

## 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.

- (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.

All Title IIID Health Promotion/Disease Prevention services must comply with the activities described by the definition provided in the OAA Section 102 (14).

### 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.
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- Examples include:
  - Arthritis Foundation Exercise Program;
  - Active Living Every Day;
  - A Matter of Balance;
  - Bingocize
  - 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;
- 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)

The Senior Center shall provide the BSADD AAAIL 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 Center Proposal and shall be submitted electronically. Plans or plan revisions must be submitted to the BSADD AAAIL at least 30 days prior to implementation and must include the following information:

- (a) What evidence based program will the Senior Center be implementing;
- (b) How the Senior Center will ensure this program is appropriate (send supporting documentation);
- (c) Does this program fall under Highest-level Criteria;
- (d) How the senior center will implement this program to ensure the fidelity to the service model;
- (e) Where the senior Center will be implementing this program (county specific);
- (f) When and how often the Senior Center will be offering this program

Once a particular evidence based intervention is approved by the BSADD AAAIL, supporting documentation does not need to be resubmitted by an agency.

BSADD AAAIL will compile a master list of approved interventions for replication across the Region

One contact is one service unit as reported in the NAPIS report for Title IIIB and Title III-D.

