



Division of Aging & Adult Services State Unit on Aging Policy



Subject: Disease Prevention and Health Promotion Program
Policy Chapter: 3800
Effective Date: 7/1/2025
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Disease Prevention and Health Promotion Program

I. POLICY STATEMENT

This policy provides an outline of the Division of Aging and Adult Services (DAAS) operational policies, procedures, and reporting requirements for the Disease Prevention and Health Promotion Program (DPHP).

This policy is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services (HHS).

II. APPLICABILITY

- A. Arizona Department of Economic Security (ADES) Employees;
- B. Area Agencies on Aging (AAAs); and
- C. Contractors and subcontractors that provide DPHP services.

III. AUTHORITY

[Older Americans Act of 1965 \(OAA\)](#)

Pub L. 116-131, Section 361

[Code of Federal Regulations \(C.F.R.\)](#)

45 CFR part §1321 and §1322.

[A.R.S. § 41-1959](#)

Confidential information; permissible disclosure; rules; violation;

classification.

[A.R.S. § 46-141](#)

Criminal record information checks; fingerprinting employees and applicants; definition.

[ADES Nutrition, Food Service and Wellness Manual](#)

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IV. DEFINITIONS

Client: An individual aged 60 or older who is seeking or receiving DPHP services.

Chronic Disease: Conditions lasting 1 year or more and requiring ongoing medical attention, or limiting activities of daily living, or both. Examples include heart disease, cancer, stroke, and pulmonary disease.

Disability: A physical or mental impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).

Economic Need: Need resulting from an income level at or below the Federal Poverty Level and as further defined by state and area plans based on local and individual factors, including geography and expenses.

Evidence-Based: Programs that demonstrate improved health and well-being, or reduce disease, disability and/or injury among older adults over time.

Older Adults: Individuals age 60 or older.

Social Need: Necessity caused by noneconomic factors, such as physical and mental disabilities, language barriers, and cultural, social, or geographic isolation outlined in 45 CFR part §1321.3 that restrict the ability of an individual to perform normal daily tasks or threaten the capacity of the individual to live independently.

V. STANDARDS

A. Overview

1. The Disease Prevention and Health Promotion Program (DPHP) provides community-based interventions to Older Adults that have been proven to improve health and well-being and/or reduce risk of injury, disease, or Disability.

2. The State Unit on Aging (SUA) administers DPHP by providing funding and direction to the state's contracted Area Agencies on Aging (AAAs).
3. AAAs carry out DPHP by providing DPHP services directly or through subcontractors.
4. DPHP prioritizes Clients with the greatest Economic Need and Social Need, as described in the OAA.

B. Process to Obtain Services

1. AAAs will be available for all Older Adults seeking DPHP services, at a minimum, in the following ways:
 - a. By phone, in-person, or via web-based means of communication. The AAA must ensure that their up-to-date phone number, address, and website are posted in the following places to find out about available resources:
 - i. Area Agency on Aging Locations landing page on the [ADES website](#);
 - ii. Attending or viewing Community Education and Outreach activities that provide information regarding DPHP.
2. The AAA will direct Clients to DPHP services and keep a record of the unduplicated Clients attending each service.

VI. PROCEDURES

A. Roles and Responsibilities

1. SUA Will:
 - a. Contract with AAAs to provide DPHP services.
 - b. Define the greatest Social Need and Economic Need to be used as a method of prioritization by the AAAs.
 - c. Verify that DPHP services, which are not pre-approved by an [operating division](#) of HHS, meet the most current definition of Evidence-Based as authorized by the OAA prior to initial implementation.
 - d. Provide advice, training, and technical assistance to AAAs and subcontractors to include:
 - i. The most recent [ADES Nutrition, Food Service, and](#)

[Wellness Manual](#) as a reference manual for DPHP services.

- e. Monitor AAAs to ensure compliance with:
 - i. SUA program policies and procedures;
 - ii. Federal regulations;
 - iii. State, county, tribal and local laws and/or ordinances;
 - iv. Fingerprinting/background clearance check requirements;
 - v. Data collection and reporting requirements;
 - vi. Coordination with tribal organizations and Title VI programs;
 - vii. Quality and effectiveness in program activities and service delivery;
 - viii. Staff training and licensing requirements;
 - ix. Contract requirements; and
 - x. Any additional guidance provided by the SUA and/or HHS.

2. AAA will:

- a. Use Title III-D funds, as designated by the State, for the purpose of providing DPHP services that meet the requirements outlined in VI.A.2.d.
- b. Comply with DAAS policies and procedures, ADES scopes of work (SOW), contracts, guidance, and technical assistance.
- c. Not violate or conflict with state, county, tribal, and local laws and/or ordinances.
- d. Provide DPHP services that meet the needs of the planned service area and are:
 - i. Proven to meet the most current definition of Evidence-Based as authorized by the OAA and approved by the SUA; or
 - ii. Pre-approved by an [operating division](#) of HHS. Lists of pre-approved Evidence-Based programs are provided by [The National Council on Aging](#) (NCOA) and [an operating division of HHS](#).

- e. Obtain SUA approval prior to implementing DPHP services that have not been pre-approved as outlined in VI.A.2.d.ii.
 - i. The amount of time needed to verify that the program meets the definition of Evidence-Based will vary based on the amount of information provided to the SUA.
- f. Ensure that the following are maintained when required by the respective DPHP service being provided:
 - i. Appropriate licensing or certification requirements; and
 - ii. Educators delivering the DPHP service meet the appropriate certification/licensure standards.
- g. Provide DPHP services region-wide at senior centers, virtually, or at other suitable locations.
- h. Develop and implement intake, outreach, and community education processes that include information and assistance to Clients inquiring about DPHP services.

B. Systems, Software, and Technology

- 1. The following systems must be used to meet reporting requirements:
 - a. The Older Americans Act Performance System (OAAPS) by the SUA; and
 - b. The Division of Aging and Adult Services Reporting System (DAARS) by the AAAs.

C. Reporting

- 1. SUA must follow all requirements for the State Performance Report (SPR) and OAAPS reports.
- 2. AAAs must:
 - a. Collect data and maintain records for DPHP including number of unduplicated Clients that attend each EBP to be entered into DAARS.
 - b. Submit the DAAS Disease Prevention and Health Promotion Services Quarterly Summary Report to the SUA.
 - c. Follow all guidance and training provided by SUA's Nutrition and Health Promotion Coordinator on required reporting.

D. Program File Management and Retention

1. Records Management:
 - a. AAAs and subcontractors must maintain DPHP records in paper or electronic format.
 - b. All records, regardless of their format, must be maintained in a secure manner to protect the contents from breach, theft, or misuse. This includes:
 - i. Maintaining paper documentation in locked files; and
 - ii. Securing electronic records.

DI. Privacy, Confidentiality, and Disclosure

1. Protection and release of confidential information:
 - a. The transmission of Personally Identifiable Information (PII) and Protected Health Information (PHI) for any Client must be transmitted using secure means such as encryption to ensure the information is not accessed by unauthorized individuals.
 - b. Disclosure of PII may only be made with the informed consent of the Client or their legal representative, unless required by law or court order, for program monitoring by authorized agencies.
2. Address Confidentiality Program:
 - a. AAA employees and subcontractors must refer to the [ADES Address Confidentiality Program \(ACP\) Policy](#) and the DAAS ACP Policy if a Client states that they are a participant in the Address Confidentiality Program.
 - b. If the Client is an ACP participant, the substitute address must be accepted on all application material required for the program.

DII. Conflict of Interest

1. AAA and subcontractors must abide by policies and guidance regarding conflicts of interest (COI) developed by SUA and must comply with SUA's periodic review of programs for COI.

DIII. Fingerprinting and Criminal Background Check

1. AAA must ensure that subcontractors comply with the following:

- a. A fingerprint-based criminal background check must be completed at the time of hire or as a result of reassignment after hire, on employees and volunteers who have direct contact with juveniles or vulnerable adults including those who are mentally disabled, frail, or have a Chronic Disease that puts them at risk for abuse (see A.R.S. § 46-141). See [DAAS Administrative Mandates Policy](#).

H. Complaints, Grievances, and Appeals

1. Each AAA will develop and implement a process to:
 - a. Investigate and resolve complaints from Clients and other outside parties against AAA and subcontractors per [DAAS Administrative Mandates Policy](#); and
 - b. Verify that Clients receive a copy of the appeals process.

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