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 IIDD 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 IIID
Program Requirements Now and October 1, 2016
2012: Congress Changed Appropriation Language

Title IIID 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 IIID 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 IIID 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; \textit{and}
• Fully translated in one or more community site(s); \textit{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; \textit{and}
• Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); \textit{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; \textit{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.
Considered Evidence-Based (Now – September 30, 2016)

Programs Meeting ANY TIER of ACL’s Current 3-Tiered Definition

OR

Programs Considered Evidence-Based by an Agency within HHS

Tier III: Highest-level Criteria

Tier II: Intermediate Criteria

Tier I: Minimal Criteria
Future/ Highest Level Only ACL Definition of Evidence-Based

Considered Evidence-Based
(Can be used now, Must be used October 1, 2016 and beyond)

Programs meeting the FUTURE definition of Evidence-Based
(similar to previous Tier III: Highest-level Criteria)

OR

Programs Considered Evidence-Based by an Agency within HHS
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 IIID 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
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.
Lesions Learned from the Network So Far
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

1. Choosing the right EBPs
2. Building the infrastructure
3. Policy Writing
4. Business Planning
5. 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
• 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

Pros

- Unified statewide menu
- Can serve more people through short term interventions
- Use it as seed money to build programs
- Products you can sell and KNOW will result in positive outcomes

Cons

- **EBPs are short term and do not provide continued programming**
- Not a lot of money in IIID
- Flexible to more defined is difficult
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 sponsors—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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  (704) 348-2712
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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 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/](http://www.eblcprograms.org/)
  - Evidence-Based Program 101 Fact Sheet: [http://www.eblcprograms.org/docs/pdfs/EBPs_101.pdf](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.

  – 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 IIID 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 IIDD 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](https://vimeo.com/46364471)

• **Offering Evidence-Based Programs in Rural Communities**: Lessons Learned from Wisconsin

• **Marketing CDSME: Using the Personal Touch to Put "Butts in Seats"**
Questions and Discussion
Contact

Title IIIID website:
http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx

Contact:

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