

# Reporting Instructions for Evidence-Based Programs (EBP)

## I. Background

Evidence-Based Programs: For consistency, the term *evidence-based program (EBP)* is synonymous with *evidence-based disease prevention program*, *evidence-based disease prevention*, and *health promotion programs*. These terms describe programs meeting the Administration for Community Living (ACL) criteria for identification as an EBP that can be supported with Title III-D Older Americans Act (OAA) funding. The ACLS Bureau further delineates ACL EBPs between those that are caregiver EBPs and non-caregiver EBPs.

Caregiver Evidence-Based Programs: In Michigan, caregiver EBPs must be funded under Title III-E OAA (National Family Caregiver Support Program) funding and reported as a registered caregiver service in the Michigan National Aging Program Information System (NAPIS). Reporting instructions can be found under the left-navigation tab, [NAPIS Reporting Forms and Resources](#) at the ACLS Bureau partner site.

Examples of caregiver evidence-based programs include, but are not limited to: Building Better Caregivers, Powerful Tools for Caregivers, REACH Community, SHARE, Stress Busting Program for Family Caregivers and TCARE.

Non-caregiver EBPs can be funded with Title III-D and/or Title III-B OAA funding.

**Reporting Instructions** The term "class" is used in this document to describe an EBP series of sessions (unique time and location per cohort of participants). An EBP series may be time-limited (i.e., the EBP has a pre-determined start and end date) or ongoing. Time-limited classes that cross over to another fiscal year are counted in the fiscal year they are funded. Ongoing classes are counted once during each fiscal year they are funded.

Class and participant demographic data are to be reported using the following **two** reports:

- 1. NAPIS Cluster III Disease Prevention/Health Promotion Report** – due November 30 for end of year reporting (October 1 through September 30).
  - Area Agencies on Aging (AAAs) should report the number of classes (funded with Title III-D and/or Title III-B) completed for each Disease Prevention/Health Promotion service provider in NAPIS. Disease Prevention/Health Promotion is a NAPIS Cluster III service.
  - AAAs should only enter information in the "Total Service Units" field. This number should reflect the total classes conducted by the service provider during the fiscal year.
  - Data should be entered by November 30 for end of year reporting (October 1 through September 30). Data can be entered under the "Month" of September for this Cluster III service.
  - Disregard the following fields: Clients, Demographics, and Minority Status. This information is collected via the Health Promotion: Evidence-Based Programs (EBP) Report.
- 2. Health Promotion: Evidence-Based Programs (EBP) Report** (Excel spreadsheet submitted via Aging Information System (AIS) Secure File Drop with selection of

“Wellness Program Report” as the file type). AAAs may utilize their preferred method of data collection for completing the two tabs within this report:

- **EBP Summary Tab** – due **April 30** for mid-year reporting (October 1 through March 31) and **November 30** for end of year reporting (October 1 through September 30). This Tab will be required for end of year reporting for FY 2024, and then for FY 2025 onward, according to the two reporting periods.
- **EBP Demographics Tab** – due **November 30** for end of year reporting (October 1 through September 30). This Tab will not be required for FY 2024 but will be required for FY 2025 onward and should include unduplicated participants (i.e., a participant is counted once during the fiscal year no matter how many classes they have participated in). The demographic questions include:
  1. Please select the participant's current age group.
    - a. Below 60
    - b. 60-64
    - c. 65-74
    - d. 75-84
    - e. 85 and Above
    - f. Prefer not to Answer
  2. Please indicate the gender with which the participant identifies.
    - a. Male
    - b. Female
    - c. Other (i.e. transgender/gender non-conforming)
    - d. Prefer not to answer/Unknown
  3. Please identify the participant's sexual orientation.
    - a. Straight/Heterosexual
    - b. Homosexual/Lesbian/Gay
    - c. Bisexual
    - d. Other
    - e. Prefer not to answer/Unknown
  4. Please identify the participant's ethnicity.
    - a. Hispanic or Latino
    - b. Not Hispanic or Latino
    - c. Prefer not to answer/Unknown
  5. Please identify the participant's race or races.
    - a. American Indian/Alaska Native
    - b. Asian or Asian American
    - c. Black or African American
    - d. Native Hawaiian or Pacific Islander
    - e. White or Caucasian
    - f. Other Race
    - g. 2 or More Races
    - h. Prefer not to answer/Unknown
  6. Has the participant ever served in the U.S. Armed Forces, including the Reserves or National Guard?
    - a. Yes
    - b. No
    - c. Prefer not to answer/Unknown
  7. Does the participant speak a language other than English at home?
    - a. Yes
    - b. No
    - c. Prefer not to answer/Unknown