**Evidence Based Program Fidelity Survey**

**(Grantee Survey)**

*[Note to ACL: Each survey recipient will receive a customized survey invitation e-mail that includes a survey link (URL) specific to them. This link will be indexed to information about the survey respondent, including their organization name and whether they are an SUA, grantee, or partner delivering EBP content to the public. For the latter, the URL will also link to information about the specific program that they have been selected to provide information about.*

*The survey will be web-based. Instructions about skip patterns are included in italics and brackets. Questions are sequentially numbered for ease of review, with a maximum of 71 questions. However, 17 of these are conditional on prior responses, and may be skipped by a grantee depending on their status. The minimum number of questions any respondent might complete is 54.*

*We estimate it will take less than 40 minutes to complete the survey, but that will be revised depending on the final form and number of questions.]*

# 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. 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 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.**

## Questions

1. Which of the following best describes your organization’s history of providing EBPs funded by ACL:
   1. Offered prior to the PHE, but stopped due to the PHE
   2. Offered prior to the PHE, and continued at least some programming during the PHE
   3. Began offering services during or after the PHE
   4. 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?
3. Directly
4. Indirectly through subcontractors/subgrantees/partners
5. 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.**

## Questions

1. Who has input in the selection of programs? (Check all that apply)
2. Funder dictates
3. Leadership determines which programs to select
4. One or more in-house staff members oversee selection of programs
5. Committee or multidisciplinary process seeks input from across the organization
6. External partners, subject matter experts, or consultants
7. State or local government guidance (e.g. state units on aging)
8. Participation with peers and partners in planning or learning network
9. Recommendations/requests of public
10. Other
11. What information sources do you consider in selecting appropriate EBPs for your community and organization? (Check all that apply)
12. Internal policies
13. 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
14. Funder direction
15. Past experience
16. Community needs/interests
17. Other
18. 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.*

1. Licensing costs
2. Staffing required
3. Training costs
4. Special equipment costs
5. Availability of facility space
6. Participant recruitment costs
7. Data collection and reporting costs
8. 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.*

1. Program design (e.g. discussion group, class structure, hands-on activities)
2. Program content
3. Program flexibility/adaptability
4. Strength of the evidence base for the program (e.g., highest tier, strength of literature)
5. Availability of training
6. Supports for implementation (e.g., contains instructions/materials for maintaining quality assurance, fidelity checklists)
7. Supports for dissemination (e.g., contains instructions/materials for reaching out to population)
8. Readiness for remote delivery (contains instructions, materials for on-line, telephonic programming)
9. Support/technical assistance provided by the program developer/administrator
10. The applicability or cultural appropriateness of the program to the community we serve
11. The degree to which we have staff/volunteers who already know how to implement the program
12. Program length (e.g. number of sessions, length of sessions)
13. Other
14. 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.*

1. Specific health needs
2. Languages spoken
3. Cultural diversity (e.g. racial/ethnic groups, tribes)
4. Special populations (e.g. veterans, low income)
5. Disability status
6. Urban/rural status
7. Other
8. Which of the following could be a significant help to your organization in the program selection process? (Check all that apply)
9. Comprehensive and comparable estimates of program costs
10. Simpler program guidelines
11. Standardized program guidelines
12. Greater information about program flexibility—the capacity to accommodate local adjustments without affecting fidelity and effectiveness
13. 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.**

## Questions

1. 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)
2. Participate in program networking group
3. Participate in broad health related networking group (e.g. falls prevention)
4. Receive updates from program developer/administrator (e.g., via email group or list)
5. Check ACL/NCOA websites
6. Other
7. What strategies does your organization use to assure faithful delivery of EBPs? (Check all that apply)
8. Regularly observe trainers/leaders during sessions
9. Collect feedback from trainers/leaders
10. Collect feedback from participants
11. Use services provided by program developer/administrator
12. Hold regular management strategy sessions regarding fidelity
13. Hold regular staff meetings and/or trainings that stress fidelity
14. Regular standardized review of program fidelity
15. Informal review of program fidelity as needed
16. Other

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

1. Who created the guidelines for the review process?
2. Your organization
3. Partners at the local or state level
4. Association or collaborative of EBP implementers
5. The program developer/administrator
6. The state/SUA
7. ACL
8. Other organization such as the National Council on Aging (NCOA), Evidence Based Leadership Collaborative (EBLC)
9. Other
10. How often do you confirm that the EBPs are being implemented according to the program models?
11. Each time the program is offered
12. Monthly
13. Quarterly
14. Annually
15. Other
16. What challenges have you encountered to maintaining fidelity to program models? (Check all that apply)
17. Cost of monitoring fidelity
18. Time burden of monitoring fidelity
19. Lack of internal expertise on maintaining fidelity
20. Inadequate guidance from program developer/administrators
21. Lack of agreement among stakeholders on the importance of fidelity
22. Other
23. None
24. What materials or tools would most help your organization overcome fidelity challenges?
25. User friendly fidelity maintenance guidance
26. Fidelity checklists
27. Fidelity training courses for managers
28. Trainer registry
29. 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.**

### Questions

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

1. Who is primarily responsible for training facilitators?
2. External—Program developer/administrator or training entity
3. Internal—Program-certified trainers on staff (if applicable)
4. Internal—Other staff members with program experience (e.g. facilitators)
5. Other (please specify)

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

1. What is the source of guidelines and materials used in training facilitators? (Check all that apply)
2. Program developer/administrator, either directly or through certification of facilitators
3. Own organization
4. Peer organizations
5. State agency other than own organization
6. Other
7. In your experience, how clear are the guidelines for training facilitators provided by the program developer/administrator?
8. Very clear
9. Somewhat clear
10. Somewhat unclear
11. Very unclear
12. No guidelines for training
13. For programs that require certification for facilitators, when do you confirm that certifications are current? (Check all that apply)
14. During grant application/approval process
15. When first offer program
16. Each time program is offered
17. Annually or regularly
18. We do not track this
19. How are facilitators’ fidelity skills assessed after training is completed?
20. Formal observation of group/workshop sessions
21. Formal tests of skills or knowledge
22. Collection of feedback from participants or trainees
23. By monitoring process metrics to identify potential issues
24. Other (please specify)
25. No assessment system in place
26. What actions are taken if facilitators are found to be delivering content that does not meet program guidelines? (Check all that apply)
27. Provide coaching
28. Create a corrective action plan
29. Issue a warning
30. Replacement
31. Other (please specify)
32. None of the above
33. 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)
34. Provide coaching
35. Create a corrective action plan
36. Issue a warning
37. Replacement
38. Other (please specify)

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

1. Who is primarily responsible for training program trainers?
2. External—Program developer/administrator or training entity
3. Internal—Program-certified trainers on staff (if applicable)
4. Internal—Other staff members with program experience
5. Other (please specify)

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

1. What is the source of guidelines and materials used in training program trainers? (Check all that apply)
2. Program developer/administrator
3. Own organization
4. Peer organizations
5. State agency other than own organization
6. Organization providing funding
7. For programs that require certification for program trainers, to what extent do you confirm that certifications are current?
8. During grant application/approval process
9. Each time program is offered
10. Annually or periodically
11. We rely on program implementer to use only certified facilitators
12. How are program trainers assessed for fidelity practices after training is completed?
13. Formal observation of group/workshop sessions
14. Formal tests of skills or knowledge
15. Collection of feedback from participants or trainees
16. By monitoring program metrics to identify potential issues
17. Other (please specify)
18. No assessment system in place

*[Only organizations who provide programming indirectly through subcontractors/partners will be asked Questions 26-28. 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.**

1. Does your organization set standards for training for partners delivering EBPs?
2. Yes
3. No

*[If Question 26 = a, answer Question. 27. If b, skip to Question. 28]*

1. What is the source of those standards? (Check all that apply)
2. Program developer/administrators
3. Own organization
4. Peer organizations
5. State agency other than own organization
6. ACL
7. How does your organization verify that standards are met?
8. Reporting from partners
9. Periodic observation at partner sites
10. 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.**

### Questions

1. In your experience, how clear are the guidelines for program resources provided by the program developer/administrator?
2. Very clear
3. Somewhat clear
4. Somewhat unclear
5. Very unclear
6. No guidelines for program resources
7. 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.*

1. Funding
2. Staffing
3. Equipment
4. Facilities
5. 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.*

1. Program licensing
2. Participant materials
3. Recommended staffing level
4. Recommended staffing credentials
5. Recommended minimum space and/or accessibility
6. Recommended general equipment (chairs, tables, weights)
7. Recommended program-specific equipment or supplies
8. Recommended administrative personnel or equipment (e.g. data entry systems)
9. Other
10. How much of a challenge is it to meet program resource guidelines or requirements for the following NO-COST reasons?

*Please select among the following: 1 = No Challenge, 2 = Moderate Challenge, 3 = Extreme Challenge.*

1. Program licensing
2. Participant materials
3. Recommended staffing level
4. Recommended staffing credentials
5. Recommended minimum space and/or accessibility
6. Recommended general equipment (chairs, tables, weights)
7. Recommended program-specific equipment or supplies
8. Recommended administrative personnel or equipment (e.g. data entry systems)
9. Other

## Fidelity In Target Population

### Instructions

**In this section, target population refers to the group specified in developing 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.”**

### Questions

1. In your experience, how clear are the guidelines for the target population provided by the program developer/administrator?
2. Very clear
3. Somewhat clear
4. Somewhat unclear
5. Very unclear
6. No guidelines for target population
7. Do you permit participants who are not strictly within the target population to participate in the program?
8. Yes
9. No

*[If Question 34 = a, answer Question. 35; if b, skip to Question 36]*

1. What adaptations, if any, have been made with respect to the population served? (Check all that apply)
2. Expanded to populations with different health conditions
3. Expanded to different ages
4. Expanded to include companions/caretakers
5. Other (please specify)

*[If Question 35 = a-c, answer Question. 36. If Question 35 = d, skip to Question 37.]*

1. Why has the population been enlarged beyond the target population defined by the program developer/administrator? (Check all that apply)
2. Target population not large enough to sustain program
3. Funding sources other than ACL require inclusion of other populations
4. Identified other populations that would benefit from the program
5. At the request of individuals or groups outside the target population
6. Other (please specify)
7. How do you verify that potential participants fall in the target population? (Check all that apply)
8. Referral from trusted organization
9. Self-identification
10. Require some form of documentation
11. Other (please specify)

*[If Question 37 = b, skip to Question 39.]*

1. If enrollment is not restricted to targeted populations, approximately what percentage of the program population is comprised of the intended populations?
2. 75-100%
3. 50-74%
4. 25 to 49%
5. Under 25%

## 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.**

### Questions

1. In your experience, how clear are the guidelines for content provided by the program developer/administrator?
2. Very clear
3. Somewhat clear
4. Somewhat unclear
5. Very unclear
6. No guidelines for content
7. How do you verify that sites implementing EBPs are following EBP guidelines with respect to content and content delivery? (Check all that apply)
8. Sites attest that they are observing EBP guidelines faithfully
9. Sites report data on program fidelity (e.g. checklists, attendance counts)
10. We hold regular meetings with sites to discuss implementation fidelity
11. We perform site visits to monitor fidelity of program delivery
12. Other (please specify)
13. How often are all key components of the program content provided per the guidelines of the EBP?
14. Always
15. Usually
16. Sometimes
17. Never
18. No relevant program guidelines
19. We do not track this

*[If Question 41 = b-f, answer Question 49, then return to answer Question 42. If Question 41 = a, proceed to 42.]*

1. How often are materials prescribed by guidelines (e.g., exercise bands, handouts, web pages, videos) provided to participants according to the EBP guidelines?
2. Always
3. Usually
4. Sometimes
5. Never
6. No relevant program guidelines
7. We do not track this

*[If Question 42 = b-f, answer Question 50, then return to answer Question 43. If Question 42 = a, proceed directly to Question 43.]*

1. How often is the content delivery mode (e.g., in-person vs. remote, lecture, discussion) prescribed by the guidelines of the EBP followed?
2. Always
3. Usually
4. Sometimes
5. Never
6. No relevant program guidelines
7. We do not track this

*[If Question 43 = b-f, answer Question 51, then return to answer Question 44. If Question 43 = a, then proceed directly to Question 44]*

1. How often is the frequency of sessions prescribed by the guidelines of the EBP followed?
2. Always
3. Usually
4. Sometimes
5. Never
6. No relevant program guidelines
7. We do not track this

*[If Question 44 = b-f, answer Question 52, then return to answer Question 45. If Question 44 = a, then proceed directly to Question 45]*

1. How often is the length of sessions prescribed by the guidelines of the EBP followed?
2. Always
3. Usually
4. Sometimes
5. Never
6. No relevant program guidelines
7. We do not track this

*[If Question 45 = b-f, answer Question 53, then return to answer Question 46. If Question 45 = a, then proceed directly to Question 46]*

1. How often are the resource allocations (e.g. appropriately credentialed staff, equipment, locations) prescribed by the guidelines of the EBP followed?
2. Always
3. Usually
4. Sometimes
5. Never
6. No relevant program guidelines
7. We do not track this

*[If Question 46 = b-f, answer Question 54, then return to answer Question 47. If Question 46 = a, then proceed directly to Question 47.]*

1. How often is the group/session size within the limits (minimum and maximum) prescribed by the guidelines of the EBP?
2. Always
3. Usually
4. Sometimes
5. Never
6. No relevant program guidelines
7. We do not track this

*[If Question 47 = b-f, answer Question 55, then return to answer Question 48. If Question 47 = a, then proceed directly to Question 48.]*

# 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.**

### Questions

*[Question 48 is addressed only to grantees who oversee subcontractors/subgrantees/partners in providing programming, i.e., who’s answer to Question 2 is b or c.]*

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

1. When do you provide guidance to subcontractors/partners on adaptations?
2. Proactively give guidance on adaptations to all subcontractors/partners
3. Provide guidance in response to specific requests for advice from subcontractors/partners
4. No guidance provided

## Adaptations in Content Provision

### Questions

*[Questions 49-55 are based on answers to questions 41-47, i.e. if respondent answers that some adaptations have been made, then they describe the kind of adaptation here.]*

1. Please describe the kind of adaptations made to components of the program content. (Check all that apply)
2. Added new content
3. Dropped some original content
4. Modified some original content
5. Other (please specify)
6. Please describe the kind of adaptations made to program materials. (Check all that apply)
7. Added new materials
8. Dropped some original materials
9. Modified some original materials
10. Other (please specify)
11. Please describe the kind of adaptations made to content delivery mode. (Check all that apply)
12. Increased/decreased extent of remote content delivery
13. Increased/decreased extent of group discussions
14. Increased/decreased extent of group exercise
15. Other (please specify)
16. Please describe the kind of adaptations made to the frequency of sessions. (Check all that apply)
17. More frequent
18. Less frequent
19. Other (please specify)
20. Please describe the kind of adaptations made to the length of sessions. (Check all that apply)
21. Longer
22. Shorter
23. Other (please specify)
24. Please describe the kinds of adaptations made to resource allocations (e.g. staff, equipment, locations). (Check all that apply)
25. Fewer staff per participant
26. Relaxation of staff credential/training requirements
27. Substitutions/omission of certain types of equipment
28. Other (please specify)
29. Please describe the kinds of adaptations made to group/session size. (Check all that apply)
30. Permit group/session smaller than prescribed minimum
31. Permit group/session larger than prescribed maximum
32. Other (please specify)

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

1. What factors do you consider when determining whether adaptations to EBPs are warranted? (Check all that apply)
2. Funding constraints
3. Availability of staff needed for guideline adherence
4. Availability of other resources needed for guideline adherence (e.g., facilities, equipment)
5. Accommodations for accessibility (disabilities, etc.)
6. Accommodations for lower-income and rural participants (transportation, hours, etc.)
7. Cultural inclusivity, including language and religion
8. To increase appeal to local populations
9. Other (please specify)
10. Have not considered adaptations
11. Whose input is important in determining whether adaptations are warranted and how they should be made? (Check all that apply)
12. Program developer/administrator
13. Program participants
14. Partner organizations
15. Peer organizations
16. Local government, civic organizations, social, and/or religious organizations
17. State government
18. Funders
19. Other
20. Minimal/no external input
21. Do not make such determinations
22. Have you worked with program developer/administrators to identify acceptable program adaptations that maintain the integrity of the evidence-based nature of program?
23. Yes
24. No
25. When have you received guidance from the program developer/administrator on adaptations?
26. Proactively seek guidance on adaptations for programs
27. Seek guidance only when needed
28. Do not seek guidance on adaptations
29. When have you received guidance from other entities with oversight authority on adaptations?
    1. General guidance on adaptations allowed/recommended
    2. Guidance only in response to specific requests for advice
    3. 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.**

### Questions

1. What proportion of your previous in-person ACL-funded EBPs for disease prevention and health promotion have you maintained during the COVID-19 PHE?
2. 75 to 100%
3. 50 to 74%
4. 25 to 49%
5. 1 to 24%
6. None
7. Not Applicable (no in-person service delivered prior to COVID-19 PHE)
8. 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)
9. Program Content
10. Materials (e.g., exercise bands, handouts, web pages, videos)
11. Delivery mode (e.g., in-person vs. remote, lecture, discussion)
12. Frequency of sessions
13. Duration of sessions
14. Resources allocated (ex: staff, equipment, locations, etc.)
15. Group/session size (including number of clients per facilitator)
16. Whose input has been important in determining whether COVID-19-related adaptations are warranted and how they should be made? (Check all that apply)
17. Program developer/administrators
18. ACL
19. NCOA
20. Peer organizations
21. Participants and other stakeholders
22. CDC and other public health agencies
23. Other (please specify)
24. No guidance received
25. What topics, if any, have you sought guidance on? (Check all that apply)
26. Have not sought guidance on COVID-related adaptations
27. Safe in-person service delivery
28. How to redesign a program remotely that had been designed for in-person delivery
29. Additional training needed for remote delivery
30. How to ensure that clients practiced the program safely without direct oversight
31. How to reach clients and recruit them for remote delivery
32. Other (please specify)

*[If grantee is Title III-D, answer Question 65. If not, skip to Question 67]*

1. Have Title III-D funds been transferred by the state to COVID-related disaster relief activities and/or other OAA Title III services?
2. Yes
3. No
4. 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.**

## Questions

*[If <Grantee name> is a discretionary grantee, answer Question 66. All others proceed directly to Question 67]*

1. 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.*

1. Complying with the data collection requirements, use of the required forms
2. Maintaining staff properly trained in data entry procedures
3. Sending two staff people yearly to professional development conferences
4. Paying licensing and training fees
5. Monthly communication with Project Officer
6. Other (please specify)

1. In what ways could the list of eligible EBPs be improved? (Check all that apply)
2. Update more frequently with newer programs
3. Increase the number of EBPs that are easy to implement as designed
4. Increase the number of EBPs that address other aspects of Falls or CDSME
5. Increase the number of EBPs in languages other than English
6. Increase the number of EBPs that have been tested with additional populations (members of racial and ethnic minority groups, individuals with disabilities, etc.)
7. Increase the number of EBPs that can be delivered remotely
8. Other (please specify)
9. None
10. What level of support have you received from ACL to help you ensure fidelity in program implementation?
11. Very good
12. Good
13. Poor
14. Very poor
15. 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)
16. Assistance with selecting EBPs appropriate to your local context
17. Guidance on how to make local adaptations without seriously threatening fidelity
18. Guidance and tools for effective monitoring of program implementations
19. Guidance and tools for maintaining fidelity over time
20. Guidance on controlling costs while maintaining fidelity
21. Assistance with evaluating the evidence base for EBPs
22. Other types of technical assistance regarding EBP programs
23. Feedback on reports submitted by your organization
24. Other
25. No additional support required
26. 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. [OPEN TEXT]
27. 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*

1. Frequency of communication frequency
2. Detailed communications
3. Range of topics communicated
4. Two-way communications
5. Electronic communications
6. Telephone communications
7. 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 PERSON, ORGANIZATION, TITLE, E-MAIL, TEL or PERSON, ORGANIZATION, TITLE, E-MAIL, TEL.