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<b>226.000</b>	<b>Health Promotion, Wellness &amp; Disease Prevention</b>	<b>9-1-12</b>
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Each Area Agency on Aging (AAA) and subcontractor shall provide for health promotion, wellness and disease prevention programs to older adults, particularly those who have the greatest economic and/or social need and/or are in the minority in their planning area.

Health promotion, wellness and disease prevention programs can include, but are not limited to exercise classes, physical activity, self-management classes, behavior modification classes, nutrition classes, and fall prevention classes.

Health promotion, wellness and disease prevention programs must conform to requirements of the State laws, the Older Americans Act (OAA) and accompanying federal regulations and policies and procedures of the Division of Aging and Adult Services (DAAS). The AAAs will develop procedures to assist subcontractors in meeting DAAS and AAA procedures as needed.

<b>226.010</b>	<b>Purpose</b>	<b>9-1-12</b>
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To ensure that older adults, particularly those who have the greatest economic and/or social need and/or are in the minority, attain and maintain physical and mental well-being through regular programs of health promotion, wellness, and disease prevention.

<b>226.011</b>	<b>Scope</b>	<b>9-1-12</b>
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These procedures apply to the state Area Agencies on Aging (AAA) and the subcontractors of health promotion, wellness, and disease prevention programs and define the process for providing health promotion, wellness and disease prevention programs.

<b>226.012</b>	<b>General Authority</b>	<b>9-1-12</b>
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The Older Americans Act of 1965 as amended.

<b>226.013</b>	<b>Definitions</b>	<b>9-1-12</b>
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Health Promotion and Disease Prevention:

A. Health risk assessments

- B. Routine health screenings
- C. Nutritional counseling and education for individuals and their primary caregivers
- D. Evidence-based health promotion programs, including but not limited to programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, fall prevention, physical activity, and improved nutrition
- E. Programs regarding physical fitness, group exercise, music therapy, art therapy, and dance movement therapy, including programs for multigenerational participation that are provided by:
  - 1. An institution of higher learning
  - 2. A local educational agency as defined in section 14101 of the elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
  - 3. A community-based organization
- F. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment
- G. Medication management screening and education to prevent incorrect medication and adverse drug reactions

The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42U.S.C. 1395 et seq., 1396 et seq.).

Wellness: an active lifelong process of becoming aware of choices and making decisions toward a more balanced and fulfilling life.

- A. Process: individuals never arrive at a point where there is no possibility of improvement.
- B. Aware: individuals are by nature continuously seeking more information about how they can improve.

- C. Choices: individuals have considered a variety of options and have selected those that seem to be in their best interest.

Evidence-Based Disease Prevention Program: A process of planning, implementing, and evaluating programs adapted from tested models or interventions in order to address health issues in a social ecological context. In an evidence-based disease prevention program, the proposed intervention is based on rigorously conducted research with published results.

Greatest Economic Need: The need resulting from an income level at or below poverty levels set by the Bureau of Census.

Greatest Social Need: The need caused by non-economic factors which include physical and mental disabilities, limited English proficiency (LEP), cultural, social, or geographical isolation which restrict an individual's ability to perform normal daily tasks or threaten his or her capacity to live independently.

**226.020 Service Definition for Health Promotion, Wellness & Disease Prevention 9-1-12**

The facilitation of a client's involvement in activities to promote health and well-being, to reduce isolation, and to keep the client in the community. This may be accomplished through, but are not limited to, physical fitness activities, health screenings, nutrition education, and evidence-based disease prevention programs such as: chronic disease self management, falls prevention, behavior modification, and others.

**226.021 Unit Definition 9-1-12**

One unit is equal to one activity session of related service provision.

**226.022 Goal of Service 9-1-12**

The purpose of Health Promotion, Wellness, and Disease Prevention programs for older adults is to:

- A. Maintain or enhance health and well-being
- B. Maintain or enhance self-sufficiency and personal independence
- C. Prevent isolation and disengagement due to chronic disease or illness
- D. Increase physical and mental activity

- E. Empower the client to manage their physical conditions
- F. Offer activities that enhance all dimensions of wellness
- G. Provide the tools for making healthier life decisions

**226.030 Minimum of Standards****9-1-12**

- A. Each provider of Health Promotion, Wellness or Disease Prevention Programs must meet the following minimum standards:
  - 1. A person qualified by work related training or experience must be designated to supervise the program
  - 2. Satisfactory procedures must be established to schedule and provide health promotion, wellness and disease prevention activities for older adults with adequate operating procedures to assure proper management and accountability.
  - 3. There must be adequate working space, staff, supplies, equipment, and operating procedures
  - 4. Adequate records must be maintained to record and evaluate service provisions, fiscal management, and provide a basis for required reports
  - 5. Satisfactory procedures must be established to protect confidentiality of records which include names and personal information, and to obtain and record the individual's informed consent prior to the release of personal information
  - 6. Satisfactory procedures must be established to objectively resolve service complaints and evaluate the quality of services delivered, including services provided to persons with disabilities
  - 7. Health Promotion, Wellness and Disease Prevention programs are to be provided, which are:
    - a. Varied to appeal to participants with differing levels of ability
    - b. Designed to increase the participant's knowledge of health related issues

- c. Designed to empower older adults in making healthier life decisions
  - d. Designed to address the various dimensions of wellness
  - e. Designed to maintain or increase the participant's physical fitness
  - f. Designed to maintain or increase the client's ability to participate in the daily activities of living
- B. Each AAA and /or provider must offer Evidence-Based Health Promotion/Disease Prevention programs.
- 1. Each Evidence-Based Program must be approved by DAAS
  - 2. The program is to be implemented by a community-based organization (i.e., a non-medical setting), yet partnering with healthcare/clinical settings is appropriate
  - 3. The community-based organization implementing the program must be able to deliver part, if not all, of the intervention – meaning the community-based organization cannot be limited to doing outreach/screening.
  - 4. Each Evidence-Based Program must meet the following requirements:
    - a. Program leaders must have required program specific certification
    - b. Program leaders must participate in program specific continuous and/or re-certification training
    - c. Maintain program specific fidelity
    - d. Keep and record all program specific required data
  - 5. Assess all programs at least annually, including:
    - a. Process Evaluation – program, program leader, participant satisfaction

- b. Outcome Evaluation – including, but not limited to, benefits, type of evidence generated, program goals, gained knowledge, before and after participant changes
- C. DAAS will assess Health Promotion programs as required by OAA and DAAS policy and will provide technical assistance as requested.

**226.040 Eligibility 9-1-12**

- A. Persons receiving billable services must be age 60 or older
- B. Persons receiving billable services may be primary caregivers under age 60
- C. Other persons (under 60) may receive non-billable services at the discretion of the AAA

**226.050 Service Activities 9-1-12**

- A. Client intake and casework appropriate to maintain client in the program
- B. Collection of required data for evidence-based programs

**226.051 Access to Service 9-1-12**

The client may enter the service system at any point through appropriate referral or drop-in.

**226.052 Delivery Characteristics 9-1-12**

Each client shall have a client record to indicate an application for service, documentation of service rendered and authorization release where appropriate.

**226.060 Staffing 9-1-12**

There shall be a supervisor on duty for assistance to assigned staff. The staff shall be qualified to provide assistance and guidance in health promotion, wellness, and disease prevention activities. There shall be an annual evaluation of the staff by the supervisor in charge of personnel. The staff shall participate in on-going training as scheduled and training records will be maintained. All workers must be able to carry out directions and instructions, able to maintain program fidelity, and keep records.