



MOVING ON UP! OAA Title IID Funds




Disease Prevention and Health Promotion
Webinar on the Evidence-Based Requirement
June 4, 2014





Welcome

Speakers:

- Greg Case, Director, Office of Supportive and Caregiver Services, AoA, ACL
 - Laura Trejo, General Manager, City of Los Angeles Department of Aging
 - Laura Lawrence, Director, Office of Nutrition and Health Promotion Programs, AoA, ACL
 - Robert Hornyak, Director, Office of Performance and Evaluation, ACL
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OAA Title IIID - Disease Prevention and Health Promotion (DPHP) Services

Title IIID webpage:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

ACL Aging and Disability Evidence-Based Programs and Practices (ADEPP):
<http://www.acl.gov/Programs/CDAP/OPE/ADEPP.aspx>

The screenshot displays the AoA website's navigation and content for the Disease Prevention and Health Promotion Services (OAA Title IIID). The header features the AoA logo and the text "ADMINISTRATION ON AGING". Below the header, a breadcrumb trail reads "Home > AoA Programs > Health, Prevention, and Wellness Program". A left sidebar contains a list of navigation links: Home, About AoA, Press Room, Elders & Families, Emergency Preparedness, Aging Statistics, AoA Programs (with sub-links for Older Americans Act & Aging Network, Home & Community Based Long-Term Care, Elder Rights Protection, Health, Prevention, and Wellness Program, Special Projects, and Tools & Resources), and a social media bar with icons for Facebook, Twitter, Email, RSS, and a download icon. The main content area is titled "Disease Prevention and Health Promotion Services (OAA Title IIID)" and includes the text "Authorizing Legislation: Section 361 of the Older Americans Act (OAA) of 1965, as amended." followed by a bulleted list of links: Evidence-Based Definition, The Purpose of the Program, Funding and Innovation, Guidance for the FY 2012 Title IIID Notice of Award Requirements/Frequently Asked Questions, Webinar, and Resource. Below this is a section titled "Evidence-Based Definition" with a paragraph explaining the criteria for defining evidence-based interventions. At the bottom, a paragraph states that the Title IIID Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart is not an exhaustive list and that program submission was a voluntary, self-nominating process.

AoA ADMINISTRATION ON AGING

Home > AoA Programs > Health, Prevention, and Wellness Program

Home

About AoA

Press Room

Elders & Families

Emergency Preparedness

Aging Statistics

AoA Programs

- Older Americans Act & Aging Network
- Home & Community Based Long-Term Care
- Elder Rights Protection
- Health, Prevention, and Wellness Program**
- Special Projects
- Tools & Resources

Disease Prevention and Health Promotion Services (OAA Title IIID)

Authorizing Legislation: Section 361 of the Older Americans Act (OAA) of 1965, as amended.

- [Evidence-Based Definition](#)
- [The Purpose of the Program](#)
- [Funding and Innovation](#)
- [Guidance for the FY 2012 Title IIID Notice of Award Requirements/Frequently Asked Questions](#)
- [Webinar](#)
- [Resource](#)

Evidence-Based Definition

AoA uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the OAA. The criteria below should be used as a checklist, moving from the minimal criteria and working upward. In order to meet the highest-level criteria, each of the eight bullets must be met. Health promotion programs can fall within any of the three tiers. The goal is for all Title IIID activities to move toward the highest-level criteria. Communities should check with their State Unit on Aging for State-specific requirements.

The Title IIID Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart is not an exhaustive list of interventions, and inclusion on this webpage does not constitute an endorsement. Program submission was a voluntary, self-nominating process in which intervention

Current and Future Status of OAA Title IIID

- Appropriations
 - FY-2012 Congressional Appropriations (<http://www.gpo.gov/fdsys/pkg/PLAW-112publ74/html/PLAW-112publ74.htm>) included an evidenced-based requirement:
 - For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 (“OAA”), section 398 and title XXIX of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, \$1,473,703,000: Provided, that amounts appropriated under this heading may be used for grants to States under **section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.**
- Reauthorization
 - The evidence-based requirement is here to stay

OAA Reauthorization

- Bill Text 113th Congress (2013-2014) S.1562.IS

<http://thomas.loc.gov/cgi-bin/query/F?c113:1:/temp/~c1131tClf1:e5204>


The LIBRARY of CONGRESS THOMAS

The Library of Congress > THOMAS Home > Bills, Resolutions > Search Results

Bill Text
113th Congress (2013-2014)
S.1562.IS

THIS SEARCH	THIS DOCUMENT	GO TO
Next Hit	Forward	New Bills Search
Prev Hit	Back	HomePage
Hit List	Best Sections	Help
	Contents Display	

Bill 1 of 2
There is 1 [other version](#) of this bill.

Previous Next  Options ▼ 3 matches

Search results for "evidence-based":

- (1) **Evidence-Based** Disease Prevention and Health Promotion Services Program- Part D of title III of the Older Americans Act of 1965 (42 U.S.C. 3030m et seq.) is amended--
- (1) in the part heading, by inserting '**EVIDENCE-BASED**' before 'DISEASE'; and
- (2) in section 361(a), by inserting '**evidence-based**' after 'to provide'.

[Beginning September 30, 2013](#)

[SECTION 1. SHORT TITLE.](#)

[SEC. 2. DEFINITIONS.](#)

[SEC. 3. ADMINISTRATION ON AGING.](#)

[SEC. 4. STATE AND COMMUNITY PROGRAMS ON AGING.](#)

[Status](#)

[Introduction Act of 2013 \(Introduced in Senate - IS\)](#)

State Innovation in Evidence- Based Program Review

Evidence-Based Requirement Checklist

PSA		Name of Proposed Service		Service approved	Yes <input type="checkbox"/>
Contract		Proposed Service Code			No <input type="checkbox"/>
	DOEA Only	Reviewed By		Date	
		Approved By		Date	

Part I: Service Description

1. Does proposed service meet the description of the proposed service code as written in the Department of Elder Affairs programs and Services Handbook?
Yes ___ No ___ (If yes, proceed to next section)

Comments:

Part II: Supporting Documentation

1. Did provider submit a detailed description of the proposed service?
Yes ___ No ___ (If yes, proceed to next question)
2. Did the provider submit sufficient back up documentation to determine if program is evidence-based?
Yes ___ No ___ (If yes, proceed to next question)
3. Did the provider submit an article from a peer-reviewed journal?
Yes ___ No ___ (If yes, program maybe intermediate or high level) (proceed to next section)

Comments:

Part III: Evaluation review

1. Does the evaluation demonstrates that that proposed service is effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults
Yes ___ No ___ (If yes, proceed to next question)
2. Does program description match back-up documentation provided?
Yes ___ No ___ (If yes, proceed to next question)
3. Please select the type of evaluation that supports the proposed service
Case Study ___
Pre-Post Test ___
Adapting research-tested intervention programs ___
Experimental/Quasi-Experimental Design ___ (If this one is selected program may be highest level) (please proceed to next section)

Comments:

Part VI: Dissemination Review

1. Is proposed program delivered by credentialed practitioner?
Yes ___ No ___ (If yes, proceed to next question)
2. Did provider submit back documentation of the practitioner's credentials?
Yes ___ No ___ (If yes, proceed to next question)
3. Program dissemination materials available
Yes ___ No ___ (If yes, program maybe intermediate or high level)

Laura Trejo, MSG, MPA, General Manager, City of Los Angeles Department of Aging www.aging.lacity.org

**Mission:**

To improve the quality of life, independence, health and dignity of the City's older population by managing community based senior programs that are comprehensive, coordinated and accessible, and to advocate for the needs of older citizens and their family caregivers.



Los Angeles

The City of Los Angeles is the second most populous city in the United States, residents 60+ number an estimated 620,326.

- Largest number of persons 65 years and older
- Largest number of boomers.
- Older ethnic/racial populations represent 43%

LADOA Needs Assessment Survey

Health

- 36% have a disability
- 26% reported a fall within last twelve months
- 85% reported taking at least one daily prescription medication
- 89% have a primary care doctor

2013 The United States of Aging Survey

Health Preparedness

- 70% of seniors in Los Angeles report having two or more chronic health conditions
- 57% of Los Angeles seniors with chronic health conditions say they do not experience any barriers in managing their health
- 48% of seniors in Los Angeles have not set any goals to help manage their health in the past 12 months

How Did We Get Here?

- ❑ 2003 ActiveStart in collaboration with OASIS Institute, funded as part of AoA EBHP programs initiative
- ❑ 2007 Falls Prevention Coalition in collaboration with USC Center of Excellence in Falls Prevention
- ❑ 2009 convened providers to discuss how we could take to scale EBHP programs citywide
- ❑ 2010 created a partnership with the Los Angeles Unified School District – Older Adult Education Program
- ❑ 2011 began citywide implementation of EBHP programs through the Los Angeles Wellness Centers network

Los Angeles Wellness Centers Network

2012 N4A Aging Achievement Award

In 2010, the Los Angeles Wellness Centers Network is created to tap emerging opportunities to improve the health and decrease social isolation of older adults that Evidence Based Health Promotion (EBHP) Programs offer.

- ❑ Led by the LADOA
- ❑ Los Angeles Unified School District - Older Adults Program
- ❑ Partners in Care Foundation (*Statewide Technical Office for EBHP*)
- ❑ Aging Network service providers
- ❑ Kaiser Permanent Health Systems
- ❑ Trained volunteers
- ❑ Academic Partnership with College of the Canyons and UCLA

Outcomes:

- ❑ Directed III-D, local general funds and block grant funding to EBHP programs
- ❑ Protected 25 full time LAUSD Instructors worth over \$3million in staff support
- ❑ Trained 100+ new leaders
- ❑ Improved the impact of services by using proven strategies to improve health outcomes
- ❑ Four-fold increase in the number of clients served.

Amelia L, 65: "I move faster, I'm slimmer, I don't feel all the pains that I was feeling before. I'm more energetic."

Process and Structure

Process

- ❑ Convening Providers
- ❑ Capacity Assessment
- ❑ Six-month transition
- ❑ First Contract Year

Deliverables

- ❑ Provide a minimum of one EBP from each category
- ❑ Offer the program at least 2 times per year
- ❑ Have a minimum of 228 “completers” over the year

Completers

- ❑ FY 2011-12 640
- ❑ FY 2012-13 2,194
- ❑ FY 2013-14 2,500+

Workshop Retention Rate

- ❑ 60-80%

Approved Programs

Self-Management

- ❑ Healthier Living: Chronic Disease Self-Management
- ❑ Tomando Control de su Salud

Physical Activity

- ❑ Matter of Balance
- ❑ Arthritis Foundation Exercise Program
- ❑ Arthritis Foundation Walk With Ease Program
- ❑ Active Start

Caregiver, Memory and Medication Monitoring

- ❑ Powerful Tools for Caregivers
- ❑ Savvy Caregiver
- ❑ UCLA Memory Training
- ❑ HomeMeds

Los Angeles Senior Taking Control of their Health



Active Start

A program of LADOA and OASIS Institute designed for older adults aged 50 plus who reside in the community and are relatively sedentary due to chronic conditions or lifestyle choices

Goals:

- To increase physical activity and improve functional fitness levels among sedentary, underserved older adults by offering the program in easily accessible sites within the greater Los Angeles area.
- Develop a cost effective program that can be easily replicated.
- Provide opportunities for older persons to take charge of their health and lifestyle choices.

“The outcomes of this evaluation were stunning”

Kathleen Wilber Ph.D., Principal Evaluator
Mary Pickford Foundation Professor of Gerontology and
Professor of Health Services Administration
University of Southern California

Outcomes:

- Participants showed improvements in:
 - functional fitness levels
 - self-efficacy
 - social support
- 90+ percent of participants stated that their expectations for the program were either met or exceeded.
- Continued benefits three months after completion, included: eating healthier and being more motivated to exercise.
- All participants reported that they would recommend the program to others.

2006 U.S. Department of Health and Human Services Innovation in Prevention Award
2008 L.A City Quality and Productivity Commission Award for Enhancing Quality of Life

Exergamers Wellness Club

2012 N4A ❖ Aging Innovation Awards ❖ 1st Prize

The Exergamers Wellness Club is a program to empower older persons adopt healthy behaviors, improve health status, manage chronic conditions better, reduce social isolation and track their health status over time by building on the Los Angeles Wellness Centers Network that supports dissemination of EBHP programs citywide.

- ❑ Led by LADOA
- ❑ Microsoft Corporation
- ❑ Partners in Care Foundation
- ❑ St Barnabas Senior Services
- ❑ Get Real Consulting 13



This public-private partnership was designed to showcase the transformative power of technology, specifically in its use of [Microsoft Kinect for Xbox 360](#) to enrich exercises and [Microsoft HealthVault](#) to monitor personal health information in combination with our EBHP and wellness programs. A specially developed geriatric personal health application designed for this program to provide an easy way for seniors to upload their personal health data such as blood pressure and glucose readings into HealthVault using off-the-shelf meters. This tool enables providers to screen and monitor health indicators such as diabetes, depression, memory function, vision, hearing, flexibility and strength in addition to key measures such as blood pressure and weight.

What Seniors are saying:

Luis M., 67: *"Before, I had wishful thinking; I was just hoping my blood pressure would improve. This program offers control. That brings me joy ... I used to just sit and watch TV Now, I'm always laughing and playing with my grandchildren. My son says I look younger. He wants to know what I'm doing at the center."*

Orlando E., 77: *"I've graduated. I went from a wheelchair to a walker to double canes to, now, a walking stick just for balance."*



Outcomes

As evident by pre and post blood pressure, four functional fitness measures, attendance and retention in a yearlong series of EBHP; qualitative measures of mood, social integration, participant interviews.

- Improvements of enhanced physical, mental, and emotional health, mood, and social integration.
- Now at all 16 Multi-Purpose senior centers citywide.
- Extensive media interest (*Wall Street Journal*, *LA Business Journal*, *MarketWatch* and *Bloomberg News*).
- Wide interest in adopting this program. Now in NYC!
- Exergamers Wellness Club, *The Journal on Active Aging* July/August 2012.



Dr. Scott Kaiser, a geriatric doctor and health media fellow at UCLA, teamed with the City of Los Angeles Department of Aging's "Aging Well in LA" hosted by actor Paul Petersen, ("The Donna Reed Show") to co-host a new docu-reality television series, "On The Move." The program follows the lives of twelve older adults aged 66 plus, as they take on new challenges to become active and get fit.



See it on YouTube

<http://www.youtube.com/channel/UCYiSOVddAlx61Krffvjk9ZA>

Special guests included:

- Dr. Walter Bortz, Stanford Physician and Author
- Elaine LaLanne, Television Personality and wife of the late Jack LaLanne
- Dr. Gary Small, UCLA Physician and Author
- Collin Miller, President, International Council on Active Aging
- Patricia Bragg, Nutritional Pioneer
- Tom LaBonge, City of Los Angeles Councilman



"I now see that I am responsible for my health," says contestant David Epstein who lost more than 15lbs from the program. "I always wanted to be the guy who took the steps instead of the elevator, now I am. I live in a four-story building and I walk up and down the steps. I only use the elevator when I take my laundry to the basement. Believe me, I would not be doing this, if it wasn't for the program."

A project of the UCLA Los Angeles Community Academic Partnership for Research in Aging, the series is produced by the City of Los Angeles Department of Aging with assistance from the Partners in Care Foundation.



Evidence Based Health Promotion Programs are the result of growing body of research in the social and behavioral sciences demonstrating that certain approaches and strategies for working with youth, older adults and families can positively impact important problems such as energy, motivation, depression, falls, and management of chronic health conditions.

Los Angeles has embraced these state-of-the-art approaches to staying healthy and is implementing this approved list of programs citywide (*specific program offerings vary by area*).

CDSMP- Healthier Living / Tomando Control de su Salud

Chronic Disease Self Management Program (CDSMP) is a program developed for people with chronic health conditions, participants learn practical skills for managing their chronic health problems such as tools to communicate effectively with family, friends, and health professionals, problem solving and relaxation techniques which result in improved health status and proper utilization of the health care system. (3)

Tomando Control de su Salud is the Spanish version of the Chronic Disease Self-Management Program, designed in Spanish for Spanish- speakers. Though similar to the English version, it was developed to be culturally appropriate. Participants learn to self manage their chronic condition through the similar tools as the English version to obtain the same health outcomes. (3)

Physical Activity / Fall Prevention

Active Start combines Active Living Every Day - a behavior change discussion class and ExerStart - a beginning level exercise class, to help introduce physical activity into lives of seniors. (3)

A Matter of Balance is a program for people who have fallen in the past, have a risk of falling and who may be reducing their activities due to a fear of falling. Participants learn to view falls and the fear of falling as controllable; set realistic goals to increase activity; change their environment to reduce fall risk factors; and exercise to increase strength and balance. (3)

Arthritis Foundation Exercise Program is a developed specifically for people with arthritis but beneficial to those without, this exercise program uses gentle activities to help increase joint flexibility and range of motion and help maintain muscle strength. Different classes are available to fit each individuals fitness level – with exercises done while sitting, standing or on the floor. (3)

Arthritis Foundation Walk with Ease Program is a program developed to help individuals create and implement a walking plan to meet their particular needs. This program will help participants to stay motivated, manage their pain and learn to exercise safely to keep muscles strong and joints stable. Walk With Ease was created in order to help boost participant energy, reduce stress and control weight. (3)

Caregiving / Memory/Medications Management

UCLA Memory Training is a course that provides an innovative educational program for people with age-related memory concerns. Participants learn in small groups, through a combination of presentations with group discussions, memory quizzes, and skill-building exercises. This program focuses on teaching new skills in a low stress, fun environment.

Powerful Tools for Caregivers is a workshop for caregivers to develop self-care tools to help them manage and reduce stress, communicate their needs to family members and healthcare providers, deal with difficult emotions, and make tough caregiving decisions. This workshop has been shown to significantly improve the caregiver's emotions, including reduced anger, guilt and depression. (3)

Savvy Caregiver is a workshop intended to train families and others for the unfamiliar role they face as Caregiver for a relative or friend with Alzheimer's disease or another form of dementia. The program focuses on helping caregivers think about their situation objectively and providing them with the knowledge, skills, and attitudes they need to manage stress and carry out the caregiving role effectively. (3)

HomeMeds is an evidence-based, technology-enabled intervention that addresses medication safety among older adults by connecting homecare and other community-based services to health care providers. HomeMeds addresses major gaps in care that leave home-dwelling older adults at risk for adverse medication effects, providing unique information not typically available to prescribers, such as adverse effects, patients' use of over-the-counter medications, duplications resulting from multiple prescribers or hospital stays, and adherence problems. (3)

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The Administration on Aging 's has categorized programs into three levels of demonstrated evidence: minimal(1), intermediate(2) and highest (3). Programs listed below indicate the level assigned to them.

Launched in Fall 2013

80+ community based partners and counting!

LOS ANGELES
ALLIANCE FOR
COMMUNITY
HEALTH & AGING



GOAL:

To improve population health in the Los Angeles region by making proven and effective health and chronic disease self management education programs more accessible to our diverse population, with the intention of a robust community-wide impact.



KAISER PERMANENTE®



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Current Title IID Evidence-Based Definition

Highest-level Criteria

- 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.

[Title IID Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart](#)

Intermediate Criteria

- 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

- 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.

* Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment. ([Shadish, William R., Thomas D. Cook, and Donald T. Campbell. 2002. *Experimental and Quasi-Experimental Designs for Generalized Causal Inference*. Boston: Houghton Mifflin.](#))

Upcoming Changes to the Title IID Evidence-Based Definition

Highest-level Evidence-Based Criteria

- 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

- 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

- 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 Title IID Evidence-Based Definition

Evidence-Based Criteria

- 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.

Title IID Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart

* Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment. (Shadish, William R., Thomas D. Cook, and Donald T. Campbell. 2002. *Experimental and Quasi-Experimental Designs for Generalized Causal Inference*. Boston: Houghton Mifflin.)

Who We Serve:

The Aging Network Serves Nearly 1 in 5 Older Adults

	US Population	OAA Clients
60+	57.8 million	11 million [*]
Poverty	9.30%	30%
Near Poor ^{**}	15-20%	73-85%

*3 million OAA clients receive intense services such as case management, home-delivered nutrition and personal care services.

**Near poor is defined as below 150% of poverty.

Who We Serve:

	US Population 60+	OAA Clients (In Home Service)*
Lives Alone	27%	55% - 69%
Diabetes	22%	26% - 35%
Heart Condition	29%	43% - 53%
Minority**	20%	25%
Rural**	13%	37%

* Includes such services as case management, home-delivered nutrition

** US Minority & Rural figure is for the 65+ population

Who We Serve:

OAA Clients are at risk for ER visits & Hospitalization:

- Over 90% of OAA Clients have Multiple Chronic Conditions
 - Compared to 73% of general older adult population (age = 65+)
- 69% of Case Management Clients take 5 or more medications daily

OAA Clients are at Risk for Nursing Home Admission:

- 35% of Home-Delivered Nutrition Clients have 3+ ADL Impairments
- 69% of Home-Delivered Nutrition Clients have 3+ IADL Impairment

Aging and Disability Evidence-Based Programs and Practices (ADEPP)

- The interventions selected for an ADEPP review have already been tested through randomized-controlled trials (RCTs) or quasi-experimental studies, and the results published in peer-reviewed journals.
- ADEPP consists of a rigorous review process involving two panels of independent expert reviewers. One set of reviewers assess and rate the quality of research; the other reviewers rate the program on readiness for dissemination.
- The final review summaries provide key information including a description of the intervention, costs associated with the intervention, other citations, and translational work.
- *ADEPP inclusion does not constitute an ACL endorsement of specific interventions.*

Aging and Disability Evidence-Based Programs and Practices (ADEPP)

Examples:

- EnhanceFitness
- HomeMeds
- Improving Mood—Promoting Access to Collaborative Treatment (IMPACT)
- Programa de Manejo Personal de la Diabetes (Spanish language version of Chronic Disease Self Management)
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- Tai Chi: Moving for Better Balance
- Wellness Initiative for Senior Education (WISE)
- Program of All-Inclusive Care for the Elderly (PACE)

SEND YOUR COMMENTS by THE END OF JULY to:

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