

Assessing Title III-D of the Older Americans Act: Disease Prevention and Health Promotion Services

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Introduction

Title III-D seeks to initiate programs designed to help older adults prevent/manage chronic diseases and increase healthier lifestyles. Healthy aging reduces healthcare costs and increases quality of life for older adults.

To increase understanding regarding this program, especially its impact, delivery mechanisms, program development, partnerships, funding leverage, comprehensiveness, sustainability, outcomes and how Disease Prevention and Health Promotion fit into the overall activities of the Area Agencies on Aging, AoA initiated a study focusing on eight Area Agencies on Aging. This executive summary provides an overview of the study and its findings.

Findings in Brief

Eight Area Agency on Aging case studies demonstrated the following findings:

Innovation and Leverage

- **Title III-D Older Americans Act Programs stimulate innovation** by providing seed money to test out new approaches and activities in disease prevention and health promotion (DPHP).
- **Title III-D dollars develop greater capacity** for DPHP initiatives.
- DPHP programs **help to attract aging baby boomers** and some agencies are using DPHP innovations to initiate system reform; Ohio surveyed aging boomers regarding their preferences for senior centers and through the feedback, revamped their approaches and increased DPHP projects.
- Area Agencies on Aging (AAA) **believe that DPHP programs are critical to increasing the quality of life for their constituents.**
- **AAAs leverage many other funding sources and in-kind contributions for DPHP programs including both public and private entities;** other key federal funding sources are the Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention and the US Department of Agriculture.

Program Characteristics and Program Development

- **Partnerships** extend the reach of DPHP programs.
- **Senior centers and congregate meal sites** are important as areas for implementation and consumer feedback for DPHP programs.
- **Evidence based practices and models** are being used in some of the AAAs DPHP programs, especially those that exemplify best practices
- **Some AAAs conducted formal needs assessments or gap analyses** to identify the most important DPHP programs for their constituents while others drew on programs already developed by federal agencies or national foundations.
- **Other key factors for DPHP program selection** were building upon existing activities such as those in senior centers, replicating tried and true programs, and selecting programs that already had interested and committed partners.
- **Most AAAs maintain a basic DPHP program** through senior centers or congregate meal sites geared to improving nutrition (nutrition education) and increasing physical activity (exercise programs).
- Other **common types of DPHP programs were medication management, chronic disease management and preventive health services**; less common were falls prevention, mental health and dental programs.
- **A number of AAAs target DPHP programs** to special needs populations.

Program Challenges

- **DPHP specific programs have limited implementation and usually serve a small percentage** of the OAA service clients.
- **Structure of funding formulas caused small levels of funding for Title III-D programs, that made sustaining and growing the efforts difficult** without other funding sources.
- **Rural implementation** of DPHP programs is especially challenging.
- **Data on outcomes of DPHP programs scarce**; though AAAs agreed tracking results of DPHP programs was important, few had the resources or capacity for program monitoring and evaluation.

Study Conclusions and Recommendations

- Sustainability of Title III-D programs is a challenge due to funding constraints.
- A greater focus on tracking outcomes might aid AAAs in sustaining and expanding DPHP programs.
- DPHP programs can be used as change catalysts in modifying OAA programs to attract new clients such as boomers and to re-orient the focus of senior centers to future needs of older adults.
- Despite these challenges, DPHP programs, especially those that are evidence based, can be an effective means to improve the quality of life of older adults.