

DISEASE PREVENTION AND HEALTH PROMOTION SERVICES QUARTERLY SUMMARY REPORT

AREA AGENCY ON AGING REGION:	REPORT PERIOD:
REPORT PREPARED BY:	DATE:
AGENCY DIRECTOR'S SIGNATURE:	DATE:

1. Major activities and accomplishments during this period

2. Problems/Barriers and how it was addressed

3. Dissemination activities (Outreach)

4. Best practices or program Innovations

5. Technical Assistance or support needed from the Division of Aging and Adult Services

6. Vignettes

7. Evidence-Based Disease Prevention and Health Promotion Programs

Date	Services Provided/Comments

FORMAT

Quarterly progress reports should give the DAAS Health and Wellness Coordinator sufficient information for a full understanding of Disease Prevention and Health Promotion performance. No page minimum or limitations are prescribed regarding the length of the report. Fully respond to each of the information categories covered by the report.

REPORT CONTENTS – Please follow this format**1. Major activities and accomplishments during this period**

Summarize Disease Prevention/Health Promotion activities and accomplishments that occurred during the reporting period. Reference should be made to each of the services provided by the AAA's designated health promotion staff and included in the AAA's current Methodology.

2. Problems/barriers and how it was addressed

Describe any deviations or departures from the AAA's Disease Prevention and Health Promotion Methodology. Describe the problem, alternatives considered to resolve the problem, and the impact of the problem on achieving program goals and objectives.

3. Dissemination activities (outreach)

Describe dissemination activities that occurred in the three-month period. Dissemination materials should be included as an attachment to the report (i.e. copies of flyers, newsletters/newspaper articles, new locally produced brochures, etc.).

4. Best practices and/or program innovations

Describe best practices or disease prevention/health promotion innovations that have been successful in the planning and service area.

5. Technical assistance or support needed from Division of Aging and Adult Services

Fully describe the type of technical assistance needed. Include rationale or reason for the requested support. Indicate whether on- site technical assistance is needed.

6. Vignettes

Include anecdotal information or descriptions of situations where services provided through the Disease Prevention and Health Promotion Services positively affected the lives of the person served.

7. Evidence-Based Disease Prevention and Health Promotion Programs

Title III D funding shall be used only for programs and activities that meet the requirements to be considered evidence-based, as set forth by the Administration for Community Living. List all evidence-based programs and activities provided during the reporting period and supported with Title III D funding. Include dates that the programs and activities were provided and any relative comments.