



Aging and Disability Evidence-Based Programs and Practices (ADEPP) Guide to Reviewing Evidence-Based Programs

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Purpose of This Guide

The ADEPP Guide to Reviewing Evidence-Based Programs has been developed to provide information on the Aging and Disability Evidence-Based Programs and Practices (ADEPP) intervention review process. ADEPP has been funded by the Administration for Community Living (ACL) to improve access to information on evidence-based interventions with the ultimate goal of reducing the lag time between the creation of scientific knowledge and its practical application in the field. ADEPP intervention reviews are summarized and posted on the Web page of the [Office of Performance and Evaluation within ACL's Center for Performance and Evaluation](#).

The information contained in this guide may serve as a tool for other agencies interested in conducting their own rigorous assessments of evidence-based interventions. Agencies and organizations can follow the ADEPP review model to systematically assess the quality of research and the implementation readiness of an intervention before it is considered an evidence-based program.

In addition to the brief description of the relevance of ADEPP to Title IIID funding requirements of evidence-based programs below, this guide provides review procedures, glossary, additional resources for evidence-based programs, and samples of ADEPP review forms.

ADEPP Relevance to Title IIID Funding

Interventions that have undergone an ADEPP review have been determined to meet the highest-level criteria for Title IIID funding of the Older Americans Act as well as the operational definition of “evidence-based” that will be effective on October 1, 2016. The definition for Title IIID funding states that a program will be considered evidence based if it meets the following criteria:¹

- 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.

ADEPP provides a comprehensive, analytical overview of select interventions that have already met the Title IIID funding definition of “evidence-based.” Because ADEPP provides information on a limited number of evidence-based programs, it is not meant to be an exhaustive list. Many other evidence-based programs not currently listed on ADEPP may be considered for implementation supported with Title IIID funding if they meet the “evidence-based” definition.

¹ Administration on Aging, Disease Prevention and Health Promotion Services (OAA Title IIID). http://aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx

ADEPP Eligibility and Submission Process

Intervention developers must demonstrate that their interventions are eligible for review and meet minimum requirements during the submission process. Developers submit their interventions to ACL, and these are then shared with review contract staff to confirm that the documentation is adequate and the interventions are eligible for review. Failure to meet any of the minimum requirements results in an intervention not being accepted for review. For interventions not accepted, developers are advised to resubmit when they are able to demonstrate that their intervention meets all five review requirements.

ADEPP Review Process

ADEPP intervention reviews involve parallel assessments of the intervention's Quality of Research (QOR) and Readiness for Dissemination (RFD), each of which is conducted by a pair of independent expert reviewers.

The review process is guided by standard review criteria and rating anchors; procedure forms and templates; and contract staff who oversee the review process and serve as liaisons to developers, reviewers, and ACL. Each intervention review culminates in the development of an intervention summary report that includes descriptive information about the intervention, ratings and strengths and weaknesses from the QOR and RFD assessments, information highlighting translational work conducted by the developer or others, costs of program implementation, and contact information for the intervention's research point of contact and implementation point of contact. While costs of program implementation are not rated, information in the intervention summary report reflects the costs at the time of the review.

ADEPP Eligibility Criteria for Review

ADEPP uses a voluntary process in which intervention developers elect to participate. Interventions accepted for review *must meet five requirements*:

1. The intervention has been tested through randomized controlled trials (RCTs) or quasi-experimental studies.
2. The study results have been published in a peer-reviewed journal.
3. The study findings include one or more positive significant outcomes ($p \leq .05$) favoring the intervention group over the control/comparison group in a between-group analysis.
4. Implementation materials are available and ready for dissemination.
5. Translational work of the intervention has been undertaken and documented in a journal article or technical report.

Contract Support for the ADEPP Review Process

Contract staff critical to the ADEPP review process include the following:

- Project Manager
- Program Review Manager
- QOR Review Coordinator
- RFD Review Coordinator
- Technical Editor
- Section 508 Compliance Specialist

ADEPP contract staff oversee all ADEPP review procedures, including training subject matter expert reviewers to conduct the QOR and RFD reviews. They also serve as liaisons between reviewers and program developers to maintain the reviewers' anonymity throughout the review process. Staff request documentation and clarification from the developers to address questions from reviewers and work with reviewers to establish consensus in reviewer ratings. Contract staff abstract information from documents

submitted by the developer and incorporate reviewer ratings and comments to draft the intervention summary report for ACL approval. Finally, staff work with developers to obtain consent to post the intervention summary report before the final version is submitted for Section 508 compliance testing and publication on the ADEPP Web page.

The ADEPP review procedures and forms are outlined in the next section. The glossary includes definitions of key terminology. The roles of the contract staff, developer, and ACL as they relate to each step of the review process are summarized in Figure 1.

Step-by-Step Review Process

Step 1: After ADEPP staff screen the initial submission documents and determine that the intervention meets eligibility criteria for review, they invite the program submitter to complete a Principal form. The Principal form is completed by a single individual for each program reviewed by ACL. The Principal serves as the main point of contact with the review staff, coordinates efforts to gather appropriate review materials, makes decisions on the studies and outcomes to be reviewed, and coordinates the review and approval of the intervention summary report.

Step 2: The Principal, his/her designees, review staff, and ACL participate in a kickoff call to identify additional documentation for the QOR and RFD reviews and to request additional information to develop the intervention summary report. During the kickoff call, the Principal and review staff develop a timeframe to obtain materials and initiate the review process.

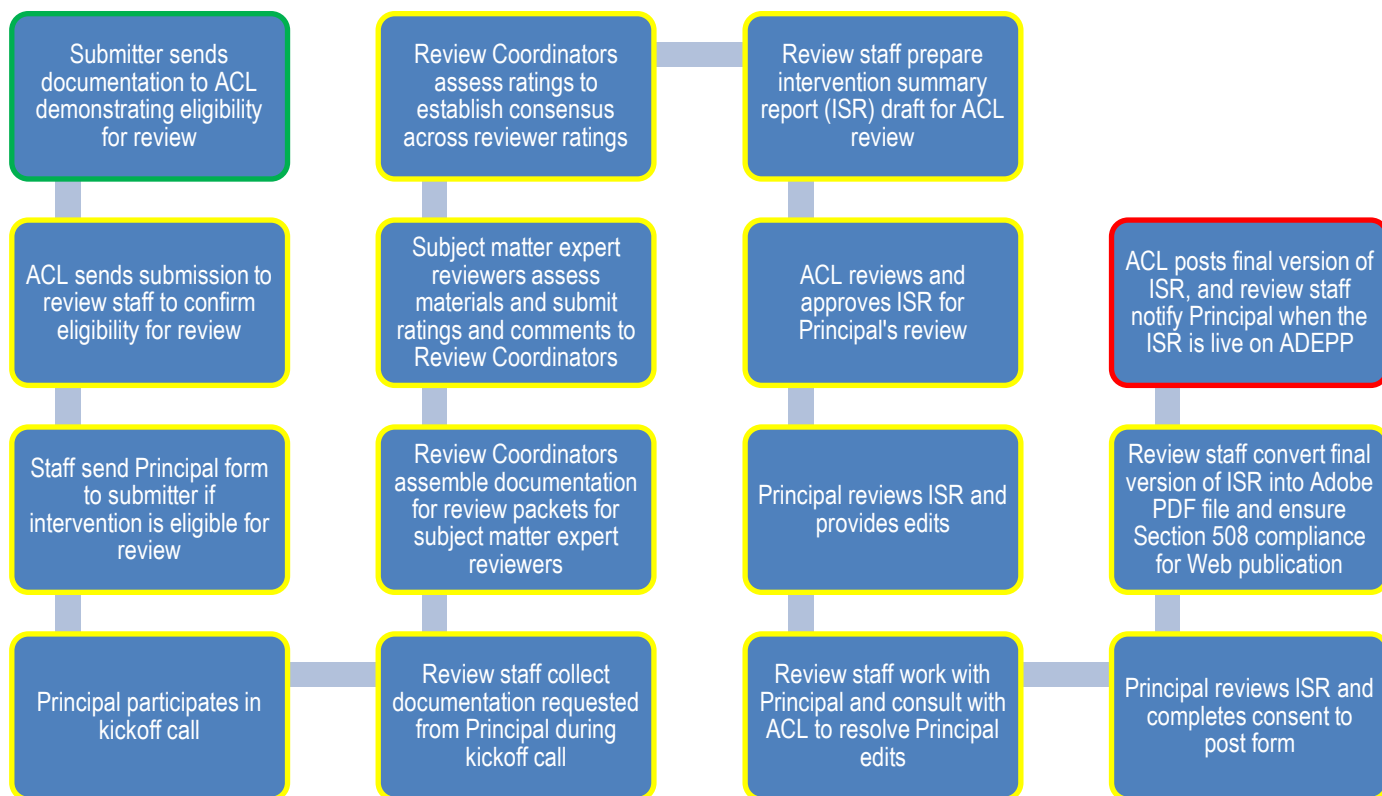
Step 3: Review staff prepare review packets with the documentation provided by the Principal to address each criterion for QOR and RFD. If review staff determine that additional clarification is needed, they contact the Principal by telephone or email to request clarification. The Principal approves the number and selection of studies and outcomes to be reviewed.

Step 4: The QOR Review Coordinator recruits two independent reviewers to conduct the review, provides reviewers with the review packet and copies of documentation (i.e., studies, supporting documents), and determines a due date for reviewers to submit ratings and comments. Concurrently, the RFD Review Coordinator recruits two independent reviewers, shares materials to be rated for RFD with reviewers in the format in which they were submitted by the developer, and determines a due date for reviewers to submit ratings and comments. The RFD Coordinator often sends the reviewers hard-copy materials by Federal Express or, if materials were submitted electronically, sends the reviewers the electronic materials by e-mail.

Step 5: QOR and RFD reviewers submit their ratings using a standard reviewer rating form that includes the review criteria, rating anchors, and a note field to document reviewer comments on the strengths and weaknesses of the studies or program materials. The reviewers submit their rating form to the respective Review Coordinator by email. All communication between the Review Coordinator and reviewers is conducted by email with the exception of a consensus call. This call is conducted if reviewer ratings are not in consensus and attempts by the Review Coordinator to reach consensus with reviewers by email are unsuccessful. (Ratings are not in consensus if ratings are more than 2 points apart on any criterion within an outcome or more than 1 point apart across the six criteria within an outcome.)

Step 6: The QOR and RFD Coordinators draft their respective sections of the intervention summary report, incorporating the information requested from the program developer at the kickoff call and reviewer ratings and comments. Contract staff format and edit the draft intervention summary to maintain standard stylistic guidelines and Section 508 compliance for Web publication on ADEPP. The final version of the intervention summary report is reviewed and approved by ACL and the Principal. The Principal completes a consent to post form after approving the final version of the summary.

Figure 1. ADEPP Review Process Workflow



Understanding QOR and RFD Reviews

This section summarizes the review criteria and rating anchors for QOR and RFD reviews. A list of sample documentation shared with reviewers to facilitate their assessment of the intervention using the QOR and RFD criteria is also included.

QOR Review

Under supervision of the QOR Review Coordinator, the QOR review is conducted by two trained doctoral-level reviewers with expertise in research methodology and subject matter expertise in older adult interventions, with a subspecialty in at least one of the six ADEPP topics areas. QOR reviewers provide ratings on a scale from 0 (low) to 4 (high) for outcome-level assessments of up to three studies and three supporting documents for QOR. To provide comprehensive yet user-friendly intervention summary reports, most interventions reviewed have been limited to five statistically significant outcomes reviewed across a maximum of three studies for QOR. The QOR criteria and definitions, rating anchors, and sample documentation are provided in Table 1.

Table 1. QOR Rating Criteria and Anchors

Criteria and Definition	Anchors	Sample Documentation
<p>Reliability of Measures Outcome measures should have acceptable reliability to be interpretable. “Acceptable” here means reliability at a level that is conventionally accepted by experts in the field.</p>	<p>0 = Absence of evidence of reliability or evidence that some relevant types of reliability (e.g., test-retest, interrater) did not reach acceptable levels.</p> <p>2 = All relevant types of reliability have been documented to be at acceptable levels in studies by the applicant.</p> <p>4 = All relevant types of reliability have been documented to be at acceptable levels in studies by independent investigators.</p> <p>99 = No information.</p>	<p>Study articles and/or supporting documentation noting the psychometric properties of each measure.</p>
<p>Validity of measures Outcome measures should have acceptable validity to be interpretable. “Acceptable” here means validity at a level that is conventionally accepted by experts in the field.</p>	<p>0 = Absence of evidence of measure validity, or some evidence that the measure is not valid.</p> <p>2 = Measure has face validity; absence of evidence that measure is not valid.</p> <p>4 = Measure has one or more acceptable forms of criterion-related validity (correlation with appropriate, validated measures or objective criteria); OR, for objective measures of response, there are procedural checks to confirm data validity; absence of evidence that measure is not valid.</p> <p>99 = No information.</p>	
<p>Intervention fidelity The “experimental” intervention implemented in a study should have fidelity to the intervention proposed by the applicant. Instruments that have tested acceptable psychometric properties (e.g., interrater reliability, validity as shown by positive association with outcomes) provide the highest level of evidence.</p>	<p>0 = Absence of evidence or only narrative evidence that the applicant or provider believes the intervention was implemented with acceptable fidelity.</p> <p>2 = There is evidence of acceptable fidelity in the form of judgment(s) by experts, systematic collection of data (e.g., dosage, time spent in training, adherence to guidelines or a manual), or a fidelity measure with unspecified or unknown psychometric properties.</p> <p>4 = There is evidence of acceptable fidelity from a tested fidelity instrument shown to have reliability and validity.</p> <p>99 = No information.</p>	<p>Study articles and/or supporting documentation noting information on implementation training procedures, quality assurance procedures, fidelity tools, and ongoing supervision of intervention delivery.</p>

Criteria and Definition	Anchors	Sample Documentation
<p>Missing data and attrition Study results can be biased by participant attrition and other forms of missing data. Statistical methods as supported by theory and research can be employed to control for missing data and attrition that would bias results, but studies with no attrition or missing data needing adjustment provide the strongest evidence that results are not biased.</p>	<p>0 = Missing data and attrition were taken into account inadequately, OR there was too much to control for bias.</p> <p>2 = Missing data and attrition were taken into account by simple estimates of data and observations or by demonstrations of similarity between remaining participants and those lost to attrition.</p> <p>4 = Missing data and attrition were taken into account by more sophisticated methods that model missing data, observations, or participants, OR there were no attrition or missing data needing adjustment.</p> <p>99 = No information.</p>	<p>Study articles and/or supporting documentation noting the extent of missing data and attrition and whether statistical management procedures addressed missing data and attrition.</p>
<p>Potential confounding variables Often variables other than the intervention may account for the reported outcomes. The degree to which confounds are accounted for affects the strength of causal inference.</p>	<p>0 = Confounding variables or factors were as likely to account for the outcome(s) reported as were the hypothesized causes.</p> <p>2 = One or more potential confounding variables or factors were not completely addressed, but the intervention appears more likely than these confounding factors to account for the outcome(s) reported.</p> <p>4 = All known potential confounding variables appear to have been completely addressed in order to allow causal inference between the intervention and outcome(s) reported.</p> <p>99 = No information.</p>	<p>Study articles and/or supporting documentation noting potential confounding variables and impact on outcome data.</p>
<p>Appropriateness of analysis is necessary to make an inference that an intervention caused reported outcomes.</p>	<p>0 = Analyses were not appropriate for inferring relationships between intervention and outcome, OR sample size was inadequate.</p> <p>2 = Some analyses may not have been appropriate for inferring relationships between intervention and outcome, OR sample size may have been inadequate.</p> <p>4 = Analyses were appropriate for inferring relationships between intervention and outcome. Sample size and power were adequate.</p> <p>99 = No information.</p>	<p>Study articles and/or supporting documentation noting statistical tests and sample sizes.</p>

RFD Review

The RFD Review Coordinator monitors the review process by recruiting two expert reviewers, one with a background in implementation and the other with subject matter expertise in the intervention’s topic area (e.g., health and wellness, long-term services and supports). RFD reviewers are not required to have a Ph.D., although many have had one. RFD reviewers assess the quality and availability of implementation, training, and quality assurance materials. While implementation materials may evolve over time, the RFD review is based on the availability and quality of implementation materials at the time of the review and in the form in which they are disseminated to the public (e.g., hard copy, Web-based). The RFD criteria, rating anchors, and sample documentation are provided in Table 2.

Table 2. RFD Rating Criteria and Anchors

Criteria and Examples	Anchors	Sample Documentation
<p>Availability of implementation materials (e.g., treatment manuals, brochures, information for administrators)</p>	<p>0 = No materials or resources are available that could assist with program implementation.</p> <p>1 = Limited materials and resources are available that could facilitate but not directly assist with program implementation.</p> <p>2 = Limited materials and resources are available that directly assist with program implementation.</p> <p>3 = Adequate materials and resources are available that directly assist with program implementation.</p> <p>4 = Adequate materials and resources are available that directly assist with program implementation, and they are of high quality and appropriate for the intended audience(s).</p>	<p>Manuals, guidebooks, workbooks, curricula, and videos that include information on the core components of the intervention, staff qualifications, target population, and organizational readiness.</p>
<p>Availability of training and/or support resources (e.g., tested training curricula, mechanisms for ongoing supervision and consultation)</p>	<p>0 = No materials, resources, and/or technical assistance are available that support training or coaching.</p> <p>1 = Limited materials, resources, and/or technical assistance are available that could facilitate but not directly support training and coaching.</p> <p>2 = Limited materials, resources, and/or technical assistance are available to directly support training and coaching.</p> <p>3 = Adequate materials, resources, and/or technical assistance are available that directly support training and coaching.</p> <p>4 = Adequate materials, resources, and technical assistance are available that directly support training and coaching, and they are of high quality and appropriate for the intended audience(s).</p>	<p>Training manuals and documentation on the level of technical assistance, consultation, coaching, webinars, and/or other developer support available to ensure implementation success at new sites.</p>

Criteria and Examples	Anchors	Sample Documentation
<p>Availability of quality assurance procedures (e.g., protocols for gathering process and/or outcome data, ongoing monitoring of intervention fidelity, supervision/training feedback)</p>	<p>0 = No materials, resources, and/or procedures are available that could help ensure quality assurance.</p> <p>1 = Limited materials, resources, and/or procedures are available that could facilitate but not directly assist in ensuring quality assurance.</p> <p>2 = Limited materials, resources, and/or procedures are available to directly support quality assurance.</p> <p>3 = Adequate materials, resources, and/or procedures are available that directly support quality assurance.</p> <p>4 = Adequate materials, resources, and/or procedures are available that directly support quality assurance, and they are of high quality and appropriate for the intended audience(s).</p>	<p>Tools and quality assurance systems that track outcome and fidelity measures for use by new implementing sites.</p>

ADEPP Interventions and Topic Areas

In 2011, three intervention reviews in the areas of (1) health and wellness and (2) long-term services and supports were completed for ADEPP. Three additional interventions in the area of mental health promotion for older adults were identified on the [National Registry of Evidence-Based Programs and Practices](#) (NREPP) Web site, and NREPP reviews of these three interventions were used to develop intervention summary reports for ADEPP. The ADEPP Web page launched in 2012 with six evidence-based programs for older adults.

To date, 12 intervention reviews have been completed and posted on ADEPP. These interventions address topic areas such as caregiver and family support, health and wellness, long-term services and supports, and mental health promotion.

Topic Areas for ADEPP Interventions

Interventions on ADEPP include a range of topics:

- Caregiver and family support
- Health and wellness
- Long-term services and supports
- Mental health promotion

Committing to a Productive Evidence-Based Program Review

While an evidence-based program review process may seem like a daunting task for a developer, there is a clear benefit of participating in a review: the opportunity to promote the uptake of evidence-based programs to improve the lives of older adults and individuals with disabilities.

The length of the ADEPP review process has ranged from 6 to 9 months after a program has been accepted for review. Many factors have affected the length of reviews. Some factors have been adequately mitigated with planning (i.e., establishing realistic deadlines and expectations for developers), while others (i.e., unavailability of subject matter expert reviewers to conduct reviews) have required increased flexibility. The use of standard operating procedures; templates; and language to communicate

with ACL, developers, and expert reviewers have been seen as facilitators to maintain the integrity of an unbiased review process.

For more than 4 years, the procedures outlined in this guide have served as a solid evaluation framework for assessing the rigor of studies supporting an intervention's evidence base and the readiness of the intervention for implementation by the Aging Network. Through this guide, ACL hopes to share the successes of the ADEPP review process with others so that future evidence-based program initiatives can benefit from the knowledge imparted from the intervention reviews.

Glossary

Aging and Disability Evidence-Based Programs and Practices (ADEPP). A Web page of the Administration for Community (ACL) providing information on evidence-based programs for older adults and individuals with disabilities. ADEPP is a voluntary system in which intervention developers elect to participate. All interventions on ADEPP have met minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

Conflict of interest (COI) form. The standard form that must be completed and signed by each reviewer prior to initiating an ADEPP review for ACL. COIs may arise from a financial or other relationship that could adversely affect the complete, accurate, and objective review of proposed or completed research and evaluation studies as well as dissemination materials.

Consent to post form. The standard form that must be completed and signed by the Principal to indicate approval for posting an intervention summary on the ADEPP Web page.

External reviewers. Subject matter experts who independently review each intervention. For each intervention, ADEPP contract staff assign two pairs of reviewers: one for the QOR review and one for the RFD review.

Intervention summary report (ISR). A document posted on ADEPP for each intervention reviewed by ACL. The ISR includes descriptive information about the intervention, ratings from QOR and RFD reviews, translational work conducted on the intervention, and contact information to obtain additional information about the intervention's research and implementation. The report includes the following sections: Program Description, Descriptive Information, Quality of Research, Readiness for Dissemination, Costs, Other Citations, Translational Work, and Contacts.

Kickoff call. A conference call attended by the Principal and his/her designees, ACL, and the contractor to summarize the articles and documents supplied to ADEPP for the QOR and RFD components of the review and request any additional information and documentation needed. The kickoff call serves as an opportunity to provide an overview of the review process, establish due dates for materials, and address questions or concerns from the Principal regarding the review process.

National Registry of Evidence-based Programs and Practices (NREPP). A searchable online database administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) that describes mental health and substance abuse interventions. All interventions in the registry have met NREPP's minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

Principal. The single individual designated for each program reviewed by ACL who serves as the main point of contact during the review process and has the authority to fulfill key responsibilities during the review. Typically, the Principal is the program developer who also conducted the intervention research.

Principal form. The standard form completed by an individual to designate that person as the Principal for an intervention to be reviewed by ACL. In accepting this designation, the individual agrees to fulfill the following responsibilities: (1) serve as the main point of contact with ACL's contractor during the review; (2) coordinate efforts for gathering appropriate review materials (including gathering all research and implementation materials required for the review and identifying key research and program staff who are knowledgeable about the materials to be reviewed and who can participate in the kickoff call); (3) work with the contractor to decide the studies and outcomes to be reviewed (including soliciting input from other staff or researchers involved with the studies, if appropriate); (4) coordinate the review and comment process for the intervention summary report (including soliciting and combining feedback from other staff or researchers, if necessary, and submitting one response); and (5) approve the final intervention summary report for posting on the ADEPP Web page.

Quality of Research (QOR). One of the two categories of ADEPP ratings. QOR ratings quantify the strength of evidence supporting the results or outcomes of the intervention. Each outcome is rated separately. This is because interventions may target multiple outcomes, and the evidence supporting the different outcomes may vary. These QOR ratings are followed by brief “Strengths and Weaknesses” statements explaining the factors that may have contributed to high or low ratings. QOR ratings are assessed by doctorate-level external reviewers with a background in methodology and the intervention’s topic area.

Quality of Research (QOR) Review Coordinator. A member of the contract staff responsible for facilitating the QOR review process. The QOR Review Coordinator requests documentation from the Principal to complete a review packet for reviewers, conducts a preliminary review of QOR materials to ensure an adequate set of materials are available for review, recruits and assigns reviews to reviewers based on their expertise, establishes consensus in reviewer ratings, drafts QOR sections of the intervention summary report, and liaises between QOR reviewers and the Principal during the review.

Readiness for Dissemination (RFD). One of the two categories of ADEPP ratings. RFD ratings quantify and describe the quality and availability of an intervention’s training, implementation, and quality assurance materials. More generally, they describe how easily the intervention can be implemented with fidelity in a real-world application using the materials and services that are currently available to the public. RFD ratings are assessed by expert reviewers with a background in implementation and the intervention’s topic area.

Readiness for Dissemination (RFD) Review Coordinator. A member of the contract staff responsible for facilitating the RFD review process. The RFD Review Coordinator requests documentation from the Principal to complete a review packet for reviewers, conducts a preliminary review of RFD materials to ensure an adequate set of materials are available for review, recruits and assigns reviews to reviewers based on their implementation and topic area expertise, establishes consensus in reviewer ratings, drafts implementation history and RFD sections of the intervention summary report, and liaises between RFD reviewers and the Principal during the review.

Review packet. Packet of materials and information assembled by ADEPP contract staff that is given to external reviewers to assess QOR or RFD. The QOR review packet includes copies of studies and supporting documents, and the RFD review packet contains dissemination materials.

Translational work. Documentation summarizing the implementation of an intervention submitted for review that has been implemented by a community-level organization. Translational work can be initiated by the program developer or through other organizational partnerships and collaborations.

Additional Resources for Evidence-Based Programs

- **Substance Abuse and Mental Health Services Administration: National Registry of Evidence-based Programs and Practices (NREPP) Learning Center**

The NREPP Learning Center is a resource to support the selection and adoption, implementation, and evaluation of evidence-based programs and practices. The Learning Center includes short online learning modules, systematic reviews in mental health areas, information on comparative effectiveness research, and tools (e.g., checklists, surveys, screening tools) to aid in the selection and implementation of evidence-based programs.

URL: <http://www.nrepp.samhsa.gov/LearnLanding.aspx>
- **National Cancer Institute: Cancer Control P.L.A.N.E.T. and Research-tested Intervention Programs (RTIPs)**

P.L.A.N.E.T. is a portal that provides access to data and resources that can help planners, program staff, and researchers design, implement, and evaluate evidence-based cancer control programs. As a resource on P.L.A.N.E.T., RTIPs is a searchable database of cancer control interventions and program materials designed to provide program planners and public health practitioners with easy and immediate access to research-tested materials. RTIPs resources include tools to support the assessment of interventions, implementation, and adoption (e.g., *RTIPs Submission and Review Process: A Guide for Program Developers*; *Putting Public Health Evidence in Action Training Workshop*; *RE-AIM*).

URL: <http://rtips.cancer.gov/rtips/index.do> and <http://cancercontrolplanet.cancer.gov/>
- **Centers for Disease Control and Prevention: The Community Guide**

The Community Guide is a resource for evidence-based recommendations and findings of the Community Preventive Services Task Force. The Community Guide uses a science-based approach to cover many health topics (e.g., oral health, diabetes, health communication, nutrition) and types of interventions for behavior change, disease prevention, and environmental change, with the goal of identifying where more research is needed. Additional resources include publications, videos, and systematic reviews about specific programs and policies.

URL: <http://www.thecommunityguide.org/>
- **Community Research Center (CRC) for Senior Health Toolkit**

CRC for Senior Health is a multi-institutional, multi-disciplinary research center created to develop, implement, evaluate, and disseminate evidence-based interventions that address senior health. CRC for Senior Health develops and makes available training materials, evaluation tools, and data management systems that facilitate the implementation of evidence-based health interventions. The CRC Senior Health Toolkit offers materials to help health care organizations consider evidence-based programming to promote older adult health and well-being. CRC for Senior Health is a partnership among Scott & White Healthcare, the Texas A&M Health Science Center School of Public Health, and the Central Texas Area Agency on Aging/Aging and Disability Resource Center.

URL: <http://www.evidencetoprograms.com/>
- **Public Health Agency of Canada: Canadian Best Practices Portal**

The Best Practices section of the Portal is a searchable list of chronic disease prevention and health promotion interventions that provides program planners and public health practitioners with easy and immediate access to successful public health programs, interventions, and policies that have been evaluated in Canada and outside of Canada and have the potential to be adapted and used. Interventions for the Canadian Best Practices Portal undergo a rigorous assessment and must meet five mandatory criteria: (1) focus on population health, (2) evaluation of the intervention, (3) impact of the intervention on health-related outcomes, (4) evidence of replicability and adaptability of the intervention, and (5) authoritative and credible source of the intervention.

URL: <http://cbpp-pcpe.phac-aspc.gc.ca/interventions/>

Appendix A
Principal Form

**Aging and Disability Evidence-Based Program and Practices (ADEPP) Review for the Administration for
Community Living (ACL)
PRINCIPAL FORM**

A single individual must be designated as the Principal for each program reviewed by ACL. This individual must have the authority to fulfill the following responsibilities:

- Serve as the main point of contact with ACL's contractor during the review.
- Coordinate efforts for gathering appropriate review materials. This includes gathering all research and implementation materials required for review and identifying key research and program staff who are knowledgeable about the materials to be reviewed and who can participate in the kickoff call.
- Work with staff to decide the studies and outcomes to be reviewed. This may include soliciting input from other staff or researchers involved with the studies, if appropriate.
- Coordinate the review and comment process for the intervention summary report. This includes soliciting and combining feedback from other staff or researchers, if necessary, and submitting one response.
- Approve the final intervention summary report for posting on the ADEPP Web page.

This form is to be completed by the Principal

Please identify one person to serve as the Principal for the ACL review of this program:

Name of the Program: _____

Name of the Principal: _____

Position/Title: _____ Organization: _____

Phone: _____ Fax: _____ Email: _____

Please provide the name, role, organization, and contact information for each person, other than yourself, who was instrumental in developing the program, creating implementation components, or researching or evaluating the program. (Note: This list should include any coprincipal investigators for single-site or multisite trials.)

(Attach another page if more space is needed.)

In addition, please provide documentation in writing (email or hard copy) from each Individual named above confirming that you are the appropriate person to serve as the Principal for this ACL review.

I have received permission from all individuals listed above to serve as the Principal for this ACL review. I attest that the above statements are true to the best of my knowledge, and I agree to notify staff if any change occurs regarding my role as the Principal for this ACL review.

Principal's Signature

Date

Reviewed by Title

Date

Appendix B
Conflict of Interest Form

**ADEPP PROGRAM REVIEWER:
CONFLICT OF INTEREST (COI) DECLARATION**

This COI form must be completed and signed by each Reviewer prior to initiating an Aging and Disability Evidence-Based Programs and Practices (ADEPP) review for the Administration for Community Living (ACL).

Reviewer Name: _____

Name of Intervention Under Review: _____

Principal Investigator(s)/Developer(s): _____

Conflicts of interest may arise from a financial or other relationship that could adversely affect the complete, accurate, and objective review of proposed or completed research and evaluation studies. ACL must be assured that reviewers have disclosed any financial interests related to the sponsorship of the research/evaluation or intervention, and/or financial interests in other entities whose financial interests would reasonably appear to be affected by the outcome of the review. Concerns are raised when financial considerations may compromise or even have the appearance of compromising an investigator's professional judgment and independence in the conduct of a research-focused evaluation.

Please answer the following questions to the best of your knowledge regarding your financial interests with the **sponsor/owner/developer** of the intervention or **other entities** whose financial interests would reasonably appear to be affected by the outcome of the ACL reviews.

1. Do you have any financial interests related to this applicant or intervention?

- No
 Yes

2. Do you have any financial interests in **other entities** whose financial interests could be affected by the overall effectiveness ratings of the applicant or intervention?

- No
 Yes

3. Do you have professional affiliations, past or present, which could limit or appear to limit your objectivity in rating this applicant or intervention?

- No
 Yes

If you answered "Yes" to any of the above questions, please describe:

Affidavit:

I attest that the above statements are true to the best of my knowledge, and I agree to notify staff if any change occurs regarding my financial interests throughout the duration of the reviews that may constitute a conflict of interest.

Reviewer Signature

Date

Reviewed by/Title

Date

Appendix C
Intervention Summary Report Template

PROGRAM DESCRIPTION

DESCRIPTIVE INFORMATION

Areas of Interest	<ul style="list-style-type: none"> ▶ Caregiver support ▶ Health and wellness ▶ Long-term services and supports ▶ Mental health promotion ▶ Nutrition
Outcomes	<p>Review Date: [Month YEAR]</p> <ul style="list-style-type: none"> ▶ ▶
Ages	<ul style="list-style-type: none"> ▶ 0–5 (Early childhood) ▶ 6–12 (Childhood) ▶ 13–17 (Adolescent) ▶ 18–25 (Young adult) ▶ 26–49 (Adult) ▶ 50–60 (Older adult) ▶ 61–74 (Older adult) ▶ 75–84 (Older adult) ▶ 85+ (Older adult) ▶ Data were not reported/available.
Genders	<ul style="list-style-type: none"> ▶ Female ▶ Male ▶ Data were not reported/available.
Races/Ethnicities	<ul style="list-style-type: none"> ▶ American Indian or Alaska Native ▶ Asian ▶ Black or African American ▶ Hispanic or Latino ▶ Native Hawaiian or other Pacific Islander ▶ White ▶ Race/ethnicity unspecified ▶ Non-U.S. population ▶ Data were not reported/available.
Settings	<ul style="list-style-type: none"> ▶ Adult day care ▶ Assisted living facility ▶ Church ▶ Community-based organization ▶ Continuing care retirement community ▶ Health center

	<ul style="list-style-type: none"> ▶ Home ▶ Inpatient hospital ▶ Outpatient ▶ Residential care facility ▶ School ▶ Senior center ▶ Skilled nursing facility ▶ Workplace ▶ Other community settings
Geographic Locations	<ul style="list-style-type: none"> ▶ Urban ▶ Suburban ▶ Rural and/or frontier ▶ Tribal
Funding/CER Studies	<ul style="list-style-type: none"> ▶ Partially/fully funded by Administration on Aging ▶ Partially/fully funded by National Institutes of Health ▶ Evaluated in comparative effectiveness research studies
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
Implementation History	
Adaptations	No population- or culture-specific adaptations were identified by the developer.

QUALITY OF RESEARCH

Review Date: [Month YEAR]

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Study 2

Study 3

Supplementary Materials

Outcomes

Outcome 1:	
Description of Measures	
Key Findings	
Studies Measuring Outcome	
Study Designs	<ul style="list-style-type: none">▶ Experimental▶ Quasi-experimental▶ Preexperimental
Quality of Research Rating (0.0–4.0 scale)	

Outcome 2:	
Description of Measures	
Key Findings	
Studies Measuring Outcome	
Study Designs	<ul style="list-style-type: none">▶ Experimental▶ Quasi-experimental▶ Preexperimental
Quality of Research Rating (0.0–4.0 scale)	

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	<ul style="list-style-type: none"> ▶ 0–5 (Early childhood) ▶ 6–12 (Childhood) ▶ 13–17 (Adolescent) ▶ 18–25 (Young adult) ▶ 26–49 (Adult) ▶ 50–60 (Older adult) ▶ 61–74 (Older adult) ▶ 75–84 (Older adult) ▶ 85+ (Older adult) ▶ Data not reported/available 	<ul style="list-style-type: none"> ▶ % Female ▶ % Male ▶ Data not reported/available 	<ul style="list-style-type: none"> ▶ % American Indian or Alaska Native ▶ % Asian ▶ % Black or African American ▶ % Hispanic or Latino ▶ % Native Hawaiian or other Pacific Islander ▶ % White ▶ % Race/ethnicity unspecified ▶ Non-U.S. population ▶ Data not reported/available
Study 2	<ul style="list-style-type: none"> ▶ 0–5 (Early childhood) ▶ 6–12 (Childhood) ▶ 13–17 (Adolescent) ▶ 18–25 (Young adult) ▶ 26–49 (Adult) ▶ 50–60 (Older adult) ▶ 61–74 (Older adult) ▶ 75–84 (Older adult) ▶ 85+ (Older adult) ▶ Data not reported/available 	<ul style="list-style-type: none"> ▶ % Female ▶ % Male ▶ Data not reported/available 	<ul style="list-style-type: none"> ▶ % American Indian or Alaska Native ▶ % Asian ▶ % Black or African American ▶ % Hispanic or Latino ▶ % Native Hawaiian or other Pacific Islander ▶ % White ▶ % Race/ethnicity unspecified ▶ Non-U.S. population ▶ Data not reported/available
Study 3	<ul style="list-style-type: none"> ▶ 0–5 (Early childhood) ▶ 6–12 (Childhood) ▶ 13–17 (Adolescent) ▶ 18–25 (Young adult) ▶ 26–49 (Adult) ▶ 50–60 (Older adult) ▶ 61–74 (Older adult) ▶ 75–84 (Older adult) ▶ 85+ (Older adult) ▶ Data not reported/available 	<ul style="list-style-type: none"> ▶ % Female ▶ % Male ▶ Data not reported/available 	<ul style="list-style-type: none"> ▶ % American Indian or Alaska Native ▶ % Asian ▶ % Black or African American ▶ % Hispanic or Latino ▶ % Native Hawaiian or other Pacific Islander ▶ % White ▶ % Race/ethnicity unspecified ▶ Non-U.S. population ▶ Data not reported/available

Quality of Research Ratings by Criteria (0.0–4.0 scale)

Criterion	Ratings				
	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5
Reliability of Measures					
Validity of Measures					
Intervention Fidelity					
Missing Data and Attrition					
Potential Confounding Variables					
Appropriateness of Analysis					
Overall Rating					

Study Strengths

Study Weaknesses

READINESS FOR DISSEMINATION

Review Date: [Month YEAR]

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the program and the availability of additional, updated, or new materials.

Readiness for Dissemination Ratings by Criteria (0.0–4.0 scale)

Criterion	Rating
Implementation Materials	
Training and Support	
Quality Assurance	
Overall Rating	

Dissemination Strengths

Dissemination Weaknesses

COSTS

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Implementation Materials

Item Description	Cost	Required by Developer
		Yes/No
		Yes/No
		Yes/No
		Yes/No
		Yes/No

Additional Information

OTHER CITATIONS

TRANSLATIONAL WORK

Site With Translational Work	Articles Describing Site's Translational Work, by Category					
	Planning/ Partners	Adoption	Reach/ Recruitment	Implementation	Effectiveness	Maintenance
Article Number	Article Reference					

CONTACTS

To learn more about [implementation, research, or implementation or research], contact:

Name, degrees, certifications
Organization
Phone
Email

To learn more about [implementation, research, or implementation or research], contact:

Name, degrees, certifications
Organization
Phone
Email

Additional program information can be obtained through the following Web site(s):

This intervention summary was developed through funding from the Administration for Community Living (ACL), Administration on Aging (AoA).