflected in grantees' reliance on program developers for input regarding program selection and program guidelines, and in high rates of adoption of direction from developers/administrators. It could also be seen in the widespread adoption of key practices such as monitoring certification of trainers, observing sessions, as well as in the general reluctance to make adaptations to programs without seeking guidance.

Program Selection

Grantees and I/Os are faced with a number of competing but important priorities in selecting programs. This study provided encouraging evidence that they are familiar with the information sources developed by ACL, NCOA, and other thought leaders in EBPs and turn to them for help in identifying and selecting suitable EBPs for their purposes. While there is an abundance of resources available, grantees and I/Os wished for more clear direction from ACL particularly in comparing costs and identifying allowable flexibilities.

Program Fidelity

This study found several indications that ACL can be confident that its grantees understand the importance of fidelity, and are consciously striving to deliver EBPs as designed. The need to treat fidelity as a continuous process was recognized by the program developers and to a greater or lesser degree has been built into the EBPs that are being used. This has been one of the fundamental design principles followed by the program developers in formulating their programs, and also by ACL and NCOA and other stakeholders in developing the review process for identifying those programs that attain the highest tier of strength of evidence.

To ensure fidelity in the discretionary grants, the NOFOs announcing discretionary grant opportunities require applicants to provide a quality assurance plan that will ensure fidelity to the program model. While there is no formal requirement that Title III-D grantees plan for fidelity, there are many indications that the design choices built into the EBPs are having their desired effect and support fidelity. For example, 43 percent among Title III-D grantees and 44 percent among discretionary grantees reported regular standardized review of program fidelity. While this can be improved, it provides a strong foundation for future efforts.

In general, these results indicate that grantees and I/Os find program guidelines clear, and the majority use several strategies to stay current with best practices in the field. Although many programs are delivered indirectly through sub-grantees or subcontractors, most of the I/Os (selected because they provided programming directly to participants), indicated that they were required to document fidelity processes. In aggregate, 80 percent of grantees and 94 percent of I/Os reported confirming fidelity on at least an annual basis.

Fidelity in Training

Fidelity is critically tied to training; it is training that determines the degree to which those selecting, implementing, and overseeing an EBP understand the core program elements and apply them as designed. Facilitators provide the program to participants, and are a key link in this chain, and their training is carried out for most respondents either externally by the program developer/administrator or a qualified training entity, or internally by staff members at the implementation organization that have been duly certified to train facilitators in the program. Regardless of which approach was used, the overwhelming percentage of grantees (98 percent) and I/Os (83 percent) indicated they went to the original source – the program developers/administrators, for guidelines and materials used in training. Most respondents regularly confirm that facilitators are properly certified. Approximately two thirds of respondents (66 percent of grantees and 68 percent of I/Os) formally observe group sessions or otherwise assess facilitators' skills in practice. Most respondents reported employing a variety of strategies to correct facilitators that failed to meet program guidelines.

These results show the broad adoption of systematic attention to training that is needed to maintain fidelity to program models. Certification of trainers, incorporation of program standards, assessment and supervision of their skills and performance over time, and plans for addressing noncompliance all appear to be woven into the system of management for most grantees and I/Os. Where programs are not delivered directly, grantees appear to be setting standards for training and verifying that standards are met.

Fidelity in Program Resources

Most respondents were able to identify program guidelines for the resources necessary to implement them properly, and most grantees and I/Os felt the resources allocated to their program were sufficient to meet guidelines for funding, staffing, equipment, and facilities. A large majority felt they were able to meet resource guidelines all the time. However, among both grantees and I/Os, roughly one third of

respondents encountered an extreme challenge providing staffing at recommended levels. This was more pronounced among rural I/Os, with 47 percent facing an extreme challenge in this area. More than half of rural I/Os also identified a moderate challenge providing suggested participant materials.

Fidelity in Target Population

While use in a tested target population is an important element of fidelity to program design, the grantees and I/Os providing programming to the populations served by ACL are often working in public community settings that serve a range of populations. It may not be feasible or even desirable for them to limit who can participate in these publicly funded opportunities for improving health. The need to balance these competing concerns was reflected in survey responses.

Most respondents were not overly restrictive in applying guidelines for target population, permitting interested participants to self-identify and allowing exceptions for a variety of good reasons. These included allowing companions or caretakers, people not within strict age limits, or people experiencing other health issues to join classes. Even so, majorities of both grantees and I/Os believed participation in their classes was made up of between 75 and 100 percent of the target population. The most frequent reason for allowing attendance outside the target population was simply that other populations would also benefit from the program.

Fidelity in Content

Comparing multiple elements of fidelity in a single fidelity index score created a high-level indication of the majority of respondents' view of their fidelity by focusing on those who reported they always provided programming in compliance with guidelines. With a maximum score of 7, the median scores for grantees and I/Os were both 6.0, meaning that 50 percent of respondents scored a 6 or a 7 on the index. These results suggest that roughly half of respondents reported they always follow guidelines in 6 of 7 areas, but at the same time, organizations generally depart from at least one EBP guideline some of the time.

Among the minority of respondents that admitted they did not always meet guidelines, there was a noticeable theme across the modifications they described. When an item was changed, it was usually reduced, resulting in less frequent sessions, shorter or fewer sessions, or fewer staff per participant. Each of these has the potential to reduce fidelity.

It is unclear how different these results might have been prior to the COVID-19 PHE, since most of these modifications are also consistent with the need to limit exposure of individuals by reducing group sizes and moving to remote sessions whenever possible as well as general constraints on resources such as staff or funding.

Program Adaptations

Most grantees and I/Os reported they had considered making adaptations to their EBPs at some time. They considered a variety of factors in making decisions about adaptations, turning predominantly to the developers/administrators, but also to peers and partners. Many had requested and received guidance on adaptations from program developers/administrators or other entities with oversight on their operations, and many had actually worked with developers/administrators to identify appropriate adaptation for their needs. Still, about one third of grantees and half of I/Os indicated they had not received any guidance about making adaptations from an entity with oversight over their operations.

All ACL staff interviewed indicated that prior to the COVID-19 PHE, their primary response to questions about adaptations had been to emphasize that grantees should work with program developers/administrators to identify what was allowable for their particular programs and circumstances. They also relied on NCOA to provide education and guidance about program adaptations.

As expected, the PHE interrupted in-person services across the nation, and required a sharp pivot to virtual programs through the internet and by telephone. Among I/Os, 89 percent indicated they provided their specific program completely in person prior to the PHE. During the PHE, that dropped to 14 percent of programs all in person, 10 percent adding some remote, 12 percent mostly remote, and a full 48 percent of I/Os providing their program completely remotely.

Since the COVID-19 PHE, 98 percent of grantees and 80 percent of I/Os have sought advice for program adaptations to delivery mode. Many also sought advice on adaptations to group size or staffing levels. The attention of grantees, I/Os, and program developers/administrators also shifted to remote delivery of programming with the pandemic, with some establishing online resources for virtual training and classes. Yet program developers conceded that some of the changes that were necessary to deal with the pandemic have taken program delivery beyond program models and will undoubtedly impact outcomes in ways that are not yet fully understood.

Program Support

Discretionary grantees identified few issues regarding the current award and implementation process. They found the process relatively easy, and did not identify challenges with completing their obligations under the grant agreements. By and large, they were satisfied with the support they had received from ACL. A majority of Title III-D grantees also labeled ACL's support as at least good (63 percent), or very good (15 percent). When asked what could be improved, there was some support for a broader range of topics in communication by ACL (42 percent of all grantees asked for "more" communication). Specific suggestions for support included more interactive webinars, regional workgroups with networking opportunities, and regular meetings with other SUAs or Title III-D contacts.

All types of respondents indicated that user friendly fidelity checklists would be the most helpful tool for their use in overcoming challenges to fidelity. There was also wide support for improving the selection

of EBPs by increasing the number that are easy to implement as designed, that have been tested with populations such as racial and ethnic minority groups, or that can be delivered remotely. There was also widespread interest in obtaining guidance and tools for effective program monitoring, and on how to make local adaptations without seriously threatening fidelity. One I/O described its ideal for programs: session length 90 minutes to 2 hours, only one facilitator required, virtual facilitator training, and a shortened program length.

Program developers/administrators recommended that ACL clarify its expectations for organizations that provide EBPs, and explicitly state its expectation that implementers monitor fidelity according to the program specifications. They recognized ACL's role in convening a learning community devoted to improving EBPs and fidelity, and recommended a rotating focus on fidelity standards similar to what has been done in the quality improvement arena, to share best practices and build consensus across the field.

Moving Forward

This study confirmed that a diverse group of stakeholders, including ACL, NCOA, program developers and administrators, grantees and I/Os, and independent interest groups such as the EBLC, have a tradition of collaboration in a community that values fidelity and seeks to provide EBPs to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. Several opportunities to guide future collaboration among stakeholders were identified:

- Streamlined access to program information and resources: There were several requests for help navigating the abundant information available on the fidelity requirements of different EBPs. Currently, users reported looking through each program separately to find information on its requirements, and would appreciate simple guidance from the developer community or other stakeholders in comparing key features of different EBPs.
- Direct requests for documentation of fidelity: While current program design and materials focus on providing EBPs in a manner that will result in fidelity to program design, if the EBP stakeholder community desires direct evidence that grantees are monitoring fidelity over time, it could consider directly requesting that information from grantees. ACL, NCOA, and grantees might collaborate to develop a standardized approach to evaluating and documenting ongoing supervision of fidelity that would help maximize the impact of resources allocated to EBPs.
- Support for new EBPs: Grantees expressed particular interest in more programs tested for remote delivery and tested in racial and ethnic minority groups. Grantees, developers, and NCOA could work together to generate interest in developing and testing adaptations for remote delivery and for specific racial/ethnic groups. In addition, they might consider developing strategies for recruiting and supporting new developers and programs.
- Support for learning community: Grantees and I/Os, particularly those in rural locations, rely on information provided by ACL and NCOA, and many requested additional opportunities for knowledge sharing and resource development about how to deliver EBPs with fidelity. ACL,

NCOA, program developers and administrators, and grantees all have an opportunity to continue to participate in and support the community as it organizes and self-directs its approach to supervising and maintaining fidelity in EBPs.