

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

An Equal Opportunity Employer

Corinda Crossdale, Director

PROGRAM INSTRUCTION	Number 15-PI-18
	Supersedes 93-PI-02 & 01-PI-12
	Expiration Date

DATE: 10.22.15

TO: Area Agencies on Aging (AAAs)

SUBJECT: Health Promotion/Title III-D

.....

Purpose

The purpose of this Program Instruction (PI) is to formalize the communication of current requirements for the use of Older Americans Act Title III Part D Disease Prevention and Health Promotion Program (Title III-D) funds. More rigorously defined evidence-based requirements for Title III-D funding became effective in New York State as of April 1, 2015. This PI supersedes prior issuances on Title III-D. Program requirements that remain unchanged are re-stated at the end of the PI.

Necessary Action

Effective April 1, 2015, AAAs were required to only fund highest-level evidence-based interventions/programs (EBI/EBP) under Older Americans Act (OAA) Title III-D. AAAs may need to assess approvable programs for fit, seek technical assistance, modify contracts, and/or pursue training/licensure as dictated by the chosen intervention(s) to be offered.

Response Date n/a

Background

Older Americans Act (OAA) Title III-D was, and continues to be, intended to fund the provision of programs designed to help older adults prevent and/or manage chronic diseases and promote healthier lifestyles. Title III-D funds are appropriated to NYSOFA by the Administration for Community Living (ACL)/ Administration on Aging (AoA).

Over the past decade, ACL/AoA has been shifting emphasis to interventions with proven outcomes to maximize the impact of limited resources and deliver programs with proven beneficial outcomes to those served. In federal fiscal year 2012, the Title III-D appropriation legislation enacted this shift through its requirement that the use of Title III-D funding be limited to only programs and activities demonstrated to be evidence-based. Evidence-based interventions/programs are those shown to be effective, through rigorous evaluation and study, to have consistent positive health benefits and measurable outcomes in various settings when delivered with program fidelity. Furthermore, evidence-based self-management programs have been shown to be effective in empowering older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and self-management. Initially, to guide States and AAAs in implementing the new requirements, ACL/AoA established a tiered set of criteria for defining OAA evidence-based interventions as it sought to transition all Title III-D activities toward the highest level criteria; which allowed for programs meeting the minimal or intermediate criteria to satisfy the initial requirements. However, the tiered approach was only an interim transitional step. ACL/AoA is requiring all activities funded through Title III-D to meet the new highest level criteria definition as the definition of evidence based by October 1, 2016; and, States have been encouraged to implement the requirement to align with their State Plan submission.

Detail of Change

NYS implemented the requirement for all Title III-D programs and activities to meet the highest tier definition of evidence based effective April 1, 2015 to coincide with the start of the 2015-2016 Annual Implementation Plan (AIP) and with the State's submission of its 2015-2019 Four Year State Plan to ACL/AoA. Thus, since April 1, 2015, all Title III-D expenditures (including carryover funds) must only be used for highest-level criteria evidence based programs. All health promotion activities supported with Title III-D funding starting with the 2015-16 AIP, must meet the highest-level criteria as defined in the ACL/AoA new definition of evidence based in order to be approved.

ACL/AoA Definition of Evidence-Based:

- 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.

* 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.)

In order for NYSOFA to approve expenditures for health promotion programs under Title III-D, a program meeting the definition above must also be considered to be an evidence-based program by any operating division of the U.S. Department of Health and Human Services (HHS).

AAAs will know that a program is considered to be evidence-based by an operating division of HHS and therefore approvable for use of Title III-D funding if any of the following (A, B or C below) are true:

A) The evidence-based health promotion program is included in the drop down menu on the Health Promotion page of a Four Year or Annual Implementation Plan (Plan) issued by NYSOFA.

B) The evidence-based health promotion program has gone through the vetting process to be included on one of the following lists, which are updated and expanded periodically (hereafter referred to as the two vetted lists):

1) ACL's Center for Disability and Aging Policy (CDAP), Office of Performance and Evaluation, Aging and Disability Evidence-Based Programs and Practices (ADEPP) webpage:

<http://www.acl.gov/Programs/CPE/OPE/ADEPP.aspx>

2) National Council on Aging listing of highest-level criteria programs as approved by ACL/AoA: <https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotiondisease-prevention-programs/>

C) The program is identified as an evidence-based health promotion program by an operating division of HHS. It is the responsibility of the AAAs seeking approval to use III-D funds for a program which is not in the drop-down menu on the Health Promotion page of the Plan (A) or one of the two vetted lists (B) to submit documentation to their ASR for review by NYSOFA. Only after the documentation has been reviewed and approved by NYSOFA, does the AAA have approval to use Title III-D funds to support the program. Documentation may be in the form of clear identification of the program as an evidence-based program on a live webpage or current publication of an operating division of

HHS. Links to HHS operating divisions and some lists maintained by those divisions are contained in the Resources section below.

- 1) Note: A distinction is made by ACL/AoA between evidence-based programs (allowable with Title III-D funds) and evidence-based services (not allowable with Title III-D funds). So, in selecting a program designated as evidence-based by an HHS operating division, it must be a program (versus service, practice or information) in order for it to be an approvable use of Title III-D funds.

As explained by ACL/AoA: "Evidence-based services/practices can be part of an evidence-based program, but the reverse is not always true. Title III-D funds are required to be used on evidence-based programs. Specifically, evidence-based services/practices refer to strategies or activities utilized by evidence-based programs as part of their larger intervention... Evidence-based programs refer to organized and typically multi-component interventions with clearly identified linkages between core components of the program and expected outcomes for an identified target population."

The Health Promotion page drop-down menu of the Plan will include the model programs appearing on the two vetted lists at the time the Plan is developed, as well as any programs which have previously been approved by NYSOFA through the HHS operating division documentation process described above. Once determined to be evidence-based and published on one of the above lists as such, a program will continue to be considered evidence-based in the future. NYSOFA will not be independently evaluating individual programs. To be approvable for use of Title III-D funds, the programs and interventions must appear on one of the two vetted lists, or be designated as an evidence-based program by an operating division of HSS.

Traditional Health Promotion Activities:

AAAs have a long and rich history of providing diverse health promotion activities to meet the needs of older adults in their community. The restriction of Title III-D funds should not be interpreted as a direction to cease non evidence-based health promotion activities that the AAA determines to be worthwhile for older adults in its PSA. Health promotion activities not meeting the criteria for Title III-D funding can be continued through: III-B, III-E, CSE, CSI, county funds, donations, use of volunteers, grants and partnerships. These traditional health promotion activities still have a place in an AAA's Plan, reporting and programming.

Allowable Expenditures:

Title III-D funds may be appropriately used for:

- costs related to implementation of evidence-based programs such as site set-up (equipment, books/CDs, program-related educational materials and incentives for participants).

Note: If the model health promotion program being implemented specifically calls for the provision of a healthy snack for participants as part of the prescribed intervention activities, a food/beverage expense would be appropriate.

- time utilized by an appropriately trained instructor/leader to conduct the evidence-based program being implemented.
- time of AAA staff who coordinate and support the implementation of evidence-based programs in their county.
- costs associated with evidence-based program training (e.g. travel, hotel, registration fee).
- data entry for Title III-D funded programs.
- licensing costs for evidence-based model programs.
- advertising and marketing of Title III-D funded programs (e.g. brochures and flyers).

If an AAA is uncertain whether a particular expense can be charged to Title III-D, the AAA should contact their NYSOFA ASR.

Since, as of April 1, 2015, all health promotion activities supported with Title III-D funding must meet the new ACL/AoA definition of evidence-based and appear on one of the lists above, Title III-D funds may not be used to support development and/or research activities for health promotion programs.

As is the case with other Older Americans Act funds, funds provided to AAAs under Title III-D cannot be used to pay for services if payment can be made under Medicare or Medicaid (titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.)).

Partnering:

Evidence-based health promotion programs may be delivered directly by AAAs acting independently, however community partnerships are encouraged. Partnerships enhance the ability to deliver quality programs to the community. The AAA may be involved in the direct delivery of the intervention (e.g. AAA staff are trained leaders, AAA holds license) or the AAA may partner with another entity which will be delivering the intervention. The AAA role in a partnership may include linking participants to the program, providing space, facilitating registration etc. AAAs may report the individuals/units resulting from the interventions they have partnered to deliver so long as those same individuals/units are not also being reported by another AAA (or another entity utilizing Title III-D funding).

Allocation Formula:

Under the OAA statute and Federal Regulations, the Intrastate Funding Formula (IFF), as it applies to Title III-D, must give priority to areas of the State which are medically underserved and in which there are large numbers of individuals who have the greatest economic and social need for Title III-D services. Medically underserved areas in New York State have been designated by the Department of Health and Human Services and the U.S. Public Health Service as areas which lack the appropriate number of physicians and/or health care facilities in relation to the population of such areas.

In applying the IFF for Title III-D funds, NYSOFA has given priority to the medically underserved Planning and Service Areas (PSA's) in two ways. In calculating Weighted Population Percentages, only those factors that reflect economic or social need were included for the PSA's that are **not** medically underserved while all factors were included for the PSA's that are medically underserved. In addition, a higher Minimum Base Allocation was given to the PSA's that are medically underserved.

Matching Requirements:

Title III-D funds require a minimum of 10% in non-federal matching funds and cannot be used for Area Plan Administration.

Contributions:

Health promotion programs, including evidence-based programs, may lend themselves to voluntary contributions and should adhere to current NYSOFA contribution policy and OAA requirements.

Eligible Service Recipients:

Individuals age sixty or older are eligible for services under Title III-D. If implementing an evidence-based model program, the program may have more specific eligibility criteria which must also be adhered to (i.e. diagnosis with a specific chronic health condition). Although some model programs may be appropriate for individuals under the age of sixty (e.g.: caregivers), Title III-D may not be used to fund the participation of individuals under the age of sixty. If, for instance, a caregiver support program from one of the vetted lists will be implemented and is expected to include caregivers under the age of sixty, a blend of III-D and III-E funds could support the program.

Target Populations:

All Federal and State targeting policies for services delivered through the aging network apply to Title III-D health promotion programs. Additionally, AAAs shall give priority in establishing these programs in areas within their planning and service area in which there is a lack of medical/health facilities and a large population of medically underserved elderly.

Approvable Providers/Facilities:

Evidence-based health promotion programs may be delivered in a broad range of community locations. Programs differ in their facility requirements so there should be an appropriate match of program to setting. Care should be taken to choose settings which are accessible to older adults and enable target populations, including medically underserved, to be reached.

Medication Management:

Medication Management can continue to be provided as a health promotion service utilizing non-Title III-D funds. Medication Management is still an allowable activity under

Title III-D, **only if** utilizing a highest-level criteria model program meeting the parameters referenced earlier.

Documentation:

The AAAs will ensure certification and licensure standards are met when delivering an evidenced-based model program for which licensing or certification requirements exist. The certifications or licenses related to any evidence-based health promotion program should be kept on file at the AAA. This includes certificates of completion for Master Trainers, Lay Leaders or other instructors of model programs.

Reporting:

Report all Title III-D activities under the Health Promotion service category following the Standard Definition for a unit of Health Promotion.

Information and Assistance:

Each AAA shall ensure that information and assistance and outreach services include providing information and assistance to individuals inquiring about disease prevention and health promotion services and programs.

Resources:

- ACL/AoA Title III-D evidence-based criteria and frequently asked questions:
http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx
- Center for Disability and Aging Policy (CDAP), Office of Performance and Evaluation, Aging and Disability Evidence-Based Programs and Practices (ADEPP) webpage:
<http://www.acl.gov/Programs/CPE/OPE/ADEPP.aspx>
- National Council on Aging listing of highest-level criteria programs:
<https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotiondisease-prevention-programs/>
- National Council on Aging evidence-based program information:
<http://www.ncoa.org/improve-health/center-for-healthy-aging/about-evidence-based-programs.html>

Operating Divisions of Health and Human Services (HHS):

<http://www.hhs.gov/about/agencies/operating-divisions/index.html>

HHS Operating Division webpages relevant to evidence-based programs include:

- CDC: Community Health Resources Database:
<http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/>
- CDC: Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults:
<http://www.cdc.gov/homeandrecreationalafety/Falls/compendium.html>

- HealthyPeople.gov: Healthy People 2020 Evidence-Based Resources:
http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f%5b0%5d=field_topic_area%3A3493
- NCI: Research-tested Intervention Programs (RTIPs):
<http://rtips.cancer.gov/rtips/index.do>
- NIH: Cancer Control P.L.A.N.E.T. portal: <http://ccplanet.cancer.gov/>
- SAMHSA: National Registry of Evidence-Based Programs and Practices:
<http://www.nrepp.samhsa.gov/>

PROGRAMS AFFECTED:

- | | | |
|---|--|--|
| <input type="checkbox"/> Title III-B | <input type="checkbox"/> Title III-C-1 | <input type="checkbox"/> Title III-C-2 |
| <input checked="" type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input type="checkbox"/> CSE |
| <input type="checkbox"/> EISEP | <input type="checkbox"/> NSIP | <input type="checkbox"/> Title V |
| <input type="checkbox"/> Other: | <input type="checkbox"/> SNAP | <input type="checkbox"/> Energy |
| | <input type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |

CONTACT PERSON: Aging Services Representatives **TELEPHONE:** (518) 473-5108