



**North Carolina Department of Health and Human Services  
Division of Aging and Adult Services**


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April 24, 2012

**Administrative Letter No. DAAS-12-05**

**To:** Area Agencies on Aging Administrators  
**From:** Dennis Streets, Division Director   
NC Division of Aging and Adult Services  
**Subject:** Title III-D Health Promotion and Disease Prevention Revision  
**Date:** April 24, 2012

**Effective July 1, 2012, Title III Part D Section 361 of the Older Americans Act, which pertains to Disease Prevention and Health Promotion, may only be used for programs and activities that have been demonstrated through rigorous evaluation to be evidence-based and effective.**

Evidence-based disease prevention and health promotion programs have become an aging network priority within North Carolina for several years, and the new requirement demonstrates a national commitment to these types of programs. In February 2012, Congressional appropriations mandated that Older Americans Act Title III-D funding for Fiscal Year 2012 be used only for programs and activities that have been demonstrated to be evidence-based. The U.S. Administration on Aging (AoA) uses graduated criteria known as “tiers” to define evidence-based interventions. Health promotion programs can fall within any of the tiers. Based on the history of the Title III-D program, and the degree of change needed to transition to the optimal level of evidence-based implementation, each program will be assessed based on the following criteria. While the goal is for all Title III-D activities to move toward the highest level criteria, programs meeting the minimal or intermediate criteria will satisfy current requirements.

The three tiers include:

**1. Minimal Criteria**

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; **AND**
- Are ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

*Examples include: programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition; most health screenings would also qualify at this level. Note: Not all programs of the types listed above meet the minimal criteria for Title III-D evidence-based services. Contact DAAS if you have questions. Title III-D funding is not appropriate for purchasing pill boxes, night lights, line dancing, exercise videos, or Health Fairs, but it is appropriate for Health Screening if it meets the minimal criteria provided. NC Senior Games meets this criterion. If used for to support Senior Games' events, it must be used to support the events themselves (e.g., equipment); it should not be used for tee shirts, food, or other such items.*

## 2. Intermediate Criteria

- Published in a peer-review journal; **AND**
- Proven effective with the 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.

*An example includes: Eat Better Move More*

## 3. Highest-level Criteria

- Undergone experimental or quasi-experimental design; **AND**
- Level at which full translation has occurred in a community site; **AND**
- Level at which dissemination products have been developed and are available to the public.

*Examples include, but not limited to:*

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| <ul style="list-style-type: none"> <li>• A Matter of Balance;</li> <li>• Chronic Disease Self-Management Program (CDSMP/Living Healthy);</li> <li>• Diabetes Self-Management Program (DSMP/Living Healthy with Diabetes);</li> <li>• Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program);</li> <li>• Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors);</li> <li>• Fit and Strong!;</li> <li>• Walk with Ease;</li> <li>• <i>Arthritis Foundation Life Programs (Exercise Tai Chi, Aquatics Programs)</i></li> <li>• Healthy Moves for Aging Well;</li> <li>• Medication Management Improvement System;</li> <li>• Prevention and Management of Alcohol Problems in Older Adults;</li> <li>• Program to Encourage Active, Rewarding Lives for Seniors (PEARLS);</li> </ul> | <ul style="list-style-type: none"> <li>• Active Living Every Day;</li> <li>• Healthy Eating for Successful Living among Older Adults;</li> <li>• Stepping On;</li> <li>• Enhance Fitness;</li> <li>• Strong for Life;</li> <li>• Tai Chi: Moving for Better Balance;</li> <li>• Active Choices;</li> <li>• Enhanced Wellness;</li> <li>• Positive Self-Management Program for HIV;</li> <li>• Arthritis Self-Management (Self-Help) Program;</li> <li>• Chronic Pain Self-Management Program;</li> <li>• Online Chronic Disease Self-Management Program;</li> <li>• Better Choice, Better Health—Diabetes;</li> <li>• Healthier Living with Arthritis (Internet Arthritis Self-Management Program);</li> <li>• Programa de Manejo Personal de la Artritis (Spanish Arthritis Self-Management Program);</li> <li>• Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program).</li> </ul> |
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Further guidance may be found at AoA's website:

[http://www.aoa.gov/AoARoot/AoA\\_Programs/HPW/Title\\_III-D/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_III-D/index.aspx).

Title III-D funds may be used to support Area Agency on Aging (AAA) staff who coordinate and support the implementation of evidence-based programs such as CDSMP and A Matter of Balance in their region.

Currently in North Carolina, over 50% of III-D funds support AoA recognized evidence-based programs. The remaining funding supports Senior Games, exercise program instructors at senior centers, health fairs and medication management activities. Since July 2009, each AAA has been expected to allocate at least 23.6% of III-D funds for medication management and at least 35% of III-D funds for implementing evidence-based disease prevention and health promotion programs. This will no longer be a requirement. Medication management education programs that are accompanied by appropriately credentialed practitioners could possibly meet the minimal criteria tier (Medication Management Information System is the only program that meets the highest level criteria). With reference to program instructors at senior centers, only those providing approved evidence-based programming can now be supported with III-D funding.

Aging service providers can use Title III-B funds in lieu of Title III-D funds for those programs and activities that do not meet the evidence-based criteria. These Title III-B funds would fall under "Health Promotion and Disease Prevention," the provision of allowable services that promote the health and wellness of eligible older adults. For use of these funds, providers are required to go through the county planning process for the Home and Community Care Block Grant and become part of the approved County Funding Plan.

**Effective July 1, 2012**, please use **Service Code 401** to report Title III-D funding in the Division of Aging and Adult Services (DAAS) Aging Resources Management System (ARMS). AAAs and local providers will be monitored on these new criteria.

**For FY2012-13, AAAs are required to submit a proposed Title III-D Plan with designated criteria tiers to DAAS by May 18, 2012 using the attached report.** The Plan must at least meet the minimal criteria for DAAS to approve by June 1, 2012. DAAS will use this justification as documentation for AoA to demonstrate compliance with the new Title III-D requirements. In following years, proposed AAA plans will be included in the AAA's annual Area Plan. Please contact Audrey Edmisten, [audrey.edmisten@dhhs.nc.gov](mailto:audrey.edmisten@dhhs.nc.gov) or 919-855-3418, if you have questions or concerns.

**FY2012-13 Title III-D Health Promotion and Disease Prevention Plan**  
**Service Code 401: Evidence-based Health Promotion/Disease Prevention**

Area Agency on Aging (AAA) \_\_\_\_\_

AAA person submitting this Plan \_\_\_\_\_

Date: \_\_\_\_\_

**1. EXPLAIN** briefly how the AAA will allocate III-D funding in FY2012-13. Will the AAA keep this funding and/or allocate the funding to local providers? Include which tier or tiers your evidence-based programs meet (e.g., CDSMP = *Highest level Criteria*, Senior Games = *Minimal Criteria*).

**2. a. BUDGET**

Federal/State Title III-D Regional Allocation Amount:	\$ _____
AAA Salary/Fringe*	\$ _____
AAA Staff Travel/Training/Other Expenses**	\$ _____
Evidence-based Program Expenses***	\$ _____
Other Expenses****	\$ _____

**b. BUDGET Justification**

\*Explain what AAA staff will be supporting evidence-based programs and the percentage of time that will be allocated using Title III-D funding.

\*\*Explain AAA staff expenses.

\*\*\*Explain which programs and how many programs you plan to implement.

\*\*\*\*Explain other expenses (e.g., local provider staff salary; cost of blood pressure monitor machine for senior center)

Additional Comments (may attach):

**DAAS:**      **Approved** \_\_\_\_\_      **Not Approved** \_\_\_\_\_      **Date** \_\_\_\_\_  
**Comments:**

**Submit this plan to Audrey Edmisten at DAAS by May 18, 2012. [Audrey.edmisten@dhhs.nc.gov](mailto:Audrey.edmisten@dhhs.nc.gov)**