



TITLE III D: DISEASE PREVENTION & HEALTH PROMOTION PROGRAM STANDARDS

Program Goal: To promote the health and well-being of older individuals by assisting such individuals to gain access to disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Service Definition: Provide health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; medication management screening and education; gerontological and social service counseling; and education on preventative health services.

Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

Service Type: Non-registered Service

Unit of Service: 1 contact = 1 unit of service

Scope of Service & Funding

Funding available: \$118,000.00

The maximum grant amount is \$59,000.00

Minimum Service Standard:

Units of Service: 775 contacts

Unduplicated Persons Served: 100 unduplicated persons

Area to be Served, contract 1: Santa Clara County

Area to be Served, contract 2: Santa Clara County, targeted to vulnerable populations including minorities in a geographically isolated or rural area

Service Area Target Population: Service providers must have established methods, other than use of means test, to provide services to all persons aged 60 and over.

Demonstrate serving the target population (at-risk socially/economically), keeping in line with the intent of the Older Americans Act. Reference 22 CCR § 7125 & 22 CCR § 7127

Required Match: Not applicable

For additional budgeting requirements read the 2020-2024 Request for Proposal Bidders Guide available on the Sourcewise website: <http://www.mysourcewise.com/area-plan>



Disease Prevention & Health Promotion Program Specific Scope of Service:

1. Provider shall target the delivery of Disease Prevention & Health Promotion evidence based approved programs as described in '[Highest Tier Evidence-Based Health Promotion/Disease Prevention Program](#)' at Sourcewise designated focal points and senior centers, with a priority emphasis on outreach in geographic areas with a high concentration of ethnic minority and low-income elderly.

The remaining service effort may be delivered at other approved sites.

2. Provider shall present one-on-one and/or group trainings inclusive of education in the areas of:
 - i. Illness prevention
 - ii. Manage chronic physical conditions
 - iii. Promote healthy and independent living
 - iv. Improve older adults quality of life
3. Applicant will comply with standards outlined in the Program Memo dated 7/29/2015 from the California Department of Aging ([Appendix A](#))
4. Staff shall be trained and experienced in working with seniors who are in the greatest economic need (22 CCR § 7125) and social need (22 CCR § 7127). The skills to direct group activities, facilitate discussion and coordinate community resources and linkages for participants are required.
5. **Objectives:** The provider is required to demonstrate that each of the following programs areas are successfully completed within the awarded fiscal year from July 1, 2020 – June 30, 2021. Included in the Older American Act Application for Funding, list at least one measurable objective for each of the following program areas; reaching the target population, staffing and volunteers, coordination with other agencies, public information, obtaining contributions, client input, and fundraising.

Targeting

Service providers must have established methods, other than use of means test, to provide services to all persons aged 60 and over.

Service providers must show intent and methodology to serve the needs of:

- Age 75+
- Low Income (federal poverty)
- Minority
- Living Alone

Demonstrate serving the target population (at-risk socially/economically), keeping in line with the intent of the Older Americans Act.

Staffing & Volunteers

Service providers must demonstrate recruitment and training of staff & volunteers to support the program.

Staffing & Volunteers goal must describe specifically how many staff and volunteers will be required to support the Older Americans Act program and the kind of task that will be performed by volunteers.

Coordination

Service providers must form and administer cooperative agreements with other agencies to ensure comprehensive service delivery and avoid unnecessary duplication.

Public Information/Outreach

Service providers must have planned information and outreach activities, including distribution of printed materials advertising the program.

Client Input

Service providers must have procedures in place for obtaining the views of the participants of the service being provided, including a written and distributed client grievance procedure.

Describe the process by which regular client input is received and areas that are monitored for quality service.

Client Contribution

Service providers must provide clients with the opportunity to voluntarily contribute to the cost of the program.

Describe the process for collecting voluntary client contributions including (a) how clients will be informed of the opportunity to contribute to the cost of the service, (b) the amount of suggested client contribution and how it was determined and (c) the method used to collect and record client contributions to ensure confidentiality.

Reporting Requirements:

As a “non-registered” service. Programs are required to collect information on name, zip code, and age in order to establish OAA program eligibility. Requirements include reporting estimated enrollment of clients/audience and service units on a quarterly and annual basis. Sourcewise will administer templates to submit reports and submit request of funds upon award.

APPENDIX A: TITLE III D PROGRAM MEMO 15-10 (2015)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR. Governor

CALIFORNIA DEPARTMENT OF AGING

1300 NATIONAL DRIVE, SUITE 200
 SACRAMENTO, CA 95834-1992
 Internet Home Page: www.aging.ca.gov
 TDD Only 1 (800) 735-2929
 FAX Only (916) 928-2267
 Phone Number (916) 419-7500



PROGRAM MEMO

CDA 1014 (Rev. 02/14)

TO: Area Agency on Aging Directors		NO.: PM 15- 10 (P)
SUBJECT: Updated Title IIID Disease Prevention and Health Promotion Program Requirements Effective July 1, 2016		DATE ISSUED: July 29 , 2015
		EXPIRES: When superseded
REFERENCES: FY 2012 Congressional Appropriations		SUPERSEDES: PM 12-10 (P)
PROGRAMS AFFECTED:	<input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input checked="" type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title VII <input type="checkbox"/> Title V <input type="checkbox"/> HICAP <input type="checkbox"/> Other:	

Purpose The purpose of this Program Memo (PM) is to provide guidance to Area Agencies on Aging (AAA) on the new federal requirements for evidence-based Title IIID Disease Prevention and Health Promotion Programs (Title IIID), which go into effect July 1, 2016.

Background The Federal Fiscal Year (FFY) 2012 Congressional appropriations law required that by FFY 2016 Older Americans Act (OAA) Title IIID funding be used only for Disease Prevention and Health Promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based.

To guide states and AAAs in phasing in these new requirements, the Administration for Community Living (ACL) established a three-tiered set of criteria for defining OAA evidence-based interventions.

On June 4, 2014, ACL announced that this three-tiered set of criteria would no longer apply after September 30, 2016. Effective October 1, 2016, Title IIID funds shall be used only for health promotion programs and activities that meet the highest level evidence-based criteria. ACL encouraged states to work in collaboration with their AAAs to establish a target date for complying with this new standard in advance of the October 1, 2016 effective date.

In consultation with AAAs, the Department established July 1, 2016, as California's implementation date for the new evidence-based standard. This effective date aligns with the State Fiscal Year (SFY), CDA Standard Agreement contract period, and the Area Plan cycle.

Continued on next page

**Implementing
Approved DHHS
Programs**

AAAs may use the Title IIID funding to support any evidence-based program(s) that have been approved by the U.S. Department of Health and Human Services (DHHS). Included below are links to the DHHS-approved evidence-based programs.

- Administration on Community Living's, Aging and Disability Evidence-Based Programs and Practices.
<http://www.acl.gov/Programs/CIP/OCASD/ADEPP/index.aspx>
- Center for Disease Control and Prevention's (CDC), Compendium of Effective Interventions.
<http://www.cdc.gov/homeandrecrereationalsafety/Falls/compendium.html>
- Substance Abuse and Mental Health Services Administration's (SAMHSA), National Registry of Evidence-Based Programs and Practices.
<http://www.nrepp.samhsa.gov/>
- NIH's Cancer Control Evidence-Based Portal, Research-tested Intervention programs.
<http://rtips.cancer.gov/rtips/index.do>

**Implementing
Programs Not
Approved by
DHHS**

If AAAs want to use Title IIID funds to support other programs, they must meet all of the five (5) criteria below:

- Have demonstrated through evaluation that they are effective for improving the health and well-being or reducing the disability and/or injury among older adults.
- Have been proven effective with the older adult population, having used an Experimental or Quasi-Experimental Design.
- Have research/evaluation results that have been published in a peer-reviewed journal.
- Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting.
- Includes program manuals, guides, and/or handouts that are available to the public.

Continued on next page

**Implementation
Process**

Effective July 1, 2016, Title IIID funds shall only be used for health promotion programs that comply with ACL's new evidence-based program standards.

Currently some AAAs fund Nutrition Education and Nutrition Counseling programs. These activities will not meet ACL's new standard for Title IIID evidence-based programs. AAAs may continue to fund Medication Management. However, the program must comply with ACL's new Title IIID evidence-based standards.

Contracts

By July 1, 2016, AAAs must ensure that Title IIID funded program activities comply with ACL's new Title IIID evidence-based program standards.

All Requests for Proposals (RFP) and subcontracts for SFY 2016-17 and beyond must include the new evidence-based definitions.

Area Plan

The following sections of the AAA's SFY 2016-17 Area Plan must reflect that all planned Title IIID activities meet ACL's new evidence-based standard.

- Section 9 Area Plan Narrative Goals and Objectives: The objective(s) shall clearly describe the service activity being performed and explain how the service activity meets ACL's standard for evidence-based programs.
- Section 10 Area Plan Service Unit Plan Objectives: AAAs shall enter proposed units of service and Program Goal and Objective numbers, which link to the written program description in Section 9 of the Area Plan.

Fiscal

Report the SFY 2016-17 funding amount for all Title IIID activities including Medication Management on the Disease Prevention Health Promotion (DPHP) line of the Area Plan Budget. AAAs will not be able to enter Title IIID funds on the Nutrition Counseling and Nutrition Education lines of the budget since these programs will no longer be allowable activities under Title IIID.

Data

Report all SFY 2016-17 Title IIID activities under the Health Promotion service category.

Continued on next page

Resources

The following links provide additional information on implementing Title IIID evidence-based programs.

- ACL Title IIID evidence-based criteria and program examples:
http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx
- Summary of Evidence-Based Health Promotion Programs Being Offered by California Area Agencies on Aging:

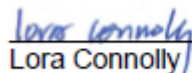
The California Department of Aging developed a matrix of Evidence-Based Health Promotion and Caregiver Support Programs used by home and community based organizations and health care providers in California. This matrix is meant to assist Area Agencies on Aging in analyzing the implementation for these evidence-based health programs. All programs on the matrix meet the evidence-based Title IIID requirements.

http://www.aging.ca.gov/ProgramsProviders/AAA/Disease_Prevention_and_Health_Promotion/

- Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs. This chart is available on the National Council on Aging (NCOA) website. The chart outlines thirty programs that have undergone the Administration on Aging's Older Americans Act Title IIID evidence-based program submission process.
<https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotion-disease-prevention-programs/>
-

Inquiries

Barbara Estrada at (916) 928-3326 or barbara.estrada@aging.ca.gov
Andrea Bricker at (916) 928-3324 or andrea.bricker@aging.ca.gov.


Lora Connolly
Director