

**STATE OF NEVADA  
AGING AND DISABILITY SERVICES DIVISION**

**SERVICE SPECIFICATIONS  
EVIDENCED-BASED PROGRAMS**

**Any exception to these Service Specifications must be requested in writing and approved by the Deputy Administrator of the Aging and Disability Services Division.**

**PURPOSE:**

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS and PROGRAM SPECIFIC REQUIREMENTS established for each type of funded service.

**SERVICE DEFINITION:**

Evidence-based health promotion and disease prevention programs are interventions that educate participants about their health conditions, how to manage them, and/or ways to adopt healthy behaviors to enhance their overall quality of life. These evidence-based programs provide education and tools which empower older adults to manage their health, thereby reducing health care utilization and costs associated with their health condition.

The Administration on Aging (AoA) and Older Americans Act (OAA) Title III-D set the criteria and authorize funding for evidence-based health promotion and disease prevention programs. AoA uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the Act: highest-level, intermediate-level, and minimal-level criteria. As of October 1, 2016, all evidenced-based, OAA Title III-D funded health promotion programs, must meet the highest level of evidenced-based criteria, per the description below.

See also Appendix A, for links to helpful resources and a list with descriptions of Evidenced-Based Programs that qualify for funding under OAA Title III-D, and Appendix B, for a checklist that helps determine if a program meets the highest-level criteria.

Highest-Level Criteria

- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; and
- Full translation has occurred in one or more community sites; and
- Dissemination products have been developed and are available to the public; and
- Meet the minimal and intermediate criteria listed below.

Intermediate-Level Criteria

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- Published in a peer-review journal; and
- Proven effective with older adult population, using some form of a control condition (e.g., pre-post study, case control design, etc.); and
- Some basis in translation for implementation by community-level organizations; and
- Meet the minimal criteria listed below.

Minimal-Level Criteria

- Demonstrated through evaluation to be effective for improving the health and wellbeing of, or reducing disease, disability and/or injury among, older adults; and
- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

SERVICE CATEGORIES AND UNIT MEASURES:

The following service category and unit measures must be used to document the amount of service provided.

A reporting template will be provided by ADSD based on the type of evidence-based program funded.

The programmatic service projection for the number of unduplicated clients served will be measured only against completers. A completer is defined by the evidenced-based fidelity requirements of each individual program.

***One unit of service equals one session or workshop completed, per completer (i.e., a session or workshop with four (4) completers would equal four (4) units of service). Successful program completion is based on the individual program requirements for successful programmatic completion.***

GENERAL REQUIREMENTS:

- Cooperate with third-party, periodic evaluation to ensure that the grantee is delivering the program with fidelity to the evidenced-based protocols and requirements.

SERVICE SPECIFICATIONS:

1. Deliver service in strict accordance with the evidenced-based program's fidelity requirements and protocols.
2. Maintain detailed records of program delivery dates, leaders and participants, using a sign-in list, to help support units of service reported to ADSD.

## APPENDIX A ADDITIONAL INFORMATION AND RESOURCES

- Administration for Community Living's Administration on Aging – Older Americans Act, Title III-D Services information, training and **additional resources**: <https://acl.gov/programs/health-wellness/disease-prevention>
- National Council on Aging, Center for Health Aging: <https://www.ncoa.org/center-for-healthy-aging/>
  - Offering Evidence-Based Programs: <https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/>
  - Common Highest-Tier Evidence-Based Health Promotion and Disease Prevention Programs (programs do not have to be on this chart to meet ACL's highest level criteria): <https://www.ncoa.org/resources/ebpchart/>
- Tip Sheet for Engaging People with Disabilities in Evidence-Based Programs (PDF File): [http://www.ncoa.org/assets/files/pdf/Disabilities-Tip-Sheet\\_Final061915.pdf](http://www.ncoa.org/assets/files/pdf/Disabilities-Tip-Sheet_Final061915.pdf)

**APPENDIX B  
DETERMINATION OF AN EVIDENCE-BASED PROGRAM**

**Older Americans Act Title IIID  
ACL's Evidence-Based Program Assessment Checklist**



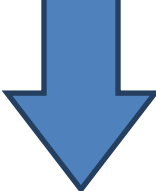
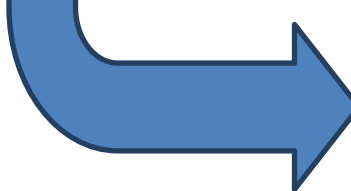
This checklist can help State Units on Aging or Area Agencies on Aging assess whether health promotion program for older adults meets the Administration for Community Living (ACL)/ Administration on Aging (AoA) criteria for a highest-level evidence-based program. More information can be found at <https://acl.gov/programs/health-wellness/disease-prevention>.

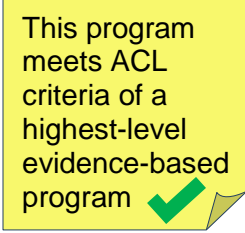
NOTE: Completing this checklist is NOT an ACL requirement, and this checklist should NOT be submitted to ACL.

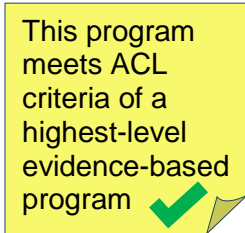
Name of the program being assessed: \_\_\_\_\_  
What is the program's website (optional)? \_\_\_\_\_

**Assessment:**

**Does the program meet ACL's highest-level evidence-based program criteria?**

1. Is this program listed on the National Council on Aging's chart of highest-level evidence-based health promotion programs (found at <a href="https://www.ncoa.org/resources/ebpchart/">https://www.ncoa.org/resources/ebpchart/</a> )?	
<input type="radio"/> NO	<input type="radio"/> YES
	
2. Is this program considered to be an evidence-based program by an operating division (agency) of the U.S. Department of Health and Human Services? HHS Agencies: ACF, ACL, AHRQ, ATSDR, CDC, CMS, FDA, HRSA, IHS, NIH, SAMHSA	
<input type="radio"/> NO	<input type="radio"/> YES
	





Go to next page for Question 3

3. Does the program meet the following criteria? Check all that apply (clarifying definitions for some of the criteria can be found in the Definitions section)

- Demonstrated through evaluation to be effective for improving the health and wellbeing of older adults or reducing disease, disability and/or injury among older adults
- Proven effective with older adult population, using experimental or quasi-experimental design
- Research results published in a peer-reviewed journal
- Fully translated in one or more community site(s)
- Includes developed dissemination products that are available to the public

<input type="radio"/> <b>NO: If you <u>cannot</u> check ALL FIVE of the criteria above</b>	<input type="radio"/> <b>YES: If you <u>can</u> check ALL FIVE of the criteria above</b>
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As of 10/1/2016, Title IIID funds CANNOT be used to pay for this program ❌

This program meets ACL criteria of a highest-level evidence-based program ✅

**Definitions:**

- **Experimental design:** A research design where participants are randomly assigned to either the treatment group or the control group.
- **Quasi-experimental design:** A research design with a control group and treatment group, but where the groups are not created using random assignment.
- **Translated:** For purposes of the Title IIID definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before.
- **Dissemination products:** Tools and materials to guide the implementation of the program for leaders and/or participants. Examples could include: program workbooks, facilitator guides, and interactive software.

- **Peer-reviewed journal:** A scholarly or research journal publishing research articles that have gone through peer review—the process by which manuscripts are submitted for publication to the journal and are reviewed by subject matter experts for quality of research and adherence to editorial standards. The peer reviewers comment upon, evaluate, and ultimately approve or reject the manuscript.
- **Program:** For purposes of the Title IID definitions, a program is an established set or sequence of activities and inputs, delivered in a prescribed way, designed to result in specific outputs, leading to specific outcomes. In general, a program can be implemented in the exact same way across different locations and times.

A program should have previously developed resources for the leader/organization to guide its implementation and should have specific materials for program participants to use and/or specific actions to follow.

A program is different than materials or resources that stand alone and do not directly relate to specific activities or implementation methods. For example, a well-researched booklet about ways to reduce your risk of heart disease is not in itself a program. However, such a booklet could be part of a program, where a trained facilitator guides a class of participants through using this booklet, has activities related to the information within the booklet, with specific goals and outcomes expected from these activities, and the class meets for a set period of time or performance.