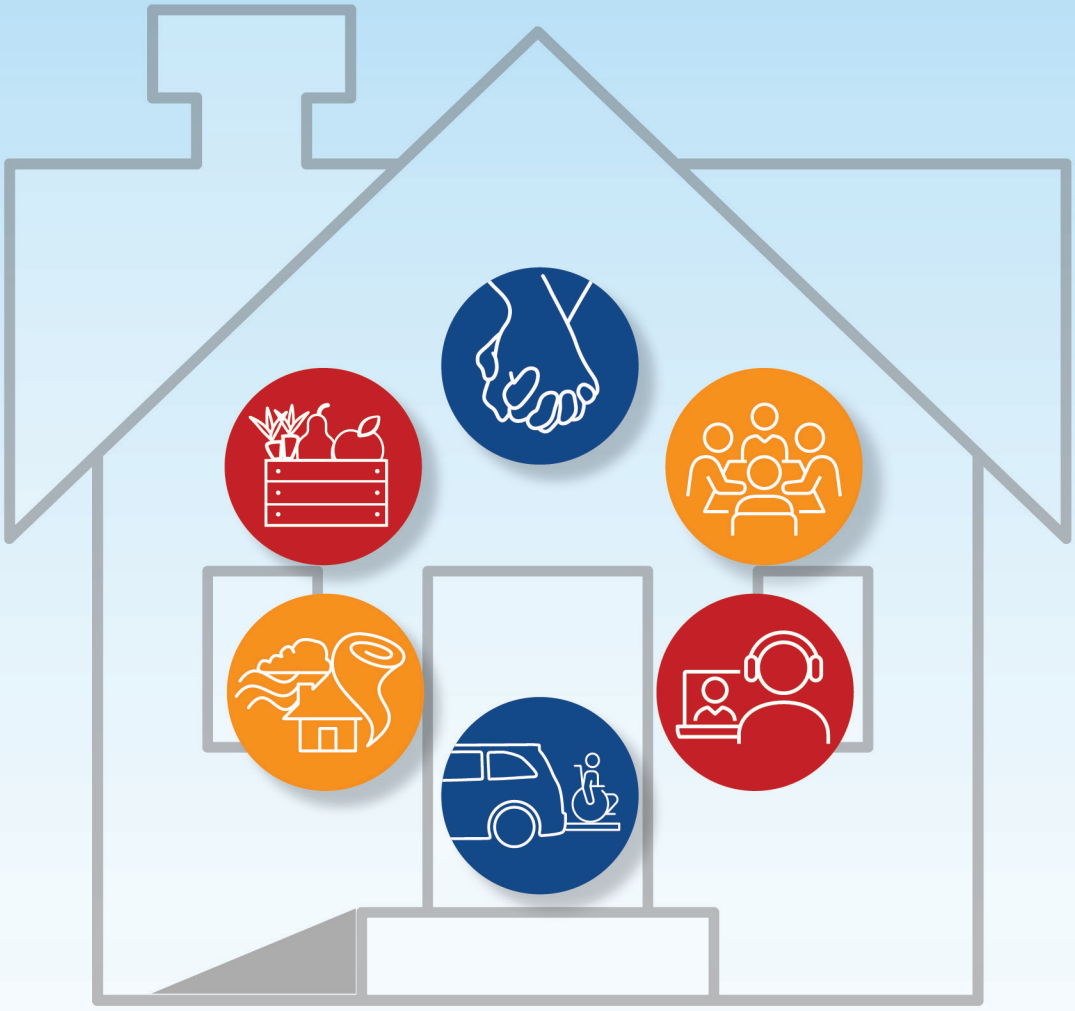
ACL Rapid Cycle Research and Evaluation

Administration for Community Living



Analysis of Evidence-Based Health Promotion and Disease Prevention Program Review Processes

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ACRONYMS

ACL	Administration for Community Living
CDC	Centers for Disease Control and Prevention
EBP	Evidence-Based Program
EBPRC	Evidence-Based Practice Resource Center
FY	Fiscal Year
HHS	U.S. Department of Health and Human Services
HomVEE	Home Visiting Evidence of Effectiveness
HRSA	Health Resources and Services Administration
IES	Institute of Education Sciences
NCOA	National Council on Aging
NIJ	National Institute of Justice
OAA	Older Americans Act
OASH	Office of the Assistant Secretary for Health
QED	Quasi-experimental design
RCT	Randomized control trial
SAMHSA	Substance Abuse and Mental Health Services Administration
SPRC	Suicide Prevention Resource Center
TA	Technical Assistance

EXECUTIVE SUMMARY

Background

Since 1987, Title III-D of the Older Americans Act (OAA) has authorized grants to states and territories to support programs that promote health and well-being among older adults (60+). A Fiscal Year (FY) 2012 congressional appropriations law added a requirement that programs funded via OAA Title III-D must be evidence-based, meaning the programming has been tested and undergone thorough review to confirm that it can improve older adults' health and well-being and reduce disease and injury (OAA, 2020). Consequently, the Administration for Community Living (ACL) and key stakeholders worked together to establish detailed criteria and evidence-based definitions to support Title III-D programming and create a formal ACL Evidence-Based Program (EBP) Review Process to identify programs that meet the criteria.

In 2022, some ten years after the initial development of the evidence-based criteria and EBP Review Process, ACL sought to examine the existing Review Process, facilitated by the National Council on Aging (NCOA), to explore whether any updates may be needed and to learn more about current EBP review efforts employed across other federal offices and agencies. ACL contracted with RTI International to conduct this exploratory study.

Methodology

Between February and June 2023, RTI conducted a **rapid literature review** and **key informant interviews** to address five research questions.

Research Questions
What processes do other federal agencies use to determine evidence-based approval?
• What does the EBP application and review process include?
What is the history of the Title III-D EBP Review Process?
• What was NCOA's process?
• What types of entities are developing programs? What are their protocols? What are their standards?

For the rapid literature review, the team identified 27 relevant peer-reviewed and gray literature publications. For the interviews, the team completed 33 interview conversations, across five groups of interviewees: (1) ACL staff; (2) Federal staff who work on EBP review processes with AmeriCorps, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), the Office of the Assistant Secretary of Health (OASH), the Health Resources and Services Administration (HRSA), and the Department of Education; (3) nonfederal EBP stakeholder organizations; (4) ACL EBP Review Process applicants with approved programs; and (5) ACL EBP Review Process applicants whose programs were not approved.

Findings

From the literature review and interviews, the team identified key themes concerning EBP Review Processes:

- The existing ACL-supported approach to identifying EBPs is similar to approaches used by other federal offices and agencies.
- Each agency or office has its own specific requirements, but all indicated that the gold standard for EBPs are those that can show positive outcomes in one or more randomized controlled trials (RCTs) or well-designed quasi-experimental studies.

- All EBP application and review processes use a systematic approach to measure program effectiveness.
- These processes include multiple steps: (1) evaluation of the research methodology to ensure rigor, (2) assessment of publications in peer-reviewed journals and other publicly available reports, and (3) review of the extent to which the program outcomes aligned to their initial program design and goals.

- Applicants find EBP review processes to be time-consuming and sometimes challenging, even with federal agencies and offices offering technical assistance.
- Applicants appreciate that some federal agencies offer a tiered EBP review (i.e., the most rigorous programs earn full EBP designation; less rigorous program designs, such as non-RCTs, earn designation as promising programs, rather than being eliminated from consideration).

- The NCOA-facilitated and ACL-supported EBP Review Process employs a systematic approach to determining whether a program is evidence-based according to ACL's criteria.
- The process focuses specifically on (1) program emphasis on the research-based evidence of effectiveness, and (2) program readiness for implementation and dissemination.

- Most successful EBP Review Process applicants have both staff with research experience and sufficient resources (e.g., time, funding) to design and implement multistage, large-scale programs with rigorous designs, publications, and measurable outcomes.
- Many of the successful EBP Review Process applicants are based within academic institutions.

- Some non-applicant program designers shared that they feel they cannot apply for EBP designation because they lack resources and staff to implement robust research designs (e.g., RCTs).
- Many unsuccessful applicants and non-applicant program designers are housed within smaller community-based organizations.

Conclusion

This study provided a useful snapshot of the criteria and processes employed by ACL and other entities to identify EBPs and some suggestions for enhancing these criteria and processes.

BACKGROUND

Since 1987, Title III-D of the Older Americans Act (OAA) has authorized grants to states and territories to support programs that promote health and well-being among older adults (60+). An FY2012 congressional appropriations law added a requirement that programs funded via OAA Title III-D must be evidence-based, meaning the programming has been tested and undergone thorough review to confirm that it can improve older adults' health and well-being and reduce disease and injury (OAA, 2020). In 2012, the Administration for Community Living (ACL) and key stakeholders worked together to establish a detailed Evidence-Based Program (EBP) Review Process, identifying programs that effectively support older adults. However, ACL does not require that all programs delivered using Title III-D funds undergo the formal EBP Review Process and be listed in the Evidence-Based Program Registry hosted by the National Council on Aging (NCOA). Title III-D grantees are able to deliver programs listed on the NCOA Evidence-Based Program Registry, programs deemed evidence-based for older adults by other agencies within the U.S. Department of Health and Human Services (HHS), or other programs that have been determined to meet the Title III-D criteria. Title III-D prioritizes providing EBPs to historically marginalized older adults, including those with the greatest economic need and those residing in medically underserved communities (e.g., rural areas).

This project explored the extent to which the ACL-supported EBP Review Process has experienced changes, while also analyzing and summarizing the existing process (facilitated by the NCOA). In addition, this effort identified opportunities for moving forward based on feedback from EBP applicants, other federal offices with their own EBP processes, and key stakeholders. The research questions that guided this project were as follows:

1. What processes are other federal agencies using to determine EBP designation, and what are their suggestions for modifying or improving these processes?
2. What does the EBP application and review process include?
    a. What does the rigor behind an EBP look like?
3. What is the history of the Title III-D EBP Review Process?
    a. What are the requirements or criteria that must be met for a program to be an EBP?
    b. Who submitted programs for EBP review?
4. What is NCOA's process in determining EBP designation for ACL?
    a. What is it currently, and how has it evolved over time?
    b. What steps were taken by NCOA and partners to attract applicants?
    c. What benefit does a developer/administrator receive for their program meeting ACL's requirements of an EBP?
5. What types of entities are developing EBPs? What are their protocols? What are their standards?
    a. What type(s) of technical assistance (TA) is provided to unsuccessful applicants? Did these applicants reapply? Are they then successful?

b. What feedback has been received from developers who did not apply or applied but did not receive approval?
c. Are there other programs that may be appropriate, but are not applying? What are other gap areas, if any?

To address these questions, the team conducted a rapid literature review from February through March 2023 and a series of key informant interviews from May through June 2023. This report outlines the process by which the literature review and interviews were conducted, coded, and analyzed and highlights key themes.

METHODOLOGY

Literature Review

The rapid literature review was designed to investigate the published research on the history of the ACL EBP Review Process, EBP reviews more broadly, and current processes used to review and evaluate EBPs. The team employed a rapid approach, meaning that the research team considered a range of peer-reviewed and gray literature within a limited time frame. Rapid reviews are recommended as a method of synthesizing available research on what is already known about a policy or practice using systematic review techniques in an expeditious manner (Tricco, Langlois, & Straus, 2017). ***Appendix A*** presents the search terms, parameters developed, and sources used during the identification process.

In total, the team identified 13 peer-reviewed publications and 32 gray literature publications, screening each for relevance and potential inclusion. A team member imported the publications into a data charting tool, created to capture and organize information collected from the literature review. The tool allowed information from the publications to be extracted and categorized based on applicability to the research question(s) and associated themes.

Upon an initial abstract review, 6 publications were excluded based on publication type and population of focus (e.g., conference abstracts with no corresponding journal article; literature aimed toward communities, clinicians, and policymakers with minimal focus on resources for older adults). The titles and abstracts of the remaining 39 publications were further screened for relevancy, and 4 were excluded. The remaining 35 peer-reviewed and gray publications underwent a full-text review by two team members. Of these, 8 were excluded based on year, publication type, or relevance (e.g., an abstract indicating content related to meta-analysis and EBP, but the actual article focused almost exclusively on meta-analysis with minimal EBP Review Process content). The team completed a qualitative thematic analysis on the final 27 publications selected for inclusion. The publication selection process is summarized in ***Appendix B*.**

Stakeholder Interviews

In addition to the rapid literature review, RTI conducted a series of 33 virtual interviews with stakeholders including ACL staff, non-ACL federal staff, nonfederal partners, and program

developers who either successfully obtained or did not receive EBP designation through the ACL-supported EBP Review Process. Through these interview conversations, the team sought a better understanding of the EBP Review Process, including benefits, challenges, gap areas, program examples, feedback, and suggestions for improvement. ***Table 1*** illustrates the completed interviews by interviewee group.

Table 1. Total Interviewee Counts

Interviewee Group	Interviews Conducted
ACL Staff	*N*=4
Other Federal Partners	*N*=6
Nonfederal Partners	*N*=7
Successful ACL EBP Developers	*N*=8
***Unsuccessful ACL EBP Developers**	*N*=8
Total	*N*=33

*Participants classified as unsuccessful, even if non-EBP applicant (*N*=4 applied unsuccessfully; *N*=4 did not apply)

The team worked with ACL to identify potential interviewees, including representatives from federal and nonfederal entities, who support or conduct EBP review processes. These interviewees represented seven distinct review processes (see ***Appendix D***), with hundreds of programs having gone through these processes seeking evidence-based designation. The team also interviewed contacts from ACL's nonfederal partner organization, NCOA, in February 2023, and they subsequently provided contact information for program developers who had applied or expressed interest in applying for EBP designation. With this information, the team compiled a list of prospective interviewees that included both successful and unsuccessful program developers. Unsuccessful program developers were defined as those who either (1) applied to the ACL-supported EBP Review Process and did not receive EBP designation, or (2) inquired but did not apply because they perceived their applications would be unsuccessful. Upon finalizing the selection of potential interviewees, the team initiated recruitment efforts via email. Interviewees who did not respond to the first email received up to four follow-up emails and telephone calls to encourage participation.

With guidance from ACL, the team developed five interview guides, each tailored to one of the following interviewee types:

1. ACL staff from the National Institute of Disability, Independent Living, and Rehabilitation Research and the Administration on Aging.
2. Non-ACL federal staff (e.g., AmeriCorps, CDC, SAMHSA, HRSA, Office of the Assistant Secretary of Health [OASH], and Department of Education).
3. Nonfederal partners (i.e., organizations that help federal agencies implement EBP review processes).

4. Staff from programs with evidence-based designation through the ACL-supported EBP Review Process.
5. Staff from programs without evidence-based designation through the ACL-supported EBP Review Process. To better understand the unique barriers Tribal developers face in achieving evidence-based designation, as well as opportunities to address them, a version of the applicant without evidence-based designation interview guide was adapted slightly for use with Tribal non-applicant interviewees reflecting reasonings for not submitting programs for review.

Having five types of interviewees allowed the team to capture diverse perspectives regarding both the ACL-supported EBP Review Process and other federal EBP review processes. Each interview guide prioritized a different aspect of EBP review. For interviews with ACL staff, non-ACL federal staff, and stakeholders, the priority topics included identification of EBP programs, including scoring processes and ongoing follow-up and support. Conversations with program developers focused on their experiences with the ACL-supported EBP Review Process and other EBP review processes. The team also asked all interviewees to define "evidence-based" in their own words and to discuss benefits, challenges, and, where appropriate, desired changes to the ACL-supported EBP Review Process.

The team conducted all interviews virtually (Zoom) between May and June 2023, with each lasting no more than 1 hour. The Zoom transcription feature was enabled for all interviews, and conversations were conducted by both a senior interviewer and a notetaker to document interviewer reactions that could not be captured via transcript (e.g., facial expressions). The team cleaned the Zoom transcripts and used NVivo qualitative analysis software to code and organize interview findings. Using a structural narrative analysis approach (Riessman, 2008), transcripts were analyzed by identifying key topics described in both individual sentences (micro level) and across broader paragraphs in response to each interview question (macro level). By analyzing both micro and macro levels, the team was able to identify not only "what is said" but also "how content is organized by the speaker" (pp. 100–101). This organizational component is an especially important methodology to apply when interviewees are describing step-by-step processes, as was the case with the EBP interviews. Using the structural narrative approach, the team developed both a priori NVivo codes based on the original interview questions (i.e., fitting responses by question asked) and ad hoc codes developed as interviewees shared specific details and nuances related to their EBP experiences. These ad hoc themes emerged through the coding process and are a central focus of key findings. All coders were trained qualitative research specialists who cross-coded to ensure interrater reliability (confirmed interrater reliability using Cohen's Kappa, $K > 0.65$). A summary of the NVivo codebook is provided in ***Appendix C***.

FINDINGS

Findings from the rapid literature review and stakeholder interviews are presented below, organized by method of data collection and key themes.

Literature Review Findings

The rapid literature review focused specifically on documentation of the ACL-supported EBP application and Review Process, and the review processes and applications employed by other federal agencies and offices. The following subsections highlight findings specific to EBP review and applications.

EBP Application Process

To support EBP reviews, ACL funded NCOA to conduct a systematic application review and identify programs that meet ACL's OAA Title III-D criteria.[1] Based on gray literature findings, ACL's EBP application consists of two stages: an initial step to provide a program overview, followed by an invitation-only second stage that requires more details about program implementation and outcomes. This two-stage structure is intended to provide a sufficiently rigorous review to ensure that designated EBPs will benefit older adults with quality-of-life improvements, increased self-efficacy and personal health management, and sustained independence (NCOA, 2022b). Blank applications for both Stage 1 and 2 and associated scoring criteria are posted to NCOA's website, enabling prospective applicants to review the requirements.

> The ACL-supported EBP application consists of two separate stages, with only successful Stage 1 applicants receiving invitations to complete Stage 2. ACL has funded NCOA to review applications at both stages and determine which Stage 2 applicant programs should receive EBP designation.

- **Stage 1** requires program developers to detail their research-based evidence, program effectiveness, and associated evaluation results. This stage is further divided by program focus, with one application for falls prevention programs and a separate application for all other health promotion and disease prevention programs. NCOA's Review Council, composed of experts in research and evaluation, reviews all Stage 1 applications. Only successful Stage 1 applicants are invited to complete Stage 2.
- **Stage 2** requires successful Stage 1 applicants to provide additional information on program implementation, training, and dissemination. Based on material submitted in Stage 2, NCOA's Review Council makes final determinations as to which applicant programs achieve EBP designation.

Like the two-stage ACL application, many federal offices and agencies include multiple EBP application steps. For example, the AmeriCorps' Office of Research and Evaluation employs a five-step review process for EBP applicants to the Social Innovation Fund program, which invests in economic opportunity, healthy futures, and youth development in low-income communities. This process involves (1) reviewing a self-assessment provided by the program developer, (2) determining methods used and number of existing implementation sites and populations influenced, (3) assessing program effectiveness via literature review, (4) reviewing other programs that have utilized the program's model using RCT, and (5) determining program

[1] As of June 2022, the EBP Review Process was paused, pending results from this exploratory study (NCOA, 2022a).

effectiveness based on prior results (Spera et al., 2015). These types of multistep structures allow applicants to highlight all the details of their programs, with particular importance placed on methodological design and implementation. Use of experimental (e.g., RCT) or quasi-experimental models is a hallmark of robust research design in EBP applications, as are publications in peer-reviewed journals and validated evaluation results that demonstrate intended outcomes. Multistep applications allow program developers and EBP application reviewers to focus on one or more of these key EBP domains at each stage.

EBP Review Processes

The ACL-supported EBP Review Process, administered by NCOA, awards EBP designation to falls prevention and health promotion programs that demonstrate rigor through experimental or quasi-experimental research designs. Additionally, successful programs have demonstrated dissemination and have published program outcomes in peer-reviewed journals.

> The purpose of the EBP Review Process is to identify programs that (a) have proven success in designing and implementing a model that meets their stated goals to support their target population, and (b) can be replicated in other communities with the same successful results.

Based on peer-reviewed and gray literature sources, ACL's EBP Review Process is similar to that used by other federal offices and agencies, such as the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Health Resources and Services Administration (HRSA). The team found that all of the reviewed offices and agencies have systematic processes for defining and designating EBPs that promote health and well-being. Examples include the CDC Standards for the Development of Evidence-based Guidelines, the SAMHSA Evidence-Based Practices Resource Center (EBPRC), and the HRSA Home Visiting Evidence of Effectiveness (HomVEE). These agency review processes consider EBP applications based on a host of criteria, including the number and quality of published, peer-reviewed manuscripts related to the EBP; the rigor of the research methodology (i.e., dependent variables or outcomes measured, composition of the study sample, and overall quality of the study design and methods); and fidelity of the program outcomes to the original program design and goals. All of the EBP gray literature indicated that these rigorous criteria are designed to minimize bias and enhance consistency in the review process while also ensuring quality across all designated EBPs.

> ACL's EBP Review Process mirrors the processes used by other federal offices and agencies to review programs and assign EBP designation.

Although the ACL-sponsored EBP Review Process identifies programs that support older adults, other federal offices and agencies that review EBP applications for child- or family-centric programming apply EBP review criteria that are similar to ACL's (Baron, 2018; Fixsen et al., 2013). For instance, the Department of Education's Education Innovation and Research program, HRSA's Maternal, Infant, and Early Childhood Home Visiting Program, and OASH's Teen Pregnancy Prevention program (Baron, 2018) all follow similar protocols and standards, including evaluating the target demographic and intended outcomes, identifying evidence of

prior successful implementation, and assessing the program's potential for public dissemination.

Nonfederal EBP registries and clearinghouses support a slightly modified EBP review process that is based on organizational outreach, rather than structured applications (Mayo-Wilson et al., 2021). Registries such as the National Institute of Health's Evidence-Based Cancer Control Programs, the Institute of Education Sciences' (IES's) What Works Clearinghouse, the National Institute of Justice's (NIJ's) CrimeSolutions.gov, and some state registries employ a multistep process that begins with program identification through staff-led literature reviews or nominations from program developers (Best Practice Caregiving, 2022; CEBC, 2023; IES, 2023; National Cancer Institute, n.d.; NIJ, n.d.). Programs identified through these literature review or nomination processes are then assessed in depth (e.g., identifying findings published in peer-reviewed journals, reviewing program dissemination readiness). Registry staff partner with internal or external reviewers to assess the quality of these program findings, assigning an overall rating or score to each program. These nonfederal registries vary in the nuances of their individual scoring guidelines, but to achieve the highest rating, all registries require programs to show evidence of positive outcomes in one or more RCTs or well-designed quasi-experimental studies. Programs without these rigorous research designs may still be included in the registries, but they are listed as "promising" and placed in a lower tier than those with robust research methods and associated evidence of program effectiveness. For example, the Social Science Research Institute at Penn State provides a five-category, color-coded legend that allows users to "quickly see where each program falls on a spectrum from negative impact to positive impact" (Penn State University, 2023).

Concerning process improvements, some offices and agencies are moving to a tiered system, wherein the most rigorous studies are awarded full EBP designation, and approaches that do not meet all standard EBP criteria may earn a lower tier designation that acknowledges their potential as promising programs.

A tiered scoring approach to EBP review also supports diversity, equity, and inclusion goals by extending the potential for a wider array of applicant programs to earn some level of EBP designation. For example, the Suicide Prevention Resource Center (SPRC) a national nonprofit supported by federal funding from SAMHSA, has recently revised its program review process to "increase health equity through expanded access and representation." SPRC's Best Practices Registry explicitly invites submissions for interventions that are culturally relevant (SPRC, 2020). Whereas most EBPs have been developed by institutions with experienced research staff and resources to design rigorous studies (e.g., RCTs) and publish findings, the tiered approach may enable smaller entities with alternative approaches (e.g., programs with qualitative studies) to apply and receive a lower tier designation.

A brief summary of key EBP definitions and criteria is shown in ***Table 2,*** and a broader summary of EBP review processes is presented in ***Appendix D.***

Table 2. EBP Definitions and Criteria

Entity Name and Type	Entity	Entity Type	Definition of "Evidence-Based"	EBP Eligibility
	ACL *(Health Promotion)*	**Federal (HHS)**	"The program meets the requirements for ACL's Evidence-Based Definition; and the program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults."[1]	"Demonstrated through evaluation to be effective for improving the health and well-being… among older adults; Proven effective… using experimental or quasi-experimental design; …Published in peer-review journal; Includes developed dissemination products available to the public."
	CDC	**Federal (HHS)**	"Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients…[it] means integrating individual clinical expertise with the best available external clinical evidence."[2]	"Us[es] body of evidence as the scientific backbone behind the recommendation…consider well-established clinical or public health principles and anticipate adverse outcomes…clear, practical."
	SAMHSA	**Federal (HHS)**	"The Resource Center contains a collection of scientifically based resources…including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources."[3]	(1) Must be clearly defined and replicable; (2) Are currently in use; (3) Provide evidence of effectiveness; (4) Have accessible resources for implementation and fidelity.[9]
	HRSA	**Federal (HHS)**	"Unbiased, significant to public health, and rooted in science, experience, and policy."[4]	An EBP "conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement," among other requirements.[12]
	OASH	**Federal (HHS)**	"Published reviews of intervention evaluations and studies to improve health that have evidence of effectiveness, feasibility, reach, sustainability, and transferability."[5]	EBPs are either systematic reviews (i.e., critical assessment of all research studies that address a particular issue) or non-systematic reviews (i.e., federal guidelines that are based on current science).
	IES	**Federal (Ed)**	"Evidence of effectiveness (i.e., randomized controlled trials or quasi-experimental designs) of programs, policies, or practices, using a consistent and transparent set of standards."[6]	"…Are groups randomly assigned; is sample attrition high or low; are groups similar before the intervention began; are there confounding factors or concerns with outcomes; ..." [10]
	NCOA	**Nonfederal Partner**	"EBPs offer proven ways to promote health and prevent disease among older adults. They are based on research and provide documented health benefits."[7]	Two-stage application focused on the effectiveness and research-based evidence of the program and implementation and dissemination readiness.
	SPRC	**Nonfederal Partner**	"Strategic planning, keys to success, and a comprehensive approach…these elements work together to make suicide prevention efforts successful in achieving desired outcomes and using limited resources most efficiently."[8]	"The…use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement."[11]

Notes: [1] https://acl.gov/programs/health-wellness/disease-prevention; [2] https://www.cdc.gov/genomics/about/file/print/Evidence-Based_Practice_508.pdf; [3] https://store.samhsa.gov/sites/default/files/pep20-06-01-001.pdf; [4] https://www.mchevidence.org/documents/ESM-National-Report-2022-2020.pdf; [5] https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/types-evidence-based-resources; [6] https://ies.ed.gov/ncee/wwc/Docs/referenceresources/wwc_info_what_061015.pdf; [7] https://www.ncoa.org/article/about-evidence-based-programs; [8] https://sprc.org/effective-prevention/; [9] https://www.samhsa.gov/ebp-resource-center/about; [10] https://ies.ed.gov/ncee/wwc/Docs/referenceresources/wwc_info_rates_061015.pdf; [11] https://sprc.org/keys-to-success/evidence-based-prevention/; [12] https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees

Stakeholder Interview Findings

Meaning of EBP

At the start of every interview, respondents were asked to define the term "evidence-based" in their own words. The results underscore how perceptions differ between interviewee types, with federal staff and nonfederal partners focusing more on process rigor and measurable outcomes, and program developers highlighting the need for contextual factors and participant voice.

- **ACL and non-ACL federal staff** first used terms like systematic assessment, rigorous methods, and replicability in defining EBPs, with several also mentioning the "gold standard" for EBPs (i.e., use of RCTs or well-designed quasi-experimental studies). Interviewees highlighted the importance of research designs that focus on robust data, measurable effects, and analyses that ensure data validity. For many of these interviewees, the EBP definition related specifically to the research design and process-based outcomes (e.g., published findings in a peer-reviewed journal, analytic models showing improvement over baseline for the intervention group relative to the comparison group).
- **Nonfederal partners,** who represent organizations that collaborate with federal entities to coordinate EBP review processes, provided similar definitions to the federal staff interviewees in terms of the need for robust research and replication. However, these interviewees also focused on the importance of having tangible program outcomes that demonstrate benefits to the populations they are designed to support. Some nonfederal partners also acknowledged the challenges their organizations have had in defining EBPs, specifically because of this perceived disconnect between the need for validated scientific methods and the benefit of having community or program participant perspectives.

  Definitions of "evidence-based" prioritized rigorous research methods, with some interviewees also noting contextual factors and community perspectives.

- **Program developers** were less consistent in their responses, with some highlighting robust research and others focusing more on participant perspectives about program outcomes. Notably, several developer interviewees, including Tribal community members, referenced the triangle of evidence, which includes research, clinical expertise, and patient context. These interviewees added that ACL and other federal offices focus more heavily on the research pillar of the triangle, without giving equal weight to clinicians or patient perspectives. Program developers also described how they believe ACL and other entities focus solely on evidence or efficacy in considering EBPs, whereas program developers consider multiple dimensions for defining program successes (e.g., primary data collection among program participants).

Across all interviewee types, respondents noted that federal offices and nonfederal organizations are working to expand their evidence-based definitions to include more real-world context in program outcomes. For example, a nonfederal partner explained that nonrandomized control trials and pre-/post-test designs with no control group could be included in an expanded EBP definition, provided the programs still had statistically significant findings and at least one peer-reviewed journal publication.

An expanded definition of EBPs also was said to encourage greater diversity in the pool of program applicants and populations served. Currently programs with small sample sizes, no comparison group, and mostly qualitative data are unlikely to be considered for EBP designation, but an expanded definition could extend an EBP designation opportunity to these programs. Likewise, a narrow EBP definition means programs designed specifically to reach historically marginalized and underrepresented communities often cannot earn EBP designation because they have smaller sample sizes and narrower program parameters. A broader definition of what it means to be evidence-based could increase the number of EBP-designated, population-specific programs designed to support diverse communities.

> Broadening the definition of EBP to include more diversity of research designs could increase the number and variety of applicant programs, in turn expanding the potential reach of EBPs to underrepresented populations.

Program Identification and Application Experiences

All interviewees were asked how prospective EBP applicants are identified. Although some programs may be recruited (e.g., NCOA identifies active experts from recently published literature or presentations at professional conferences, such as American Society on Aging and the Gerontological Society of America), most program developers initiate contact directly because EBP designation is highly coveted as a mark of program success.

Following program identification, all interviewed federal staff and nonfederal partners described an application process that requires prospective EBPs to submit written descriptions of their program purpose, target population(s), and implementation and dissemination designs. Application materials also highlight replicability, detailing how programs can be disseminated effectively and implemented across communities nationwide. Interviewed ACL program developers recalled including "the outcome measures, the research methodology" and "[program] costs, materials required, [and] training required" in their applications. As described in the literature review findings above, most federal EBP reviews also require that prospective EBPs employ an experimental or quasi-experimental design (QED) with comparison groups to measure program effects.

> Across federal offices and agencies, most EBP review applicants initiate contact; applicant recruitment is not often necessary because potentially eligible programs are already aware of and actively pursuing EBP designation.

Applications for all federal EBP designations, including the ACL-supported EBP Review Process, undergo multiple rounds of review and risk analysis by panels of subject matter experts to identify any weaknesses or programmatic areas of concern. Interviewees across federal offices and agencies also shared details about specific aspects of their EBP review scoring processes. For example, some described sample size as an exclusion criterion (e.g., a minimum population of 75 people per group) or sample type exclusions (i.e., at least half of the study sample being composed of the target population).

> Successful EBP developers tend to represent academic institutions or large community-based organizations that have the research expertise and resources to implement rigorous experimental or quasi-experimental research designs.

Because some concerns may be attributable to application errors, all federal EBP reviews include an outreach process for applicants to submit corrections, if needed. Some program developer interviewees also described the availability of TA during ACL's EBP Review Process, to ensure that applications are complete and correct. Following final review of all application materials and corrections, both ACL and non-ACL federal interviewees indicated that earning EBP designation requires a majority vote from the panel of subject matter expert reviewers.

> Because EBP designation indicates that a given program has not only met its own objectives, but also can be successfully implemented elsewhere, all federal review processes are very detailed and lengthy. For ACL, an estimated <20% of applicant programs are sufficiently rigorous and replicable to earn EBP designation.

Because these systematic review processes require such rigor, very few applications are successful in earning EBP designation. One ACL interviewee estimated that only about 17% of ACL EBP applicants make it through Stage 1 of their EBP Review Process and are invited to participate in Stage 2. Between the multistep application evaluation and the volume of applications received (estimated at 150–300 for any given review cycle), all federal EBP reviews were said to take several months. For ACL's EBP Review Process, interviewees noted that reviews can take as little as 5 months or as long as 15 months.

EBP Applicant Data Tracking

Given the volume of EBP applications submitted across federal EBP reviews, all ACL, non-ACL federal, and nonfederal stakeholder interviewees were asked about the types of data they collect from applicants and how those data might be used to track applicant characteristics. However, most interviewees noted that their applicant data collection is limited to the details needed to consider program applications. Rather, many of these conversations pivoted back to the types of data the applications collect to document specific program features (e.g., sample sizes, research designs, program implementation costs), with multiple interviewees noting use of customized spreadsheets and data tracking tools to document these program details.

When further questioned about applicant demographics, most federal and nonfederal stakeholder interviewees provided general answers about the most successful types of

applicant organizations. Typically, programs that earn EBP designation were said to have been designed by either (a) academic institutions with research staff leading the programs, or (b) larger community-based organizations that have partnered with experts to evaluate their programs and publish associated findings in peer-reviewed journals. Interviewees also said that successful program developers tend to have a sizable resource base in terms of funding, staff, and population access, compared to unsuccessful program developers, which tend to be smaller and less resourced and serve smaller subpopulations.

Although ACL and other federal EBP review processes include multiple steps to ensure program rigor, these complex applications and program requirements may disincentivize smaller programs, including Tribal entities and others who serve diverse subpopulations, from applying for EBP designation.

Reported EBP Review Successes and Challenges

All interviewees were asked about successes of the EBP review process. Most ACL and non-ACL federal interviewees referred to the ongoing evolution of their review processes as their greatest success, citing gains in efficiency, increased process transparency, and efforts to make the results more relevant to practitioners. These interviewees were confident that their review processes were positioned to continue evolving to meet changing community needs and greater diversity of EBP applicant organizations. Some federal interviewees also added that their EBP application and review processes have helped to expand general awareness of the need for concrete evidence as a component of program implementation, which has, in turn, expanded the number of applicants and successful EBP designations.

EBP review successes include growing awareness of the importance of evidence in program design and greater priority given to applications that may increase support for diverse populations.

Nonfederal partner interviewees also cited successes in streamlining their review processes. Multiple interviewees described more standardized review processes that have increased equity, such as prioritizing applications that address gaps in specific health topics or populations served. These interviewees noted the importance of inclusivity throughout the EBP review.

However, these issues of equity and inclusivity were also cited by program developers as growing challenges with EBP reviews. Several developers noted barriers to meeting the strict requirements for EBP designation, reiterating the difficulty that many organizations have in recruiting research staff or partners and allocating sufficient time and funding to support all of the program implementation steps and analyses required to apply for EBP designation. Likewise, unsuccessful applicant interviewees described limited capacity to implement rigorous experimental or quasi-experimental designs and narrower target populations with samples too small to generate both intervention and control groups.

Some program developers highlighted the fact that although they have evidence of program success, they felt their program designs (i.e., non-RCT designs) could not meet EBP requirements, meaning they did not even attempt to submit applications. This perception of likely failure prevents many small organizations from applying for EBP designation; yet many of

these smaller organizations serve historically marginalized or underrepresented communities that federal offices and agencies are increasingly trying to support. As one program developer shared, "I would much rather continue to deliver the program that's so impactful to rural programs... than say, 'Oh, no, let's take a hiatus on the program and spend a year or two doing a randomized control trial.'" From a cost–benefit perspective, smaller organizations choose to prioritize continued program delivery rather than diverting resources to pursue EBP designation.

Some nonfederal partners also reported that the combination of limited program developer time and capacity plus rigid EBP application requirements precludes potentially beneficial programs from being accepted, explaining, "They don't have the access to the research enterprise to build the evidence base." Federal interviewees reiterated a similar concern that smaller and more diverse applicants often cannot achieve EBP designation. These interviewees explained that EBP reviews are approached academically, including subject matter and research experts and focusing on traditional quantitative analyses, without considering more diverse outcome measures, like participant feedback. Notably, program developer interviewees who represented Tribal communities also underscored that the existing EBP application requirements for experimental and quasi-experimental research with quantitative outcomes do not align with their more community-driven methods for implementing and assessing programs.

A broader challenge relates to application of EBPs after achieving designation. The purpose of designating EBPs is to make them accessible to replicate for a wider audience; but to achieve EBP designation, many programs include so many implementation steps and evaluation components that community organizations downstream lack the capacity to implement these programs on the same scale. These downstream organizations may need additional support for program implementation, but program developers are not incentivized or necessarily equipped to get their programs into the hands of communities once they are designated as evidence-based. This lack of support for downstream program implementers results in information gaps about who is using EBPs, how they are being used, and whether their use maintains fidelity to the original program design.

DISCUSSION

Through both the rapid literature review and key informant interviews, the team sought to explore the current landscape of EBP review processes and gather feedback regarding future considerations. These data collection efforts found general alignment between the ACL-supported EBP Review Process that NCOA facilitates and the EBP reviews conducted by other federal offices and agencies. Most federal entities, including ACL, prioritize systematic, multistage EBP reviews that require experimental or quasi-experimental research designs

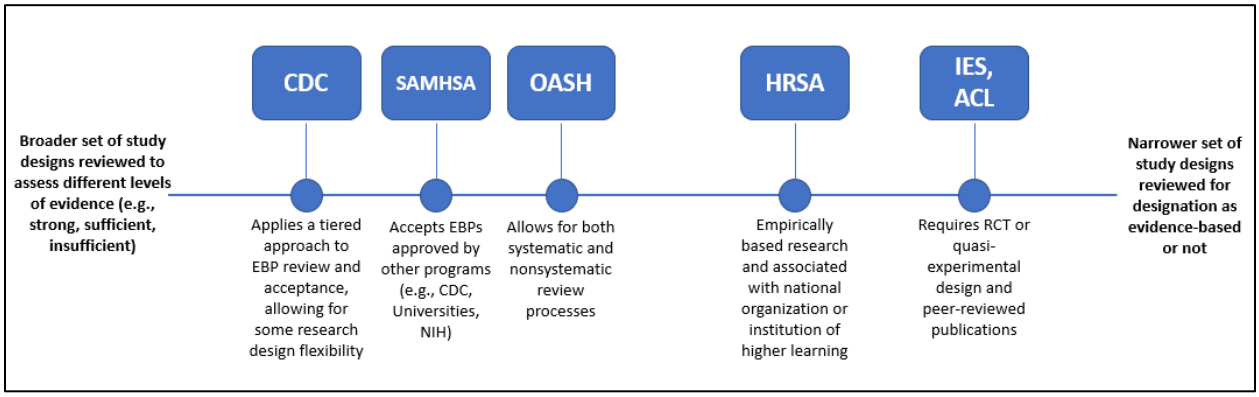
> After achieving EBP designation, programs are meant to be applied broadly across communities, but community-based organizations may lack the needed supports to implement an EBP fully and maintain fidelity to the original design.

with validated and replicable results. This structure ensures that designated EBPs are rigorous and well designed to support the needs of their intended audiences.

However, all interviewees recognized the need to begin rethinking these existing EBP definitions and review processes. In particular, the requirement for experimental or quasi-experimental evidence results in a level of rigor that may enhance program credibility, but also serves as a barrier for many prospective program developers. Current EBP designation tends to be limited to academic institutions or larger community organizations that have the capacity to meet stringent EBP review requirements (e.g., RCT or QED, peer-reviewed publications); smaller organizations or those for whom control- or comparison-group designs may not be appropriate have had limited success in achieving EBP designation. By relaxing some of the standards typically applied by federal agencies, EBP reviews may reduce barriers for program developers with limited research capacity or those for whom RCTs or QEDs are incompatible with the communities they serve (e.g., Tribal organizations). Likewise, populating the review panels with both subject matter experts and members of the communities served by the programs could enhance equity, while increasing accessibility for downstream community program implementation.

Some federal offices and agencies are already making these transitions, most notably in the breadth of studies that are included in their review processes, as detailed in ***Figure 1***.

Figure 1. Federal EBP Review Process Flexibility



Note: Centers for Disease Control and Prevention (CDC); Substance Abuse and Mental Health Services Administration (SAMHSA); Office of the Assistant Secretary for Health (OASH); Health Resources and Services Administration (HRSA); Institute of Education Sciences (IES); Administration for Community Living (ACL)

Applying a tiered or leveled approach, some federal offices and agencies have not only a formally designated EBP status for rigorous and quantitative study designs, but also a separate, lower designation for study designs that may be promising, emerging, or up-and-coming. This secondary review status considers other study designs and data collection types (e.g., pre-/post-test without control group, qualitative participant feedback) and expands the pool of prospective applicants to include more diversity of program developer organizations.

Alternatively, some entities are also shifting to a review of "study approaches," rather than specific programs, as a means of balancing breadth and depth while producing guidance that provides prospective implementers with more flexibility to suit their community needs. These review processes do not systematically engage program developers, which precludes the need for an application process and TA. Rather, agencies take a proactive approach to researching available models, reviewing, and providing publicly shared feedback (e.g., pros/cons, promising components, potential concerns). However, this method also requires substantial staff time, and since it is agency-based, there is a chance of overlooking programs that have not been published or publicized.

Beyond individual office or agency changes, several interviewees noted a desire for increased collaboration or consolidation across review processes within the federal government. Federal EBP review teams could communicate regularly to support program developments and evolutions that respond to community-level changes, such as offering a tiered review process that extends a degree of recognition to smaller programs or facilitates programming that supports equity goals in reaching diverse populations.

In considering potential opportunities to advance the ACL-supported EBP Review Process, ACL may consider aligning with other federal agencies that are in the process of reviewing or updating their definitions of evidence. Likewise, ACL may consider modifying their processes for identifying and designating EBPs to include a tiered approach that might extend a lower level of EBP designation to a broader range of program developers.

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APPENDIX A
LITERATURE REVIEW: PUBLICATION IDENTIFICATION GUIDELINES

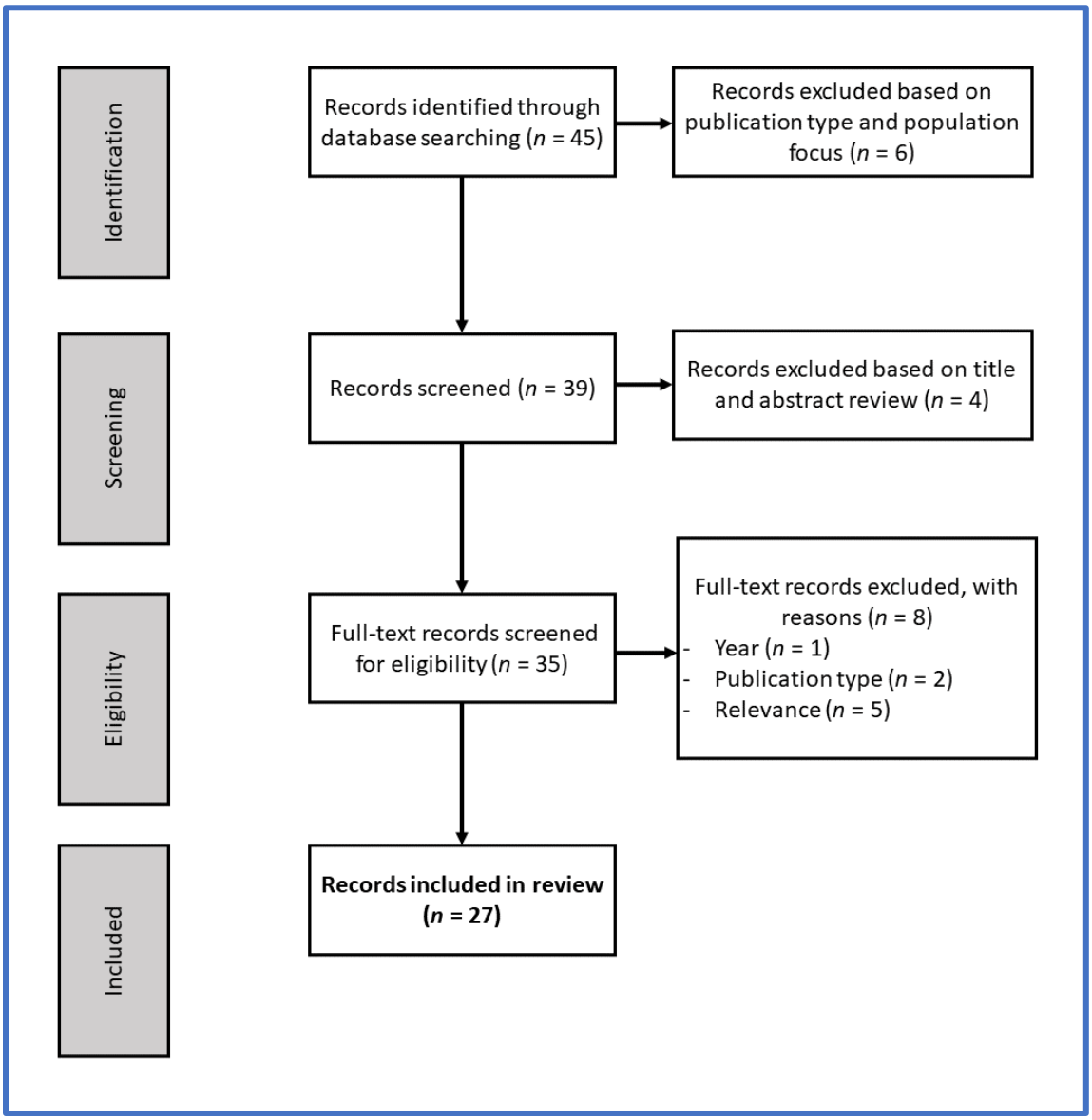
The following table describes the search terms and parameters used to identify peer-reviewed and gray literature.

Source	Search Terms
Peer-Reviewed Literature	
PubMed	((“federal” AND “evidence-based” OR “evidence based” OR “EBP”) (OR “title III-D” OR “NCOA” OR “national council on aging” OR “ACL” OR “administration for community living”) AND “process” OR “program” OR “review” OR “protocol”)) ((“title III-D” AND “history”)) NOT(“Comment”[Publication Type] OR “Letter”[Publication Type]) Filters: English
Grey Literature	
Administration for Community Living **William T. Grant Foundation** **Best Practice Caregiving** **AmeriCorps** **National Council on Aging** **Older Americans Act** **Center for Disease Control and Prevention** **Health Resources and Services Administration** **Substance Abuse and Mental Health Services Administration** **Corporation for National and Community Service** **Education’s Evidence-Based Clearinghouse** **Supplemental Nutrition Assistance Program Education** **Office of Population Affairs**	(“evidence-based” OR “evidence based” OR “EBP” AND “federal”) AND (“review” OR “process”) OR (“history”)

Parameters: Published within the last 10 years; Focus on EBP Review Process and best practices; Based in the United States; English language

APPENDIX B
LITERATURE REVIEW: PUBLICATION SELECTION MATRIX

The following figure depicts the processes used to identify, screen, and include peer-reviewed articles and gray literature sources.



APPENDIX C
INTERVIEWS: NVIVO CODEBOOK

The following figure shows the structure of the NVivo codebook created to analyze findings from across all five types of interviews.

Federal and Nonfederal Partner Codebook	Program Developer Codebook
1. Participant Role **a. Description of role**	**1. Participant Role** a. Description of role
2. Meaning of Evidence-Based **a. Definition of evidence-based** **b. Evolution of evidence-based definition** c. **Reflections on evidence-based definition**	**2. Meaning of Evidence-Based** a. Definition of evidence-based b. Evolution of evidence-based definition c. Reflections on evidence-based definition
3. EBP Review Process Steps **a. Attracting or identifying programs** **b. Materials reviewed** **c. Eligibility and scoring** **d. Review and TA** **e. Feedback** **f. Data Collected** g. **Tracking**	**3. Applying for ACL EBP Designation** a. Awareness of process b. Decision to apply c. Preparing an application d. Review and TA e. Follow-up after approval f. Multiple applications g. Non-ACL applications h. Additional information on applying for ACL
4. EBP Review Process Reflections **a. Evolution of review process** **b. Policy influence on process** **c. Successes** **d. Challenges** **e. Future changes desired or planned** f. **Additional thoughts on EBP review process**	**4. Feedback on EBP Designation and Process** a. Advice to program developers b. Benefits of EBP designation c. Barriers to applying d. Future changes desired e. Additional thoughts
5. Great Quote	**5. Great Quote**
6. ACL Interviewee	**6. Developer with Approved Program**
7. Federal Interviewee	**7. Developer without Approved Program**
8. Nonfederal Partner	**8. Tribal Program Developer**

APPENDIX D
SUMMARY OF FEDERAL AND NONFEDERAL EBP REVIEW PROCESSES

Table A provides a breakdown of EBP review processes across the federal and nonfederal partners discussed in this report.

Table A. Summary of Federal and Nonfederal EBP Review Processes

	What is being designated as effective	Rating scale	Selecting programs/approaches for review	Review Process, including reviewer (and Timeline)	Accepted study types/Criteria	Required materials/rubric	Grant maker
CDC Community Guide[1]	Approaches/ categories of programs and policies	Approaches are assigned the following rating: recommended (strong or sufficient), recommend against, or insufficient evidence.	Review topics are based on Community Preventive Services Task Force (CPSTF) prioritization; the Guide does not accept applications from program developers.	CPSTF members review and discuss the evidence generated by a targeted literature search, consider input from partners, and issue an opportunity or finding based on the strength and consistency of the effectiveness evidence.	The intervention approaches selected for CPSTF reviews aim to improve population health under the following categories: • Services • Behavioral or social programs • Environmental or policy	The evidence decision table displays evidence of an intervention's effectiveness based on the suitability of study design and quality of execution of the body of evidence and consistency of the results and meaningfulness of the effect.	No; organizations that wish to fund EBPs or help fill evidence gaps can use The Community Guide to inform decisions and justify interventions.
EBPRC (SAMHSA)[2]	Approaches/ categories of programs and policies	Approaches or strategies with rigorous evidence are selected for evidence-based resource guides; some strategies with promising evidence	Review topics are based on SAMHSA prioritization; the EBPRC does not accept applications from program developers, nor do they review individual programs.	A targeted literature search generates evidence for review; expert panels of federal, state, and non-governmental participants provide input for each guide.	Focus on RCT and QED, though other study types (e.g., retrospective chart review, mixed methods) are reviewed.		No; organizations that wish to fund EBPs or help fill evidence gaps can use the EBPRC to select approaches.

	What is being designated as effective	Rating scale	Selecting programs/approaches for review	Review Process, including reviewer (and Timeline)	Accepted study types/Criteria	Required materials/rubric	Grant maker
Home Visiting Evidence of Effectiveness (HomVEE)[3]	"Models" which may be specific packaged programs	Found to meet HHS criteria for evidence-based models	Identify manuscripts about home visiting models through a database search and submissions to its annual call for research.	Screens and assigns manuscript-level points, then selects models to review by prioritizing ones with the highest scores of two tracks; Track 1 is for models that were not previously found to be evidence-based and Track 2 updates the review of literature on models that meet the HHS criteria. Issues a call for research every year in August that is open through September. Research can be submitted at any time, but if it is submitted outside of the call window, it will be screened the following year. HomVEE will release results for models that are not evidence-based in September of each year. Updates to selected evidence-based models will be released by December of each year. For models that have submitted an appeal, HomVEE will issue a final decision within 60 days of submission.	RCTs and QEDs are accepted (single-case, regression discontinuity, non-experimental comparison-group designs). For criteria, models must meet at least one of the following: (1) at least one high- or moderate-rated impact study of the model finds favorable (statistically significant) impacts in two or more of the eight outcome domains; or (2) at least two high- or moderate-rated impact studies of the model (using non-overlapping analytic study samples) find one or more favorable (statistically significant) impacts in the same domain.	An electronic version of manuscript and cover email including contact information, name of early childhood home visiting model being evaluated, and study design are required.	Yes; to be eligible for implementation as an evidence-based model with MIECHV funding, a model must both meet HHS criteria for evidence of effectiveness (as determined by HomVEE) and meet all other statutory requirements for model eligibility (as required by HRSA).

	What is being designated as effective	Rating scale	Selecting programs/approaches for review	Review Process, including reviewer (and Timeline)	Accepted study types/Criteria	Required materials/rubric	Grant maker
NCOA for ACL[4]	Specific packaged programs	Evidence-based or not	Program developers submit applications.	The review process is a two-stage application focused on the effectiveness and research-based evidence of the program as well as implementation and dissemination readiness. The Review Council contains members with expertise in research and program evaluation.	(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	Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and Proven effective with older adult population, using experimental or quasi-experimental design; and Research results published in a peer-review journal; and Fully translated in one or more community site(s); and Includes developed dissemination products that are available to the public.	Yes; through meeting OAA Title III-D evidence-based requirements.

	What is being designated as effective	Rating scale	Selecting programs/approaches for review	Review Process, including reviewer (and Timeline)	Accepted study types/Criteria	Required materials/rubric	Grant maker
Ed (WWC)[5]	Programs, policies, or practices—intervention reports, reviews of individual studies, and practice guides are created to present findings.	Research rating levels: (1) meets WWC standards without reservations; (2) meets WWC standards with reservations; (3) does not meet WWC Standards	The WWC reviews existing, publicly available research in education. To be reviewed by the WWC, studies need to be publicly available and eligible for review under the current version of the Study Review Protocol. When selecting manuscripts for review, the WWC favors studies with a final study report or peer-reviewed manuscript in ERIC.	Hundreds of trained and certified reviewers read and rate studies, determine whether their methods are rigorous; those with rigor are summarized.	The WWC uses the Study Review Protocol to review individual studies and studies reviewed as part of synthesis products, such as practice guides. Eligible studies advance to the next phase in the review process, during which the eligible findings from studies are assessed according to WWC standards. In the final phase of the review process, the WWC synthesizes and reports two sets of results: (a) a research rating based on the strength of the research design and its execution, and (b) an effectiveness rating based on the evidence of favorable effects from the intervention.	Publicly available study and eligible for review under WWC's Study Review Protocol.	No

	What is being designated as effective	Rating scale	Selecting programs/approaches for review	Review Process, including reviewer (and Timeline)	Accepted study types/Criteria	Required materials/rubric	Grant maker
Best Practice Caregiving Methodology[6]	Specific packaged programs	Evidence-based or not	Programs are identified through online databases of published articles, bibliographies in published meta-analyses or systematic reviews, reviewing completed grants funded by the ACL, National Institutes of Health, and Department of Veterans Affairs, reviewing presentations given for dementia-advocacy committees, opportunities from the project's expert Advisory Committee and funding organizations, and informal discussions with experts in dementia care and services.	After eligible programs are identified, program developers/distributors consent to inclusion and provide required materials to the project team.	Programs must meet the following criteria: One or more completed randomized or nonrandomized controlled trial, or pre/post-test study with no control group, that: had a sample with at least 50% of caregivers assisting a relative or friend living with dementia, was conducted in the United States, had at least one statistically significant, published, beneficial caregiver outcome. One or more implementations that delivered the program as part of an organization's regular service portfolio. Able to offer permission or a license to offer the program, along with any required delivery tools (e.g., manuals, training, record keeping systems).	Program manuals and delivery tools, a complete bibliography of published articles and a list of completed and underway research studies, and a list of all organizations that delivered the program in the past 12 months.	No

	What is being designated as effective	Rating scale	Selecting programs/approaches for review	Review Process, including reviewer (and Timeline)	Accepted study types/Criteria	Required materials/rubric	Grant maker
AAEBI (OAAA)[7]	Specific packaged programs	Evidence-based or not	Program developers may submit programs for evaluation.	The review process is as follows: (1) identify programs for review and conduct high level review that meet minimum criteria; (2) recruit and screen minimum of three external reviewer; (3) complete intervention summaries and send program developers for review and updates for OAAA; (4) send program materials and evaluation forms to reviewers, who evaluate and submit opportunities; (5) engage additional reviewers if primary did not unanimously agree; (6) determine final opportunity.	Programs should meet the following criteria: (1) published in a peer-reviewed journal; (2) pilot study must include 75 or more subjects in the treatment group; (3) pre- and post-test (at least 3 months post measurement; (4) measure at least two arthritis-relevant outcomes; (5) statistically significant changes in at least two arthritis relevant outcomes; (6) research has to include people with arthritis; (7) consistency of evidence; (8) reasonable rigor; (9) infrastructure for support program dissemination.	The following materials are required: (1) intervention overview (required), (2) research article(s) concerning the intervention (one is required; max of three permitted). Additional documents are optional.	Yes; with CDC funding, state programs have expanded access to AAEBIs in the United States.

[1] https://www.thecommunityguide.org/pages/community-guide-methodology.html
[2] https://www.samhsa.gov/ebp-resource-center/about
[3] https://homvee.acf.hhs.gov/sites/default/files/2021-11/HomVEE-Handbook-v2.1-Nov-2021.pdf
[4] https://www.ncoa.org/article/apply-to-become-an-evidence-based-program
[5] https://ies.ed.gov/ncee/wwc/WhatWeDo; https://ies.ed.gov/ncee/wwc/Docs/referenceresources/Final_WWC-HandbookVer5_0-0-508.pdf; https://ies.ed.gov/ncee/wwc/FAQ
[6] https://benrose.org/best-practice-caregiving; https://bpc.caregiver.org/#methodology
[7] https://oaaction.unc.edu/wp-content/uploads/sites/623/2021/11/AAEBI-Review-Criteria.pdf

Note (in alphabetical order): Arthritis-Appropriate, Evidence-Based Interventions (AAEBI); Administration for Community Living (ACL); Centers for Disease Control and Prevention (CDC); Community Preventive Services Task Force (CPSTF); Evidence-Based Program (EBP); Evidence-Based Practice Resource Center (EBPRC); U.S. Department of Health and Human Services (HHS); Home Visiting Evidence of Effectiveness (HomVEE); Health Resources and Services Administration (HRSA); Maternal, Infant, and Early Childhood Home Visiting (MIECHV); National Council on Aging (NCOA); Older Americans Act (OAA); Osteoarthritis Action Alliance (OAAA); Quasi-experimental design (QED); Randomized control trial (RCT); Substance Abuse and Mental Health Services Administration (SAMHSA); What Works Clearinghouse (WWC)