

Title III Service	Unit	MBA Service Definition	Registered	MNRAAA Priority
Evidence-Based Health Promotion Program	NA	Activities 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). OAA Title III-D funding may be used only for programs and activities demonstrated to be evidence-based. a. The program meets the requirements for ACL's Evidence-Based Definition (see below) i. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and ii. Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* and iii. Research results published in a peer-review journal; and	No	Yes

		iv. Fully translated** in one or more community site(s); and v. Includes developed dissemination products that are available to the public. *Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment. **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, or b. The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults. MBA reserves the right to incorporate additional state specific Title III D requirements.		
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	1 hour	Health Promotion: non Evidence-based Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined at ACL's website. Activities may include those defined in the OAA (Section 102(14)) for example: (A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers; (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (F) home injury control services; (G) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of	No	No
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		the Social Security Act (42 U.S.C. 1395 et seq.); (I) medication management screening and education; (J) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions; (K) gerontological counseling; and (L) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). (Source: OAA)		
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Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the OAA that have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence-based and must meet the Act's requirements and ACL guidance.

The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults.

Lists of evidence-based programs are available from the <https://www.ncoa.org/evidence-based-programs/> and the <https://acl.gov/programs/strengthening-aging-and-disability-networks/aging-and-disability-evidence-based-programs>.