

OAA Title IID - Disease Prevention and Health Promotion (DPHP) Services

Title IID webpage:
[http://www.aoa.gov/AoARoot/AoAPrograms/HPW/Title IID/index.aspx](http://www.aoa.gov/AoARoot/AoAPrograms/HPW/Title%20IID/index.aspx)

The screenshot shows the ACL website header with the logo and navigation menu. The main content area is titled "Administration on Aging (AoA) Disease Prevention and Health Promotion Services (OAA Title IID)". It includes a list of links for background information, funding, and frequently asked questions. A sidebar on the right lists various programs under the heading "Programs".

U.S. Department of Health and Human Services
Administration for Community Living

Search: ACL.g

Help and Resources Newsroom Programs and Activities Data and Evaluations Funding Opportunities

Administration on Aging (AoA)

Disease Prevention and Health Promotion Services (OAA Title IID)

Authorizing Legislation: Section 361 of the Older Americans Act (OAA) of 1965, as amended.

- [Background on Definition of Evidence-Based](#)
- [Current Definition of Evidence-Based](#)
- [Future Definition of Evidence-Based](#)
- [How to Determine if a Program Will Meet the Future Definition](#)
- [The Purpose of the Title IID Program](#)
- [Funding and Innovation](#)
- [Frequently Asked Questions](#)
- [Webinar](#)
- [Resources](#)

Background on Definition of Evidence-Based

For the past decade, the aging network has been moving toward only implementing disease prevention and health promotion (DHP) programs that are evidence-based. Evidence-based programs are now required. The Federal FY-2012 Congressional appropriations law included, for

Programs

- + Older Americans & the Aging Network
- + Home & Community-Based Programs
- Health, Prevention & Wellness Programs
 - Behavioral Health
 - Chronic Disease Management
 - Diabetes Self-Management
 - Disease Prevention
 - Health Promotion (Title IID)

Current and Future Status of OAA Title IID

- Appropriations
 - FY-2012 Congressional Appropriations (<http://www.gpo.gov/fdsys/pkg/PLAW-112publ74/html/PLAW-112publ74.htm>) included an evidenced-based requirement:
 - For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 (“OAA”), section 398 and title XXIX of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, \$1,473,703,000: Provided, that amounts appropriated under this heading may be used for grants to States under **section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.**
- Reauthorization
 - The evidence-based requirement is here to stay

OAA Reauthorization

- Bill Text 113th Congress (2013-2014) S.1562.IS

<http://thomas.loc.gov/cgi-bin/query/F?c113:1:./temp/~c1131tClf1:e5204>

The LIBRARY of CONGRESS THOMAS

The Library of Congress > THOMAS Home > Bills, Resolutions > Search Results

Bill Text
113th Congress (2013-2014)
S.1562.IS

THIS SEARCH	THIS DOCUMENT	GO TO
Next Hit	Forward	New Bills Search
Prev Hit	Back	HomePage
Hit List	Best Sections	Help
	Contents Display	

Bill 1 of 2
There is 1 [other version](#) of this bill.

Previous Next Options 3 matches

id: evidence-based

(i) **Evidence-Based** Disease Prevention and Health Promotion Services Program- Part D of title III of the Older Americans Act of 1965 (42 U.S.C. 3030m et seq.) is amended--

(1) in the part heading, by inserting '**EVIDENCE-BASED**' before 'DISEASE'; and

(2) in section 361(a), by inserting '**evidence-based**' after 'to provide'.

[Beginning September 30, 2013](#)

[SECTION 1. SHORT TITLE.](#)

[SEC. 2. DEFINITIONS.](#)

[SEC. 3. ADMINISTRATION ON AGING.](#)

[SEC. 4. STATE AND COMMUNITY PROGRAMS ON AGING.](#)

CURRENT Definition of Evidence-Based (Valid Until October 1, 2016)

AoA currently uses a graduated or tiered set of criteria for defining “evidence-based”. In order to meet the Minimal criteria, the program must meet the bullets listed under the Minimal tier. In order to meet the Intermediate criteria, the program must also meet the Minimal tier. In order to meet the Highest-Level criteria, the program must also meet both the Intermediate and Minimal tiers.

Until October 1, 2016, Title IID funds can be used on programs that meet any of the three tiers.

Highest-level Criteria

All of the below criteria, plus:

- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* *and*
- Fully translated in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

Intermediate Criteria

All of the below criteria, plus:

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

Minimal Criteria

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

FUTURE Definition of Evidence-Based (Effective October 1, 2016)

As of October 1, 2016, the current three-tier definition will no longer exist. In its place will be one definition of "evidence-based." All programs using Title III D funds will have to meet this new definition on and after October 1, 2016.

If a program meets the current definition of highest-level criteria, it will meet the future definition, below.

Future Definition of 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.

How to Determine if a Program Meets the Future Definition

There are two ways to determine if a program meets the future definition (and therefore the current highest-level criteria); either one is acceptable. As always, check with your State Unit on Aging for any State-specific Title IIIID requirements.

1. Document whether the program meets each of the 5 bullets in the future definition. If it does, then it meets the future definition of evidence-based and can be supported with Title IIIID funds.

OR

2. Check to see whether the program is considered to be “evidence-based” by any operating division of the U.S. Department of Health and Human Services (HHS).

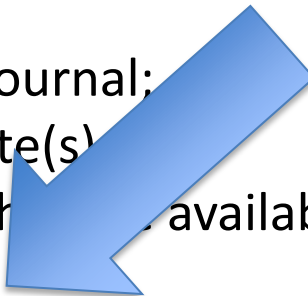
We will consider all programs that are considered “evidence-based” by any operating division of HHS to meet the future definition.

For example, this would include programs listed on ACL’s **Aging and Disability Evidence-Based Programs and Practices**, CDC’s **Compendium of Effective Interventions**, SAMHSA’s **National Registry of Evidence-Based Programs and Practices**, NIH’s **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>.

Future Title IID Evidence-Based Definition

Evidence-Based Criteria

- 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;
 - Fully translated in one or more community site(s)
 - Includes developed dissemination products that are available to the public.
- 

[Title IID Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart](#)

* Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment. (Shadish, William R., Thomas D. Cook, and Donald T. Campbell. 2002. *Experimental and Quasi-Experimental Designs for Generalized Causal Inference*. Boston: Houghton Mifflin.)

Cost Chart (43 programs listed – zero are oral health related)

Title III-D Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs

PROGRAM	WEBSITE/ CONTACT	PROGRAM GOALS & TARGET AUDIENCE	PROGRAM DESCRIPTION	DELIVERED BY	TRAINING REQUIREMENTS	PROGRAM COSTS	KEY WORDS
A Matter of Balance (MOB)	www.mainehealth.org/mob	<ul style="list-style-type: none"> • Reduce fall risk and fear of falling • Improve falls self-management • Improve falls self-efficacy and promote physical activity <p>• Target Audience: Adults 60+ who are ambulatory, able to problem solve, concerned about falling, interested in improving flexibility, balance and strength and have restricted their activities because of concerns about falling</p>	<ul style="list-style-type: none"> • 8 weekly or twice weekly sessions • 2 hours per session • 8-12 group participants • Emphasizes practical coping strategies to reduce fear of falling and teach fall prevention strategies • Structured group intervention activities include group discussion, problem-solving, skill building, assertiveness training, videos, sharing practical solutions and exercise training 	<ul style="list-style-type: none"> • 2 coaches (volunteer lay leaders) teach the class to participants • Guest therapist visit (1 session for 1 hour) 	<ul style="list-style-type: none"> • Master Trainers: 2-day training and on-going updates • Coach/Lay leader training: 8 hours and attend annual 2.5 hour training update 	<ul style="list-style-type: none"> • Licensing Cost: None. Everything is included in the training fee • Training Cost: <ul style="list-style-type: none"> - Master Trainer session open to anyone (includes all materials): \$1,500 per Master Trainer plus travel - Group training available at an agency's location upon request: <ul style="list-style-type: none"> a) 11-15 attendees: \$16,000* plus \$220/person for materials b) 16-20 attendees: \$18,500* plus \$220/person for materials * plus travel, meals and lodging for 2 Lead Trainers • Post-training Materials Cost: <ul style="list-style-type: none"> - Coach Handbook: \$20 - Participant Workbook: \$13 - Guest Therapist Handbook: \$6 - DVD (Fear of Falling and Exercise: It's Never Too Late): \$164.76/set - A Matter of Balance DVD: \$11.00 - A Matter of Balance Lay Leader Model CD-ROM for Coaches: \$2.00 	<ul style="list-style-type: none"> • fall prevention • group setting • self-management • health promotion
Active Choices	Contact person: Cynthia M. Castro, Ph.D., Program Developer and Trainer, cync@stanford.edu , (650) 499-7281	<ul style="list-style-type: none"> • Physical activity program that helps individuals incorporate preferred physical activities in their daily lives 	<ul style="list-style-type: none"> • 6-month telephone-based individualized program that provides remote guidance and support and builds self-management skills 	<ul style="list-style-type: none"> • Trained activity coach/peer counselor/facilitator who monitors progress, modifies exercise strategies and provides 	<ul style="list-style-type: none"> • Facilitator training and certification (recommended, but not required): <ul style="list-style-type: none"> - 8-hour minimum workshop - Assigned reading and written test 	<ul style="list-style-type: none"> • Licensing Cost: None. One time purchase of Active Choices Manual. • Training Cost: <ul style="list-style-type: none"> - Minimum \$1200. Costs vary depending on organization, number of trainers and 	<ul style="list-style-type: none"> • telephone-based • physical activity • self-management • health promotion

ADEPP

<http://acl.gov/Programs/CDA/P/OPE/ADEPP.aspx>



Center for Disability and Aging Policy (CDAP)

Office of Performance and Evaluation

Aging and Disability Evidence-Based Programs and Practices

The purpose of the Aging and Disability Evidence-Based Programs and Practices (ADEPP) webpage is to help the public learn more about available evidence-based programs and practices in the areas of aging and disability and determine which of these may best meet their needs. ADEPP is one way that ACL is working to improve access to information on evaluated interventions and reduce the lag time between the creation of scientific knowledge and its practical application in the field.

ADEPP is a voluntary process in which intervention developers elect to participate. All interventions on this page have met minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

The ADEPP intervention summaries provide key information about evidence-based interventions that can be readily disseminated and replicated at the community level. ADEPP inclusion does not constitute an ACL endorsement of specific interventions.

The interventions selected for an ADEPP review have already been tested through randomized-controlled trials (RCTs) or quasi-experimental studies, and the results published in peer-reviewed journals. ADEPP consists of a rigorous review process involving two panels of independent expert reviewers. One set of reviewers assess and rate the quality of research; the other reviewers rate the program on readiness for dissemination. The final review summaries provide key information including a description of the intervention, costs associated with the intervention, other citations, and translational work (whenever available).

Currently, there are a limited number of interventions that have completed the review and summary process. Through an on-going ADEPP process, new reports will be completed and posted as they become available on a range of topics, including:

CDAP

Office of Integrated Programs

[Aging and Disability Resource Centers Program](#)

[Evidence-Based Care Transitions Program](#)

[Veteran Directed Home and Community Based Services Program](#)

[Lifespan Respite Care Program](#)

[Participant Direction Program](#)

[Transportation Research and Demonstration Program](#)

Office of Policy Analysis and Development

[Technical Assistance](#)

Office of Performance and Evaluation

[Aging and Disability Evidence-Based Programs and Practices](#)

Office of Duals Demonstration Ombudsman Technical

General Session

Hide Details

HELPING PATIENTS MANAGE THEIR HEALTH: THE CRITICAL ROLE OF EVIDENCE-BASED PROGRAMS IN THE FUTURE OF THE AGING NETWORK

Older Americans are disproportionately affected by chronic diseases and conditions, such as arthritis, diabetes and heart disease, as well as by disabilities that result from injuries such as falls. More than one-third of adults 65 or older fall each year. Twenty-one percent of the population age 60 and older – 10.3 million people – have diabetes. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease. Partnerships with the medical community, aging researchers and the Aging Network have yielded a broad range of evidence-based health promotion and wellness programs that are making a difference in the lives of older adults every day. Today, over 90 percent of AAAs operate evidence-based health and wellness programs serving millions of older adults. Key among them is the Stanford Chronic Disease Self-Management and Education Program.

THE FUTURE OF CHRONIC DISEASE SELF-MANAGEMENT

Here from the founder of the Stanford Chronic Disease Self-Management and Education Program (CDSMPE) and about the value and future of this critical program for older adults and the opportunities for the Aging Network.

Presenter:

Kate Lorig, Director, Stanford Patient Education Research Center and Professor of Medicine, School of Medicine, Stanford University, Palo Alto, CA



THE VALUE AND FUTURE OF EVIDENCE-BASED PROGRAMS FOR THE AGING NETWORK

Panel:

Kate Lorig, Director, Stanford Patient Education Research Center and Professor of Medicine, School of Medicine, Stanford University, Palo Alto, CA

Susan Snyder, Director, Project Enhance, Senior Services, Seattle, WA

Don Smith, Vice President, Community Development Division, Director, Area Agency on Aging United Way of Tarrant County, Fort Worth, TX

Johnny Gore, MD, Chief Medical Officer, Cigna-HealthSpring STAR+PLUS, Bedford, TX

At the National Association of Area Agencies on Aging (N4A) conference, a general session was dedicated to evidence-based programs

In addition, there was a speed dating-type session to learn about evidence-based programs directly from their developers. Zero related to oral health.

Hot Topic: Which Evidence-Based Programs Should Your Agency Offer?

In Partnership with The Evidence-Based Leadership Council (EBLC)

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Evidence-based programs are already an important part of the Aging Network's service line, with over 90 percent of AAAs offering some type of evidence-based program. However, there are a host of important evidence-based programs that can provide unique value to your agency's care transitions services, and meet the needs of managed care organizations wanting proven data-driven services that help clients achieve good health outcomes.

Come to this fast-paced fun session, meet the leaders of numerous evidence-based programs, and learn about evidence-based programs that can help your agency meet your client's needs. Speed date some evidence-based programs! Hopefully you will make a great evidence-based program match!

Welcome:

Susan Snyder, Director, Project Enhance, Senior Services, Seattle, WA

Don Smith, Vice President, Community Development Division, Director, Area Agency on Aging United Way of Tarrant County, Fort Worth, TX

Evidence-Based Speed Dating Participants:

HomeMeds

Sandy Atkins, MPA, Director, Vice President, Institute for Change, Partner in Care Foundation, San Fernando, CA

Fit and Strong

Susan Hughes, PhD, Professor, University of Illinois at Chicago School of Public Health, Chicago, IL

A Matter of Balance

Patti League, RN, Wellness Specialist, Partnership for Healthy Aging, Maine Health, Portland, ME

Suite of Chronic Disease Self-Management Programs (CDSMP)

Kate Lorig, Professor Emeritus, Stanford University School of Medicine, Palo Alto, CA

EnhanceWellness & EnhanceFitness

Susan Snyder, MS, Director, Project Enhance, Senior Services, Seattle, WA

Healthy IDEAS

Nancy Wilson, MA, LCSW, Associate Professor of Medicine-Geriatrics, Baylor College of Medicine, Houston, TX

PEARLS

Andrea Yip, Seattle-King County Aging and Disability Services, Seattle, WA

Other Participants:

CBO Representatives of EBLC

Stephanie FallCreek, DSW, CEO/President, Fairhill Partners, Cleveland, OH

Martha Palaez, PhD, Director, Healthy Aging, Collaborative of South Florida, Miami, FL

Jennifer Raymond, MBA, Director, Evidence-Based Programs, Hebrew Senior Life, Dedham, MA

A Few of the Conference Sessions Dedicated to Evidence-Based Disease Prevention/Health Promotion Programs

S13) Estimating CDSMP Health Cost Savings: A New Tool for Program Implementers

Promoting Healthy Aging

Hide Details

M04) Stress-Busting Program: An Evidence-Based Program for Caregivers of Those with Dementia

Assisting Caregivers

Hide Details

M19) Successful Community Models for Sustaining Evidence-Based Healthy Aging Programs

Promoting Healthy Aging

Hide Details

M40) Innovating Through Integrated Evidence-Based Programs

Promoting Healthy Aging

Hide Details

The CDSMP program has been a significant resource for developing CDSMP programs that offer significant savings to patients with chronic diseases. The Stress-Busting Program is a significant resource for patients with chronic diseases. The Stress-Busting Program is a significant resource for patients with chronic diseases.

The Stress-Busting Program is a significant resource for patients with chronic diseases. The Stress-Busting Program is a significant resource for patients with chronic diseases. The Stress-Busting Program is a significant resource for patients with chronic diseases.

Since 2003, the program has been a significant resource for patients with chronic diseases. The Stress-Busting Program is a significant resource for patients with chronic diseases. The Stress-Busting Program is a significant resource for patients with chronic diseases.

Presenters:
Michele Bouillon
Kristie Kulin
Donald Smith
Worth, TX

Integrating the implementation of evidence programs such as the Chronic Disease Self Management Program, 'HomeMeds Medication Management' helped a network of 28 senior center programs beyond the congregate meal program and thus diversifying senior center attention. Learn how seniors benefit from complementary goals of evidence based health and wellness strategies to integrate aspects of multiple evidence based program implementation, and to diversify funding sources through outcome-oriented health promotion activities, enhanced volunteerism, coordinated and diversified funding sources.

Presenters:

Jerry Mosman, Executive Director, Senior Citizen Services of Greater Tarrant County, In...
Christina Bartha, M.S., Community Liaison, Area Agency on Aging of Tarrant County, F...

Presenters:
Kristie Kulin
Matthea Lewis
Amy Adams, ...

Deborah Billa
Sharon Lewis
Amy Adams, ...

N4A Conference EB DPHP Sessions, Cont.

T03) Building Sustainable Programs and Infrastructure: Maryland's Living Well Chronic Disease Self-Management Education (CDSME) Program

Enhancing Business Practices

T14) Preparing to Integrate Community Services Within Health Care: Building an Infrastructure to Scale Self-Management Programs

Connecting the Aging Community to the Medical Community

[Hide Details](#)

T21) Great IDEA! Maximizing Agency Opportunities through Relationship Building with Managed Care Partners

Connecting the Aging Community to the Medical Community

[Hide Details](#)

T32) A Newbie's Guide to Contracting with Managed Care Organizations

Enhancing Business Practices

[Hide Details](#)

Are you struggling to have difficult conversations with health plans about delivery systems between a community (SeniorLife). including programs as needed for accountable best practice programs, for outcome

Is managed care moving into your state? Interested in becoming a provider for a managed care organization? Come learn about the process, and get tips for contacting and communicating with MCOs.

Come learn about the process, and get tips for contacting and communicating with MCOs.

hand on how Texas Area Agencies on Aging are dealing with this challenge and successful strategies.

Presenters: **Presenters:**

Joan Hatem, Erin E. L. Millie DeAnda, Director, Dallas Area Agency on Aging, Dallas, TX

Matthew Doni Green, Chief Aging Program Officer, North Central Texas Council of Governments

Jennifer Scott, Director, Area Agency on Aging of the Capital Area, Austin, TX

Meet the members and organizations of EBLC.

Roseanne DiStefano
Executive Director
Elder Services of the Merrimack Valley

Stephanie FallCreek, DSW
President/CEO
Fairhill Partners, Cleveland, OH

Margaret Haynes, MPA
Director
Elder Care Services
Partnership for Healthy Aging, MaineHealth
A Matter of Balance

Susan Hughes, Ph.D.
Professor
University of Illinois at Chicago School of Public Health
Fit and Strong!

Kate Lorig, DrPH
Professor Emeritus
Stanford University School of Medicine
Chronic Disease Self-Management Programs

Martha Pelaez, Ph.D.
Director
Healthy Aging Regional Collaborative
Health Foundation of South Florida

Jennifer Raymond
Director
Healthy Living Center of Excellence
Elder Services of the Merrimack Valley

June Simmons, MSW
CEO
Partners in Care Four
HomaMeds™
Healthy Moves

Don Smith, MA
Director
Area Agency on Aging
Vice President, Comm
United Way of Tarrant

Susan Snyder, MS
Director
Project Enhance, Seni
EnhanceWellness
EnhanceFitness

Lesley Steinman, MSi
Research Scientist
University of Washing
PEARLS (Program to E

Nancy Wilson, MA, LC
Associate Professor of
Baylor College of Med
Care for Elders at Uni
Healthy IDEAS
(Identifying Depressio

Evidence-Based Leadership Council:

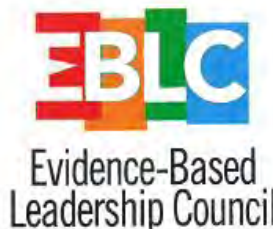
We are 12 health innovation leaders working together to bring a better quality of life to more than 200,000 older Americans.

With over 200 years of combined development expertise, we are collectively proud to offer 19 highly recognized evidence-based programs. These programs have been tested in trials, successfully translated to community settings and widely disseminated as standardized products. The EBLC was formed to build an integrated infrastructure that meets the growing demand for these programs, coordinates their best delivery and brings their highest promise to fruition. As a national network, EBLC will continue to grow-adding ground-breaking programs based on scientific evidence, delivered by pioneering new members.

It is an honor to support our country's diverse older adult population through the implementation of these self-empowering disease management, prevention and health-promoting programs. More than 2000 community-based organizations are engaged in this important work, which feeds the success of health care reform by keeping people stable in their homes and preventing costly medical care. It all adds up to happier, healthier communities.



Evidence-Based Leadership Council – 12 EB DPHP program developers (zero oral Health related)

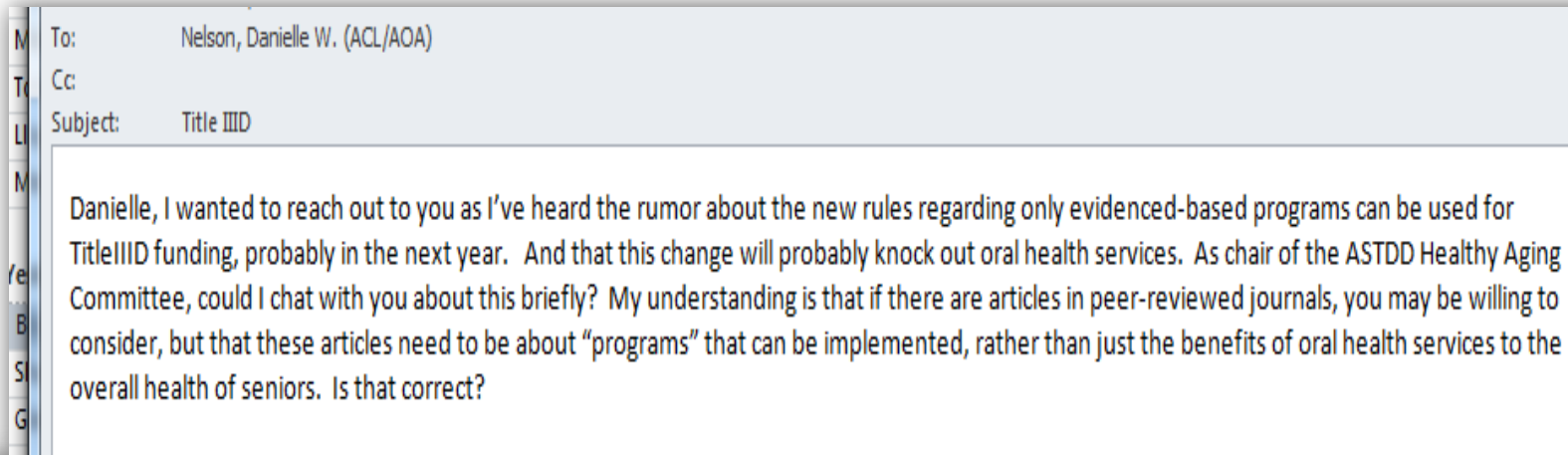


Healthier communities through proven programs that work for real people.

ACL's CDSME Resource Center (NCOA)

- Where to go: <http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/>
- What's available:
 - **Program Planning:** resources to help you decide if you're ready- and plan for a successful implementation. [Learn more](#).
 - **Implementation:** resources that can help you implement evidence-based programming including programming tools and checklists. [Get the tools](#).
 - **Outreach and Recruitment:** recruiting and retaining participants from across your community is crucial to the success of evidence-based programming. [Read how others have done it](#).
 - **Evaluation:** ensure that your program has the intended outcome, evaluation needs to take place at every step in the process. The Center provides resources to help your evaluation planning and reporting. [Access the resources](#).
 - **Sustainability:** sustainability ensures that you can continue to offer your valuable programming. Like evaluation, sustainability should be a part of each step of your process. [Discover strategies for sustainability](#).

OAA Title IIID Evidence-Based Changes and Oral Health



S06) Older Adults and Oral Health: Tools for Mobilizing Partnerships for Healthy Mouths

Promoting Healthy Aging

[Hide Details](#)

Lack of access to dental care has created a large disparity among low income older adult's—impacting their oral health awareness and overall health status. Learn about the new Administration on Aging (AoA) and Health Resources and Services Administration (HRSA) Mapping Tool for locating community partners; how to leverage Older Americans Act funds and engage in collaboration to improve access to reduced cost dental care for seniors; and find out how to utilize free educational resources from Oral Health America.

Presenters:

Danielle Nelson, Aging Services Program Specialist, HHS/Administration for Community Living/Administration on Aging, Washington, DC

Donna Bileto, Community Service Specialist, Northwestern Illinois Area Agency on Aging, Rockford, IL

Dora Fisher, Older Adult Programs Manager, Oral Health America, Chicago, IL

Oral Health and the OAA

OAA Title IIIB (Supportive Services)

webpage: http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx.

I highlighted the parts of Section 321 (Title IIIB) of the OAA in yellow that allow Title IIIB funds to be used for oral health.

PART B—SUPPORTIVE SERVICES AND SENIOR CENTERS PROGRAM AUTHORIZED
Section. 321.

(a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for any of the following supportive services:

(8) services designed to provide health screening **(including mental health screening)** to detect or prevent illnesses, or both, that occur most frequently in older individuals;

(17) health and nutrition education services, including information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions;

(25) any other services necessary for the general welfare of older individuals; if such services meet standards prescribed by the Assistant Secretary and are necessary for the general welfare of older individuals. For purposes of paragraph (5), the term “client assessment through case management” includes providing information relating to assistive technology.

HEALTHY MOUTHS, HEALTHY BODIES
.....
BOTH ARE NEEDED TO AGE IN PLACE

Evidence-Based Strategies for Improving Older Adult Oral Health



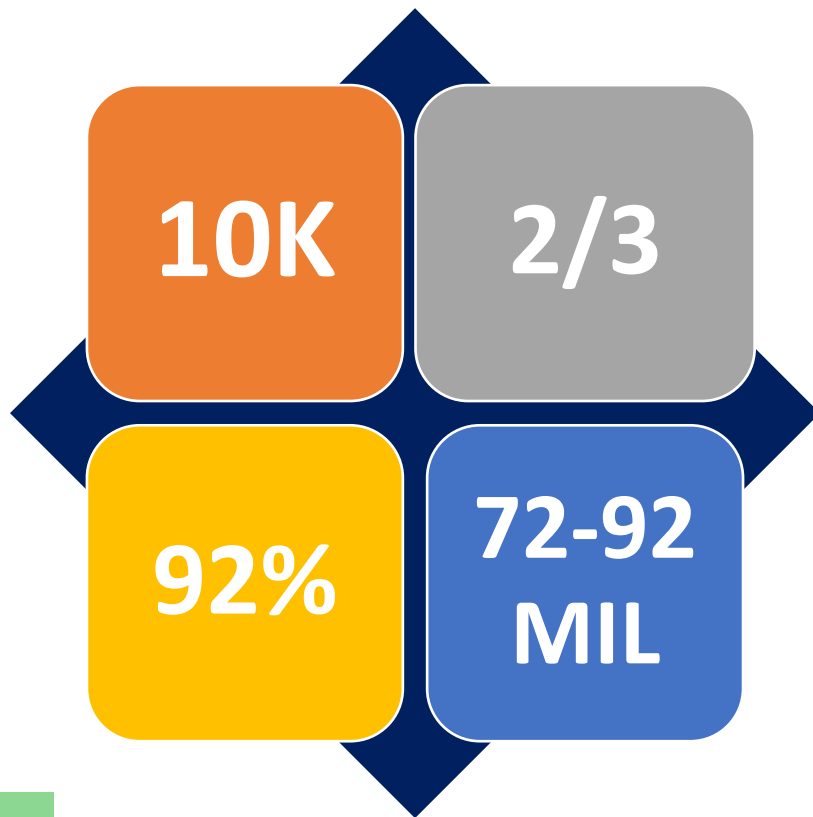
April 28, 2015

www.oralhealthamerica.org

  Oral Health America  Smile4Health

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THE US DEMOGRAPHIC SHIFT OF 2011 WILL CONTINUE INTO 2030



FRAIL AND LOW-INCOME OLDER ADULTS ARE AT GREATEST RISK



IN 2009 OHA RESPONDED TO THE “SILVER TSUNAMI”



Bad is stronger than good, so the critical challenge is to generate hope by finding the “bright spots” that lead to a sustainable difference.

Made to Stick, Chip Heath



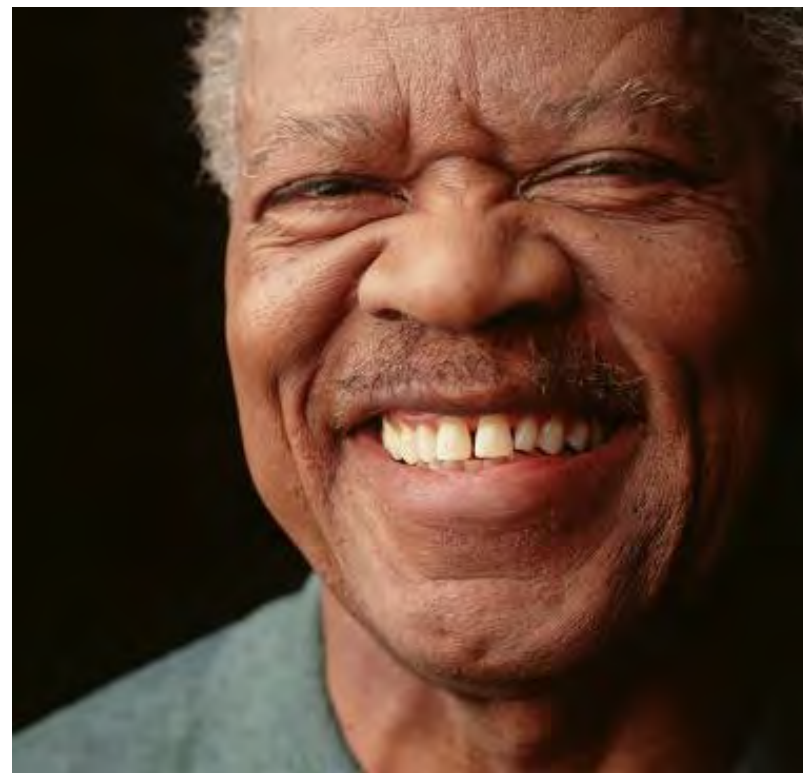
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NUTRITION

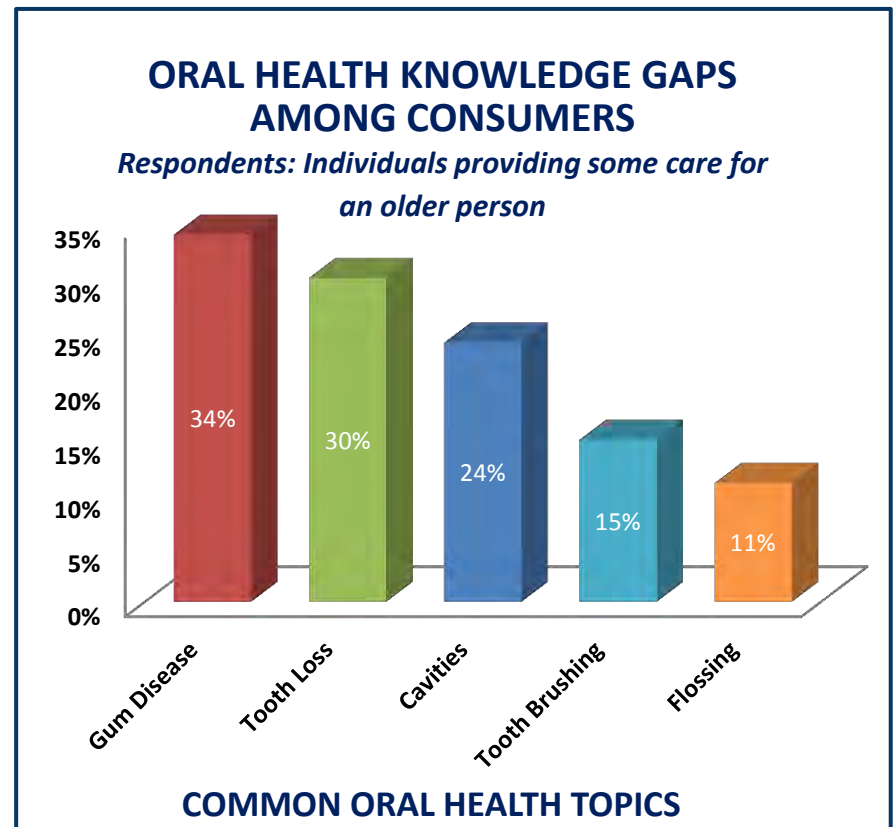
FALLS

**CHRONIC
DISEASES**

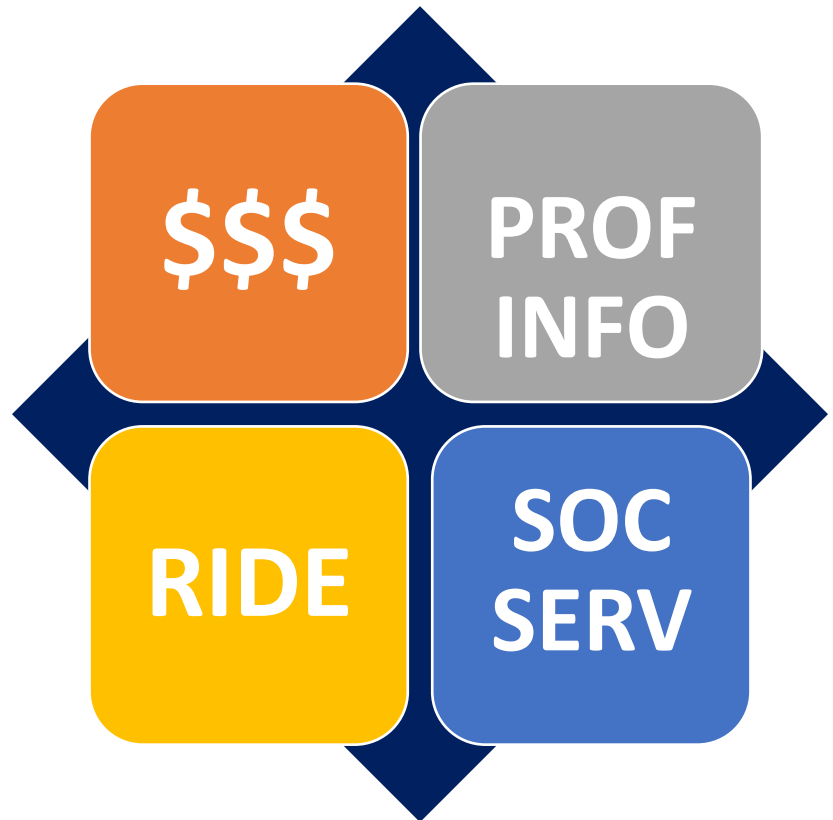
**ORAL
HEALTH**



HELD ONLINE FOCUS GROUPS WITH CAREGIVERS IN FL



HELD STAKEHOLDER WORKSHOP WITH HEALTH ADVOCATES IN CT





THE WISDOM
TOOTH PROJECT®



toothwisdom.org



Advocacy



Health Education
&
Communications



Professional
Symposia



Demonstration
Projects



EDUCATE

older adults
and their
caregivers

CONNECT

communities
with support &
resources to
access care

ADVOCATE

for oral health of
older adults,
especially those
most vulnerable

AVAILABLE NOW: TOOTHWISDOM.ORG



The screenshot shows the homepage of the Tooth Wisdom website. At the top, there is a navigation bar with links for "HEALTH RESOURCES", "FIND CARE", "BE INFORMED", and "BLOG". Below this is an "Action Center" section featuring several featured articles and resources. The main article is "Read Oral Health America's State of Decay Report", which includes a photo of an elderly woman and a "READ THE REPORT" button. Other featured items include an infographic about older adults, an advocacy alert about dental reform, a newsletter sign-up, and a link to a White House conference on aging. Each item has a "LEARN MORE" or "JOIN THE MOVEMENT" button.

- Health Information
- Access to Care State-by-State
- Oral Health News
- Financial Options
- Caregiver Support



COMING: JULY 2015 TOOTHWISDOM.ORG – TAKE ACTION!



TOOTH WISDOM
Health Resources for Older Adults

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HEALTH RESOURCES FIND CARE TAKE ACTION BLOG

Search

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Colorado
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Monthly Partner Spotlight



Praesent commodo cursus magna, vel scelerisque nisl consectetur et. Etiam porta sem malesuada magna mollis euismod. [MORE >](#)

[News & Resources](#)

Take Action

Contact your Senator about co-sponsoring S.570/H.R.1055

[Act now](#)

Share the Oral Health America State of Decay Report

[Act now](#)



HOW CAN YOU PARTICIPATE?

- **Become a State Partner**
- **Contribute a 250 word By-lined Health Resources Essay**
- **Become a Toothwisdom.org Reviewer**
- **Share your favorite Older Adult articles on the Professional Section**



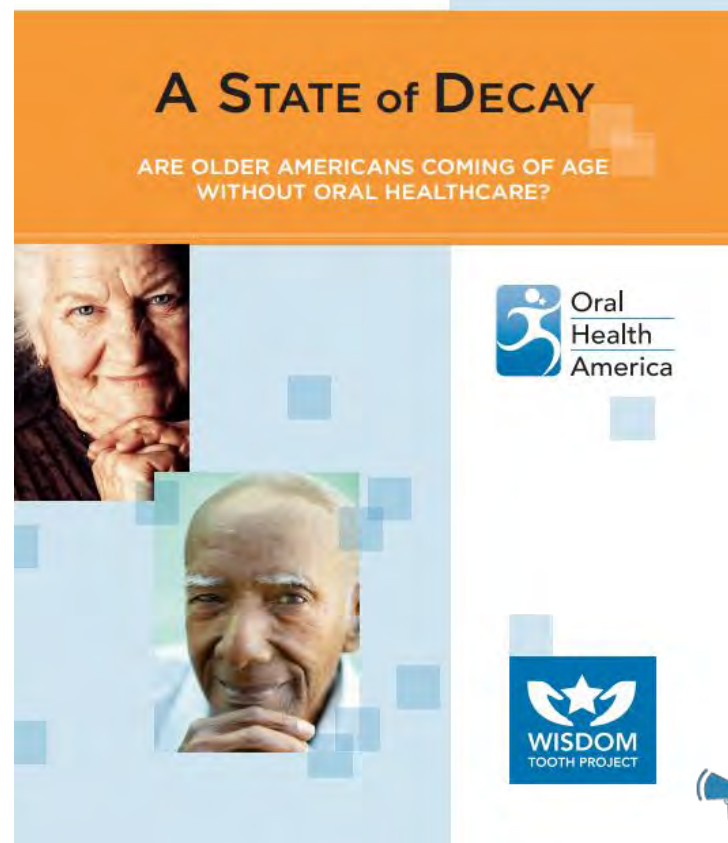
AVAILABLE NOW: 2013 REPORT

WHAT: State data for 5 indicators impacting older adult oral health

WHERE: Download from Toothwisdom.org

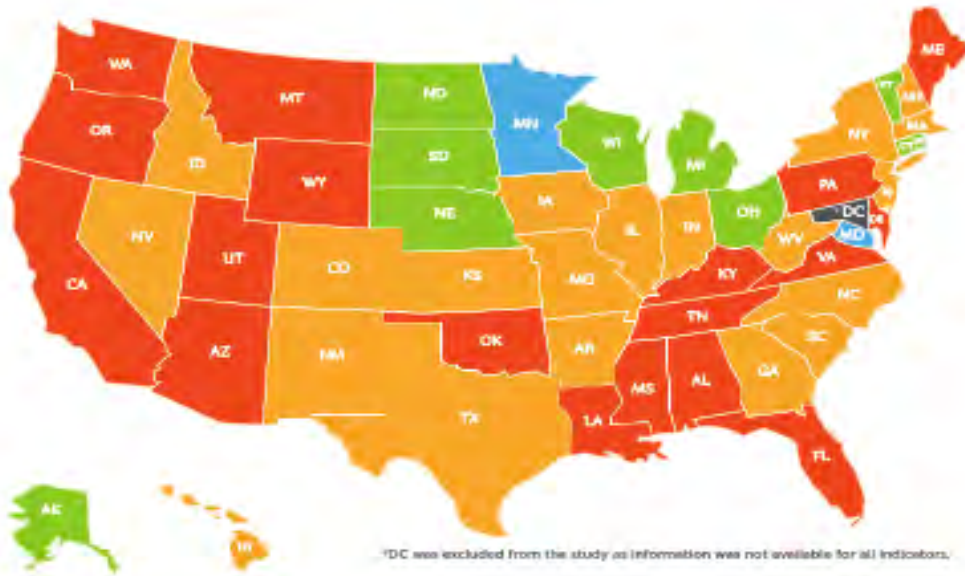
WHY: Medicaid Advocacy is an ongoing oral health priority

“42% of states (21 states) provide either no dental benefit or emergency coverage only through adult Medicaid Dental Benefits” (SOD, 2013)



COMING: SEPTEMBER 2015

A State of Decay, Vol 3



Evaluations By State: Highest Ranking to Lowest

State	Education	Community Water Fluoridation	Adult Medicaid Coverage	Dental HPSA Need Met	State Oral Health Plans (Older Adult)	Final Rating (100 Percent of Possible Top Score of 20)
Alaska	3	3	1	1	3	42.5
Alabama	3	1	2	2	1	35.0
Arizona	3	1	3	3	1	37.5
Arkansas	3	1	2	2	1	32.5
California	2	1	3	3	1	35.0
Colorado	4	3	2	3	2	47.5
Connecticut	4	2	2	2	3	42.5
Delaware	3	2	2	2	3	40.0
District of Columbia	2	2	1	1	2	20.0
Florida	2	1	2	2	1	30.0
Georgia	3	1	2	2	2	35.0
Hawaii	3	2	1	1	3	37.5
Idaho	3	1	2	2	2	35.0
Illinois	4	2	2	2	3	45.0
Indiana	3	1	2	2	2	32.5
Iowa	4	3	2	2	3	47.5
Kansas	3	2	2	2	2	37.5
Kentucky	3	1	2	2	1	30.0
Louisiana	2	1	2	2	1	27.5
Maine	4	2	2	2	3	45.0
Maryland	4	2	2	2	3	45.0
Massachusetts	4	2	2	2	3	45.0
Michigan	3	1	2	2	2	32.5
Minnesota	4	3	2	2	3	47.5
Mississippi	2	1	2	2	1	27.5
Missouri	3	2	2	2	2	35.0
Montana	3	1	2	2	1	30.0
Nebraska	3	2	2	2	2	35.0
Nevada	3	1	2	2	2	32.5
New Hampshire	4	2	2	2	3	45.0
New Jersey	4	2	2	2	3	45.0
New Mexico	3	1	2	2	2	32.5
New York	4	2	2	2	3	45.0
North Carolina	3	1	2	2	2	32.5
North Dakota	3	2	2	2	2	35.0
Ohio	3	1	2	2	2	32.5
Oklahoma	3	1	2	2	1	30.0
Oregon	3	1	2	2	1	30.0
Pennsylvania	4	2	2	2	3	45.0
Rhode Island	3	1	2	2	2	32.5
South Carolina	3	1	2	2	1	30.0
South Dakota	3	2	2	2	2	35.0
Tennessee	3	1	2	2	1	30.0
Texas	3	1	2	2	1	30.0
Utah	3	1	2	2	2	32.5
Vermont	4	2	2	2	3	45.0
Virginia	3	1	2	2	2	32.5
Washington	3	1	2	2	1	30.0
West Virginia	3	1	2	2	1	30.0
Wisconsin	4	2	2	2	3	45.0
Wyoming	3	1	2	2	2	32.5

RATES OF EDENTULISM

- 5: Under 12.3%
- 4: Between 12.4% and 14.2%
- 3: Between 14.3% and 19.8%
- 2: Between 19.9% and 22.3%
- 1: 22.4% or higher

COMMUNITY WATER FLUORIDATION (CWF)

- 5: 90% or higher rate of persons served by CWF
- 4: 80%-89% rate of persons served by CWF
- 3: 70%-79% rate of persons served by CWF
- 2: 60%-69% rate of persons served by CWF
- 1: 50% or lower rate of persons served by CWF

ADULT MEDICAID DENTAL COVERAGE

- 5: Comprehensive
- 3: Limited
- 2: Emergency Only
- 1: None

DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (DHPSA)

- 5: Dental HPSA need met at 60% or higher
- 4: Dental HPSA need met at 50% or higher
- 3: Dental HPSA need met at 40% or higher
- 2: Dental HPSA need met at 30% or higher
- 1: 20% or lower

STATE ORAL HEALTH PLANS (SOHP)

- 5: SOHP dated from 2011 or later with older adult objectives
- 3: SOHP dated 2009-2010 with older adult objectives
- 1: SOHP older than 2008, or with no older adult objectives

90-100 = Excellent 70-89.9 = Good 50-69.9 = Fair 0-49.9 = Poor

HOW CAN YOU PARTICIPATE?

GO TO “THE HILL”

Join OHA on Advocacy Days, Sep 30-Oct 1 on

PLAN A STATE EVENT

Use *A State of Decay*, when Your legislature is in session

MEDIA OUTREACH

Help OHA to “promote” stories in your market



INTER-PROFESSIONAL SYMPOSIA 2009 & 2013 RESULTS

2009: Oral Health Professionals – 76%

- OHA White Paper - Older Adult OH
- e-Briefings - NYAS.org

2013: Oral Health Professionals – 50%

- Collaborative Project
- *Tooth Wisdom: Get Smart About Your Mouth*

April 27, 2009
The Damon Runyon Cancer Research Foundation Clinical Investigator Symposium
2009 marks the 10th year of the prestigious Damon Runyon Clinical Investigator Award. Investigators will discuss their groundbreaking translational research, covering a broad range of topics including the latest work in cancer prevention, biomarkers, cancer stem cells, and immunotherapy.
www.nyas.org/Conferences

May 15-16, 2009
Regenerative Medicine
Experts from academia and the pharmaceutical industry will convene in Beijing, China, to discuss advances in medical treatments and a host of new national initiatives aimed at advancing regenerative medicine research.
www.nyas.org/Regen

May 15, 2009
Therapeutics for Cognitive Aging
Sponsored by The Alzheimer's Drug Discovery Foundation, this conference addresses novel therapies for cognitive decline in humans in three main areas: 1) the definition of cognitive aging, 2) the underlying neurobiology of cognitive aging, and 3) issues in the development of potential new therapies for cognitive aging including the use of biomarkers, drug therapy, and a discussion of related regulatory issues.
www.nyas.org/aging | Poster Abstract Deadline: March 20th

May 27, 2009
Shortening the Food Chain: Agriculture in Urban Centers
Cynthia Rosezweig will discuss adaptation and mitigation strategies for agriculture in the face of climate change. Dalton Discomie will present a vision of "Vertical Farms", skyscrapers growing food in urban centers. Ted Caplow will show examples of the successful urban farms he has designed.
www.nyas.org/agriculture

June 19, 2009
Circadian Disruption and Cancer
This meeting will provide cutting-edge, novel, scientific, and clinical research about the complex relationship between circadian rhythm disruption and cancer as comorbid conditions and therapeutic implications.
www.nyas.org/circadianrhythm | Poster Abstract Deadline: April 10th



The New York
Academy of Sciences
**2009
Conferences**



September 23-25, 2009
Cell Biology of Disease: Chromosomes, Cancer and Stem Cells
Sponsored by the Journal of Cell Biology, this 2.5 day conference is specially designed to highlight outstanding young investigators. Moderated by senior editors at JCB, discussions will address recent advances in our understanding of disease pathology at the cellular and molecular level, with a focus on cancer.
www.nyas.org/conferences | Poster Abstract Deadline: July 17th

September 30, 2009
Michael J. Fox Foundation: 3rd Annual Parkinson's Disease Therapeutics Conference
The conference, chaired by J. William Langston, MD, will highlight novel advances in basic and translational research that impact understanding of Parkinson's Disease and its treatment. Select Michael J. Fox Foundation funded investigators will present research on a variety of topics, including novel therapeutic targets, biomarker development, and animal models.
www.nyas.org/2009

October 21-24, 2009
9th Cooley's Anemia Symposium
At this 4 day conference, scientists and clinicians will integrate basic science and clinical research to develop a mutual understanding of recent progress in thalassemia.
www.nyas.org/cooley | Poster Abstract Deadline: August 14th

October 28-30, 2009
4th International Conference on Oxidative/Nitrosative Stress and Disease
The symposium will integrate basic science and clinical research to bench researchers and clinicians can discuss the role of reactive oxygen and nitrogen species in inflammation and lung disease.
www.nyas.org/oxidative | Poster Abstract Deadline: August 21st

The New York Academy of Sciences
7 World Trade Center
New York, NY 10007
Phone: 800.344.6902
Fax: 516.349.8704
www.nyas.org/conferences

For sponsorship and exhibitor opportunities, please contact
Sonya Dougal at sdouga@nyas.org.

To submit a proposal for a conference, please contact Kathy Granger at kgranger@nyas.org.



2013 INTER-PROFESSIONAL SYMPOSLIA RESULTS

PROJECT GOAL

***FIRST EVIDENCE-BASED
ORAL HEALTH
CURRICULUM FOR OLDER
ADULT CONSUMERS WHO
ARE AGING IN PLACE***



2013 INTER-PROFESSIONAL SYMPOSIA – STEPS COMPLETED



- ✓ **RESEARCH**
- ✓ **INTER-PROFESSIONAL
ADVISORY COUNCIL**
- ✓ **COURSE DEVELOPMENT**
 - **Columbia & UIC
Educators**
- ✓ **PARTNERSHIPS FORMED**
 - **ADHA**
 - **COHA**
 - **Aging Organizations**
- ✓ **ALPHA PILOT**
 - **Chicago**



2013 INTER-PROFESSIONAL SYMPOSIA – NEXT STEPS

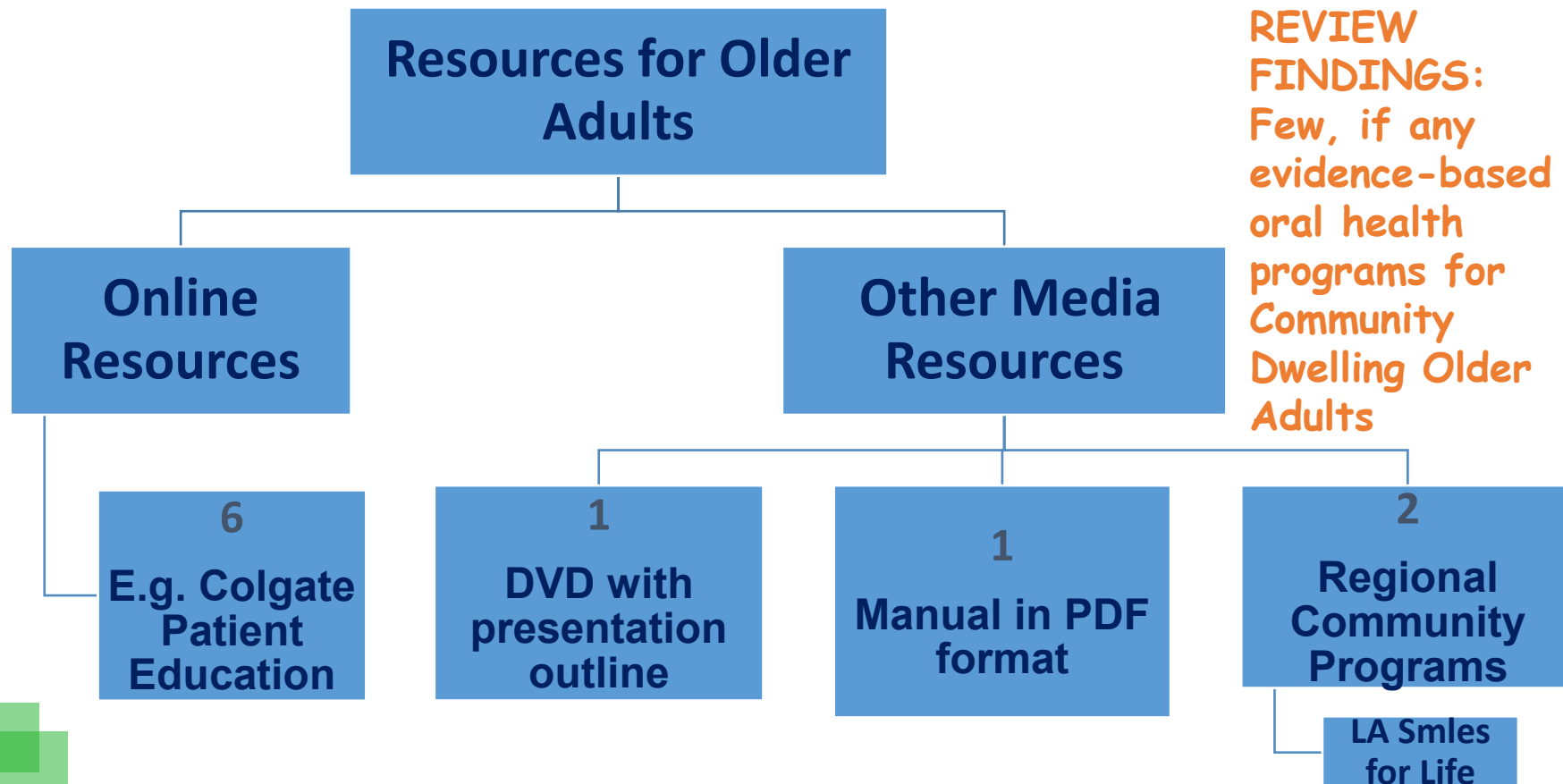
- **BETA PILOTS**
 - **MI, OR, MN, CHI**
- **ADHA COMMUNITY SERVICE DAY**
 - **7 Sites-1 Day 6-17-2015**
- **PEER-REVIEWED ARTICLES**
- **RANDOMIZED CONTROL TRIAL**
 - **The NY Department of Aging**
- ✓ **SIGNIFICANT FUNDING**



2013 SYMPOSIA – RESULTS

SCOPING REVIEW (n=36)

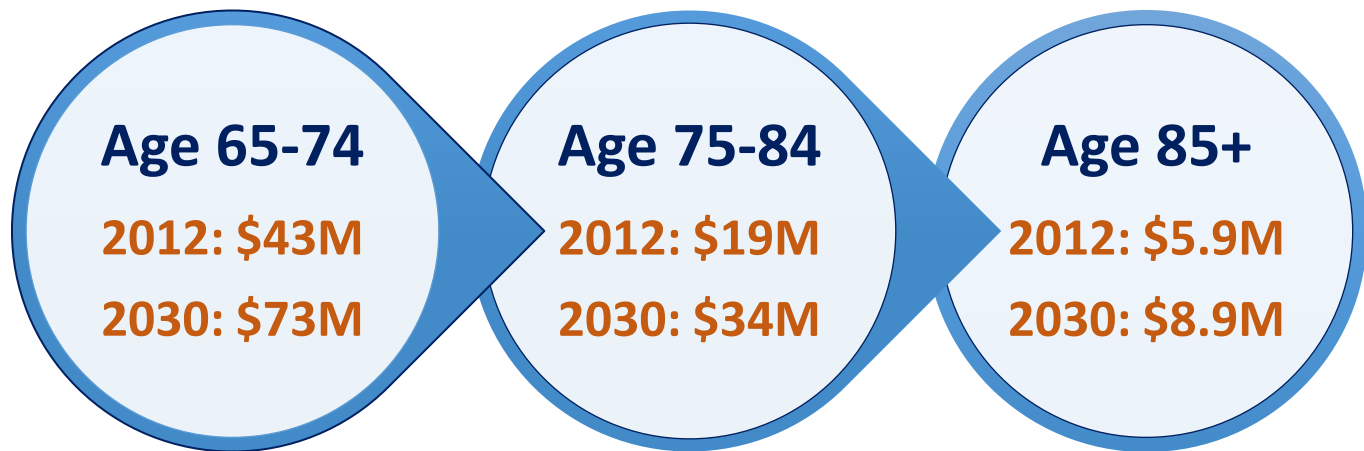
SCOPING
REVIEW
FINDINGS:
Few, if any
evidence-based
oral health
programs for
Community
Dwelling Older
Adults



OHA RESEARCH CONTINUES

“SILVER TSUNAMI” GAINS MOMENTUM

Medicare spending for a person 85
is 51% higher than for a person age 65*



**Medicare Spending and Financing, Kaiser Family Foundation, 2010*

COMING: JULY 2015 INTER-DISCIPLINARY SYMPOSIUM

PURPOSE

Explore inclusion of Oral
Health benefits in publicly
funded insurance by 2020

PARTICIPANTS

OH Professionals – 25%
Aging Professionals – 25%
Medicare Experts – 25%
Health Policy Experts – 25%



DEMONSTRATION PROJECTS PAST AND PRESENT

WISDOM TOOTH PROJECT DEMO PROJECTS



**ORAL MEDICINE
CLINICS: 2013 U @**
Buffalo School of
Dental Medicine



MOUTHMOBILES: 2014
Aspen Dental



**TOOTHWISDOM FOR
PHARMACISTS: 2015**
NOVA Southeastern
School of Dental
Medicine



HOW CAN YOU PARTICIPATE?



- **Build relationships outside dental**
- **Advocate for OH inclusion public forums**
 - WHCOA
- **Sign-on letters that protect Older Adults**
 - OAA Reauthorization
- **Support or re-vitalize your State OHC**
- **Suggest a needed Demonstration Project**
- **Stay in touch through WTP Insider News**

“YOU CAN’T BE HEALTHY WITHOUT GOOD ORAL HEALTH” *C. Everett Koop, Surgeon General, 1982-1989*

PLEASE VISIT WITH ORAL HEALTH AMERICA 24/7 AT:
WWW.TOOTHWISDOM.ORG

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