Evidence-Based Prevention Program

In 2003, the Administration on Aging began its Evidence-Based Prevention Program. Its goal is to increase seniors’ access to interventions that have proven to be effective in reducing their risk of disease, disability, and injury. Effective interventions are identified in collaboration with the science agencies within the Department of Health and Human Services. The Aging Network’s role in health care is to put these interventions into practice in community settings.

AoA leads the Evidence-Based Prevention Program in partnership with the Centers for Disease Control & Prevention (CDC), Agency for Healthcare Research & Quality, Centers for Medicare and Medicaid Services, Health Resources & Services Administration, Substance Abuse & Mental Health Services Administration, and over 30 private foundations.

**CHRONIC CONDITIONS & OLDER ADULTS**

Chronic diseases and conditions exact an especially heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Approximately 80% of older Americans are living with at least one chronic condition, and 50% have at least two.1

The good news is that much of the illness, disability, and death associated with chronic disease is avoidable through known preventive measures.

**EVIDENCE-BASED PROGRAMS**

AoA’s evidence-based prevention programs closely replicate specific interventions that have been tested through randomized-controlled clinical trials with the results published in peer-reviewed journals.

As a result of rigorous research and clinical trials, there are evidence-based health programs in chronic disease self-management, physical activity, diabetes, nutrition, smoking cessation, fall prevention, and medication management that effectively improve the health of older adults. Information about specific interventions can be found at http://www.healthyagingprograms.org.

**AoA GRANT PROGRAM**

Since 2006 AoA has awarded $22 million and has leveraged an additional $20 million to support evidence-based programs in 27 States. These awards support the development of a distribution and delivery system for evidence-based prevention programs that serve older adults in locations such as senior centers, nutrition programs, senior housing, and faith-based organizations.

To date over 25,000 seniors have participated in these programs at 1200 sites across the 27 states. AoA is also supporting the implementation of the Stanford Diabetes Self-Management Program in 14 communities in 8 states and the Hispanic Elders Health Initiative in 8 communities in 5 states.
The AoA funds a national resource center to provide technical assistance to the grantees. The technical assistance includes national meetings, monthly conference calls, newsletters, the Center for Healthy Aging Web site, and individual assistance.

References