

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b>	<b>DAIL-HP-DP-12.1</b>
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## **Health Promotion and Disease Prevention**

Health Promotion/Disease Prevention shall provide for programs designed to maintain or improve the health and well-being of older persons. The services and information shall be available at multipurpose senior centers, congregate meal sites, home delivered meals programs, through in-home services programs and any other appropriate venues. Priority shall be given to areas which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services. The three (3) funding sources for health promotion/disease prevention programs are state, Title IIIB and Title IIID. State funds may be used to support either Title III B or Title III D programs.

### **AAAIL Responsibilities:**

- (1) Title IIIB funds should be used for the following supportive services included in health promotion/disease prevention activities, Older Americans Act (OAA) Part B Section 321 (a) (1), (7), (8), (14) (B), and (17):
  - (a) Health (including mental health), education and training, welfare, informational, recreational, homemaker, counseling, or referral services;
  - (b) Services designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance-movement therapy;
  - (c) Services designed to provide health screening (including mental health screening) to detect or prevent illnesses, or both, that occur most frequently in older individuals;
  - (d) Effective referral to existing health (including mental health) services; and
  - (e) Health and nutrition education services, including information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions.
  
- (2) Title IIID funds shall be used for evidence-based programs, which are shown to be effective at helping participants adopt health behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. Section 362 of the OAA requires priority be given to areas of the State (1) which are medically underserved; and (2) in which there are a large number of older individuals who have the greatest economic need for such services. DAIL reporting requirements specify that Title III-D funds shall be reported in the following categories:

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- (a) Risk Assessment: health, medication, nutrition, and injury control;
  - (b) Information, counseling, and education;
  - (c) Health Promotion: exercise, self - help, stress management, and weight loss; and
  - (d) Medication management, screening and education.
- (3) All Title IID Health Promotion/Disease Prevention services must comply with the activities described by the definition provided in the OAA Section 102 (14). The Administration on Aging uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the OAA. Health promotion programs can fall within any of the three (3) following tiers, including minimal criteria. Based on the history of the program and the degree of change needed to transition to the optimal-level of evidence-based implementation, each program will need to be assessed based on the following criteria:

**Minimal Criteria**

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and
- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed personnel

Examples include:

- Healthy Eating for Successful Living among Older Adults;
- Tai Chi for Arthritis;
- Tai Chi for Diabetes;
- Tai Chi for Osteoporosis;
- PEPPI (Peer Exercise Program Promotes Independence;
- Silver Sneakers; or
- Stay Strong Stay Healthy

Programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition; and most health screenings would also qualify at this level. **Note:** Not all programs of the types listed above

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meet the minimal criteria for Title IID evidence-based services; however, low-cost programs that do meet the criteria are available.

**Intermediate Criteria**

- Published in a peer-review journal;
- Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); or
- Some basis in translation for implementation by community level organization.

An example includes: Eat Better Move More

**Highest-level Criteria**

- Undergone Experimental or Quasi-Experimental Design;
- Level at which full translation has occurred in a community site; or
- Level at which dissemination products have been developed and are available to the public.

Examples include:

- Arthritis Foundation Exercise Program;
- Active Living Every Day;
- A Matter of Balance;
- Chronic Disease Self-Management Program;
- Enhance Fitness;
- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors);
- Healthy Moves for Aging Well;
- HomeMeds;
- Prevention and Management of Alcohol Problems in Older Adults;
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS);
- Stepping On;
- Strong for Life;
- Tai Chi: Moving for Better Balance;
- Active Choices;
- Enhanced Wellness;
- Fit and Strong;
- Walk with Ease;

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- Diabetes Self-Management Program;
- Positive Self-Management Program for HIV; Arthritis Self-Management (Self-Help) Program;
- Arthritis Self-Management (Self-Help) Program;
- Chronic Pain Self-Management Program;
- Online Chronic Disease Self-Management Program;
- Better Choice, Better Health—Diabetes;
- Healthier Living with Arthritis (Internet Arthritis Self-Management Program);
- Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program);
- Programa de Manejo Personal de la Artritis (Spanish Arthritis Self-Management Program);
- Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program);
- Care Transitions;
- New York University Caregiver Intervention (NYUCI);
- Resources for Enhancing Alzheimer’s Caregiver Health II (Reach II); or
- Brief Intervention & Treatment for Elders (BRITE)

(4) The AAAIL shall provide the department with plans as how they will implement health promotion/disease prevention services provided by Title IIID funds. Plans shall be submitted as an attachment to the area plan and shall be submitted electronically. Plans or plan revisions must be submitted to the department at least 30 days prior to implementation and must include the following information:

- (a) What evidence based program will the AAAIL be implanting;
- (b) How the AAAIL will ensure this program is appropriate (send supporting documentation);
- (c) What category does this program fall under (Minimal Criteria, Intermediate Criteria, Highest-level Criteria);
- (d) How the AAAIL will implement this program to ensure the fidelity to the service model;
- (e) Where the AAAIL will be implementing this program (county specific);
- (f) When and how often the AAAIL will be offering this program; and
- (g) Budget pages or revised budget pages.

(5) Once a particular evidence based intervention is approved by the Department, supporting documentation does not need to be resubmitted by an agency.

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- (6) DAIL will compile a master list of approved interventions for replication across the state and will create a web-listing.
- (7) One contact is one service unit as reported in the NAPIS report for Title III-B and Title III-D.