



# Disease Prevention and Health Promotion

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## HEALTH PROMOTION AND DISEASE PREVENTION

The Health Promotion and Disease Prevention Policy is applicable to Title III D of the Older Americans Act of 1965 as amended in 2020, (Sections 361 and 362).

### INTRODUCTION

The goal of the Disease Prevention and Health Promotion effort is to provide services that have been demonstrated, through rigorous evaluation to be evidence-based and, effective for older persons throughout the KIPDA region.

### DEFINITIONS AND TERMS

- 1) **Contact Unit** – Contact directly with or on behalf of the client in either group or individual activities.
- 2) **Evidence-Based Prevention Programs** – Title III D funds support programs: 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.
- 3) **Health Promotion Programs** – Programs designed to maintain or improve the health and well-being of older persons. Title III B funds support these activities:
  - a) Health, education, and training, 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, and music/art therapy;
  - c) Services designed to provide health screening to detect or prevent illnesses, or both, that occur most frequently in older individuals;
  - d) Effective referral to existing 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.
- 4) **Title III-D Health Promotion and Disease Prevention Services** –
  - a) Information and Outreach: – Activities related to Title III D opportunities and services available within the community.
  - b) Implementation of EBP's: - Activities related to training for leaders/trainers, travel costs for EBP trainings, and required materials for class participants.
  - c) EBP Programs: A unit is one (1) Contact – Evidence-based exercise, self-help, stress management, and weight loss activities shown to be effective at helping participants adopt health behaviors, improve health status, and reduce use of hospital services and emergency room visits;

## RESPONSIBILITIES OF PROVIDER

1. Provide funded programs; assure program fidelity.
2. Recruit volunteers to staff and/or assist with programs. Utilize a variety of health/allied health care and education professionals to provide services.
3. Provide trained facilitators.
4. Serve the Disease Prevention/Health Promotion target audience.

## RESPONSIBILITIES OF KIPDA AREA AGENCY ON AGING

1. Provide technical assistance to centers, designing classes and programs that address the needs of seniors, their caregivers and family members. Promote evidence-based programs in the following subject areas: Fall Prevention, Physical Activity, Mental and Emotional Health, and Chronic Disease Self-Management.
2. Advocate health issues for older adults, including mental health and substance abuse. Promote the need for health care.
3. Participate in one major area-wide outreach program designed to reach seniors each year. (State Fair)
4. Promote and facilitate ongoing wellness activities in area senior centers, nutrition sites, and other appropriate venues.
5. Provide the Department for Aging and Independent Living (DAIL) with plans detailing how health promotion/disease prevention services will be implemented in the KIPDA region at least annually.

## CLIENT ELIGIBILITY

- A. Policy:** Disease Prevention and Health Promotion activities are provided without charge to persons 60 years old and older.
1. The program targets community-dwelling adults that have or are at high risk for a chronic disease or disability.
  2. These programs are available at senior centers, congregate meal sites, in-home services programs and any other appropriate venue.
  3. Priority is given to areas which are medically underserved and in which there are large numbers of older adults who have the greatest economic need for such services.

## PROGRAMS

- A. Policy:** Evidence-based health promotion activities offered in the KIPDA region are funded in two (2) categories: risk management/ injury control and health promotion.

### **Procedures:**

1. Risk management/injury control activities:

- a) A Matter of Balance (example): Managing Concerns about Falls. Project goal is to improve balance and reduce falls and fear of falling among older adults in the community.
- 2. Health promotion (exercise, weight loss, self-help) activities:
  - a) Physical Activity Programs (example): Project goal is to introduce older adults to the Arthritis Foundation Exercise Program, Tai Chi for Arthritis and Walk With Ease for seniors with Arthritis, Bingocize, Silver Sneakers, and Active Choices.
  - b) CDSMP/DSMP/DPP Workshops (example): Project goal is to help people with chronic health conditions face challenges of everyday life.
- 3. Additional allowable activities: A program is considered to be “evidence-based” by any operating division of the U.S. Department of Health and Human Services (HHS) and appropriate for older adults.

## **PROGRAM MONITORING**

- A. Policy:** Provider staff will conduct an on-site inspection of individual programs to assure quality service and include at least the following:
  - 1. Program efficiency and effectiveness
  - 2. Program value and appeal
  - 3. Customer service
- B. Policy:** Reports (findings) and corrective actions will be available to KIPDA as requested.

## **PROGRAM REPORTING AND RECORDING**

- A. Policy:** An individual record for each participant shall be maintained in the KIPDA client data tracking system and shall include at least:
  - 1. Complete client demographic information including Social Security number (or Pseudo), date of birth, household composition, income, county of residence, race and ethnicity, and emergency contacts;
  - 2. Client profile information shall be updated at least annually.
- B. Policy:** Service units shall be recorded for each participant in the KIPDA client data tracking system as follows:
  - 1. Enter service units no later than two (2) weeks from the date of service;
  - 2. Service units may not be entered before they have been provided; and
  - 3. Retain a file of supporting documentation including program dates, topics, sample materials, contact units, and attendance records.

**Appendix**  
**(please see the program coordinator for the most current paperwork)**

TITLE IIID  
DISEASE PREVENTION AND HEALTH PROMOTION

In June 2022, DAAIL (Department of Aging and Independent Living) provided new taxonomy guidance to assist with billing processes, and provide some direction on contract requirements.

**Evidence Based Intervention** 1 unit = 1 participant

Title III-D Evidence-Based Disease Prevention and Health Promotion Services, as outline in section 361 of the OAA, is a program to provide evidence-based disease prevention and health promotion services and information which have been demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults.

Each AAAIL shall provide only evidence-based health promotion programs that meet the following criteria in accordance with the ACL requirements:

- Demonstrated through evaluation to be effective for improving the health and well-being 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. OR
- The program is considered to be an evidence-based program by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults.

*\*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 at once before.*

Examples of approved interventions may be found at:

<https://www.ncoa.org/evidence-based-programs>

<https://acl.gov/programs/strengthening-aging-and-disability-networks/aging-and->

## disability-evidence-based-programs

Authority: Older Americans Act, Section 361 Administration on Community Living

Requirements: Course Paperwork for evidence-based programs (EBP) shall be sent into DAIL within two (2) weeks of course completion. Up-to-date instructor certificates shall be sent to DAIL upon completion of certification/re-certification as well as kept on file.

Funds are to be used on the implementation of evidence-based programs, including training cost for trainers/instructors, travel costs associated with trainings, program outreach/information on III-D opportunities and services available within the community, and required participant materials such as text/workbooks. Prior approval to purchase equipment/technology/etc. to be obtained from DAIL. Title III-D funds may not be used for admin costs, utilities, costs associated with building (i.e., rent, construction, repairs), or items not related to the direct provision of evidence-based interventions.