Disease Prevention and Health Promotion (DPHP) Services (OAA Title IIID)

Webinar Presented by
the Administration on Aging
April 5th, 2012

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Agenda

Introductions

Welcome and Title IIID Background

New Evidence-Based Requirement Guidance

Community Program Highlight: Minimal Criteria

Community Program Highlight: Highest-Level Criteria

Resources

Q & A

Welcome

Edwin Walker Deputy Assistant Secretary for Program Operations

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Guidance on Title IIID's New Evidence-Based Requirement

The full final FY-2012 Congressional appropriations, AoA's tiered set of criteria for defining evidence-based health promotion interventions, program examples, and FAQs can be found on the AoA Title IIID webpage:
http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

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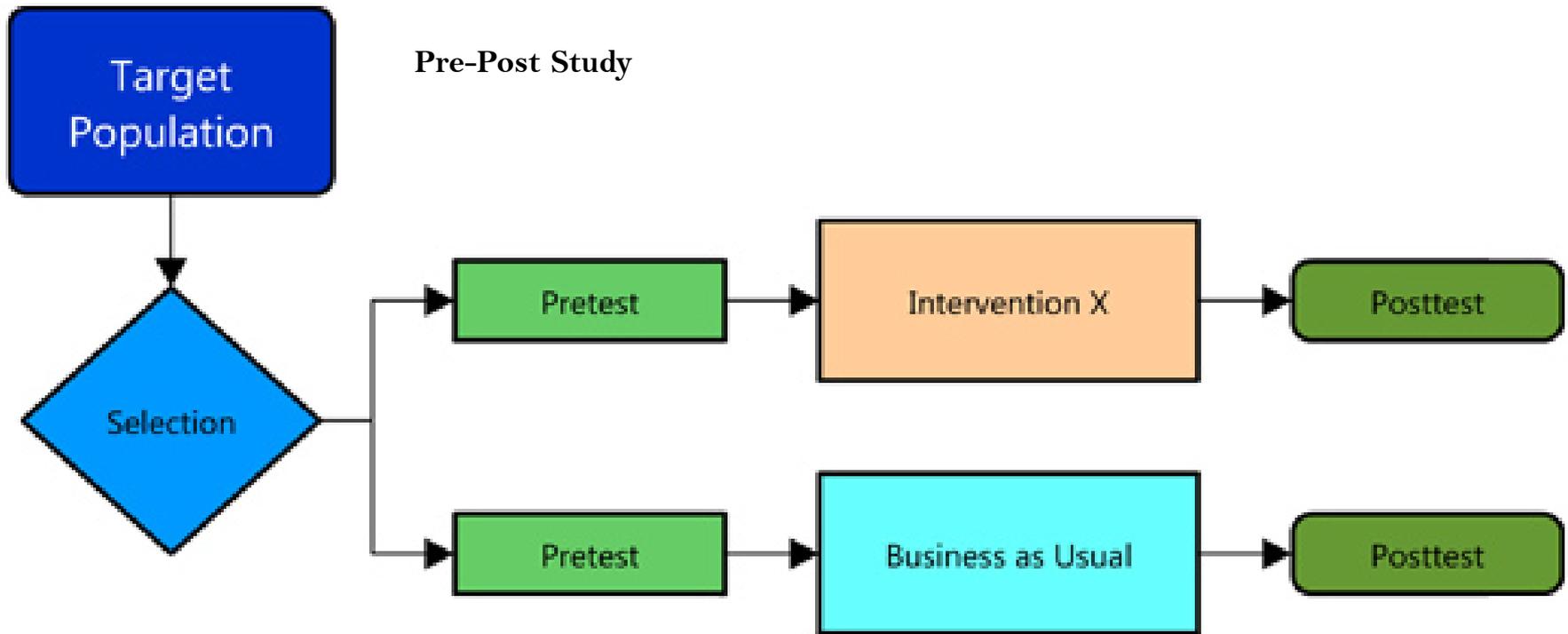# AoA's 3 Tiered Evidence-Based Definition

Minimal Criteria (tier #1)

1. Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*

2. Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.
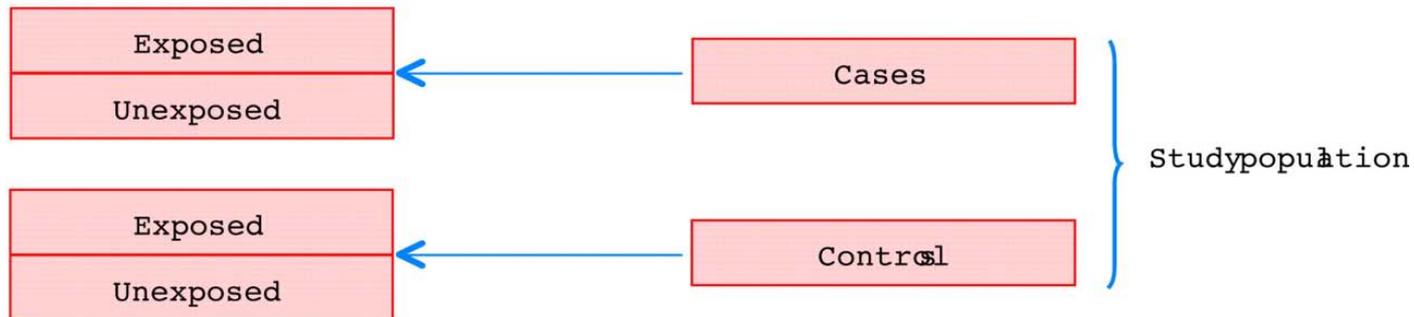
AoA's 3 Tiered Evidence-Based Definition cont.

Intermediate Criteria (tier #2)

1. Published in a peer-review journal;

2. Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); and

3. Some basis in translation for implementation by community level organization.

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Pre-Post Study

Target Population → Selection

Selection → Pretest → Intervention X → Posttest

Selection → Pretest → Business as Usual → Posttest

Case-control design

| Exposed |
| Unexposed |

← Cases

| Exposed |
| Unexposed |

← Control

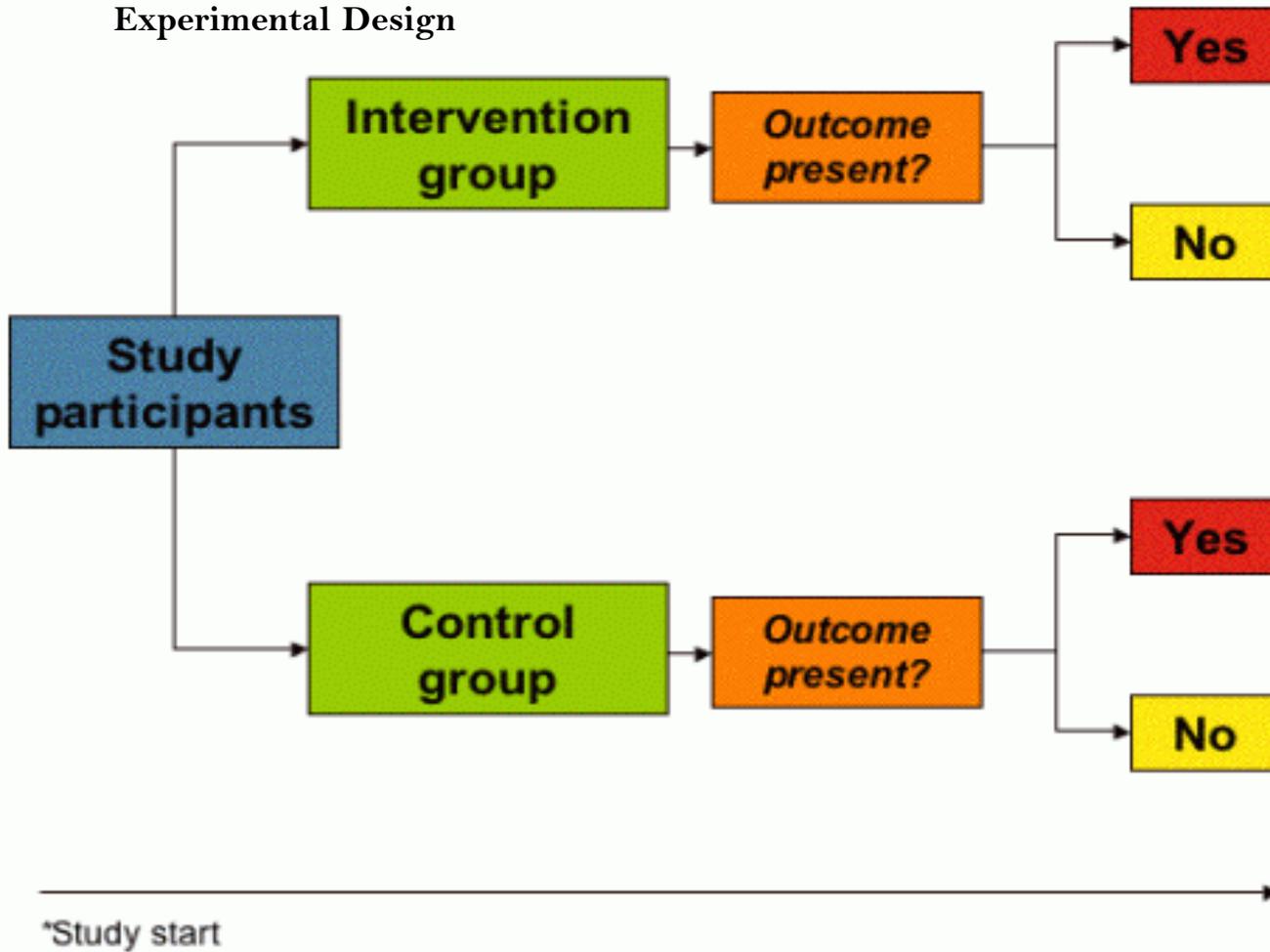} Study population

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AoA's 3 Tiered Evidence-Based Definition cont.

Highest-Level Criteria (tier #3)

1. Undergone Experimental or Quasi-Experimental Design;

2. Level at which full translation has occurred in a community site; and

3. Level at which dissemination products have been developed and are available to the public.

Experimental Design

Finding an Evidence-Based Program

Examples include:

- Active Living Every Day;
- A Matter of Balance;
- Chronic Disease Self-Management Program;
- Enhance Fitness;
- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors);
- Healthy Moves for Aging Well;
- HomeMeds;
- Prevention and Management of Alcohol Problems in Older Adults;
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS);
- Stepping On;
- Strong for Life;
- Tai Chi: Moving for Better Balance;
- Active Choices;
- Enhanced Wellness;
- Fit and Strong!;
- Walk with Ease;
- Diabetes Self-Management Program;
- Positive Self-Management Program for HIV;
- Arthritis Self-Management (Self-Help) Program;
- Chronic Pain Self-Management Program;
- Online Chronic Disease Self-Management Program;
- Better Choice, Better Health—Diabetes;
- Healthier Living with Arthritis (Internet Arthritis Self-Management Program;
- Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program);
- Programa de Manejo Personal de la Artritis (Spanish Arthritis Self-Management Program);
- Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program);
- Care Transitions;
- New York University Caregiver Intervention (NYUCI);
- Resources for Enhancing Alzheimer's Caregiver Health II (Reach II); *and*
- Brief Intervention & Treatment for Elders (BRITE).

The AoA Title IIID webpage includes DPHP program examples that meet the new EB requirement, listed by tier.

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NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Find an Intervention | Reviews & Submissions | Learning Center | Contact Us

NREPP is a searchable online registry of more than 220 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. We connect members of the public to intervention developers so they can learn how to implement these approaches in their communities.

NREPP is not an exhaustive list of interventions, and inclusion in the registry does not constitute an endorsement. (More about NREPP).

| Basic Search | Advanced Search | View All Interventions |

Find an Intervention - Advanced Search

Select criteria below to run an advanced search of NREPP-reviewed interventions.

Search

Areas of Interest

- ☑ Mental health promotion
- ☐ Mental health treatment
- ☐ Substance abuse prevention
- ☐ Substance abuse treatment

Outcome Categories

- ☐ Family/relationships
- ☐ Homelessness
- ☐ Mental health
- ☑ Quality of life

Geographic Locations

- ☐ Urban
- ☐ Suburban
- ☑ Rural and/or frontier
- ☐ Tribal

Ages

- ☐ 13-17 (Adolescent)
- ☐ 18-25 (Young adult)
- ☐ 26-55 (Adult)
- ☑ 55+ (Older adult)

Races/Ethnicities

- ☐ Asian
- ☐ Black or African American
- ☑ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific

☐ Check here to limit your search to interventions tested with higher percentages **(50% or more)** of the selected groups.

Settings

- ☐ Residential
- ☐ Outpatient
- ☐ Correctional
- ☑ Home

Genders

☐ Male Only

☐ Female Only

Keywords

SAMHSA NREPP Programs for Older Adults & Caregivers

1. Cognitive Behavioral Health Therapy
2. Enhanced Wellness
3. IMPACT (Improving Mood – Promotion Access to Collaborative Treatment)
4. New York University Caregiver Intervention (NYUCI)
5. Program for All-Inclusive Care for the Elderly (PACE)
6. Program to Encourage Active Rewarding Lives for Seniors (PEARLS)
7. PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)
8. Resources for Enhancing Alzheimer's Caregiver health II (REACH II)

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Stretching IIID Funding = Partnerships

Broadens program reach & impact

Brings different funding to the table

Unique Strengths & expertise

Epidemiological/population health outlook

Urban, rural, suburban partnerships through local health departments

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Diverse Partnerships

The Community Wheel
(pie chart sections: Grassroots, Health Care Providers, Human/Social Services, Education, Government, Faith Community, Law Enforcement, Neighborhood Associations, Civic Volunteer, Business, Media, Recreation/Parks)

Universities

Faith partners

Healthcare

Disability Network

Corporations

FQHCs

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Area Agency on Aging District 7, Inc
in partnership with
The Ohio State University Regional
Appalachian Geriatric Dentistry Program
- serving ten counties in southern Ohio

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How It Works . . .

• OSU signed a multi-year contract with AAA7 to provide the dental clinic

• Senior-year dental students are provided the opportunity for rotation in the geriatric dentistry program components

• Yearly schedule is facilitated at the AAA level and sites are selected in each of the ten counties on a rotating basis

• Site visits occur an average of twice per month in a variety of settings, including senior citizen centers, congregate meal sites, and senior housing complexes

• Publicity, appointment scheduling and on-site assistance are provided by the staff of the host agency

• Information for the National Aging Program Information System is gathered at the time of the appointment
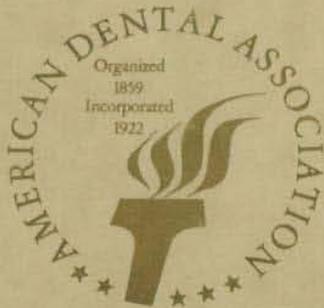
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AMERICAN DENTAL ASSOCIATION

In Recognition

of the contribution made by

The Geriatric Dentistry Program at OSU

to advance the art and science

of geriatric oral health

Richard Mascola DDS.

President

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Iowa EBP's for Depression Management with Older Adults:

- <u>PEARLS</u>- Program to Encourage Active Rewarding Lives for Seniors- University of Washington Health Promotion Research Center.

- Iowa Coalition on Mental Health & Aging endorsed adoption of EBP's.

- Start up funds from Iowa Geriatric Education Center- University of Iowa

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PEARLS (cont.):

- Use state Aging Program Service Funds to support program administration.

- Use County funding (contracted rate) to provide direct services through Senior Outreach Counseling team.

- Partnership with Community Mental Health Center- SOC team. Psychiatric consultation /case review available.

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Healthy IDEAS- Identifying Depression Encouraging Activities with Seniors –BCM

- Use state Aging Service Funds (state general fund appropriations) to provide oversight & consultation services.

- Use state Elderly Waiver – Medicaid funds for Case Managers to implement program.

- Partner with Baylor / Care for Elders.

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Iowa Approach to EBP's:

- ARCI (AAA)-pilot HIDEAS with Case Mgt.
- Certified trainers (2) to conduct regional intrastate training of all AAA's after completion of readiness assessment with Baylor and determined ready for adoption of the model.
- Systemized assessment/data/outcomes.
- Statewide AAA Technical Assistance calls.

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Iowa Approach (cont.):

- Universal protocol adoption by AAA's, provides continuity of care.

- Address cultural, regional, rural variances.

- Address implementation dynamics.

- Consultation with individual AAA as needed or refer to national consultants.

- Cost sharing of AAA's for training.

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Resources

AoA Title IIID Website
http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx
SAMHSA National Registry of Evidence-Based Programs and Practices
http://www.nrepp.samhsa.gov/
NCOA Center for Healthy Aging
http://www.ncoa.org/improve-health/center-for-healthy-aging/
Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-Based Tools)
http://cancercontrolplanet.cancer.gov/index.html

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Questions/Comments/Stories/ Suggestions for Future Health Promotion Webinar Topics?

Send them to:

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