



# COMMUNITY INNOVATIONS FOR AGING IN PLACE (CIAIP) CROSS-CUTTING THEMES, ISSUES, AND SOLUTIONS

PRACTICE BRIEF:  
IMPLEMENTING EVIDENCE-BASED PROGRAMMING

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# INTRODUCTION

Providers, funders, and researchers are excited by the idea that evidence-based programs (EBPs) can be implemented in community settings and have predictable, positive outcomes for the participants who enroll in them. Evidence-based programs translate research into practice, providing tested methods that have been proven to effect specific beneficial changes among participants.

The best EBPs have extensive research behind them and provide programmatic protocols including:

1. How to identify potential participants
2. Clear directions for how to implement the program
3. Information about implementation costs (start-up costs, such as licenses to conduct the program and training for program leaders; variable costs, such as participant manuals and giveaways; ongoing and fixed costs, such as equipment and staff salaries)
4. Expected outcomes
5. Data collection instructions and information about how to use these data to evaluate the status of participants as well as the success of the program overall

EBPs have been promoted by governmental agencies and foundations and have become an attractive resource for providers who want to increase the likelihood that the programs they implement have positive outcomes.

However, even though evidence-based programs may seem like a “program in a box” and easy to implement, as CIAIP grantees discovered, they are not quite so simple to put into practice “on the ground.”

For six of the fourteen CIAIP community grantees (Austin, Atlanta, Houston, New York City, Kansas City, and New Mexico),

**Table 1: CIAIP Grantees**

Atlanta Regional Commission, Atlanta, GA
Boston Medical Center, Boston, MA
Catholic Charities, Kansas City, MO
Catholic Charities, Stockton, CA
City of Montpelier, VT
The Coordinating Center, Millersville, MD
Easter Seals New Hampshire, Inc., Manchester, NH
Family Eldercare, Austin, TX
Jewish Family Service of New Mexico, Albuquerque, NM
L.A. Gay and Lesbian Center, Los Angeles, CA
Mt. Sanford Tribal Consortium, Gakona, AK
Neighborhood Centers, Inc. Bellaire, TX
New York City Department for the Aging, New York, NY
Supportive Women’s Network, Philadelphia, PA
Center for Home Care Policy & Research, VNSNY (TAG)

implementing evidence-based programs was a major focus of their work (See Table 1 for list of CIAIP grantees).

The experiences of CIAIP grantees illustrate what it is like to implement EBPs in community settings. CIAIP grantees that implemented EBPs represent a range of organizations and environments—from public non-profits to departments within city government, serving urban, suburban, or extremely rural communities, with and without previous experience with EBPs. As can be seen in Table 2, there was also variability in the EBPs that the grantees opted to implement.

While the specifics of their experiences were different, all CIAIP grantees agree that implementing an EBP requires a commitment of resources. Even “free” programs cost something in terms of money and staff time, and it is never as easy as it looks.

**TABLE 2: EVIDENCE-BASED PROGRAMS  
IMPLEMENTED BY CIAIP GRANTEEES:**

BEHAVIORAL ACTIVATION THERAPY
BRAIN BOOSTERS
BRAIN FITNESS
CARE TRANSITIONS PROGRAM
CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP)
DIABETES SELF-MANAGEMENT PROGRAM (DSMT)
EAT BETTER MOVE MORE
ENHANCE FITNESS
EXERSTART
HEALTHY IDEAS
MASTER OF MEMORY
MATTER OF BALANCE
HOMEMEDS (ALSO KNOWN AS MEDICATIONS MANAGEMENT IMPROVEMENT SYSTEM—MMIS)
MENTAL HEALTH FIRST AID (A PUBLIC EDUCATION PROGRAM)
SAVVY CAREGIVER
SAVVY SENIORS
SENIORWISE
SICKNESS PREVENTION ACHIEVED THROUGH REGIONAL COLLABORATION (SPARC)
STRONG WOMEN STRONG BONES
TAI CHI: MOVING FOR BETTER BALANCE

In implementing these programs, grantees ran into unanticipated challenges, but these challenges are likely common among providers. Many of these issues have been discussed in other forums, including the Spring

2010 issue of *Generations*;<sup>1</sup> the *Evidence Based Toolkit* developed by The Brookdale Center on Healthy Aging and Longevity of Hunter College,<sup>2</sup> as well as resources from the National Council on Aging (NCOA) and the U.S. Administration on Aging.<sup>3,4</sup>

*“There are more and more evidence-based programs. Understanding overall cost and the time it takes is helpful. The effort it takes for EBPs has been underestimated, to a certain degree. It’s the newer folks who really need that type of information. Those who have done it understand it better and know what to look for.”*

Using examples from the CIAIP grantees’ experiences, this brief describes what they learned about implementing EBPs and how they addressed (or are addressing) challenges. It provides advice for other organizations contemplating evidence-based programming and serves as a “real world reality check” that will help providers understand what they need to be aware of before and during implementation of evidence-based programming.\*

## SELECTING AN EVIDENCE-BASED PROGRAM

*“We learned about CDSMP through casual conversation with our health department. We had never heard of evidence-based programs prior to this conversation.”*

The body of evidence-based programs continues to grow, providing more opportunities to implement programs shown—under a variety of circumstances—to maintain or improve the physical and/or mental health and quality of life of older adults. Increasingly, evidence-based programming is being encouraged and is sometimes required by funders. Thus, it is essential for organizations implementing these programs to understand their structure, select programs that are both feasible and effective, and evaluate their value to participants.

### **What evidence-based programs are out there?**

There are literally dozens of programs appropriate for non-clinical community-based settings that are considered evidence-based. Selecting the appropriate program involves finding the best match not only for the implementing organization, but also for the setting and target population. This usually involves doing some research and considering more than one model. Knowing where to find this information and how to use it can be challenging. The references listed at the end of this brief offer overviews of and information on many EBPs, though these resources are not exhaustive, either in terms of the range of EBPs available or the information potential

\* Quotations throughout are from interviews with staff members and partners of CIAIP grantee organizations.

users may need to make informed decisions. But, as the popularity of EBPs grows so does the body of literature, offering more resources and information on which to base decisions and choices. To help Area Agencies on Aging (AAAs) throughout the country review selected EBPs, for example, the U.S. Administration on Aging/Administration for Community Living worked with the National Council on Aging (NCOA) to develop the *Title IID Highest Level Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart*, which provides in-depth descriptions of approximately 30 EBPs, including program goals, target audiences, staffing needs, training requirements, and program costs. This chart is recommended reading for any community-based organization researching evidence-based programs.<sup>5</sup>

Some grantees learned about specific EBPs through conversations with colleagues or at conferences. Other grantees selected an EBP program because they had prior experience with it and thought it was a good fit with their CIAIP plan. For example, one grantee had previously worked with their Department of Health (DOH)

– which provided free instructor training—to offer Enhance Fitness. A staff member commented, “Once we were in the network, when the Department of Health had additional opportunities, we jumped at the chance to be trained.” In addition to Enhance Fitness, staff members learned about and were trained in the Chronic Disease Self-Management Program (CDSMP), Tai Chi: Moving for Better Balance, Matter of Balance, and Strong Women, Strong Bones.

*“Evidence-based programs can be very expensive. You look at it and say it’s free because it’s run by lay leaders or volunteers or people from other organizations. Or the training for staff is free. But they are not free in terms of agency time, recruitment, and supervising staff or volunteers. Resources go into training lay leaders who may never lead a class. It can be labor intensive for the coordinating agency. That’s use of resources.”*

As the popularity and mandate for use of EBPs grows, it is advisable that potential users consult references and resource materials—in addition to their personal network—before selecting a program to implement.

### **CIAIP grantees’ advice about selecting EBPs:**

- 1. Shop around:** Investigate several EBPs before you decide which one to implement. Consider whether an EBP fits your organization’s style, program priorities, and budget.
- 2. Talk to potential users:** This includes potential clients and

potential program leaders. Ask if they are interested in the EBP topic and like the methods used to deliver the program content.

3. **Consider logistical requirements:** Think about, and try to anticipate, potential logistical issues that might affect implementation of the program, such as having the space needed to conduct the program.
4. **Ask questions:** If possible, contact the person/people who developed the EBP or the individual or organization that disseminates it, speak to colleagues who have used or considered and rejected the EBP, and get staff members' opinions about the value of the EBP for your target clientele.
5. **Do some research:** There are several resources that can help identify the range of EBPs available, some of which provide information on cost and implementation issues. Some offer results from community providers that have already implemented the EBP. An Internet search may yield additional information and contacts for you to explore in addition to the resources included in this brief.

### **What does an evidence-based program cost?**

The cost of implementing an EBP includes up-front, stated costs as well as “hidden” ones. Costs such as facilitator training, obtaining a license to conduct the EBP, and facilitator and participant manuals are usually clarified in marketing materials, or are available on the EBP website, or may be explained in the *Title IIID Highest Level Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart* cited above.

In many cases, CIAIP grantees received no-cost training and manuals/ supplies from their local AAAs or health departments. The no-cost availability of some EBPs was a draw for grantees: program materials were available on websites and training, if required, was free. One grantee received \$500 from the state DOH for each class series it offered. These funds were used to offset staffing expenses. Another worked with two researchers, both of whom offered to conduct their own EBPs in return for including participants in their research studies. Some were able to partner with other organizations that were funded to run EBPs and did not charge for the classes. EBPs that were not subsidized or provided in kind—most often by the AAA or DOH—were usually deemed too expensive and were not used. Even those programs available for free required staff time and incurred other expenses that sometimes proved cost prohibitive.

Grantees expressed frustration with the lack of clarity about the true costs – both hard dollar and in kind—of EBPs. Additional costs related to EBPs were not always clear and were hard to anticipate. These “hidden” costs included staff time related to outreach and participant screening, volunteer supervision, and paperwork, for example, as well as refreshments (often suggested but not included in a sample EBP budget). There were also unanticipated costs for items such as supplies and updated program materials. Many of these costs were not discovered until the CIAIP grantee had started the EBP, and it was then necessary to juggle budgets to cover these costs.

Grantees experienced in working with EBPs were better able to anticipate all costs. However, most grantees said they would like to understand all costs up front in order to decide if the program makes sense for their organization and consumers.

<b>TABLE 3: COSTING OUT AN EVIDENCE-BASED PROGRAM</b>
<b>COSTS OFTEN DESCRIBED IN EBP LITERATURE:</b>
• TRAINING
• LICENSE TO CONDUCT EBP (AND RELICENSING COSTS)
• MATERIALS FOR FACILITATOR AND PARTICIPANTS
• EQUIPMENT
<b>COSTS THAT MAY NOT BE NOTED IN EBP LITERATURE:</b>
• COST OF STAFF TIME TO OBTAIN TRAINING, PERFORM OUTREACH AND INTAKE, CONDUCT EBP, SUPERVISE VOLUNTEERS, AND COLLECT DATA (IF PROGRAM IS PART OF A RESEARCH EFFORT)
• COST OF TRAINING UPDATES, UPDATED MATERIALS, OR “REFRESHER” SESSIONS (SOMETIMES REQUIRED BY THE EBP)
• TRAVEL AND ACCOMMODATIONS RELATED TO OFF-SITE TRAINING (FOR STAFF AND/OR VOLUNTEER/LAY LEADERS)
• VOLUNTEER REIMBURSEMENT (FOR TRAVEL/MILEAGE)
• TRAVEL COSTS FOR STAFF IF EBP IS HELD OFF-SITE
• OUTREACH MATERIALS
• REFRESHMENTS
• RENTAL SPACE TO CONDUCT EBP IF IN-KIND SPACE IS NOT AVAILABLE
• PARTICIPANT INCENTIVES
• ADDITIONAL EQUIPMENT

### **CIAIP Grantees' advice about understanding EBP costs:**

- 1. Add it all up:** Compare the projected budget for the EBP with a program you have run before. You know what it costs for outreach, snacks, incentives, travel and transportation, etc. Be sure you account for these costs when creating a budget for the EBP.
- 2. Find the money:** Explore funding opportunities. Does your AAA have funds set aside for EPBs? What about your DOH? Are there local foundations, hospitals/health systems, or insurance providers that will fund EPBs?
- 3. Track expenses:** Keep careful records of all costs – including staff time during and between sessions – related to the EBP. You will need the information to determine whether the EBP was worth the investment and if you will do it again.
- 4. Identify others who offer EBPs:** There may be other organizations with which you can partner in order to offer EBPs to your clientele. Some may receive funding to conduct the EBP and will not charge for the classes. Others may offer to conduct the classes for a fee, which may be more cost-effective than your organization's licensing, training for, and conducting the EBP.
- 5. Talk to colleagues:** Find others who have implemented the EBP and ask them about actual program costs.

### **Is the EBP the right fit for our consumers and our community?**

Those who work in the field know that all communities and people are not alike. Implementation of EBPs requires identifying those that match the needs, interests, and life circumstances – such as health status and health needs, cultural and linguistic factors, literacy level, and access – of the older adults who will participate in the program. This means understanding the different EBPs available before deciding which one to implement.

Program fit with a target population's linguistic and literacy needs was especially a concern for some CIAIP grantees, as most EBPs are designed for and tested with specific samples. CDSMP is available in both Spanish and English, for example, but many CIAIP grantees (as well as others) work with additional ethnic/cultural populations, including Chinese and Korean immigrants and Native Americans, for whom English or Spanish is not the primary language. CIAIP grantees also work with many literacy levels ranging from fifth grade to college educated, and some EBPs are not ideal for those with low literacy levels.



In a Native American community, where one grantee worked, many elders have limited English proficiency. This language limitation would render some programs ineligible for implementation because existing course materials do not accommodate the specific linguistic needs of this community. In addition, certain components of the CDSMP curriculum they chose clashed with the traditional culture. For example, material related to death and dying, including communicating about end of life care, are taboo in that culture. The grantee worked with CDSMP master trainers to determine how best to address language issues and curriculum content to ensure that the native culture and traditions are respected and that the program maintains its effectiveness.

Not surprisingly, grantees able to conduct health assessments prior to selecting an EBP had more certainty that the program they chose would benefit their consumers. There are tools that can help organizations assess the health status of older adults in a community. Findings from such assessments may help identify prevalent health risks among these older adults, which may, in turn, influence the choice of an EBP that addresses those particular health risks. For example, one CIAIP grantee used United Hospital Fund's *Health Indicators* tool<sup>6</sup> to identify health conditions among residents of low-income housing complexes. These data assisted in determining the prevalent health risks and health care needs of the resident population. The assessment results also identified individuals who could benefit from EBPs that address their specific needs. The Health Indicators tool not only helped identify and engage the people most likely to benefit from an EBP, but helped staff plan additional activities to support and leverage EBP outcomes.

*"Each community has a different personality. What works in one place may not work in another."*

### **CIAIP grantees' advice about aligning the EBP with community values:**

- 1. Try it on for size:** Before committing to an EBP, be a program participant, if you can. Take the class yourself – all the sessions – and see what you think. Do you think your target population will like it enough to attend consistently? Can you and your staff facilitate this program?
- 2. Be sure EBP content is appropriate:** If there are topics or exercises that may not be comfortable for or acceptable to your target population, see if you can make adjustments. Although some program documents describe adjustments that can be made, you may have to contact those who developed or administer the EBP to determine if your adaptation retains its "evidence base."

- 3. Know your customers:** Picture the people you want to attend the EBP. Are they likely to be able to read and understand class content and written materials? Are they used to the way the EBP is delivered: In a support group with lots of sharing of personal information, in a lecture format, or one-to-one counseling, for example? Are they likely to commit to attending a series of sessions and follow through on their commitment?
- 4. Involve colleagues:** Do they understand and believe the EBP is a “good fit” for their clients and community? If so, they will be more likely to refer participants to you and to spread the word about the value of the EBP.

## IMPLEMENTING AN EVIDENCE-BASED PROGRAM

For those with experience in program planning and implementation, the steps in preparing to launch an EBP are familiar: Identifying staff, securing appropriate space, publicizing the program, recruiting and training facilitators, and of course, enrolling participants. While CIAIP grantees understood the process, they often found they did not have enough specific information about the EBPs to make informed decisions. As a result they struggled with many issues, such as the type of staff most appropriate for the EBP, the skills and experience volunteers needed to be effective lay leaders, and an accurate profile of those individuals likely to benefit from the program. This lack of information made it difficult to implement the most efficient and effective program as possible. All grantees agreed that the preparation and implementation process—no matter which EBP they were using—took longer than anticipated.

### **What type of space do we need to implement the EBP?**

There are many considerations when selecting an appropriate space in which to run the program. Like Goldilocks, CIAIP grantees all searched for space that was “just right.” They usually discovered that there were few choices available or that they had to prioritize and make concessions in order to obtain space for the EBP.

CIAIP grantees expressed different views on the importance of choosing a “convenient” program site. Some used the EBP as a “carrot” to entice participants to places they may not have been before, such as the local senior center. The hope was that once people saw other activities at the

center, they would take advantage of them. Others wanted to strengthen a partnership with another organization and encouraged their clients to attend an EBP at that partner organization's location. Sometimes, easy access was most important. When the CIAIP grantee quoted at right was unsuccessful in attracting apartment residents to the senior center, a second class was started in the apartment building itself.

In this case, starting where the clients were—literally—proved to be the most effective method of attracting participants and delivering the program.

*“We ran the class at the senior center and recently offered one at an apartment building with many older residents. At the senior center, [participants are] people with higher ability levels who can travel to the center. At the apartments, it's people who do not get out much or have difficulty using the bus or getting a ride. So at each place we are reaching different kinds of people.”*

An important feature of the program space is accessibility, both for participants and instructors. If people who want to take the class cannot get to the program site—there is no public transportation and not many participants have cars or can get rides, the class is in an upper floor of a building with no elevator, the class is held during a particularly snowy and icy winter—the enrollment may be low. Many EBPs have a curriculum that builds on material from previous sessions—or that assumes ongoing reinforcement of program messages—so spotty attendance may also be an issue, reducing the number of participants who complete the desired number of sessions that has been proven most beneficial to them (the “evidence” upon which the EBP is built).

If staff members cannot easily get to the space, or if the space is a long distance from the staff member's main office, conducting an EBP session can consume a large part of the day, lowering the cost-effectiveness of the EBP, especially if staff members are paid for travel time. One grantee found they had the most success in communities with high populations of older adults because they located the program where the target population was and because they identified several partners to promote the EBP. Conversely, another grantee struggled with an EBP in a rural community. They were not able to overcome the challenges of the small population of older adults spread over a large area, lack of transportation, and weather conditions. In addition, the grantee was not able to identify qualified staff to facilitate the program in the rural community. Finding staff living in or willing to travel to the rural community was a challenge, and paying mileage and travel time was an unanticipated expense.

Selecting a program space conducive to the EBP curriculum is also an important and sometimes difficult task. Most CIAIP grantees agreed that having a space of appropriate size can be critical to the success of the program. Space that is too small is uncomfortable and may limit opportunity for physical exercise and separate small discussion groups. Conversely, space that is too large can make it difficult for people to hear one another and may discourage participants from forming close connections. Space that is dull or depressing, such as windowless basement rooms, may not feel inviting. And any space without appropriate furniture—comfortable chairs, preferably with arms, writing space if participants are expected to take notes or complete pre- and post-tests, and adult-size furniture—will be uncomfortable for everyone.

*“I wish we could find fitness professionals who are knowledgeable about older adults. It’s difficult to find instructors who know the subject and know how to work with seniors. Our instructors are interested in fitness, but not in aging per se. If you don’t have a leader who’s interested in it, they may not be motivated and it’s not the best match. Sometimes there is so much emphasis on lay leaders, but that hasn’t worked for us. They travel, or they are gone half the year, or they run one series and they are done. They say they can’t make a multi-month commitment.”*

Securing space that is private is also essential. CIAIP grantees who conducted their programs in the corner of a large general purpose room with many co-occurring activities found this to be problematic. First, it was difficult for participants to hear what the instructor and other group members were saying, and to tune out the ambient noise. It was also difficult to conduct physical exercises and other activities requiring movement when the space was not well defined and participants may have felt uncomfortable exercising in front of other non-participants in the room. The most important reason why private space is more desirable is, of course, confidentiality. Most EBPs consider privacy and confidentiality essential, and participants are told early on that what happens in the group stays in the group. Since EBP curricula may include sharing of personal information—mental health issues, physical health conditions, weight, etc.—finding a space that allows for privacy can be critical to program implementation.

### **What CIAIP grantees learned about program space:**

- 1. Location, location, location:** Find the best possible program space. This could mean asking another organization to host the EBP (and inviting their clients to enroll) and working with

new community partners such as the local library, school, or community center that can offer space. Creating the right space in your own agency may mean switching activities to other spaces or using other means, such as portable room dividers, to create the private and quiet space you need.

- 2. Accessibility is important:** The prettiest, most comfortable space is useless if people cannot get to it. Before you commit to a space, investigate transportation options. Do you anticipate most participants will drive to the site and if so is there ample parking? Is public transportation a viable option for participants and will they use it? Does the space present other challenges, such as requiring participants to walk up many stairs, or is it located on a street with a steep hill or a street that is not adequately maintained in terms of snow removal and sidewalk safety, for example?
- 3. Be sure the space is appropriate:** It should offer privacy and safety for exercising and mobility and have appropriate furniture and lighting as well as good acoustics. It should be available at the times needed and comfortable for all involved, having, for example, air conditioning in the summer if it's hot and close proximity to restrooms. All of these factors can impact whether participants attend regularly or not.

### **Who runs the classes?**

While all EBP's require a skilled facilitator who is willing to follow the curriculum, other facilitator qualities to look for might vary by program. Some programs require professional staff; others have a lay leader model in which volunteers fill the facilitator role; and some use both a paid professional and a lay leader. Staffing requirements are typically included in the general information for the EBP as well as in the implementation manual. Knowing what the facilitator's role and responsibilities are helps you to select the best person for the job.

Some grantees discovered that finding the right facilitator was not easy, and what the EBP suggested was not what they needed. They found that EBP manuals and supervisor training often underestimated the experience, knowledge, and skills needed to successfully implement the curriculum and to work with older adults. Sometimes, grantees did not discover this disconnect until the program was in full swing, making it difficult if not impossible to bring in a new facilitator. Others found that the job requirements stipulated

by the promoters of the EBP were not always accurate or underestimated the difficulty in finding appropriate facilitators, especially volunteers. Lay leader positions requiring a heavy commitment—including training requirements, lengthy sessions, or a high number and frequency of sessions—were especially difficult to fill. Many volunteers did not want to make such time-consuming and long-term commitments. And facilitator turnover—whether paid consultant, staff, or volunteer—made the EBP both more difficult and more expensive than anticipated.

Sometimes, grantees chose to use paid consultants or professional staff in lieu of volunteers even though volunteers were called for in the EBP protocol. While this change was not in line with the program design, grantees decided that a professional leader was a better, if more expensive, choice. In some cases there was no choice, as qualified and committed volunteers could not be recruited despite the grantee's best efforts. In rural areas, identifying qualified facilitators, paid or unpaid, proved to be especially challenging. As one grantee put it, "We tried to run an EBP in a very rural community, but we couldn't get anyone to do it. We offered to train them on-site so they wouldn't have to travel to our offices, and to pay them, but there were no takers."

Even if ongoing supervision of facilitators was not required in the EBP model, grantees found it best to include supervision. This helped determine whether the facilitator was effective, required additional training, or wasn't right for the job. Grantees said that maintaining a close relationship with the facilitator, especially a paid consultant or volunteer, helped make the facilitator feel more connected to the agency and to view the work as more important. This supervision did not, however, seem to increase a volunteer's commitment to leading additional program cycles.

All EBPs require some type of facilitator training or preparation. Some require certification and supervision of facilitators, and/or refresher courses, and/or retraining when the EBP protocol is updated. Sometimes grantees were able to get trained locally and free-of-charge by the AAA or DOH. Other EBPs charge for training. If training is some distance away, additional costs such as travel and lodging are incurred. These costs and commitments should be clarified before signing on to implement the program. Some grantees said they wish they'd had more information about the cost and requirements of facilitator training earlier on in the process. They would have considered the cost of the training and travel expenses relative to the number of cycles the facilitator was likely to complete to help determine if the program would be cost-effective.

## What CIAIP grantees learned about selecting a facilitator:

- 1. The person matters:** Finding the right facilitator is important and, as mentioned, may be difficult to do. Reviewing the EBP's marketing materials, implementation manual, and facilitator's manual and training curriculum helped identify the best type of candidate for the job.
- 2. Facilitators need many skills:** Don't expect the EBP to describe all the skills and knowledge a facilitator needs. When reviewing the EBP materials and curriculum, think about additional skills or knowledge you think the facilitator should have, such as experience running groups or working with senior populations, and screen for them in the selection process.
- 3. It helps to hold auditions:** You want to see candidates in action. Visit a class that a candidate is facilitating; it does not have to be the same program you are planning to implement or even an EBP. Or ask the candidate to conduct a 10- or 15-minute mini-class with a group of seniors. You want to see how the candidate runs a class, interacts with and engages participants, and how skilled she is.
- 4. Training is never "free":** As mentioned, even if training is available free-of-charge, there are additional monetary costs (travel, for example) and time commitments to be considered.

## Who should our participants be and where are they?

Some EBPs are designed to benefit a general population, while others are designed to benefit a specific population. In the latter case, the evidence upon which the EBP was built was based on the involvement of

participants with certain characteristics and is likely to be most beneficial to participants with these same characteristics. For example, an EBP for managing depression is targeted to people who, based on the criteria set forth by the EBP, live with depression. Similarly, EBPs designed to help manage diabetes are most suitable for diabetics. While someone who is not a diabetic will likely not be harmed by attending an EBP on diabetes, and may even benefit from it, priority should be given to people who have the disease or are at risk of developing the condition. In such cases, offering targeted

*"Most evidence-based programs don't tell people who they should be recruiting. No one said, 'This is who you are marketing to. This is who you will get.'"*

EBPs to a general population defeats the purpose of the “evidence base.”

CIAIP grantees were sometimes frustrated by the EBP’s lack of specificity in identifying the most appropriate types of participants for the program and the criteria they should use during the recruitment process. Once these criteria were established – if it was possible to do so – grantees sometimes found they had to reach out beyond their typical clientele in order to attract enough participants for a class. All agreed that relationships with other community organizations helped, because these partners were willing to promote the EBP and would sometimes refer individual clients to the program.

As mentioned earlier, a tool like the *Health Indicators* survey can help determine the health status of older adults and inform the selection of EBPs that address identified needs. The CIAIP grantee that used the tool

*“People want to do fun things! Would you want to take a class about managing your medical condition? No! People want to enjoy themselves and meet other people.”*

was able to approach specific residents and encourage them to enroll in the EBP. Another grantee also used *Health Indicators* data to select the sites with the greatest concentration of seniors who could benefit from the EBPs they wanted to implement. Knowing what potential participants need, and identifying an EBP that meets those needs, is a better strategy than selecting an EBP at random and then trying to find people to participate.

Grantees also recognized that they could serve different populations with the same program by holding sessions in different neighborhoods and buildings. As mentioned earlier, one grantee implemented an EBP at a senior center and at an apartment building with many older residents. The class at the senior center attracted higher functioning participants – those able to travel to the center. At the apartment building, participants included those with mobility issues. Implementing the same program in different venues enabled the grantee to reach two distinct populations.

### **What CIAIP grantees learned about participant recruitment:**

- 1. Know your audience:** Before you start recruiting participants, figure out who you are looking for. Develop a profile of the ideal candidates and where they are located. This may mean learning more about older adults in your community and selecting a program that addresses their specific needs.



2. **Screen carefully:** Use screening tools to help ensure that you are enrolling the right people in the EBP. If the EBP protocol does not include screening tools or criteria, ask the creators of the EBP, or the people who conduct the training, what criteria to use in screening potential participants.
3. **Target your outreach:** One-to-one marketing can be more effective than general mailers and flyers. Experienced recruiters report higher levels of success with more intense and individualized marketing to fewer people and enrolling many of them as opposed to sending out hundreds of flyers with the hope that a few of the right people will attend.
4. **Work your network:** Ask your colleagues for help in promoting the EBP through their communication channels and identifying and referring potential participants. You are offering a service to their clients, and agencies are often happy to be able to provide enhanced services.
5. **Expand your network:** If you haven't done so already, reach out to primary care physicians, health clinics, pharmacists, other medical providers and faith based organizations and ask them for referrals.

### **How do we engage participants and encourage them to stay?**

Grantees said that the more interactive the EBP sessions, the more popular it was likely to be. Most participants want to talk to one another and share their experiences, problems, and solutions. Programs with structured discussions that included the whole group were very popular, as were those that included exercise or encouraged people to move around. Lecture-based programs, especially if the facilitator spoke for long periods of time, tended to have a higher attrition rate than those in which people were encouraged to participate and to offer their own ideas.

Each CIAIP grantee developed at least one innovative recruitment or retention strategy. All agreed that different strategies may be needed for different communities, and that employing multiple strategies at once helped them reach several constituencies or communities.

## TABLE 4: PARTICIPANT RECRUITMENT AND RETENTION STRATEGIES

- OFFER A PREVIEW CLASS WHERE POTENTIAL PARTICIPANTS CAN: LEARN ABOUT THE PROGRAM AND HOW IT CAN HELP IMPROVE THEIR LIVES; UNDERSTAND THE TIME COMMITMENT INVOLVED, BOTH IN FREQUENCY AND LENGTH OF CLASSES; PARTICIPATE IN SOME FUN ACTIVITIES CONNECTED TO THE EBP; MEET THE FACILITATOR AND ONE ANOTHER; AND RECEIVE A THANK-YOU GIFT FOR ATTENDING.
- OFFER INCENTIVES FOR ENROLLING IN THE CLASS AND FOR ATTENDING EACH SESSION. ITEMS SUCH AS TOTE BAGS, PENS, WATER BOTTLES AND NOTE PADS ARE POPULAR.
- GIVE T-SHIRTS TO ALL PARTICIPANTS AND ASK THEM TO WEAR THEIR SHIRTS ON PROGRAM DAYS. THIS HELPS THE GROUP COALESCE AND MARKETS YOUR PROGRAM.
- GIVE GIFT CARDS, COUPONS FOR FREE ITEMS OR OTHER GIFTS TO PARTICIPANTS WHO HAVE ATTENDED A SPECIFIED NUMBER OF SESSIONS.
- GENERATE PROGRAM “CURRENCY” THAT PARTICIPANTS CAN SPEND. FOR EXAMPLE, GIVE ONE “PROGRAM DOLLAR” FOR EACH SESSION A PARTICIPANT ATTENDS AND STAYS WITH UNTIL ITS CONCLUSION. PARTICIPANTS SAVE THESE “DOLLARS” AND USE THEM TO BID ON AUCTION ITEMS, TO ENTER RAFFLES, OR TO PURCHASE ITEMS SUCH AS SNACKS THAT ARE AVAILABLE AT THE PROGRAM SITE.
- SERVE HEALTHY SNACKS.
- HOLD A GRADUATION CEREMONY AT THE END OF THE CYCLE AND HAND OUT GRADUATION CERTIFICATES TO THOSE WHO HAVE ATTENDED A PRE-SPECIFIED NUMBER OF SESSIONS.
- CALL PARTICIPANTS TO REMIND THEM TO ATTEND THE NEXT SESSION. THIS IS MOST EFFECTIVE IF THE CALL IS MADE ON THE DAY BEFORE THE SESSION.
- CALL EACH PARTICIPANT AFTER THE FIRST SESSION TO THANK HER FOR ATTENDING AND FOR PARTICIPATING IN THE CLASS. ASK FOR FEEDBACK AND TELL HER YOU LOOK FORWARD TO SEEING HER AT THE NEXT SESSION AND REMIND HER WHEN THE SESSION WILL BE HELD.
- IF SOMEONE MISSES A SESSION, CALL TO CHECK IN AND TO TELL HIM HE WAS MISSED. ASK IF HE WILL BE ABLE TO MAKE IT TO THE NEXT SESSION – REMIND HIM WHEN THAT IS – AND TELL HIM YOU LOOK FORWARD TO SEEING HIM SOON.

Grantees encountered different challenges when scheduling EBP classes. One site had so many activities every day that the EBP did not stand out; another wanted to schedule the EBP at the same time as a popular

exercise class that attracted the same population the EBP was trying to reach; and another site wanted to offer the class early in the morning before many people were able to get to the building. To overcome these challenges, grantees had to advocate for good time slots, negotiate with host sites to rearrange activity schedules, and increase their marketing to entice people to give up other activities in order to attend the EBP. In the future, grantees said, they will address scheduling issues early on in the planning process, because a poor time slot can make or break a program.

*“We’re happy with the results. Participants love it and keep coming back. We aren’t sure how much participants have really changed their habits and if it’s making a difference. Behavior change is difficult and can take a long time to sink in.”*

### **What CIAIP grantees learned about attracting and retaining participants:**

- 1. Know your customers:** Different enrollment strategies may be best for different populations and communities.
- 2. People like to participate:** Interactive sessions are more popular than lectures.
- 3. Let people “test drive” the program:** Offer an initial session to let people learn more about the program and how it can improve their lives. Give them the opportunity to participate in some discussions and activities they will encounter in the sessions.
- 4. Incentives work:** Offer give-aways, discount coupons and “program dollars” to participants who meet attendance requirements.
- 5. Give people a sense of achievement:** Graduation ceremonies, certificates of completion, or diplomas encourage people to complete the program and to talk it up among their friends.
- 6. Stay in touch:** Call people to remind them about the next session, reach out to those who miss a session, and encourage new people to return. The personal touch really helps.

### **Is program fidelity important?**

EBPs are designed to produce the same results each time they are implemented, and this means that the protocols should be carefully followed. Program fidelity means doing exactly what the EBP indicates in exactly the same order and within prescribed time frames. The program’s evidence of efficacy is based on this consistency, and the effects of deviation from the

protocols may or may not have been studied or measured. If you change the program protocol, you might run the risk of reducing its efficacy.

EBPs are generally developed and tested under controlled circumstances. The original facilitator was likely the person who designed the program or someone involved in its research and development. Research dollars and resources likely allowed for optimal space and equipment. Participants were carefully selected or were self-selected and may have received a financial incentive for study participation. Whatever the case, participants may have been ideal candidates—hand picked, self-motivated, and excited to participate. These conditions rarely exist in the real world, as CIAIP grantees discovered.

*“We try to adhere to the manuals for all of the EBPs, but sometimes we need to tweak it. Some sessions are just too long and the time is not needed for such long discussions. I don’t think it made a difference.”*

Grantees sometimes felt that they had to make adjustments to account for real world circumstances. For example, in some cases the program sessions felt too long and participants were not staying for the entire class. Strict adherence to the curriculum and length of sessions resulted in high attrition rates, and so reducing the length of the class by omitting some content, reducing discussion time, or doing away with breaks seemed the only way to get people to stay and keep coming back. Some EBPs allow such adaptations to be made and researchers have examined outcomes under a variety of conditions and/or are interested in testing adaptations. Other EBPs are more strict about adherence to the protocol, and in these cases it may not be clear at what point adaptations impact outcomes and undermine the EBP’s purpose.

When in doubt, it is worthwhile to reach out, as some of the grantees did, to individuals or organizations charged with disseminating the EBP to discuss adaptations you would like to make.

### **What CIAIP grantees learned about program fidelity**

- 1. Maintaining fidelity is hard:** Remaining “true” to the original EBP model can be difficult, or sometimes impossible.
- 2. Tweaking is sometimes necessary:** Small changes may not have a negative impact on efficacy and often improve participant involvement and retention.
- 3. EBPs differ in their attitude toward fidelity:** Some EBPs

insist on complete fidelity to their model and provide detailed instructions on how to implement the program. In some cases, licensing may depend upon agreement to strict adherence to the EBP model. Other EBPs allow—or sometimes encourage—change and want to know about the adjustments users have made.

**4. Consider program flexibility when selecting an EBP:**

Understanding expectations about program fidelity can help organizations select the most appropriate and viable program for their particular circumstances. If an EBP is strict about fidelity and you suspect you will need to make adaptations, talk to the EBP designer ahead of time, if possible, to see how much flexibility is allowed. If you cannot reach the EBP designer, speak to others who have implemented the program and get their advice. If flexibility is not allowed or is strongly discouraged, this may not be the right model for your population.

## EVALUATION AND SUSTAINABILITY

By definition, the best EBPs have undergone sufficient evaluation by researchers to ensure that, if implemented correctly, they will yield consistent, positive outcomes among the majority of people participating in the programs. So on a fundamental level, it is really unnecessary to evaluate the outcomes of the EBP *per se* because this work has already been done. However, there may be other reasons to conduct an evaluation in connection with an EBP. You might want to check that the program is working as well in your community as the evidence suggests it will. This may be particularly important if the demographic characteristics of your participants are very different from those in the original study. In addition, some EBPs require participants to complete pre- and post-tests at the beginning and end of the series of sessions, or prior to and following each session. This information can be used to assess the value of the program to the participants and to the agency implementing the program.

In some cases, evaluation data are given to the researchers who designed and continue to test the program. This information can also be used to help agencies determine how effective they have been in delivering content, whether changes need to be made in future iterations of the program, and the value of the program to all concerned. Ideally, in order to measure progress or success, you need some objective data, such as attendance records and the number of people who complete a sufficient number of sessions versus those who participate only sporadically, as well as some

subjective data, such as participant satisfaction measures, the facilitator's impressions, and supervisors' observations of the facilitator at work. Even if the EBP does not have an official evaluation component, it's worthwhile to collect these types of data to help determine whether or not to initiate another program cycle or if program adjustments are needed.

Underlying the evaluation is the assumption that agency leadership and staff are willing to learn from the evaluation process and make changes for quality improvement purposes.

One of the CIAIP grantees, for example, ran several exercise EBP's in senior centers and hired several facilitators from among the ranks of its own agency's personnel, who were coming off other projects. These new facilitators received a good deal of training and were assigned to lead the EBP's. A supervisor monitored the classes and after a while came to the conclusion that despite the robust training they received, some of the facilitators were too inexperienced to reach the level of quality that the director of the CIAIP initiative expected. They did not grasp all the material, had little experience running groups, and were clearly uncomfortable serving as content experts. As a result, the director replaced these facilitators with new hires who had much more experience. This was a bold move—nobody likes to admit that their initial plans didn't work out, and nobody likes to lay off employees—but it was an important learning experience that will, it is hoped, lead to better outcomes.

Another CIAIP grantee collaborated with an academician to test out the EBP program he designed with clients in several public housing developments. The EBP required an extensive intake, which took one and a half hours to complete with each potential participant interested in taking the class. It took the grantee months to do all of those intakes; meanwhile, the potential participants lost interest and declined to participate once the grantee was ready to begin the program. The grantee informed the designer of the EBP of this problem and he revised the protocol, significantly shortening the intake process. This was a win-win situation for these two—the EBP designer got valuable feedback from the grantee and the grantee was able to maintain clients' interest in the program in future classes.

The ability to continue offering EBPs obviously depends on a number of factors, such as:

1. A steady supply of interested and suitable participants
2. Ability to recruit and retain participants in the program
3. Facilitators capable and willing to lead the program
4. Sufficient funds to cover the costs associated with the program
5. Space in which to run the program
6. Evidence that clients are benefiting from the program in some way (even if in the short term that benefit is simply increased social interaction; as one grantee pointed out, some EBPs strive for major behavioral change, which can take a long time)

As with any endeavor, there is a learning curve in EBP implementation; chances are the more experience you have with it, the better program delivery will be. On the other hand, if it's really difficult to find the funding to run the particular EBP program you are using, or to attract participants or facilitators, or if there is consistent attrition of participants over the course of the program or lack of satisfaction among them, it may be time to reconsider. With the wealth of evidence-based programs out there, it's likely that you will find one that better suits your budget and older adults in your community.

#### **What CIAIP grantees learned about evaluation and sustainability:**

- 1. Evaluation is important:** Evaluation is different from research. The goal of evaluation for the provider agency is to determine how valuable the EBP is to their clientele, how feasible it is to implement, and whether it is worth continuing to use the current model or an adaptation thereof.
- 2. Evaluation does not need to be expensive and time consuming:** It's important to consider what information you definitely need in order to determine whether the EBP was helpful to participants and a worthwhile investment for the agency; you don't need to collect data that you will likely not use for this purpose.
- 3. EBP data collection requirements may be useful to the provider agency:** If the EBP has data collection tools that address your questions and concerns, use them.
- 4. Sustainability includes many considerations:** Among these considerations are funding, size of potential future cohorts of participants, and the ability to maintain staffing requirements.

# CONCLUSION

Evidence-based programs can be an effective way to address the needs of older adults. Understanding the purpose of an EBP, its intended audience, what is involved in implementing the program, and program costs all play a role in determining whether or not a specific EBP is right for any agency and its clientele.

With the growing popularity of EBPs, agencies interested in implementing them have several resources to guide their selection. Considering all the elements and requirements of an EBP, as outlined in this brief, can help agencies choose the program that will be most appropriate and cost-effective for them.

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