



**OAA Title III-D
Evidence-Based Disease Prevention and Health Promotion Programs
Guidelines during Pandemic**

Released April 10, 2020

Updated April 17, 2020

The following guidance is effective April 10, 2020 and shall remain in effect until the Stay at Home Order (“Order”) is removed.

During this unprecedented time of the COVID-19 pandemic, many evidence-based programs across the county have been canceled to ensure older adults, staff, and program leaders are in a safe and healthy environment. Just as physical distancing is important, ODA recognizes the importance of staying engaged and socializing during physical isolation.

As a result of the pandemic, many evidence-based program developers have issued guidance on remote implementation. Remote implementation may be feasible for some programs, but not all. AAAs may continue to use Title III-D funds to provide remote implementation of the following evidence-based programs. Guidance for evidence-based disease prevention and health promotion programs is as follows:

A Matter of Balance:

Evidence does not support remote implementation of this program. Master trainers and coaches are encouraged to maintain contact with participants who were enrolled in classes that have been postponed and support them during this time. Information on how to stay active, exercises that can be done at home, and other falls prevention tips to reduce risk falling while at home can be found at www.steadyu.ohio.gov.

Powerful Tools for Caregivers

Powerful Tools for Caregivers (PTC) has been approved for remote implementation through telehealth software, such as Zoom or Skype. Telehealth PTC caregiver classes will increase access and much-needed support for caregivers during the COVID-19 pandemic.

Many PTC requirements are still in place to ensure program fidelity. Two certified PTC class leaders are required to co-lead the telehealth class series of 8 to 15 participants. Leaders must use PTC materials to lead classes. Remote implementation of PTC is outlined below:

1. **Promote PTC telehealth to prospective participants.** It may be best to reach out to people who were participating in or scheduled to participate in PTC classes prior to classes being postponed/cancelled due to COVID-19. This alternative

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model is limited to 8 to 15 participants. It is important to ensure each participant has a device with internet, audio and camera access.

2. **Mail materials to each participant before the first class.** Emailing a digital file of the handouts is also acceptable. Prior to first class, leaders should ensure participants can install and use software and make and receive a telehealth call.
3. **Enter workshop information into Workshop Wizard.** Enter workshop details into Workshop Wizard and change the delivery method to “Distance Learning.”
4. **Create a general “Local Resources” handout to fit the participants’ needs.** Connect participants to local resources as needed, especially those that can address signs and symptoms of depression, suicidal ideation, and abuse.
5. **Use current PTC scripts and PTC leader materials to facilitate telehealth class with participants.** Class materials are available on the [Powerful Tools for Caregivers](#) website.

For more information and to help prepare to offer classes online, view the [PTC Telehealth Guidance Instructional Video](#).

Self-Management Resource Center (SMRC)

- **Mailed Chronic Disease Self-Management Program (Mailed CDSMP):** SMRC has approved remote implementation of CDSMP through mailed toolkits and leader-guided teleconferencing. The [Toolkit for Active Living with Chronic Conditions](#) includes all the tools in the CDSMP packaged into a one-time mailing. Remote implementation of mailed CDSMP (“Healthy U at Home”) is outlined below:
 1. **Promote Healthy U at Home to prospective participants.** It may be best to reach out to people who were participating in or scheduled to participate in a CDSMP workshop prior to workshops being postponed/cancelled due to COVID-19. **SMRC recommends limiting each call to 4 participants. However, Master Trainers and leaders should use their best judgement to determine how many participants to include.** It is important to ensure each participant has internet access, the ability to read the textbook independently, and willing to engage in one 30-minute phone call each week.
 2. **Mail toolkits to each participant.** Visit [Bull Publishing Company](#) or email Emily Sewell, at emily@bullpub.com to order toolkits. Toolkits can be mailed directly to each participant. **If you already have *Living a Healthy Life with Chronic Conditions* books in stock, Bull Publishing can supply you with the remaining materials for the toolkits.**
 3. **Enter workshop information into Workshop Wizard.** Enter workshop details into Workshop Wizard and change the delivery method to “Distance Learning.”
 4. **Use Leader Scripts to facilitate 30-minute call with participants each week.** The short script should be used to lead each class. The purpose of these calls will be to introduce the materials and discuss the self-test, exercises, and action plan. Email **Carmen Clutter** (CClutter@age.ohio.gov) to request these scripts.
 5. **Collect surveys and evaluations.** After the sixth-class session, email each participant a class evaluation. At the conclusion of the class, enter this information, along with the surveys and attendance into Workshop Wizard.

At present time, there is not an option for mailed delivery of Diabetes Self-Management Program (DSMP) or Chronic Pain Self-Management Program (CPSMP). SMRC will release a DSMP version of the mailed toolkit by end of May.

- **Virtual Workshops:** SMRC has approved CDSMP, DSMP, and CPSMP workshops through use of a virtual platform (Skype, Zoom, GoToMeeting, etc.). Remote implementation of virtual workshops is outlined below:
 1. **Obtain subscription or license to a virtual platform**, such as Skype, Zoom or GoToMeeting.
 2. **Promote virtual workshops to prospective participants.** It may be best to reach out to people who were participating in or scheduled to participate in a CDSMP workshop prior to workshops being postponed/cancelled due to COVID-19. Participants will need to obtain access to the virtual platform.
 3. **Mail materials to each participant before the first class.** Emailing the eBook is also acceptable. Prior to first class, Master Trainers and/or leaders should ensure participants can use the virtual platform.
 4. **Enter workshop information into Workshop Wizard.** Enter workshop details into Workshop Wizard and change the delivery method to “Distance Learning.”
 5. **Facilitate workshops** following Master Trainer/Leader Manual.
 6. **Collect surveys and evaluations.** After the sixth-class session, email each participant a class evaluation. At the conclusion of the class, enter this information, along with the surveys and attendance into Workshop Wizard.

Review [Providing SMRC Suite of Self-Management Workshops using a Virtual Platform](#) prior to planning virtual workshops.

For more details about remote implementation of SMRC programs, view [How to Continue Offering Workshops while Maintaining Social Distance or Isolation: Problem-Solving in the Age of the Virus](#) and [SMRC Workshop Resources during COVID-19 Webinar](#). You are encouraged to engage with SMRC and other SMP Master Trainers and leaders through the SMRC listserv.

Tai Chi for Arthritis and Falls Prevention (TCAFP)

TCAFP is temporarily allowable for remote implementation through a virtual delivery format (video conferencing). Remote implementation of TCAFP is outlined below:

1. **Promote virtual delivery of TCAFP to prospective participants.** It may be best to reach out to people who were participating in or scheduled to participate in a TCAFP class prior to classes being postponed/cancelled due to COVID-19.
2. **Identify virtual system to facilitate TCAFP.** Instructors should explore video conferencing options that are user friendly and easy to access (i.e., Facebook Live, Zoom, Google Duo, etc.). It is recommended that instructors opt for a system that allows for two-way viewing and communication, but one-way view of the instructor is allowed as well. Instructors should test their computer to ensure that the video is clear, and the microphone sound is adequate.
3. **Train participants on the virtual delivery of TCAFP.** Allow some time for training beforehand to ensure participants are comfortable and know how to access and engage in the class.
4. **Follow [Guide for Instructors Implementing Virtual Delivery of TCAFP Lessons](#).**
5. **Review [TCAFP Quick Reference Guide for Virtual Delivery](#)** for additional tips for class structure.

For more information or if you any questions about implementing virtual delivery of TCAFP, contact Ilenia Ferrier (taichialoha@gmail.com).

Other Evidence-Based Disease Prevention and Health Promotion Programs

The above list is not exhaustive of all evidence-based disease prevention and health promotion programs offered across Ohio. AAAs and providers are encouraged to review guidance provided by program developers to learn more about alternative delivery methods for other evidence-based programs and implement remote learning options when possible.

AAAs and providers are encouraged to consider other [ACL/NCOA Evidence-Based Programs](#) approved for Title III-D funding. Many other evidence-based programs are approved for remote implementation during this pandemic. ODA strongly supports remote implementation of evidence-based programs as one strategy to engage and extend socialization opportunities to socially isolated older adults.

The following resources may provide additional guidance about offering evidence-based programs during COVID-19:

- [Offering Evidence-Based Programs During the COVID-19 Pandemic: Webinar](#)
- [NCOA: Track Health Promotion Program Guidance During COVID-19](#)
- [NCOA: Tools for Reaching a Remote Audience](#)