

Disease Prevention and Health Promotion Services
Older Americans Act Title IID
Program Standards

October 2017

(Reporting section updated November 2020 to address use of GetCare)

I. Program Purpose

Title IID of the Older Americans Act (OAA) was established in 1987, providing grants to States and Territories based on their share of the population aged 60 and over. According to the Administration for Community Living, Health Promotion Disease Prevention Services aim to support programs for older adults that promote healthy lifestyles; support healthy behaviors; reduce the risk of developing preventable chronic diseases and other morbidities; and reduce the need for more costly medical interventions. Title IID Disease Prevention and Health Promotion Services are targeted to persons age 60 or older, with priority given to serving older adults living in medically underserved areas of the State or who are of greatest economic need.

Over the past decade, the Administration for Community Living has shifted emphasis to interventions with proven outcomes to maximize the impact of limited resources and deliver programs with proven beneficial outcomes. In 2012, the FY-2012 Congressional appropriations added a requirement that OAA Title IID funding be used only for programs and activities which have been demonstrated to be evidence-based in order to provide the greatest impact given available funding.

Area Agencies on Aging (AAAs) in Oregon are expected to assess needs in their service area at least every four years as part of their area planning process. As part of this assessment, AAAs should determine priority needs and gaps in promoting health among aging adults in their service region, and develop plans to address these needs through use of their IID funds.

Through partnerships with other community organizations, AAAs can also help advocate for health issues that impact the health of older adults and people with disabilities. And as core partners of Oregon's Aging & Disability Resource Connection (ADRC), AAAs help ensure that ADRCs are addressing health promotion and disease prevention needs in each region.

II. Federal Older Americans Act IIID Funding

According to the Administration for Community Living (ACL):

“Title IIID programs help stimulate innovation by providing seed money to test new approaches and Disease Prevention and Health Promotion (DPHP) activities. DPHP programs help to attract young older adults through innovative fitness programs, health technology, and healthy aging screenings. The Aging Services Network leverages many other funding streams and in-kind contributions for DPHP programs, including both public and private sources. Additionally, other key federal funding sources include programs funded by the Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention and the U.S. Department of Agriculture.”

It is recognized that IIID funds will not be sufficient to meet all the disease prevention and health promotion needs of individuals served by an Area Agency on Aging. Partnerships and collaboration are critical to leverage and extend the reach of health promotion programs. It is common practice to braid or blend funding streams to support different components of the same activity in order to make a complete program. Depending on the health promotion program, partnering agencies and potential funding sources may include public health departments, hospitals, clinics and community health centers, non-profit organizations, city parks and recreation departments, United Way or foundations, universities and community colleges, OSU Cooperative Extension Services, faith-based organizations, professional organizations (such as pharmacy, dental and dietetic associations), voluntary or sliding fee-scale donations, and private donors.

In addition to partnerships outside the Aging Services Network, AAAs may also work together to pool their Title IIID funding and implement regional and/or statewide evidence-based programs.

III. Use of Title IIID Funds - Requirements for Evidence-Based Programs

Since 2012, Congress has called for OAA IIID funds to be used only to support **evidence-based programs**. ACL distinguishes between evidence-based programs (allowable with Title IIID funds) and evidence-based information, services, or practices (not allowable with Title IIID funds).

As of October 1, 2016, the Administration for Community Living (ACL) requires that Title IIID funds be spent only on programs that are reviewed and deemed evidence-based by an agency of the U.S. Department of Health and Human Services (including CDC, SAMHSA, AHRQ, CMS, HRSA), or that meet the following criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* *and*
- Research results published in a peer-review journal; *and*
- Fully translated** in one or more community site(s); *and* Includes developed dissemination products that are available to the public.

** Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

*** For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real world community setting.*

AAAs must document their use of evidence-based programs. Oregon DHS Aging & People with Disabilities Community Services & Supports Unit (CSSU) maintains information on evidence-based and best practice health promotion and disease prevention programs on the CSSU website, and is available to provide assistance to AAAs in determining whether a particular program or intervention meets ACL requirements.

IV. Provision of Health Promotion Programs by Area Agencies on Aging

As with other Older Americans Act services, AAAs are encouraged to partner with other community organizations and use funds to contract and leverage additional resources. However if there are no other organizations able to provide direct disease prevention and health promotion services to meet identified needs, the AAA may provide these services using their own staff and trained volunteers.

V. Reporting

The State Program Report (SPR) requires AAAs to report in GetCare **unduplicated client counts** and **service units** for Disease Prevention and Health Promotion programs. In GetCare, programs supported with OAA Title IIID funds should be entered using the Service Name “Health Promotion: Evidence-Based.” If a AAA chooses to support non-evidence-based programs and services, these should be reported in GetCare as “Health Promotion: Non-Evidence Based,” but cannot be funded with Title IIID funds.

Health promotion services are “non-registered services,” so AAAs are not required to collect demographic or other consumer characteristics for these programs, although they may choose to support their own program tracking or evaluation purposes.

Unit type for Health Promotion: Evidence Based:

- 1 session per participant

Unit types for Health Promotion: Non Evidence Based:

- 1 session per participant
- 1 loan or payment (Health/Medical/Assist Tech Equip)
- 1 hour (Reg. Nurse Service)

VI. Health Promotion and Other Areas of the Older Americans Act

While Title IIID specifically funds evidence-based health promotion and disease prevention programs, AAAs support health and wellness for older adults and their caregivers through a variety of other programs that address health and social determinants of health. These may include the following:

Title IIIB - AAAs should ensure that information and assistance and outreach services include providing information and referrals to individuals inquiring about health and disease prevention services and programs. AAAs may choose to use IIIB funds to support non-evidence-based health-related programs and services – e.g. medication management, emergency/Lifeline response systems, or health screenings.

Title IIIC Nutrition - Senior centers and congregate meal sites are key partners for implementation of health promotion programs. The goal of Title IIIC Nutrition

Programs includes promoting the health and well- being of older individuals – and AAAs are encouraged to find ways to link nutrition and health promotion programs through co-locating and/or cross-referring between programs to help participants access both services.

Title III E Family Caregiving - A number of family caregiver programs are evidence-based (eg Powerful Tools for Caregiving, STAR-C, Savvy Caregiver). Given the more narrowly-focused scope of these programs on family and relative caregivers, these programs are most commonly supported under the National Family Caregiver Support Program area of the Older Americans Act (Title III E); however AAAs often jointly promote programs, ensuring outreach to all potential populations.

Title VI Services for Native Americans – AAA are encouraged to partner with Oregon Tribes and other organizations to make health promotion programs available to Tribal elders. These partnerships may include offering programs in locations that are accessible to Tribal elders, providing training to Tribes to enable them to offer their own programs (eg falls prevention, chronic disease self-management), joint efforts or grant-writing to support programs that have been culturally adapted to Tribal elders, or shared outreach to promote available programs and services.

VII. Health Promotion and ADRCs

Oregon’s Standards for Fully Functioning Aging & Disability Resource Connections (ADRCs) include a focus on health promotion, noting that “Consumers expect to receive services in an environment that is accessible and supportive of health.”

The ADRC Standards of 2015 include the following required standard:

- IIC Information & Referral and Assistance – IIC.7 – Information & Assistance staff promote the health and safety of consumers by identifying health issues, and referring to appropriate community health promotion programs, healthcare preventive services, and/or dementia resources.

AAAs provide a critical role in ensuring that the statewide ADRC website (www.ADRCofofOregon.org) provides accurate and complete information on available programs and services that support health promotion and disease

prevention. This enables consumers and providers to access current information on available resources – including health promotion programs and resources – in each community.

VIII. Additional Resources

Administration for Community Living Information on IID funding:

<https://www.acl.gov/programs/health-wellness/disease-prevention>

Oregon Community Services & Supports Healthy Aging resources and list of evidence-based programs:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Healthy-Aging.aspx>

IX. OAA Section 102 (14) - Disease Prevention and Health Promotion
(as amended through P.L.116-131, Enacted March 25, 2020)

The Older Americans Act, Sec. 102.(a)(14) defines the term disease prevention and health promotion services to include a range of activities and services.

Please note that while the definition in the Older Americans Act includes many activities and services that address disease prevention and health promotion, OAA Title IIID funds can only be used to support evidence-based programs. (see Section III above)

The term “disease prevention and health promotion services” means—

- A. health risk assessments;
- B. routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, and nutrition screening;
- C. nutritional counseling and educational services for individuals and their primary caregivers;
- D. evidence-based health promotion programs, including 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;
- E. programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
 - i. an institution of higher education;
 - ii. a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
 - iii. a community-based organization;
- F. home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;

- G. screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
- H. screening for fall-related traumatic brain injury and other fall-related injuries, coordination of treatment, rehabilitation and related services, and referral services related to injury and injuries;
- I. educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
- J. medication management screening and education to prevent incorrect medication and adverse drug reactions;
- K. information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- L. services that are a part of responses to a public health emergency or emerging health threat;
- M. gerontological counseling; and
- N. screening for the prevention of negative health effects associated with social isolation and coordination of supportive services and health care to address negative health effects associated with social isolation; and
- O. counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).