



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

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June 1, 2014

Administrative Letter No. DAAS-14-05

To: Area Agencies on Aging Administrators

From: Suzanne Merrill, Acting Division Director
NC Division of Aging and Adult Services

Subject: North Carolina Title IIID Health Promotion and Disease Prevention Standards Revision

Date: June 1, 2014

The Division of Aging and Adult Services (DAAS), in collaboration with the Area Agencies on Aging, updated the North Carolina Division of Aging and Adult Services Health Promotion and Disease Prevention Standards. The revised Standards are based on the Older Americans Act (OAA) Title III Part D (Title IIID) and reflect the federal changes implemented during the 2013 Fiscal Year (FY) and updated language and definitions of the 2006 Reauthorization of the OAA. The Standards are effective immediately and also provide guidance on interpreting the definitions and provide best practices for utilization of funds.

Revisions were made in all sections of the Title IIID Standards, with significant additions to the "Service Provision" section.

The following information addresses the specific revisions made to each section.

Format and Cover Page

- In the Table of Contents, section heading names were changed to be consistent with other DAAS Standards and all Appendices were removed.

I. Statement of Philosophy and Purpose

- The language in this entire section was changed to provide a general overview of Title IIID programs and chronic disease statistics.

II. Legal Base

- Changes were made in this section to be consistent with revisions made to the Older Americans Act in 2006. The following items that related to Health Promotion and Disease Prevention were changed: Section 303(d); Section 321(a); and Part D, 361.
 - Mental health language was added to the 2006 revision of the OAA and is reflected in Section 321(a), items 1, 8, and 23.

III. Definition of Health Promotion and Disease Prevention Services

- Title III Part D of the OAA Section 102(a) (14) now specifies that health promotion and disease prevention programs must be evidence-based. Language was changed to be consistent with the OAA. More information regarding evidence-based health promotion and disease prevention programs is found in the "Service Provision" section of the Standards.

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IV. Client Eligibility

- No significant changes were made to client eligibility.

V. Service Provision

- Information related to the evidence-based requirement for health promotion and disease prevention programs was added to this section. The new language derives from the Administration of Community Living (ACL) website (http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID). Examples of the three levels of programs were posted on ACL's website at one point, but now only provide information on some of the highest-tier criteria programs by linking to a cost chart on the National Council on Aging's (NCOA) website (<http://www.ncoa.org/improve-health/center-for-health-aging/content-library/Title-IIID-Highest-Tier-Evidence-FINAL.pdf>). States have been given the authority to determine if programs meet evidence-based criteria and at what level.
- The examples of evidence-based health promotion and disease prevention programs listed in the Standards are subject to change. Over time, programs may move from a lower criteria to a higher criteria as more evaluation is conducted. Additionally, programs may be added to the list as interest in North Carolina grows and evaluation data is compiled.
- Language was added to clarify the leveraging role Title IIID funds may have in addition to solely supporting program implementation. These include interventions and services that may be offered in a location such as a health fair.
- Based on guidance from the Administration of Community Living, language was added that food is not allowed with Title IIID funds.
- Practice guidelines were added to this section to help guide administrators in utilizing Title IIID funds. These include information on partnerships, business plans, and using other sources of funding (such as Title IIIB).
- Examples of prohibited activities at health fairs and in general were added to this section.

VI. Staffing Requirements and Training

- Because evidence-based health promotion and disease prevention programs require trained leaders, language was changed in this section to reflect that requirement.
- An example of using an appropriately credentialed/trained professional to provide a service was added.
- Practice guidelines were added to this section based on best-practices learned by offering evidence-based health promotion and disease prevention programs in North Carolina. These include: support and establishing relationships with staff (leaders); and ensuring fidelity of programs.

VII. Documentation and Reporting

- The heading for this section was changed to be consistent with other program Standards at DAAS.
- Language was added under Part A, "Documentation" to provide examples of supportive documents that would be appropriate for health promotion and disease prevention activities.
- A link to the DAAS Home and Community Block Grant Procedure Manual was added under Part B, "Voluntary Contributions." Additionally, a paragraph was added provide some guidelines for documenting, depositing, and reporting contributions.
- In Part C, "Reporting," language was added to requesting the submission of evidence-based program data to collecting agencies on a quarterly basis.

Service Code 401 must be used to report Title IIID activities in the DAAS Aging Resources Management System (ARMS).

Please contact Nicolle Miller, nicolle.miller@dhhs.nc.gov or Audrey Edmisten, audrey.edmisten@dhhs.nc.gov with any questions or concerns regarding the Health Promotion and Disease Prevention Standards and practice guidelines.