

Stakeholder Engagement to Understand the Use of Evidence-based Programs for Older Adults in Under-resourced Communities in Los Angeles County

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The population of older minority adults in the U.S. is growing rapidly. This group has higher rates and poorer control of preventable chronic conditions. We examined the prevalence of Evidence Based Programs (EBPs) to promote healthy aging in high risk communities in Los Angeles County, barriers to EBP implementation, and recommendations for increasing and sustaining EBP use.

We conducted semi-structured interviews and held a discussion panel with stakeholders representing 25 aging services organizations that serve Los Angeles communities with high levels of need among older adults.

We identified three themes: 1) implementation barriers, 2) evaluation challenges, and 3) program fidelity versus local tailoring. Implementation barriers included community trust, physician buy-in, health-system referrals, accessing services, and sustaining funding. Evaluation challenges included the evaluation metrics that vary by funder, limited access to either their own evaluation data or data from other organizations for comparison, inadequate staff training, and low post-program follow-up. Several organizations expressed a need for cultural tailoring of interventions while maintaining program fidelity. Priority recommendations included: conducting studies of equivalence of modified EBPs, standardized approaches to evaluation across programs, and collaborations between agencies, funders, and academic partners to streamline data collection and management.

As the diversity of older adults increases, there is growing need for EBPs that are culturally and linguistically tailored, demonstrate fidelity yet flexibility, and are eligible for reimbursement. Evaluation of modified programs in “real world” settings is necessary to ensure that EBPs reach the communities most in need of prevention and treatment of geriatric syndromes.