Introduction: Basic Definitions and Concepts
Comprehensive and effective management of evidence-based health promotion programs requires planning for quality assurance, implementation and sustainability. For purposes of this document, some basic definitions of plans include:

- **Quality Assurance plan** = the plan for a systematic cyclical process of monitoring and evaluation of performance indicators that ensures that program goals are met. This is a continuous quality improvement process. The Quality Assurance plan can be stand-alone or elements of it can be incorporated within the sustainability and implementation plans.

- **Sustainability plan** = the plan that focuses on the management and acquisition of resources (fiscal and in-kind) to maintain and expand programming. A *Business plan* is a specific tool for carrying out the resource acquisition component of the Sustainability plan.

- **Implementation plan** = the plan that focuses on carrying out program goals and activities. It is the program workplan.

A comprehensive **Quality Assurance plan** includes the following elements:

- Specification of designated roles, responsibilities and timelines for quality assurance activities
- Orientation of the team (program coordinators, host sites and partners) about the quality assurance plan and system
- Performance indicators including measures of participant reach, organizational capacity, and program delivery
- Mechanisms for periodic reviews by the team of the results of fidelity monitoring efforts and assessments of overall performance indicators
- Standardized protocols for making corrective actions when necessary and checking whether such actions are effective

**Intended Use of This Template:**
This template integrates quality assurance elements into a single planning document. Questions, performance indicators and actions steps are provided as examples only. It is crucial that you:

- tailor performance indicators and action steps specific to your program’s goals and objectives and to what is feasible within your organizational contexts and functioning
- establish with stakeholders those elements of your quality assurance plan that are priorities
- specify those quality assurance activities that will be carried out at the state level and/or local level

For additional tools to assist with program planning, implementation, and sustainability go to: [http://www.ncoa.org/improve-health/center-for-healthy-aging/offering-evidence-based-1.html](http://www.ncoa.org/improve-health/center-for-healthy-aging/offering-evidence-based-1.html)
REACH: assess whether target audiences are participating in the program, in what numbers, and the percentage of program completion and attrition

Key questions that can be asked include:
Are you reaching the targeted number of participants and completers?
Are you reaching a population with the targeted health-related characteristics and demographics?
Are your marketing efforts effective in recruiting participants?

<table>
<thead>
<tr>
<th>REACH Indicators</th>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Timeline</th>
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| ● Note: Tools and strategies for planning/monitoring ADOPTION available in NCOA online training module - Assuring Program Quality; The Importance of REACH and ADOPTION available at www.ncoa.org/chamodules | ● Set goals for target population to be recruited (# of participants)  
● Set goals for target population to complete (# of completers)  
● Set goals for workshop completion rates (% attending 4 or more sessions)  
● Adopt existing standardized data collection tools for REACH data (participant surveys, attendance logs, workshop forms)  
● Specify mechanisms for collecting and reporting program data  
● Conduct training for data collection  
● Collect program data  
● Routinely monitor data and process for collecting data  
● Prepare/distribute program data analysis to appropriate sites and partners  
● Routinely monitor if targeted audience is being reached and process for reaching target audience | | |

1. Number of targeted participants, completers, and sessions attended – and –  
2. Demographic and health characteristics data of recruited participants and of program completers
3. Numbers of participants recruited and retained via marketing efforts

- Specify marketing strategies
- Create/adapt marketing tracking tools
- Identify/train potential program participant “ambassadors” who help “publicize” program value to extend REACH

**EFFECTIVENESS: assess intended/unintended impact of the program and value to stakeholders**

*Key questions that can be asked include:*

- Are your efforts having the intended impact?
- Are participants achieving the same outcomes (e.g., improved self-efficacy, health behaviors, symptoms, health care utilization, costs and other outcomes) as in the published research studies? Are there any unanticipated or potentially negative effects? *(optional)*

- Is there a program value/return on investment for stakeholders?

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<tr>
<th>EFFECTIVENESS Indicators</th>
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</table>
| 1. Pre-post data on desired outcomes *(optional)* | - Develop statement of desired outcomes (as related to evidence from research studies)  
- Specify who data will be reported to and for what purposes  
- Identify/adapt outcome data collection tools  
- Specify who collects data and when  
- Design/conduct training on importance, expectations and methods of data collection  
- Routinely collect data  
- Analyze data and prepare/distribute reports | | |
| 2. Rates and types of unanticipated or potentially negative effects | - Design communication mechanisms (e.g., quarterly meetings) for discussing satisfaction surveys and any unanticipated events/outcomes and evolving issues  
- Routinely collect data  
- Analyze data and prepare/distribute reports | | |
<p>| 3. Value/return (health, non-health, fiscal, in kind) on investment for stakeholders | - Discuss with stakeholders key desired information | | |</p>
<table>
<thead>
<tr>
<th>ADOPTION: assess adequacy of workforce and implementation sites</th>
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<tr>
<td><strong>Key questions that can be asked include:</strong></td>
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<tr>
<td>• How many partner organizations/host sites have adopted the program?</td>
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<td>• How many implementation sites are delivering the workshops/program activities and with what frequency?</td>
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<td>• To what extent are the implementation sites reaching all areas of the state that are targeted?</td>
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<tr>
<td>• Are you recruiting and retaining a sufficient number of trained staff and volunteers (workforce)? (The cost calculator, available at <a href="http://www.ncoa.org/cha">www.ncoa.org/cha</a>, can be used as a resource to identify staffing requirements to bring your program to ‘scale’. GIS mapping can also be a potential tool for tracking instructors and sites and identifying areas of need.)</td>
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<tr>
<td>• Do you have the right types of partners and implementation sites to serve your target population?</td>
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<thead>
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• Identify county coverage utilizing rates of specific chronic diseases in each county | | |
<p>| 1. County coverage by % of older adult population and by % chronic disease | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th>Number of host organizations and implementation sites</th>
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<tr>
<td>2.</td>
<td><strong>Create/adapt tools for tracking host and</strong>&lt;br&gt;<strong>implementation sites</strong>&lt;br&gt;<strong>Create/adapt tools to track activity level</strong>&lt;br&gt;<strong>(workshops offered) at sites</strong>&lt;br&gt;<strong>Set schedule for collecting site information</strong>&lt;br&gt;<strong>Design/conduct training on importance,</strong>&lt;br&gt;<strong>expectations and methods of collecting data</strong>&lt;br&gt;<strong>about program sites, workshops, training and</strong>&lt;br&gt;<strong>participant attendance</strong>&lt;br&gt;<strong>Specify expectations for data entry (who,</strong>&lt;br&gt;<strong>when, how)</strong>&lt;br&gt;<strong>Routinely review site information</strong></td>
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<thead>
<tr>
<th></th>
<th>Number of trained staff and/or volunteers</th>
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<tr>
<td>3.</td>
<td><strong>Create/adapt tools to track staff/volunteer training</strong>&lt;br&gt;<strong>Routinely update/review training information</strong>&lt;br&gt;<strong>and discuss with partners re: adequacy of workforce</strong>&lt;br&gt;<strong>Specify data entry procedures</strong>&lt;br&gt;<strong>Note: The cost calculator, available at</strong>&lt;br&gt;<strong><a href="http://www.ncoa.org/chao">www.ncoa.org/chao</a>, can be used as a resource</strong>&lt;br&gt;<strong>to determine need and adequacy of program workforce. GIS mapping may also be a useful tool for identifying areas of need</strong></td>
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<tr>
<th></th>
<th>Rates of program leader retention/attrition</th>
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<td>4.</td>
<td><strong>Create/adapt tools to track program leaders</strong>&lt;br&gt;<strong>Set schedule for collecting leader information</strong>&lt;br&gt;<strong>Routinely monitor leader retention and attrition and discuss with partners</strong></td>
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<tr>
<th></th>
<th>Number of staff/volunteers involved in program coordination/administration</th>
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<tr>
<td>5.</td>
<td><strong>Create/adapt tools to track staff/volunteer administrative duties</strong>&lt;br&gt;<strong>Set schedule for collecting information</strong>&lt;br&gt;<strong>Routinely review to determine any issues or future needs</strong></td>
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**IMPLEMENTATION: assess extent of program offerings, satisfaction with the program, and fidelity of program delivery**

*Key questions that can be asked include:*
- Are the trainings and programs being delivered with fidelity to essential program elements (e.g. specific requirements for number of sessions, length and frequency of sessions, number and type of personnel, use of standardized curricula, etc.)?
- Have all personnel such as master trainers and leaders met their initial and annual training and teaching requirements?

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<td>- Note: Tools and strategies for planning/monitoring FIDELITY available in NCOA online training module - Assuring Program Quality; The Importance of FIDELITY available at <a href="http://www.ncoa.org/chmodules">www.ncoa.org/chmodules</a></td>
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<tr>
<td>1. Number of workshops delivered; number of workshops per host organization and per implementation site</td>
<td>- Design/adapt workshop tracking tools that include workshop delivery and participant attendance information</td>
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| 2. Participant completion rates per workshop, per implementation site | - Collect and review data on workshop attendance size  
- Collect and review data on completion rates  
- Review workshop size to identify issues related to over- or under-attendance  
- Address workshop size and completion rates with partners | | |
| 3. Level of satisfaction among participants, leaders, master trainers, implementation and host sites | - Create/adapt satisfaction surveys for each group  
- Set up schedule for distributing and collecting satisfaction surveys  
- Analyze satisfaction data with attention to areas that are problematic  
- Discuss problematic issues with partners, program leaders as appropriate | | |
| 4. Standardized protocols to assess adherence to leader training and program delivery protocols | - Create/adapt fidelity monitoring tools  
- Establish protocols for fidelity monitoring and share with host sites, implementation sites  
- Create communication mechanisms with instructors and sites | | |
5. **Number of workshops offered by each program leader;** Average length of service of program leaders and master trainers

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<td>• Implement training on fidelity monitoring</td>
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<td>• Collect and periodically review fidelity surveys with partners</td>
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<td>• Note: CDSMP fidelity manual and other toolkits available at <a href="http://www.ncoa.org/cha">www.ncoa.org/cha</a></td>
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<tr>
<td>• Collect data on leader activity</td>
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<tr>
<td>• Review activity levels to identify needed adjustments in level of activity</td>
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<tr>
<td>• Address activity levels with program leaders and partners</td>
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**MAINTENANCE: (at program level) assess the extent to which program is embedded in service delivery and can be brought to scale**

**Key questions that can be asked include:**

- *Is there sufficient staffing/human resources to sustain the program?*
- *Are there enough partners/host organizations and implementation sites to bring the program to scale statewide? How many partners have embedded the program (i.e., have designated staff to coordinate program responsibilities, have a program champion, have been offering the program more than a year, are continuing to offer at least two workshops/programs per year, etc.)?*
- *Will there be adequate financial resources, fees, policies, and/or regulations in place to grow and sustain program delivery and distribution (grants, Title III-D, Medicaid waivers, insurance reimbursement, etc.)?*
- *Are the marketing efforts successfully expanding the number of partners, sites, workforce and participants to bring the program to scale?*
- *Is there an adequate pipeline for participant referrals and referral sources (Medicaid, ADRCs, physician practices, etc.)?*
- *Is there a sustainability or business plan?*

**MAINTENANCE Indicators**

- *Note: Tools and strategies for planning/monitoring*  
  **MAINTENANCE - NCOA Online Training Module:** Assuring Program Quality: The Importance of Maintenance available at [www.ncoa.org/chamodules](http://www.ncoa.org/chamodules)
- *Note: QA/CQI guidance available in NCOA Online Module: Introduction to Quality Assurance available at [www.ncoa.org/chamodules](http://www.ncoa.org/chamodules)*
- *Note: NCOA online training module – Creating a*
**Business Plan for Your Evidence-based Health Promotion Program** available at [www.ncoa.org/chamodules](http://www.ncoa.org/chamodules)

1. **Specification of financial resources, fees, policies, and/or regulations that are in place to sustain program delivery and distribution**
   - Identify tracking mechanism to monitor resources, policies and regulations
   - Periodically review with partners ongoing needs

2. **Type and extent of financial sustainability efforts (e.g., use of business plans, grants, Title III D, Medicaid Waivers, insurance reimbursement, etc.)**
   - Identify tracking mechanism to monitor funding
   - Periodically review with partners ongoing needs
   - Create business plans and engage stakeholders as appropriate

3. **Number and sources of referrals (e.g., Medicaid, physician practices, ADRCs, etc.)**
   - Create/adapt mechanisms/tools for monitoring sources of referrals
   - Periodically review referrals with partners to address challenges

4. **Number and comprehensiveness of partnering agency sustainability plans to embed programming into ongoing operations**
   - Establish Memoranda of Understanding with partnering agencies outlining expectations, roles and responsibilities and licensure agreements
   - **Note: Partner Readiness Tools found at:** [www.ncoa.org/cha](http://www.ncoa.org/cha)
   - Implement mechanisms for ongoing partner communications
   - Provide guidance/tools for creating sustainability plans
   - Create mechanism for periodic review with partners

5. **Number/involvement of designated staff in partnering agencies to coordinate ongoing quality assurance and program delivery planning**
   - Identify/track which staff of partnering agencies are responsible for participating in CQI

6. **Standardized mechanisms in place for periodic review**
   - Create mechanism for periodic review of
| by program team and partners to assess fidelity and quality assurance, and to make corrective actions | programming for QA and continuous quality improvement (CQI)  
- Conduct CQI reviews on regular basis |
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<td><strong>7. Specific outreach plan for marketing to and developing new partnerships; numbers and reach of new partnerships generated</strong></td>
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- Periodically review with partners need for program expansion  
- Create program expansion plan that includes goals and timeframe |
