DISEASE PREVENTION & HEALTH PROMOTION
VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES
VIRGINIA DIVISION FOR THE AGING
SERVICE STANDARD

Definitions

I. Evidence-Based

A. All programs using Title III-D funds must meet the definition of evidence-based programming. The program must include all of the following to be considered 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.

**For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real world community setting.*

B. There are two ways to determine if a program meets the definition of evidence-based; either is acceptable.

- Document whether the program meets each of the 5 bullets in the definition. If it does, it can be supported with Title III-D funds; *or*
- The program is considered to be evidence-based by any operating division of the U.S. Department of Health and Human Services (HHS).
    - HHS has eleven operating divisions
    - An HHS division has included the program on a registry of evidence-based programs, or has reviewed it and deemed it evidence-based.

For example, this would include programs listed on the Administration of Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices; Centers for Disease Control and Prevention (CDC), Compendium of Effective Interventions; Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Evidence-Based Programs and Practices; and the National Institute of Health (NIH), Cancer Control Evidence-based Portal, etc.

There are numerous evidence-based programs that are administered throughout HHS. For a list of the HHS Family Agencies, visit http://www.hhs.gov/about/foa/index.html.

Additional information on Disease Prevention and Health Promotion Services, Older Americans Act (OAA) Title III-D, including Frequently Asked Questions, can be found at http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx

II. Evidence-based program versus evidence-based service/practice:

While the terms "evidence-based program" and "evidence-based service/practice" are often used interchangeably, they are not the same. 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.

A. Evidence-based services/practices refer to strategies or activities utilized by evidence-based programs as part of their larger intervention. For example, evidence-based self-management programs (such as diabetes prevention programs or pain management programs) may incorporate similar evidence-based practices such as blood pressure screenings or glucose checks, even though the outcome goals of these programs may be very different.

B. 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. For example, an evidence-based falls prevention program could involve educational enrichment classes, as well as one or more evidence-based services (for example, strength and balance building exercises and/or a home environmental assessment component). Such programs must also have methods available to guide their dissemination in the community, such as materials and trainings.

Eligible Population

Disease Prevention and Health Promotion Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low- income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

Service Delivery Elements

Program Requirements

Disease prevention and health promotion services and information shall be provided at multipurpose senior centers and congregate meal sites, or at other appropriate community sites convenient and accessible to older individuals.

Assessment

- If the client does not already have an assessment in the Virginia Division for the Aging (VDA)-approved electronic client database, a Virginia Service – Quick Form or CRIA encounter is required for each person who participates in a program activity.
- The answer to the question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.
- Any fee for service charge to the client shall be determined by a VDA approved sliding fee scale. The Federal Poverty/VDA form may be used.

Administrative Elements

Staff Qualifications

Staff conducting evidence-based programs shall meet the training and certification requirements set forth by the specific program.

Job Descriptions

For each paid position funded by Title III of the Older Americans Act, an Area Agency on Aging must maintain:

- A current and complete job description which shall cover the scope of staff disease prevention and health promotion service duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

Units of Service

Units of service must be reported in the VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

- Sessions – Service activities provided to a specific individual. Activities can be provided one-to-one or in a group setting. A unit is one (1) session. A session is one event that lasts a part of an hour up to one full day.
  For example, a six-week Chronic Disease Self-Management Program (CDSMP) workshop would equal 6 sessions or 6 units. If a workshop consists of 6 topics presented in a day, this would equal 1 session or 1 unit.
- Persons served (unduplicated) - The number of persons who participate in a session.

Group Units – For this service, there are no group units; therefore, group units cannot be entered into the VDA-approved electronic client database.

Program Reports

- Aging Monthly Report (AMR) to VDA by the twelfth (12^{th}) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- Client level data from the VDA-approved electronic database shall be entered by the last day of the following month.

Consumer Contributions/Program Income
There must be a written policy on handling of Client Program Income (CPI) and other voluntary contributions and fees.

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing /fee for service for recipients of this service.

And/or

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the poverty line, at contribution levels based on the actual cost of services.

Quality Assurance

Staff Training
- At hiring, staff shall receive orientation on agency and departmental policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Staff conducting evidence-based programs shall meet the training and certification requirements set forth by the specific program.

Supervision
Consultation and supervision shall be available to all staff providing the service.

Program Evaluation
The AAA shall conduct regular and systematic analysis of the persons served and the impact of the service, in accordance with the evidence-based program requirements. There shall be a written plan and a written report of findings. Evaluation may include client satisfaction surveys.

Client Records
The AAA or service provider must maintain specific client records in the approved VDA electronic database that include:
- Consent to Exchange Information, if information is shared with other agencies.
- Virginia Service - Quick Form or CRIA encounter. At a minimum, this information must be updated annually.
- The answer to the question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.

The AAA or service provider must maintain the following additional records:
- Documentation that the service took place.
- Cost Sharing (Fee for Service) calculations, if applicable. The Federal Poverty/VDA Sliding Fee Scale form may be used.