

## DISEASE PREVENTION AND HEALTH PROMOTION SERVICES QUARTERLY SUMMARY REPORT

AREA AGENCY ON AGING REGION:	REPORT PERIOD:
REPORT PREPARED BY:	DATE:
PROGRAM MANAGER NAME:	EMAIL:

### 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**

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

## 6. Vignettes

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**FORMAT**

Quarterly progress reports should provide the DAAS Promotion Coordinator sufficient information for a full understanding of Disease Prevention and Health Promotion program 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. 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. These activities include health risk assessments, routine health screenings, and activities that do not meet ACL's definition for EBP. Although Title III D funding shall not be used for these activities, these should be reported to DAAS. Include dates that the programs and activities were provided and any relative comments. Report the number of UNDUPLICATED attendees for both EBP and Non-EBP.