

CALIFORNIA DEPARTMENT OF AGING
Division of Home and Community Living
Older Adults Program Branch
2880 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833

www.aging.ca.gov
TEL. 916.419.7500
FAX 916.928.2267
TTY 1-800-735-2929

PROGRAM MEMO



TO: Area Agencies on Aging (AAA)

FROM: Home and Community Living Division

NO: PM 21-23

DATE ISSUED: November 9, 2021

EXPIRES: Until Superseded

PROGRAMS AFFECTED: Older Americans Act (OAA), Title III (C-1, C-2, D)

SUPERSEDES: N/A

SUBJECT: New Reporting Requirements for Nutrition Education and Health Promotion

Purpose

This Program Memo (PM) provides information on new reporting requirements established by the Administration for Community Living (ACL) for Titles III C-1 and C-2 Nutrition Education and Title III D Health Promotion services authorized under the Older Americans Act, effective October 2021. For CARS submissions, the new requirements start with the second quarter of the State Fiscal Year - October 1, 2021, to December 31, 2021.

Data Vendors

The California Aging Reporting System (CARS) has been updated with the new requirements listed in this PM as well as the CARS File Specifications document. AAAs should contact their contracted data vendors regarding questions specific to their internal data systems.

Nutrition Education

Service and service unit definitions for Nutrition Education have been changed.

Previous Service Definition: A targeted program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information that is consistent with the current Dietary Guidelines for Americans (DGA) and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

New Service Definition: An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.

Previous Service Unit: A service unit was defined as “1 session per participant.”

New Service Unit: A service unit is now defined as “1 session.”

A session may be delivered in person or via video, audio, online, or the distribution of hardcopy materials. Examples include:

- 1 presentation = 1 session
 - Even if offered more than 1 time, by more than 1 presenter, and/or in multiple formats.
- 1 unique social media message = 1 session
 - Includes text messages.
- 1 newsletter = 1 session
 - Even if containing more than 1 article.
- 1 set of hardcopy materials = 1 session
 - Each set covering a different topic/message is a separate session.

Previous Participant Count: Number of sessions and participants reported together.

New Participant Count: Estimated number of unduplicated persons or audience size.

For some services, an unduplicated count of participants may not be feasible and therefore audience size is acceptable. For example:

1. A nutrition education presentation is delivered across the Planning and Service Area at five different locations with 50 attendees at each location.
 - Session count = 1
 - Estimated audience = 250 (5 locations x 50 attendees at each location)
2. A social media campaign is conducted with a message on the importance of eating fruits/vegetables and your social media account has 1,000 followers.
 - Session count = 1
 - Estimated audience = 1,000

When determining the estimated audience, the number of followers or the reach of the social media posting can be used as the estimated audience. CDA recommends reporting whichever number is higher.

Health Promotion Evidence-Based (Title III-D)

Updated Service Category Name: The name of this service category has been updated from Health Promotion to *Health Promotion Evidence-Based*.

Service Definition (definition remains the same): 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. Activities must meet ACL/AoA’s definition for an evidence-based program.

Activities that meet ACL/AoA’s definition for an evidence-based program or are considered an “evidence-based” program by an operating division of the U.S. Department of Health and Human Services and shown to be effective and appropriate for older adults are funded through Title III-D.

Activities that do not meet ACL/AoA's definition for an evidence-based program may be funded through other sources, such as Title III-B Health.

Some examples of non-evidence-based activities include, but are not limited to, health risk assessments, routine health screenings, physical fitness or group exercise programs, counseling regarding social services, and follow-up health services.

Inquiries

If you have questions related to CARS, contact DataTeam.Reports@aging.ca.gov.

If you have questions related to Nutrition Education or Health Promotion Evidence-Based, contact CDANutritionandHealthPromotion@aging.ca.gov.

/Sutep Laohavanich/

Sutep Laohavanich, Deputy Director
California Department of Aging