



Title IID

Disease Prevention and Health Promotion in the Older Americans Act

Administration on Aging

Office of Nutrition and Health Promotion Programs



Administrative items

- Questions—Please submit through web-ex. We will compile and go through after the presentations
- Slides and recording will be available following the presentation
 - Posted to the Title IIID web page within the week

Agenda

- Title IID Requirements Now and October 1, 2016
- Lessons Learned from the Network So Far
 - Georgia Department of Human Services, Division of Aging Services
 - Centralina Area Agency on Aging
- Resources for Finding and Implementing Evidence-Based Programs
- Questions & Discussion



Title IID
Program Requirements Now
and October 1, 2016

2012: Congress Changed Appropriation Language

Title IID funds can be used only for programs which “**have been demonstrated through rigorous evaluation to be evidence-based and effective.**”

[Consolidated Appropriations Act of 2012 \(P.L. 112-74\)](#)

Evidence-Based Programs Only

- **States** must ensure Title IID funded activities **comply**
- **ACL** developed **guidance** for states to follow:
 - **Current** ACL Definition of Evidence-Based
 - Three tiers
 - In effect now through September 31, 2016 (or earlier, if your state has set an earlier date)
 - **Future** ACL Definition of Evidence-Based
 - No tiers—highest-level programs only
 - Can be used now and **REQUIRED** October 1, 2016

Current ACL Definition of Evidence-Based

- **Three-tiered** definition
- Programs meeting ANY of the three tiers are an appropriate use of Title IID funds
- These three tiers are in effect NOW and REMAIN in effect until Sept 30, 2016
 - Unless the state has required highest tier programs before this date

Current ACL Definition of Evidence-Based

Highest-level Criteria (Tier III)

- All of the Intermediate Criteria, PLUS:
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- Fully translated in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

Intermediate Criteria (Tier II)

- All of the Minimal Criteria, PLUS:
- Published in a peer-review journal; *and*
- Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); *and*
- Some basis in translation for implementation by community level organization.

Minimal Criteria (Tier I)

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

Future ACL Definition of Evidence-Based: Highest Level Only

- NO tiers
- Highest level only
 - Reworded, but basically the same requirement as the current Tier III
- Can be used now and **must be used** October 1, 2016 (FY2017 funds)



Future ACL Definition of Evidence-Based: Highest Level Only

- 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.

Considered Evidence-Based by an HHS Agency

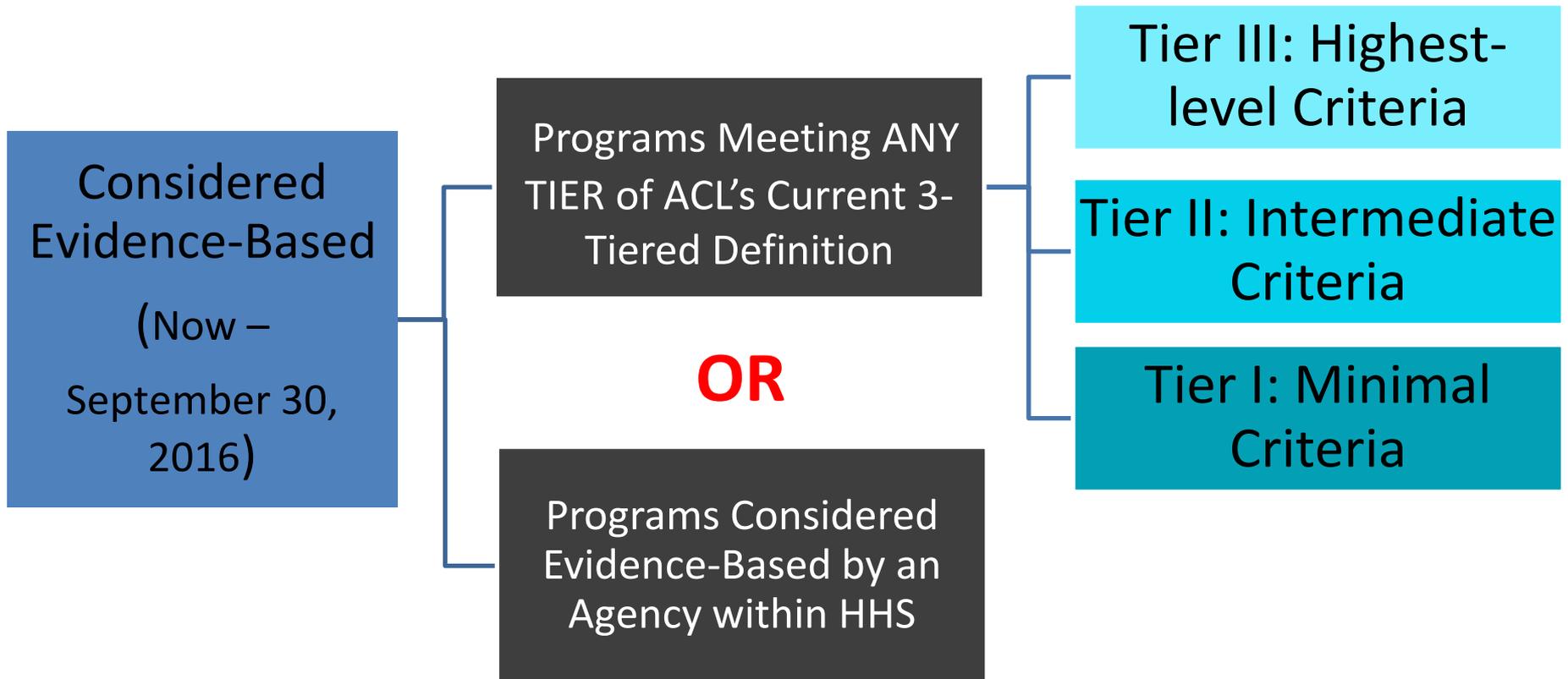
In order to maintain continuity across the U.S. Department of Health and Human Services (HHS), ACL also **NOW** allows (and will **CONTINUE** to allow) Title IIID funding for programs that:

- Have been deemed an “evidence-based program” by any agency of HHS
- Are appropriate to prevent disease and promote health among older adults

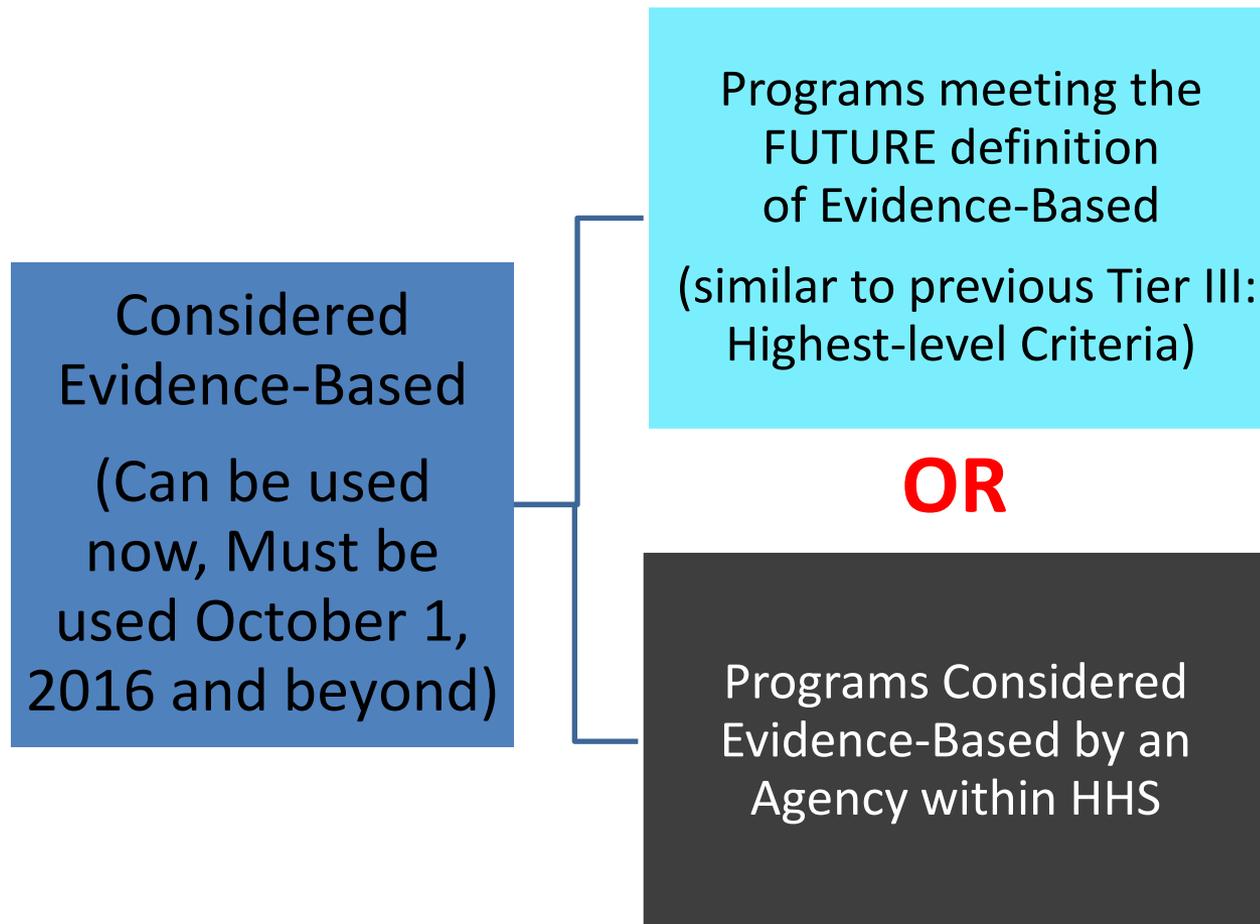


HHS has [eleven agencies](#). Many have compiled registries of evidence-based programs—some are highlighted on slide 61.

Current/ Three Tiered ACL Definition of Evidence-Based



Future/ Highest Level Only ACL Definition of Evidence-Based



What Makes Something a “Program”?

- An evidence-based program is different than stand-alone materials or resources created based on scientific evidence
- A highest-level evidence-based program has been studied itself, as a program.

Example:

A university creates a safe-sex booklet based on the best scientific evidence. A senior centers wants to buy these booklets.

This **IS NOT** a highest level evidence-based program. There are no dissemination materials or evidence on using the booklet in a program. 

A university creates a safe-sex booklet based on the best evidence AND creates a curriculum and leader manual for using the booklet to teach a class of seniors.

The university pilots the program in a few senior centers (with an intervention group and a control group). The positive outcomes of the pilot study are published in a peer-reviewed journal.

This **IS** a highest level evidence-based program! 

What Makes Something a “Program”?

- An program should have:
 - Resources for the leader/organization to guide implementation
 - Dissemination materials for program participants



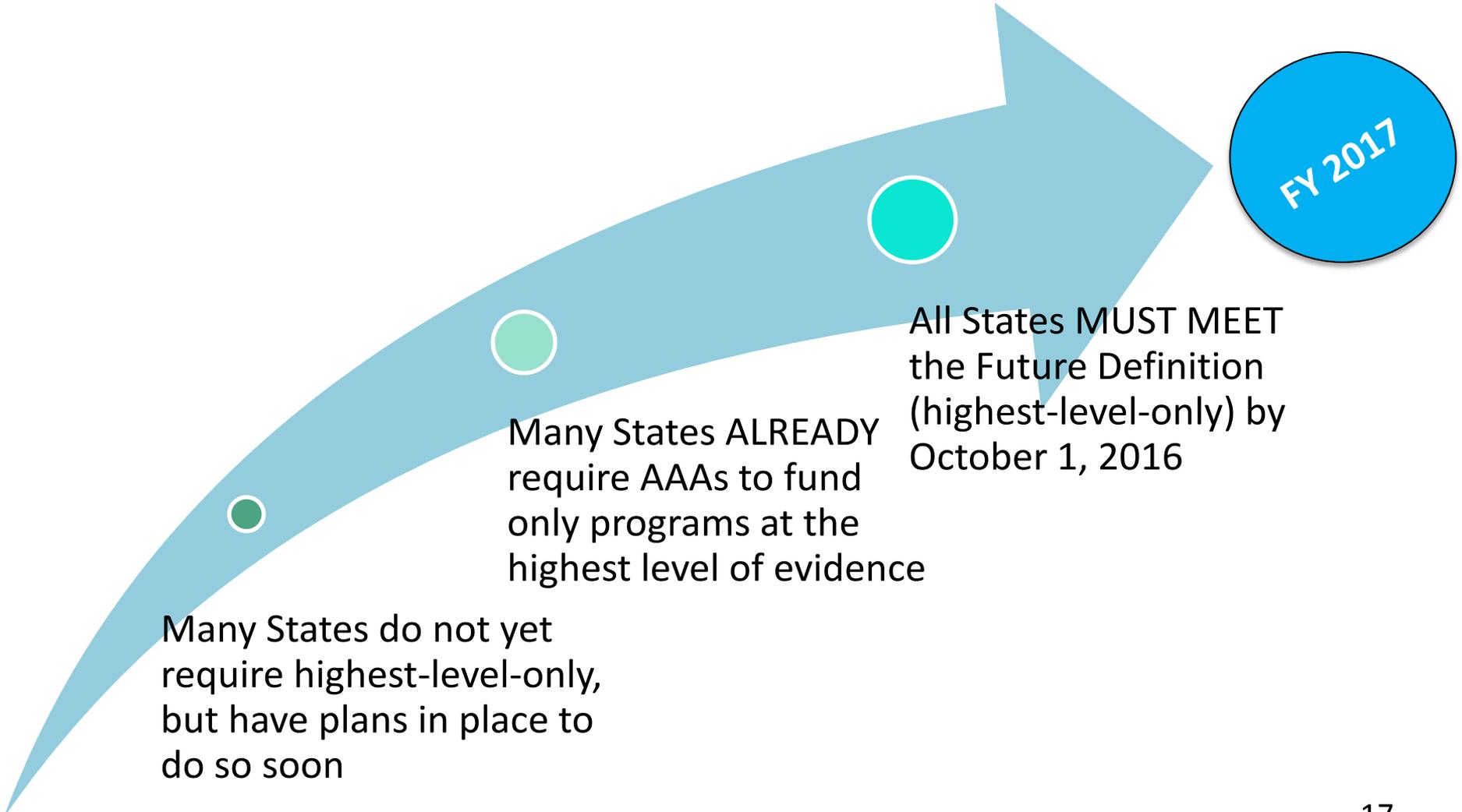
Examples of Evidence-Based Programs

A wide range of programs can be implemented with Title IID funds, as long as they meet the criteria.

- Common program types include:
 - Class-based physical activity programs
 - Falls prevention programs (classes or one-on-one)
 - Self-management programs
 - One-on-one health interventions within the home



Status of the Network



Many States do not yet require highest-level-only, but have plans in place to do so soon

Many States **ALREADY** require AAAs to fund only programs at the highest level of evidence

All States **MUST MEET** the Future Definition (highest-level-only) by October 1, 2016

FY 2017



Lessons Learned
from the Network
So Far



Georgia Department of Human
Services,
Division of Aging Services



Title III D: Disease Prevention and Health Promotion in the Older Americans Act – GA State Perspective

Presenters: Gwenyth Johnson and Megan Moulding

Stadnisky Presentation: ACL/AoA webinar

Date: October 22, 2015



Mission, Vision, and Core Values

Vision

Stronger Families for a Stronger Georgia.

Mission

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

Core Values

- Provide access to resources that offer support and empower Georgians and their families.
- Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.
- Promote accountability, transparency and quality in all services we deliver and programs we administer.
- Develop our employees at all levels of the agency.

Discussion

- Evidence Based Health Promotion Programs (EBP) in Georgia
 - History
 - Menu of Services
- Shift to Highest Tier – 5 steps
- Suggestions

EBPs in Georgia - History

2010

- ARRA Grant
 - CDSMP
 - 5 AAAs
 - 12 AAAs

2011-12

- SIG & CDSME Grants
 - MOB
 - TCH
 - CDSMP
 - DSMP
 - Tomando

2014

- Falls Grant
 - MOB
 - Otago
 - (TCH)

Menu of EBPs– Across OAA programs

- Caregiver Programs (Title III-E)
 - Powerful Tools for Caregivers
 - Care Consultations
- Hospital Transition Programs (CTI and Bridge)
- Health and Wellness Programs (Title III-D)
 - CDSMP (English and Korean)
 - DSMP
 - Tomando Control de su Salud
 - MOB
 - TCH
 - Otago

Shifting to Highest Tier - 5 steps



Choosing the right EBPs



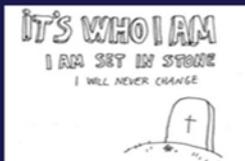
Building the infrastructure



Policy Writing

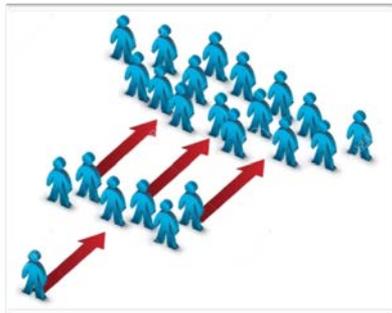


Business Planning



Working through resistance to change

Choosing the right EBPs



Lay Led

- Train the Trainer Models

Funding Opportunities

Public Health Driven

Building Infrastructure

Licensing

Meetings and Buy-in

Trainings

Partnerships

Creating the Need

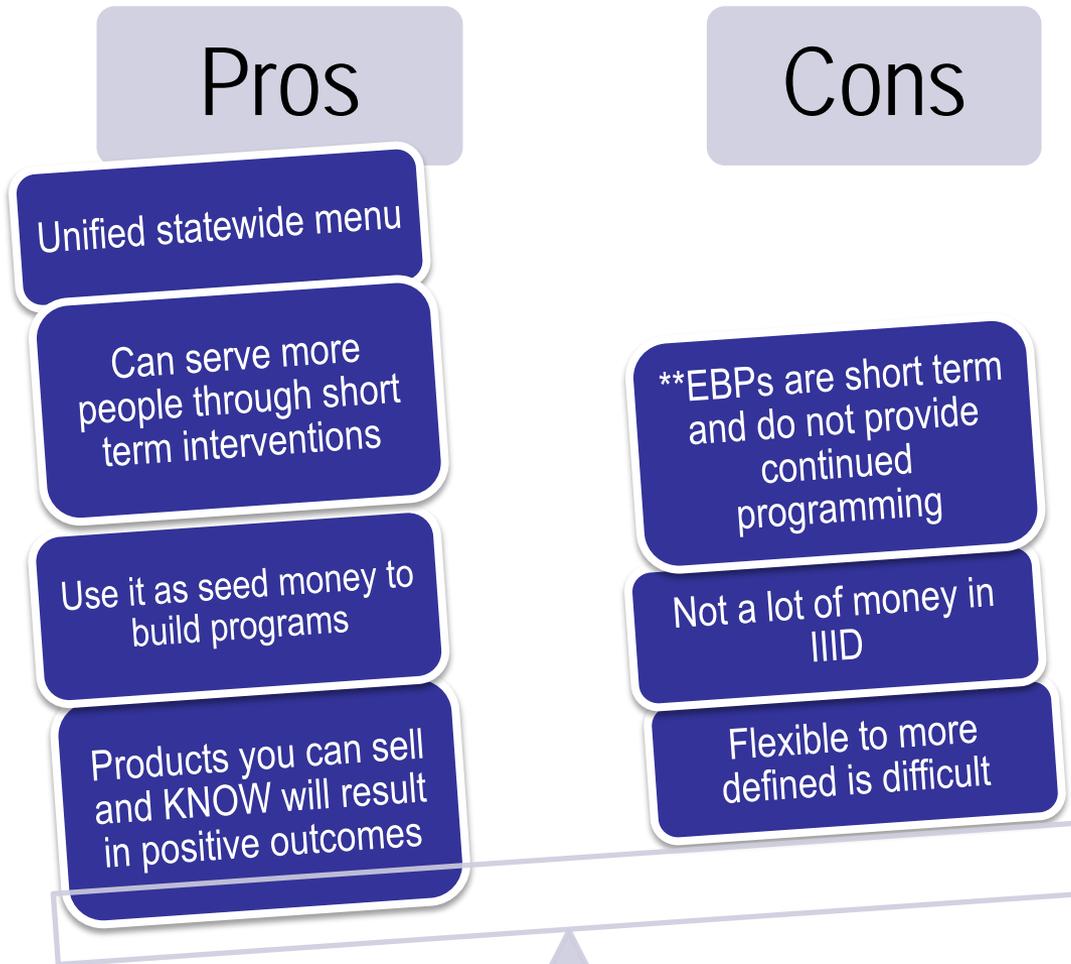
Policy Writing

- We wrote state policy to require three tiers 2012
- We recommended the shift towards the top level
- Will update the policy to require top level as updated by ACL.

Business Planning and Sustainability

- SIG & Falls Prevention Grants – business planning
- Possibilities:
 - Fee for service and sliding scales
 - Scholarships
 - Sponsorships
 - Reimbursement (i.e. Otago and DSMP/DSMT)
 - Fundraisers
- Marketing

Resistance to Change



No grants?



Goals



Seed
Money



Partners



Contact Info

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Centralina Area Agency on Aging





Centralina Area Agency on Aging

REGION F, NORTH CAROLINA

Our Region



- 2nd largest Area Agency on Aging in North Carolina serving the nine counties surrounding Charlotte
- Wide demographic range including both rural and urban areas
- Serves as Regional EBHP Site or “hub”
- Housed within a RPO
- Deliver most EBHP in NC

Centralina AAA Region: FY15



5 “core” EBHP in-house
including

CDSMP

DSMP

Tomando Control de su Salud

Programa de Manejo Personal de la
Diabetes

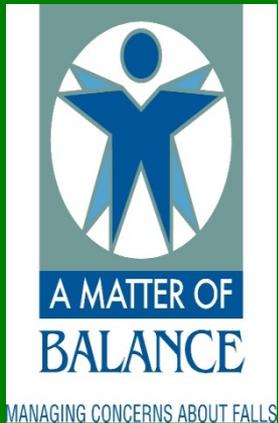
A Matter of Balance

FY15 (105 workshops)

47 MOB

58 CDSME programs

A Matter of Balance



- ❖ **47 workshops**
- ❖ **680 total participants**
- ❖ **4 Master Trainers**
- ❖ **67 Leaders**
- ❖ **Conducted 2 Matter of Balance Coach certification trainings**
- ❖ **Conducted 1 Master Training**

CDSME



- **58 workshops**
- **621 total participants**
- **7 Master Trainers**
- **123 Lay Leaders**
- **Conducted 5 CDSMP leader certification trainings**
- **Conducted 1 Tomando Control de su Salud Master Training in partnership with the Georgia Division of Aging Services (3 states and Puerto Rico)**

Who we serve:

- Top three diagnosis
 1. Hypertension
 2. Diabetes
 3. Arthritis
- 65.5% of attendees have multiple diagnosis
- Attendees: 79% female and 21% male
- Caucasian 55% and African American 43%
- Completion rate 73%

Why we think we
have been
successful...

OAA Title III-D Funds Support

- ❖ Combination of keeping some funds in-house and some funds awarded out to providers in the region has assisted with expansion and sustainability
- ❖ Proposal process to offer “core” and approved EBHP in our region
- ❖ Monitor for workshop and program fidelity as well as allowable expenses
- ❖ Pay at a unit rate when workshop completed and all required paperwork submitted

Centralized Coordination (Infrastructure)

2007 → Implemented CDSMP Program

2008 → Implemented MOB Program

2009 → Implemented DSMP Program

2012 → Implemented Tomando Program

2015 → Starting phase of Implementation of Manejo Program

Centralized Coordination (Infrastructure)

AAA as the EBHP “regional center”

- ❖ Maintains licensing
- ❖ Master Trainers
- ❖ Bulk purchase of materials and supplies saves money
- ❖ Conduct focused outreach and marketing with a consistent message
- ❖ Increases program capacity (funds can stretch more)
- ❖ Increases fidelity (includes centralize Policies and Procedures)

Centralized Coordination (Infrastructure)

- ❖ Administrative tasks and fulltime coordinator
- ❖ Centralized database for workshops, participants and leaders and other data collection
- ❖ Other leader training benefits such as annual retreat, newsletter, surveys, etc.
- ❖ Centralized referrals
- ❖ Centralized training site
- ❖ Coordination can be a marketable product

Partnerships and Collaboration

- ❖ Everyone contributes something
- ❖ Use an agency and leader MOU/MOA
- ❖ EBHP Committee or Coalition
- ❖ Provide partners feedback and data
- ❖ Use as champions - Referrals for leaders, participants and locations
- ❖ Everyone gets credit
- ❖ Be ready to show program and workshop costs
- ❖ Network and don't reinvent the wheel
- ❖ Don't undervalue your program!



Effective Leadership

- ❖ Your State Unit on Aging
- ❖ Designated EBHP Leader and/or Coordinator
 - Vision and the ability to transfer vision into practice
 - Creativity and Flexibility
 - Persistence
 - Passion
- ❖ EBHP Advisory Council
- ❖ Champions
- ❖ T-Trainers and Master Trainers
- ❖ Assist in other ways rather than just leader certification training such as retreat

Effective Leadership

- Measure pre and post
- Look at existing measurements such as the Patient Activation Measure (PAM) survey
- Don't forget leader and workshop evaluations
- Data can be used to measure effectiveness of your program but also as a selling point to new partners and sponsor: especially cost savings



Sustainability EBHP

- Invest the time to write a business plan
 - as a tool to help you approach agencies with resources
 - to give you a blueprint to move forward
- Consider charging organizations for services
- Consider private pay workshops
- Charge for leader training
- Grants and Foundations

Sustainability EBHP

- Look at more global or systemic partners (Insurance companies, VAMC, etc.)
- Assess if you want to pursue DSMP as a Medicare reimbursable service
- Income from T-Trainer/Lead Trainer
- Do lots of research and call others in your situation (Evidence-based leadership Council, NCOA, etc.)
- Be creative, flexible, persistent and patient

Contact Us!

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Lessons Learned: Themes

How States/AAAs are Adapting—Themes

- Leadership from the top
 - Committed leaders
 - Stable and supportive leadership is important to help sites that face significant challenges to implementing evidence-based programs
- Mission front and center
 - Provision of effective programs to vulnerable populations
 - Making the case with data



How States/AAAs are Adapting—Themes

Strong State leadership:

- Health promotion staff identified and made available
- TA provided to AAAs
- Conference calls held regularly
- Centralized websites with workshop locators
- State-wide branding/marketing materials available

How States/AAAs are Adapting—Themes

Hub Model:

- A State, AAA, or network of AAAs serves as a hub
 - Hub holds the licenses
 - Hub orders materials and supplies in bulk
 - Hub provides marketing services
 - Hub provides trainers and facilitators
- **HUB REDUCES COSTS AND INCREASES EFFICIENCIES**



How States/AAAs are Adapting—Themes

- Leveraging the infrastructure of prior and current discretionary grants from AoA/ACL
 - Evidence-based Disease & Disability Prevention Program (2003-2012)
 - ARRA grants (2010-2012)
 - PPHF Chronic Disease Self-Management Education grants (2012, 2015)
 - PPHF Falls Prevention grants (2014, 2015)



How States/AAAs are Adapting—Themes

Don't build from scratch!

- See who you can **buy services** from within your state/PSA
- **Partner** with nonprofits already doing this work, **braid funding**
- **Leverage** existing resources
 - E.g., if another organization has trained facilitators, can you contract with them to provide your workshops?
 - May be less expensive than paying for your staff or volunteers to be trained





Resources
for Finding and Implementing Evidence-Based
Programs (EBPs)

Understanding & Finding EBPs

- **Toolkit on Evidence-Based Programming for Seniors**
<http://www.evidencetoprograms.com/>
 - This site offers a comprehensive guide on finding and implementing EBPs in a community setting
- **Evidence-Based Program Resources from NCOA**
<https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/>
 - Guides to understanding, implementing, and building a business case for EBPs

Understanding & Finding EBPs

- **Evidence-Based Leadership Council**

- This organization represents a small but notable group of EBPs that are shown to improve older adult health:

<http://www.eblcprograms.org/>

- Evidence-Based Program 101 Fact Sheet:

http://www.eblcprograms.org/docs/pdfs/EBPs_101.pdf

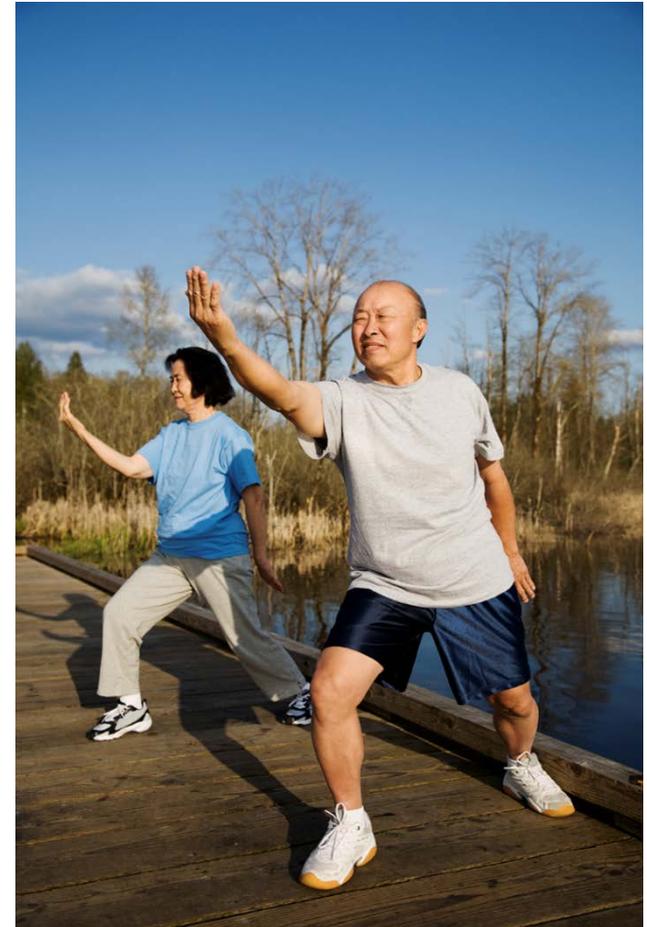
- This brief primer on EBPs can be shared with stakeholders

NCOA Cost Chart

- In 2012, ACL and NCOA developed a chart with commonly used programs meeting highest-level criteria, with associated costs.
- <https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotiondisease-prevention-programs/>
 - It is no longer updated beyond minor updates to program costs and links
 - **Programs DO NOT HAVE TO BE ON THIS CHART to meet highest-level criteria**

Federal Registries of Evidence-Based Programs

- [SAMHSA: National Registry of Evidence-Based Programs and Practices](#)
- [CDC: Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults](#)
- [NIH: Research-tested Intervention Programs \(RTIPs\)](#)
 - [Filter by “Older adults”](#)



ACL ADEPP

- ACL's [Aging and Disability Evidence-Based Programs and Practices \(ADEPP\)](#) program is a way for ACL to assess a program's research base and readiness for dissemination, and share that assessment with the public
- Only a handful of programs have been reviewed
- **A program DOES NOT have to be on ACL's ADEPP list in order to meet the Title IID requirements** (current or future) – this is simply another resource to find and learn about programs

Useful Past Presentations

From ACL

- **Webinar on the Evidence-Based Requirement:** MOVING ON UP! OAA Title IIID Funds - Disease Prevention and Health Promotion Webinar on the Evidence-Based Requirement. (June 4th, 2014): [Slides \(PDF, 1.80MB\)](#), [Audio recording \(MP3, 11.9MB\)](#), [Transcripts \(DOCX, 110KB\)](#)

From NCOA

- **Evidence-Based Programs 101 Webinar:** Presenters from the Texas A&M's School of Rural Public Health share what programs are available, why they're important, how to find the right one for your organization, and how to measure success.
 - <https://vimeo.com/46364471>
- **Offering Evidence-Based Programs in Rural Communities:** Lessons Learned from Wisconsin
 - <https://www.ncoa.org/resources/webinar-offering-evidence-based-programs-in-rural-communities-lessons-learned-from-wisconsin/>
- **Marketing CDSME: Using the Personal Touch to Put "Butts in Seats"**
 - <https://www.ncoa.org/resources/webinar-marketing-cdsme-using-the-personal-touch-to-put-butts-in-seats/>

Questions and Discussion



Contact

Title IID website:

http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IID/index.aspx

Contact:

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U.S. Department of Health and Human Services, Administration for Community Living
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