Evidence Based Program Fidelity Survey
Grantee Survey

General Instructions

Thank you for participating in this important effort to collect data on behalf of the Administration for Community Living (ACL) on the ways in which ACL grantees, State Units on Aging (SUA), and subcontractors/partners ensure that evidence-based programs (EBPs) are implemented and sustained with fidelity to the program developer/administrators' models. By fidelity, we mean the extent to which organizations take steps to be sure that their offered programs are implemented according to the directions of the program developer/administrator. This survey will take approximately 30-40 minutes to complete.

Some sections of the survey have specific instructions about how the questions should be interpreted and responded to. Please read these instructions in order to ensure that we are able to accurately capture your responses describing practices and experiences with regard to selecting, administering, and/or delivering EBPs with fidelity.

Section 1. General/Screening Items

Instructions

Your organization may be involved in funding and/or delivering two or more EBPs to members of the public. For the purposes of this survey, please generalize your experience across all currently offered EBPs provided with funding from ACL (e.g. Older Americans Act Title III-D funding, or disease prevention and public health fund grants for chronic disease self-management education or fall prevention) as you respond to questions.

In this section, please focus on your general practices prior to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE), unless you began offering programming during the PHE. In that case, please focus on your current or most recent practices.

1. Which of the following best describes your organization's history of providing EBPs funded by ACL:
   a. Offered prior to the PHE, but stopped due to the PHE
   b. Offered prior to the PHE, and continued at least some programming during the PHE
   c. Began offering services during or after the PHE
   d. Unable to begin services due to PHE

2. Does your organization deliver ACL-funded programs directly to the public, indirectly through subcontractors/partners, or both?
   a. Directly
   b. Indirectly through subcontractors/subgrantees/partners
   c. Both

Section 2. Selecting Evidence Based Programs

Instructions

We are interested in knowing how you select evidence-based programs (EBPs). ACL requests that each question be answered by someone with a good working knowledge of the topic at hand to ensure that the information you supply is complete and accurate. For sections where someone else's input would be most appropriate, please enlist their assistance.

3. Who has input in the selection of programs? (Check all that apply)
    a. Funder dictates
    b. Leadership determines which programs to select
    c. One or more in-house staff members oversee selection of programs
    d. Committee or multidisciplinary process seeks input from across the organization
    e. External partners, subject matter experts, or consultants
    f. State or local government guidance (e.g. state units on aging)
    g. Participation with peers and partners in planning or learning network
    h. Recommendations/requests of public
    i. Other

4. What information sources do you consider in selecting appropriate EBPs for your community and organization? (Check all that apply)
    a. Internal policies
    b. The Aging and Disability Evidence-Based Programs and Practices initiative (ADEPP), the National Council on Aging's (NCOA) list of EBPs funded through the Older Americans Act Title III-D and approved through the Evidence-Based Program Review Process, the Evidence-Based Leadership Collaborative (EBLC) program menu and/or some other evidence-based program registry or webpage
    c. Funder direction
    d. Past experience
    e. Community needs/interests
    f. Other

5. Please indicate how important the following **resource factors** are in the selection process:

    Please rate these factors between 1 and 5, where 1 = not at all important and 5 = extremely important.
    a. Licensing costs
    b. Staffing required
    c. Training costs
    d. Special equipment costs
    e. Availability of facility space
    f. Participant recruitment costs
    g. Data collection and reporting costs

6. Please indicate how important the following **program-specific** characteristics are in the selection process:

   Please rate these factors between 1 and 5, where 1 = not at all important and 5 = extremely important.

   a. Program design (e.g. discussion group, class structure, hands-on activities)
   b. Program content
   c. Program flexibility/adaptability
   d. Strength of the evidence base for the program (e.g., highest tier, strength of literature)
   e. Availability of training
   f. Supports for implementation (e.g., contains instructions/materials for maintaining quality assurance, fidelity checklists)
   g. Supports for dissemination (e.g., contains instructions/materials for reaching out to population)
   h. Readiness for remote delivery (contains instructions, materials for on-line, telephonic programming)
   i. Support/technical assistance provided by the program developer/administrator
   j. The applicability or cultural appropriateness of the program to the community we serve
   k. The degree to which we have staff/volunteers who already know how to implement the program
   l. Program length (e.g. number of sessions, length of sessions)
   m. Other

7. Please indicate how important the following **population-specific** characteristics are in the selection process:

   Please rate these factors between 1 and 5, where 1 = not at all important and 5 = extremely important.

   a. Specific health needs
   b. Languages spoken
   c. Cultural diversity (e.g. racial/ethnic groups, tribes)
   d. Special populations (e.g. veterans, low income)
   e. Disability status
   f. Urban/rural status
   g. Other

8. Which of the following could be a significant help to your organization in the program selection process? (Check all that apply)

   a. Comprehensive and comparable estimates of program costs
   b. Simpler program guidelines
   c. Standardized program guidelines
   d. Greater information about program flexibility—the capacity to accommodate local adjustments without affecting fidelity and effectiveness
   e. Other (please specify)_____

Section 3. Ensuring Fidelity to the EBP

Instructions

We are interested in knowing how you maintain fidelity to different aspects of the program models for the EBPs you select. ACL requests that each question be answered by someone with a good working knowledge of the topic at hand to ensure that the information you supply is complete and accurate. For sections where someone else's input would be most appropriate, please enlist their assistance.

9. How does your organization stay informed about approaches and methods for establishing and maintaining program fidelity with regard to the programs you select or deliver? (Check all that apply)
    a. Participate in program networking group
    b. Participate in broad health related networking group (e.g. falls prevention)
    c. Receive updates from program developer/administrator (e.g., via email group or list)
    d. Check ACL/NCOA websites
    e. Other

10. What strategies does your organization use to assure faithful delivery of EBPs? (Check all that apply)
    a. Regularly observe trainers/leaders during sessions
    b. Collect feedback from trainers/leaders
    c. Collect feedback from participants
    d. Use services provided by program developer/administrator
    e. Hold regular management strategy sessions regarding fidelity
    f. Hold regular staff meetings and/or trainings that stress fidelity
    g. Regular standardized review of program fidelity
    h. Informal review of program fidelity as needed
    i. Other

[If Question 10 = g, answer Question 11. All others skip to Question 12.]

11. Who created the guidelines for the review process? (Check all that apply)
    a. Your organization
    b. Partners at the local or state level
    c. Association or collaborative of EBP implementers
    d. The program developer/administrator
    e. The state/SUA
    f. Other organization such as the National Council on Aging (NCOA), Evidence Based Leadership Collaborative (EBLC)
    g. Other

12. How often do you confirm that the EBPs are being implemented according to the program models?
    a. Each time the program is offered
    b. Monthly
    c. Quarterly
    d. Annually
    e. Other

13. What challenges have you encountered to maintaining fidelity to program models? (Check all that apply)

a. Cost of monitoring fidelity
b. Time burden of monitoring fidelity
c. Lack of internal expertise on maintaining fidelity
d. Inadequate guidance from program developer/administrators
e. Lack of agreement among stakeholders on the importance of fidelity
f. Other
g. None *[If g is selected, no other responses should be selected.]*

14. What materials or tools would most help your organization overcome fidelity challenges?
    a. User friendly fidelity maintenance guidance
    b. Fidelity checklists
    c. Fidelity training courses for managers
    d. Trainer registry
    e. Other

Fidelity in Training

Instructions

Programs may be licensed and distributed by a third party rather than the initial developer/administrator, and that is true of program-related training as well. In the following questions, please read "program developer/administrator" as also referring to such third parties.

Terminology:
- **Facilitators include staff members, volunteers, peers, or others who deliver program content to participants. They may also be referred to by other names such as "leaders" or "coaches."**
- **Trainers are staff members who instruct facilitators on how to faithfully deliver program content to participants.**
- **Program trainers includes those identified as Master trainers or who have participated in a Train the Trainer or similar program, certifying that they are able to instruct and/or mentor trainers in the education of program facilitators. Program trainers may perform the role of facilitators as well.**

While answering the following questions, think in general about currently-offered ACL-funded EBPs that you deliver directly to the public.

We are now going to ask you some questions about how facilitators are trained.

15. Who is primarily responsible for training facilitators?
    a. External—Program developer/administrator or training entity
    b. Internal—Program-certified trainers on staff (if applicable)
    c. Internal—Other staff members with program experience (e.g. facilitators)
    d. Other (please specify):_____

[If Question 15 = b or c, answer Question 16. All others skip to Question 17.]

16. What is the source of guidelines and materials used in training facilitators? (Check all that apply)
    a. Program developer/administrator, either directly or through certification of facilitators
    b. Own organization
    c. Peer organizations
    d. State agency other than own organization
    e. Other

17. In your experience, how clear are the guidelines for training facilitators provided by the program developer/administrator?
    a. Very clear
    b. Somewhat clear
    c. Somewhat unclear
    d. Very unclear
    e. No guidelines for training

18. For programs that require certification for facilitators, when do you confirm that certifications are current? (Check all that apply)
    a. During grant application/approval process
    b. When first offer program
    c. Each time program is offered
    d. Annually or regularly
    e. We do not track this *[If e is selected, no other responses should be selected.]*

19. How are facilitators' fidelity skills assessed after training is completed? (Check all that apply)
    a. Formal observation of group/workshop sessions
    b. Formal tests of skills or knowledge
    c. Collection of feedback from participants or trainees
    d. By monitoring process metrics to identify potential issues
    e. Other (please specify):_____
    f. No assessment system in place. *[If f is selected, no other responses should be selected.]*

20. What actions are taken if facilitators are found to be delivering content that does not meet program guidelines? (Check all that apply)
    a. Provide coaching
    b. Create a corrective action plan
    c. Issue a warning
    d. Replacement
    e. Other (please specify):_____
    f. None of the above *[If f is selected, no other responses should be selected.]*

21. What actions are taken if facilitators are found to be delivering the program in ways that do not meet program guidelines (e.g., changing the order or length of sessions, making unauthorized program adaptations)? (Check all that apply)
    a. Provide coaching
    b. Create a corrective action plan
    c. Issue a warning
    d. Replacement
    e. Other (please specify):_____

We are now going to ask you some questions about how your program trainers are trained.

22. Who is primarily responsible for training program trainers?
    a. External—Program developer/administrator or training entity
    b. Internal—Program-certified trainers on staff (if applicable)
    c. Internal—Other staff members with program experience
    d. Other (please specify):_____

[If Question 22 = b or c, answer Question 23. All others skip to Question 24.]

23. What is the source of guidelines and materials used in training program trainers? (Check all that apply)
    a. Program developer/administrator
    b. Own organization
    c. Peer organizations
    d. State agency other than own organization
    e. Organization providing funding

24. For programs that require certification for program trainers, when do you confirm that certifications are current? (Check all that apply)
    a. During grant application/approval process
    b. Each time program is offered
    c. Annually or periodically
    d. We rely on program implementer to use only certified facilitators
    e. We do not track this. *[If e is selected, no other responses should be selected.]*

25. How are program trainers assessed for fidelity practices after training is completed? (Check all that apply)
    a. Formal observation of group/workshop sessions
    b. Formal tests of skills or knowledge
    c. Collection of feedback from participants or trainees
    d. By monitoring program metrics to identify potential issues
    e. Other (please specify):_____
    f. No assessment system in place *[If f is selected, no other responses should be selected.]*

[If Question 2 = b-c, (you provide some or all EBP programming through subcontractors/partners) answer Question 26. All others skip to Question 29.]

While answering the following questions, think in general about currently offered EBPs that you oversee, or that are currently delivered by a subcontractor or partner.

26. Does your organization set standards for training for partners delivering EBPs?
    a. Yes
    b. No

[If Question 26 = a, answer Questions 27-28. All others skip to Question 29.]

27. What is the source of those standards? (Check all that apply)
    a. Program developer/administrators
    b. Own organization
    c. Peer organizations
    d. State agency other than own organization
    e. ACL

28. How does your organization verify that standards are met? (Check all that apply)
    a. Reporting from partners
    b. Periodic observation at partner sites
    c. Other (please specify):_____

Fidelity in Program Resources

Instructions

In this section, "resources" refer to funding, staffing, equipment, and facilities. Other types of resources may also be required for faithful implementation of some EBPs.

29. In your experience, how clear are the guidelines for program resources provided by the program developer/administrator?
    a. Very clear
    b. Somewhat clear
    c. Somewhat unclear
    d. Very unclear
    e. No guidelines for program resources

30. For each of the following, do the resources allocated to your programs typically meet program guidelines?
    Please indicate for each of the factors whether resources are 1 = Not adequate to meet guidelines, 2 = Adequate to meet guidelines, 3 = More than necessary to meet guidelines, 4 = There are no guidelines.
    a. Funding
    b. Staffing
    c. Equipment
    d. Facilities

31. How much of a challenge is it to meet program resource guidelines or requirements for the following because of COST?

Please select among the following: 1 = No Challenge, 2 = Moderate Challenge, 3 = Extreme Challenge, 4 = There are no guidelines.

 a. Program licensing
 b. Participant materials
 c. Recommended staffing level
 d. Recommended staffing credentials
 e. Recommended minimum space and/or accessibility
 f. Recommended general equipment (chairs, tables, weights)
 g. Recommended program-specific equipment or supplies
 h. Recommended administrative personnel or equipment (e.g. data entry systems)
 i. Other

32. How much of a challenge is it to meet program resource guidelines or requirements for the following NON-COST reasons?

Please select among the following: 1 = No Challenge, 2 = Moderate Challenge, 3 = Extreme Challenge, 4 = There are no guidelines.

 a. Program licensing
 b. Participant materials
 c. Recommended staffing level
 d. Recommended staffing credentials
 e. Recommended minimum space and/or accessibility
 f. Recommended general equipment (chairs, tables, weights)
 g. Recommended program-specific equipment or supplies
 h. Recommended administrative personnel or equipment (e.g. data entry systems)
 i. Other

Fidelity In Target Population

Instructions

In this section, target population refers to the group the program was intended for, as specified in the model for an EBP program. These may be very general, such as "older adults," or more specific, such as "persons with arthritis or other chronic condition."

33. In your experience, how clear are the guidelines for the target population provided by the program developer/administrator?
 a. Very clear
 b. Somewhat clear
 c. Somewhat unclear
 d. Very unclear
 e. No guidelines for target population

34. Do you permit participants who are not strictly within the target population to participate in the program?
 a. Yes
 b. No

[If Question 34 = a, answer Questions 35-38. All others skip to Question 39.]

35. If enrollment is not restricted to targeted populations, approximately what percentage of the program population is comprised of the intended populations?
    a. 75 to 100%
    b. 50 to 74%
    c. 25 to 49%
    d. Under 25%

36. What adaptations, if any, have been made with respect to the population served? (Check all that apply)
    a. Expanded to populations with different health conditions
    b. Expanded to different ages
    c. Expanded to include companions/caretakers
    d. Other (please specify):_____

[If Question 36 = a-c, answer Question 37. All others skip to Question 38.]

37. Why has the population been enlarged beyond the target population defined by the program developer/administrator? (Check all that apply)
    a. Target population not large enough to sustain program
    b. Funding sources other than ACL require inclusion of other populations
    c. Identified other populations that would benefit from the program
    d. At the request of individuals or groups outside the target population
    e. Other (please specify):_____

38. How do you verify that potential participants fall in the target population? (Check all that apply)
    a. Referral from trusted organization
    b. Self-identification
    c. Require some form of documentation
    d. Other (please specify):_____

Fidelity in Content Provision

Instructions

When responding to the following questions, please generalize across all EBPs that you are currently offering directly or indirectly using funds from ACL.

39. In your experience, how clear are the guidelines for content provided by the program developer/administrator?
    a. Very clear
    b. Somewhat clear
    c. Somewhat unclear
    d. Very unclear
    e. No guidelines for content

40. How do you verify that sites implementing EBPs are following EBP guidelines with respect to content and content delivery? (Check all that apply)
    a. Sites attest that they are observing EBP guidelines faithfully
    b. Sites report data on program fidelity (e.g. checklists, attendance counts)
    c. We hold regular meetings with sites to discuss implementation fidelity
    d. We perform site visits to monitor fidelity of program delivery
    e. Other (please specify):_____

41. How often are all key components of the **program content** provided per the guidelines of the EBP?
    a. Always
    b. Usually
    c. Sometimes
    d. Never
    e. No relevant program guidelines
    f. We do not track this

[If Question 41 = b-d, answer Question 42. All others skip to Question 43.]

42. Please describe the kind of adaptations made to components of the **program content**. (Check all that apply)
    a. Added new content
    b. Dropped some original content
    c. Modified some original content
    d. Other (please specify):_____

43. How often are **materials** prescribed by guidelines (e.g., exercise bands, handouts, web pages, videos) provided to participants according to the EBP guidelines?
   a. Always
   b. Usually
   c. Sometimes
   d. Never
   e. No relevant program guidelines
   f. We do not track this

[If Question 43 = b-d, answer Question 44. All others skip to Question 45.]

44. Please describe the kind of adaptations made to program **materials**. (Check all that apply)
   a. Added new materials
   b. Dropped some original materials
   c. Modified some original materials
   d. Other (please specify):_____

45. How often is the **content delivery mode** (e.g., in-person vs. remote, lecture, discussion) prescribed by the guidelines of the EBP followed?
   a. Always
   b. Usually
   c. Sometimes
   d. Never
   e. No relevant program guidelines
   f. We do not track this

[If Question 45 = b-d, answer Question 46. All others skip to Question 47.]

46. Please describe the kind of adaptations made to **content delivery mode**. (Check all that apply)
   a. Increased/decreased extent of remote content delivery
   b. Increased/decreased extent of group discussions
   c. Increased/decreased extent of group exercise
   d. Other (please specify):_____

47. How often is the **frequency of sessions** prescribed by the guidelines of the EBP followed?
   a. Always
   b. Usually
   c. Sometimes
   d. Never
   e. No relevant program guidelines
   f. We do not track this

[If Question 47 = b-d, answer Question 48. All others skip to Question 49.]

48. Please describe the kind of adaptations made to the **frequency of sessions**. (Check all that apply)
    a. More frequent
    b. Less frequent
    c. Other (please specify):_____

49. How often is the **length of sessions** prescribed by the guidelines of the EBP followed?
    a. Always
    b. Usually
    c. Sometimes
    d. Never
    e. No relevant program guidelines
    f. We do not track this.

[If Question 49 = b-d, answer Question 50. All others skip to Question 51.]

50. Please describe the kind of adaptations made to the **length of sessions**. (Check all that apply)
    a. Longer
    b. Shorter
    c. Other (please specify):_____

51. How often are the **resource allocations** (e.g. appropriately credentialed staff, equipment, locations) prescribed by the guidelines of the EBP followed?
    a. Always
    b. Usually
    c. Sometimes
    d. Never
    e. No relevant program guidelines
    f. We do not track this.

[If Question 51 = b-d, answer Question 52, All others skip to Question 53.]

52. Please describe the kinds of adaptations made to **resource allocations** (e.g. staff, equipment, locations). (Check all that apply)
    a. Fewer staff per participant
    b. Relaxation of staff credential/training requirements
    c. Substitutions/omission of certain types of equipment
    d. Other (please specify):_____

53. How often is the **group/session size** within the limits (minimum and maximum) prescribed by the guidelines of the EBP?
    a. Always
    b. Usually
    c. Sometimes
    d. Never
    e. No relevant program guidelines
    f. We do not track this.

[If Question 53 = b-d, answer Question 54. All others skip to Question 55.]

54. Please describe the kinds of adaptations made to **group/session size**. (Check all that apply)
    a. Permit group/session smaller than prescribed minimum
    b. Permit group/session larger than prescribed maximum
    c. Other (please specify):_____

Section 4. Program Adaptations

Adaptations NOT related to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE)

Instructions

We are interested in knowing whether you have made any adaptations to the program models for the EBPs you select, and if so, how that might impact fidelity. ACL requests that each question be answered by someone with a good working knowledge of the topic at hand to ensure that the information you supply is complete and accurate. For sections where someone else's input would be most appropriate, please enlist their assistance.

In this section, "adaptations" are intentional deviations from the program model and recommended program guidelines.

NOTE: Please do NOT consider adaptations made to address the COVID-19 PHE when answering these questions.

When answering the following question, please think of your organization's role in overseeing partners/subcontractors funded through ACL.

[If Question 2 = b-c, (you provide some or all EBP programming through subcontractors/partners) answer Question 55. All others skip to Question 56.]

55. When do you provide guidance to subcontractors/partners on adaptations?
    a. Proactively give guidance on adaptations to all subcontractors/partners
    b. Provide guidance in response to specific requests for advice from subcontractors/partners
    c. No guidance provided

When responding to the following questions, please generalize across all EBPs you are currently delivering directly or indirectly using funds from ACL.

56. What factors do you consider when determining whether adaptations to EBPs are warranted? (Check all that apply)
    a. Funding constraints
    b. Availability of staff needed for guideline adherence
    c. Availability of other resources needed for guideline adherence (e.g., facilities, equipment)
    d. Accommodations for accessibility (disabilities, etc.)
    e. Accommodations for lower-income and rural participants (transportation, hours, etc.)
    f. Cultural inclusivity, including language and religion
    g. To increase appeal to local populations
    h. Other (please specify):_____
    i. Have not considered adaptations *[If i is selected, no other responses should be selected.]*

57. Whose input is important in determining whether adaptations are warranted and how they should be made? (Check all that apply)
    a. Program developer/administrator
    b. Program participants
    c. Partner organizations
    d. Peer organizations
    e. Local government, civic organizations, social, and/or religious organizations
    f. State government
    g. Funders
    h. Other
    i. Minimal/no external input
    j. Do not make such determinations *[If j is selected, no other responses should be selected.]*

58. Have you worked with program developer/administrators to identify acceptable program adaptations that maintain the integrity of the evidence-based nature of program?
    a. Yes
    b. No

[If Question 58= a, answer Question 59. All others skip to Question 60.]

59. If you have received guidance from the program developer/administrator on adaptations, when was it provided?
    a. Program developer/administrator proactively provided guidance on adaptations for programs
    b. Provided in response to request for guidance
    c. Do not provide guidance on adaptations

60. When have you received guidance from other entities with oversight authority on adaptations?
    a. General guidance on adaptations allowed/recommended
    b. Guidance only in response to specific requests for advice
    c. No guidance provided

Adaptations related to the COVID-19 PHE

Instructions

NOTE: The following section relates to changes in your operation of ACL-funded evidence-based programs made in response to the COVID-19 PHE.

When answering the following questions, please think of your organization's role in overseeing partners/subcontractors funded through ACL, if any, as well as your organization's role, if any, in providing ACL-funded program services directly to participants.

61. What proportion of your previous in-person ACL-funded EBPs for disease prevention and health promotion have you maintained during the COVID-19 PHE?
    a. 75 to 100%
    b. 50 to 74%
    c. 25 to 49%
    d. 1 to 24%
    e. None
    f. Not Applicable (no in-person service delivered prior to COVID-19 PHE)

62. In your ACL-funded EBPs, which of the following program components have been modified in response to the COVID-19 PHE? (Check all that apply)
    a. Program Content
    b. Materials (e.g., exercise bands, handouts, web pages, videos)
    c. Delivery mode (e.g., in-person vs. remote, lecture, discussion)
    d. Frequency of sessions
    e. Duration of sessions
    f. Resources allocated (ex: staff, equipment, locations, etc.)
    g. Group/session size (including number of clients per facilitator)
    h. Other (Please specify):_____

63. Whose input has been important in determining whether COVID-19-related adaptations are warranted and how they should be made? (Check all that apply)
   a. Program developer/administrators
   b. ACL
   c. NCOA
   d. Peer organizations
   e. Participants and other stakeholders
   f. CDC and other public health agencies
   g. Other (please specify):_____
   h. No guidance received *[If h is selected, no other responses should be selected.]*

64. What topics, if any, have you sought guidance on? (Check all that apply)
   a. Safe in-person service delivery
   b. How to redesign a program remotely that had been designed for in-person delivery
   c. Additional training needed for remote delivery
   d. How to ensure that clients practiced the program safely without direct oversight
   e. How to reach clients and recruit them for remote delivery
   f. Other (please specify):_____
   g. Have not sought guidance on COVID-related adaptations *[If g is selected, no other responses should be selected.]*

[If you receive Title III-D mandatory (formula) grants, answer Question 65. All others skip to Question 66.]

65. Have Title III-D funds been transferred by the state to COVID-related disaster relief activities and/or other OAA Title III services?
   a. Yes
   b. No
   c. Not sure

Section 5. Support from ACL

Instructions

ACL requests that each question be answered by someone with a good working knowledge of the topic at hand to ensure that the information you supply is complete and accurate. For sections where someone else's input would be most appropriate, please enlist their assistance.

[If you are a discretionary grantee (i.e., you have been awarded a competitive grant by ACL,) answer Question 66. All others skip to Question 67.]

66. Please think about the process of implementing a discretionary grant from ACL. How would you rate the difficulty or ease of completing the following operational components?

    Please rate on a scale from 1-5, where 1 = very easy and 5 = very difficult.

    a. Complying with the data collection requirements, use of the required forms
    b. Maintaining staff properly trained in data entry procedures
    c. Sending two staff people yearly to professional development conferences
    d. Paying licensing and training fees
    e. Monthly communication with Project Officer
    f. Other (please specify):_____

67. In what ways could the selection of available EBPs be improved? (Check all that apply)

    a. Update more frequently with newer programs
    b. Increase the number of EBPs that are easy to implement as designed
    c. Increase the number of EBPs that address other aspects of Falls or CDSME
    d. Increase the number of EBPs in languages other than English
    e. Increase the number of EBPs that have been tested with additional populations (members of racial and ethnic minority groups, individuals with disabilities, etc.)
    f. Increase the number of EBPs that can be delivered remotely
    g. Other (please specify):_____
    h. None *[If h is selected, no other responses should be selected.]*

68. What level of support have you received from ACL to help you ensure fidelity in program implementation?

    a. Very good
    b. Good
    c. Poor
    d. Very poor

69. What types of support would improve your organization's ability to implement programs with fidelity and/or maintain fidelity over time? (Check all that apply)
    a. Assistance with selecting EBPs appropriate to your local context
    b. Guidance on how to make local adaptations without seriously threatening fidelity
    c. Guidance and tools for effective monitoring of program implementations
    d. Guidance and tools for maintaining fidelity over time
    e. Guidance on controlling costs while maintaining fidelity
    f. Assistance with evaluating the evidence base for EBPs
    g. Other types of technical assistance regarding EBP programs
    h. Feedback on reports submitted by your organization
    i. Other
    j. No additional support required *[If j is selected, no other responses should be selected.]*

[If Question 69 = a-i, answer Question 70. All others skip to Question 71.]

70. If you believe that any additional support would improve your organization's ability to implement programs with fidelity and/or maintain fidelity over time, please elaborate on your response. [PROVIDE RESPONSE HERE]:

71. Please select the options below that indicate your preferences regarding communications with ACL regarding EBPs and fidelity:
    For each of the following, please indicate whether you would like your communication with ACL to be More, the Same, or Less
    a. Frequency of communication frequency
    b. Detailed communications
    c. Range of topics communicated
    d. Two-way communications
    e. Electronic communications
    f. Telephone communications
    g. Other (please specify):_____

Conclusion

Thank you for participating in this survey!

Your responses will help ACL determine how to improve its grant-making process and its support and monitoring of EBP fidelity, ensuring high quality delivery of proven programs to individuals and families supported by the Older Americans Act.

If you have questions about this survey please contact Landry Nyandamu, HSAG, Associate Manager, LNyandamu@hsag.com, 602-801-6801.

Public Burden Statement:
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-New). Public reporting burden for this collection of information is estimated to average two hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary under the statutory authority the Older Americans Act.