

# Questions and Answers

## Definition of Evidence-Based effective July 1, 2015 in Louisiana:

- Demonstrated through evaluation to be effective for improving the health and wellbeing 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.

Evidence-based programs refer to organized and typically multi-component interventions with clearly identified linkages between core components of the program and expected outcomes for an identified target population. For example, an evidence-based falls prevention program could involve educational enrichment classes, as well as one or more evidence-based services (for example, strength and balance building exercises and/or a home environmental assessment component).

## Why are evidence-based initiatives in preventative health (Title IIID) important?

OAA Title IIID is intended to initiate programs designed to help older adults prevent and/or manage chronic diseases and promote healthier lifestyles. Healthy aging reduces healthcare costs and increases quality of life for older adults.

Evidence-based programs are shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. Older Americans are disproportionately

affected by chronic disease. Evidence-based programs can mitigate the negative impact of chronic diseases and related injuries, such as falls.

Evidence-based programs empower older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and self-management. Evidence-based initiatives provide the greatest impact given available funding. Before the FY-2012 Congressional appropriations included for the first time, an evidence-based requirement, States, Tribes, AAAs, and PSAs had already begun to shift their Title IIID funding towards evidence-based approaches to achieve better results for their limited funding.

## What are evidence-based programs?

Tested model programs are translated into practical, effective community-based programs. If you implement one, you will receive a packaged program with a variety of supportive materials. As a result, the program's content and fidelity will be consistent in all settings, and it will be easy to deliver. Packages usually include implementation manuals and specialized training. Examples of approved EBPs:

- HomeMeds, [www.HomeMeds.org](http://www.HomeMeds.org)
- AEA Arthritis Foundation Aquatic Program (AFAP), [www.aeawave.com](http://www.aeawave.com)
- Program of All-Inclusive Care for the Elderly (PACE), [www.npaonline.org](http://www.npaonline.org)
- Enhance Fitness, [www.projectenhance.org/EnhanceFitness.aspx](http://www.projectenhance.org/EnhanceFitness.aspx)
- Powerful Tools for caregivers, [www.powerfultoolsforcaregivers.org](http://www.powerfultoolsforcaregivers.org)

## Why use EBPs?

EBPs can benefit older adults with chronic disease and falls/balance problems, and can strengthen communities.

**Reduce Chronic Diseases and Falls:** The percentage of older individuals in the population has increased with each decade, and the proportion of persons 75 years and older has grown even faster. As a result, chronic diseases and falls have increased and are now the leading causes of death and disability among older Americans.

Fortunately, both chronic diseases and falls are highly preventable. EBPs can help turn the tide and raise older adults' quality of life—improving health behaviors, health and functional status, and overall well-being.

**Form Community Partnerships:** Equally important, community organizations and health care entities can partner to implement EBPs. Making community-clinical linkages is integral to promoting good health and reducing disease and disability.

## What are the benefits of EBPs?

EBPs work! They are based on rigorous study of interventions and model programs carried out with multiple populations in a variety of settings. Therefore, they are more likely to produce positive changes or outcomes for people who participate.

### **Benefits to Older Adults:**

- Improved quality of life.
- Increased self-efficacy in managing one's health.
- Increased or maintained independence, positive health behaviors, or mobility.
- Reduced disability (fewer falls, later onset or fewer years of disability, etc.)
- Reduced pain
- Improved mental health (including delays in loss of cognitive function and positive effects on depressive symptoms)

### **Benefits to Community-Based and Health Care Organizations:**

- More efficient use of available resources.
- Facilitation of partnership development and community/clinical linkages.
- Better health outcomes and a more positive health care experience.
- Fewer hospital and doctor visits and lower health care costs.
- Ease of replicating and spreading programs.
- Greater opportunity for varied funding sources, as programs get proven results.

## Is an “evidence-based program” the same as an “evidence-based service/practice”?

No. While the terms “evidence-based program” and “evidence-based service/practice” are often used interchangeably, the field distinguishes services/practices from programs. Evidence-based services/practices can be part of an evidence-based program, but the reverse is not always true. Title III-D funds are required to be used on evidence-based programs.

Specifically, evidence-based services/practices refer to strategies or activities utilized by evidence-based programs as part of their larger intervention. For example, evidence-based self-management programs ranging from diabetes prevention programs to pain management programs may incorporate similar evidence-based practices (i.e., blood pressure screenings or glucose checks) for recruiting and retaining older adults, building their skills, or engaging caregivers as

part of the overall program, even though the outcome goals of these programs may be very different.

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## What program(s) may my agency offer?

The Administration for Community Living/Administration on Aging (ACL/AoA) provides guidance:

- See programs that meet [highest-level criteria for Title III-D funding](#)
- <http://www.cdc.gov/homeandrecreationalafety/Falls/compendium.html>
- <http://www.nrepp.samhsa.gov/>
- <http://ccplanet.cancer.gov/>