



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING
Harrisburg, Pa. 17101

PENNSYLVANIA DEPARTMENT OF AGING

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AGING PROGRAM DIRECTIVE

SUBJECT: PRIMETIME HEALTH PROGRAM

TO: EXECUTIVE STAFF
DIVISION OF CONTRACTS MANAGEMENT
AREA AGENCIES ON AGING
PA ASSOCIATION OF AREA
AGENCIES ON AGING
PRIMETIME HEALTH COORDINATORS

PA COUNCIL ON AGING
ADMINISTRATION ON AGING (AoA)
DPW, OFFICE OF PROGRAM DEVELOPMENT
AND SUPPORT
CO. COMMISSIONERS ASSOC. OF PENNA
COMPTROLLER

FROM: 
RICHARD BROWDIE
ACTING SECRETARY
DEPARTMENT OF AGING

REGULATORY
REFERENCE:

PURPOSE: To convey to Area Agencies on Aging the Department's philosophy and goals regarding health promotion and disease prevention, to provide minimum program and reporting requirements for the PrimeTime Health Program, and to provide clarification on other specific issues.

BACKGROUND: The Department of Aging continues to receive Federal funding through the Older Americans Act to provide disease prevention and health promotion services at multipurpose senior community centers, congregate meal sites, home-delivered meals programs, senior high-rises, retirement communities, or other appropriate sites through the PrimeTime Health Program.

In developing the Program, the Department viewed its role as that of a catalyst to draw together community resources. Multiple resources have been provided to assist AAAs in implementing this Program. The first was a series of "health promotion packages" containing

training and technical assistance materials for each of seven state-level priority areas. A statewide train-the-trainer conference for area agency or senior center staff responsible for implementing the PrimeTime Health Program at the local level was also convened. Basic training on health promotion occurred during SFY 94-95, and regional meetings of coordinators have been held to provide programmatic education and networking opportunities. In May, 1996, the PEPPi weight resistance program was introduced and in September, 1996, all coordinators were introduced to new marketing materials for PrimeTime Health and trained on marketing concepts.

PRIMETIME: Philosophy and Goals:

PrimeTime Health is unique in that it is the first substantial effort by the national aging network to increase efforts at disease prevention. Providing support and education to older people before they become ill is a creative and cost-effective way to reduce the demand for medical treatment. The Department believes this affords an important opportunity for the network to attract a new, sometimes younger and healthier clientele into the aging services system. As such, PrimeTime Health can play an especially significant role in senior community center revitalization.

The Department's primary intent was, and is, to creatively assist AAAs to develop their local programs. Paperwork and reporting requirements remain minimal. The major source of PrimeTime Health funding comes from the Federal Older Americans Act which provides overall direction on the use of health promotion funding. The Department has the responsibility to insure that PrimeTime Health operates within these guidelines.

**MINIMUM
PROGRAM
REQUIREMENTS:**

Each AAA is responsible for the continued delivery of a local PrimeTime Health Promotion program. Each AAA must:

- A. Retain one or more individuals to provide local health promotion services. Staff may or may not be attached to the AAA complement. In fact, attaching such staff to senior centers or other appropriate community organizations is encouraged. AAAs with large grants are encouraged to dedicate a portion of their PrimeTime funds to pay for a health promotion specialist to concentrate on the coordination of health promotion activities.
- B. Establish a PrimeTime Health Advisory Committee consisting of older adults, representatives from community health organizations, senior community center directors, physicians and other health care providers, agencies serving older adults, local businesses, local community clubs and associations, the PrimeTime Health Coordinator and other interested individuals. This committee should meet at least twice a year to discuss goals and plans for the program. This committee may be a subcommittee of an existing AAA advisory committee.

The purpose of this advisory committee is to create a sense of community ownership for this program so that the community sees this as something they are doing for older adults. Committee members should be encouraged to make their resources available to the program. This committee is to be advisory in nature. The AAA maintains policy control of the program.

- C. Establish yearly program goals within one or more of the allowable state-level priority areas including activities outlined in the Federal Older Americans Act. These activities include: health risk assessments; routine health screening; nutritional counseling; health promotion programs, including programs relating to chronic disabling conditions such as alcohol and substance abuse reduction, smoking cessation; weight loss and control, and stress management; physical fitness including group exercises, music, art, dance movement programs and multi-generational health and fitness programs; home injury control services; screening for prevention of depression and coordination of community mental health services; medication management screening and education; information on age-related diseases and chronic disabling conditions; education programs, including programs on the appropriate use of preventative health services; counseling regarding social services and follow-up services; and gerontological counseling.

AAAs may wish to reference Healthy People 2000 goals, state and local demographic data and consumer interest when establishing goals.

PRIMETIME HEALTH FUNDS ARE NOT TO BE USED FOR PROGRAMS THAT ARE PURELY SOCIAL OR RECREATIONAL IN NATURE.

- D. Conduct all health promotion activities offered through the aging network under the name PrimeTime Health, regardless of how they are funded. We strongly encourage the use of PrimeTime Health marketing materials to create a consistent PrimeTime Health look and message across the State, so that the name "PrimeTime Health" will become well known by older people throughout the Commonwealth. We recognize that there may be times this may be difficult because of funding by outside sources or because an activity has a long standing history under another name. In this case, we ask that, somewhere within the advertisement for the program, a reference be made to PrimeTime Health. For example: "'Golden Achiever', a PrimeTime Health Program." Please insure that AAA staff and volunteers who answer the phone are aware of the name and refer calls to the appropriate person - the designated PrimeTime Health Coordinator.
- E. Offer activities without charge to participants, if those activities can be directly traced to Older Americans Act funding. Voluntary contributions which respect the privacy of each older person may be collected as long as no older person

is denied a service because of unwillingness or inability to contribute.

- F. Submit a report at the end of each fiscal year reflecting progress on the AAA goals for the year (see section C above), and the AAA's plans for the following year. The format will be supplied to the AAAs by mid-May of each year, beginning in May, 1998. In reporting activities and persons served during the program year, AAAs are to be guided by the most current SFY reporting document used by the Department.

**OTHER
ISSUES:**

1. Target Population

The Older Americans Act requires that people over age 60 who are medically underserved or who have the greatest economic need be given priority. Our allocation of funds among the area agencies on aging reflects this criteria.

2. Nutrition

Traditionally, AAAs have offered meals to older people through congregate meals, or through home delivered meals. The intent of nutrition education in the PrimeTime Health program is to provide nutrition education above and beyond that required by federal and state regulations for the meal programs. The intent of making PrimeTime Health dollars available for nutrition is not to shift funding streams for the traditional nutrition services offered by AAAs, but to provide funding to AAAs for nutrition education programs, such as Cooking for One, Creating Healthy Desserts, Making Favorite Recipes Low Fat, Low Salt, or classes on reading labels.

3. Evaluation

The Department does not require a formal evaluation of the program by program participants; however, this is strongly encouraged. The AAA may want to use the Healthy People 2000 goals as a basis for evaluation. Also, many AAAs are using health risk assessments to determine the needs of senior community center participants, establish programs to impact on these needs, and then re-do the assessment a year later to measure impact. PrimeTime Health Coordinators have been given sample health risk assessments which can be used to gauge their program's success.

4. Subcontracted Services

AAAs are encouraged to assume the role of prudent purchasers when subcontracting for services, in order to help insure that the rates they are paying are consistent with those paid by most other community purchasers. Products such as training materials, handouts, and brochures paid for by PrimeTime funds

become the property of the AAA and can therefore be duplicated and delivered again at another site. It should not be necessary to hire different contractors to develop educational programs on the same topic. We recognize that some contracts may involve health screenings, in-home safety checks or other types of services which may not result in a course outline or presenter material, and are therefore contracted as a service versus the development of a program.

Should you have any questions or concerns about any of the above information, please contact the State PrimeTime Health Coordinator at 717-783-8975.