



## FREQUENTLY ASKED QUESTIONS

Evidence-Based Health Promotion, Disease Prevention Programs

March 12, 2020

### **In the Immediate Term**

What actions should be taken by falls prevention and other Title III-D programs in areas with *and without* current community transmission of COVID-19? Should lead grantee organizations (which are state agencies) direct our partners to cancel, or consider cancelling, classes?

The network should already have emergency protocol and Continuity of Operations Plans (COOP) plans established. We recommend using your discretion based on your local emergency plans and local and State health department guidance with respect to offering falls prevention programming and other health promotion workshops in congregate settings. It is likely that in an epidemic, the size of the group will be a factor as well as the susceptibility of the class participants. In the case of COVID-19, older adults and people with chronic illnesses seem to be at higher risk of complications than other groups. Social isolation may be recommended, and this should be encouraged if it is.

### **In the Medium Term**

What guidance should lead grantee organizations provide to community partners in counties without current community transmission regarding when to consider cancelling classes?

We recommend using your discretion based on your local emergency plans and local and State health department guidance with respect to offering falls prevention programming and other health promotion workshops in congregate settings.

### **In the Long Term**

There are potential impacts on our ability to meet participant numbers should this situation worsen. Please advise what we should do in that situation.

The health and safety of older adults and other community members is of utmost importance. With respect to your discretionary grant, we can certainly re-assess participant progress as needed in the coming months in light of this global pandemic.

Can a grantee reimburse AAAs through Title III-D for Evidence-Based Program workshops that ended up being cancelled after a couple of sessions because of COVID-19 concerns?

For evidence-based program workshops paid for with an ACL discretionary grant, the grantee should review their sub-grant or contractual agreement and adjust payments accordingly, generally paid for on a per complete basis. Please stay in close contact with your project officer on any changes and for additional technical assistance.

A question has come up about convening groups of older adults as part of our falls prevention grant work, given the new risk of community transmission of COVID-19. Based on CDC guidance for older adults to avoid groups, we have reservations about continuing to offer grant-related community classes over the next few weeks until we better determine what this outbreak is going to look like. We do not want to potentially be a mode of transmission among vulnerable older adults in the community. We wondered if you all had guidance for grantees about this issue or if other grantees had similar concerns.

We recommend using your discretion based on your local emergency plans and local and State health department guidance with respect to offering falls prevention programming and other health promotion workshops in congregate settings.

Does the same guidance that was provided to ACL's CDSME and Falls Prevention discretionary grantees regarding implementing evidence-based programs through alternate delivery mechanisms also apply to Older Americans Act Title III-D grantees?

A. It is not an expectation that ACL grantees, both formula and discretionary, are delivering in-person evidence-based programs at this time. Alternative delivery mechanisms (like virtual classes) may not be congruent with program fidelity. Only delivery adaptations that are approved by evidence-based program administrators should be implemented by ACL grantees (formula and discretionary). Please visit the National Council on Aging's [Health Promotion Program Guidance During COVID-19 webpage](#) for resources about delivery adaptations, including a list of requirements (organized by program). Permission to utilize alternate delivery mechanisms is approved *only* in the context of COVID-19 response, per applicable federal, state, and/or local guidance, and not for long-term program operations. If you have any technical assistance needs or questions related to evidence-based programs, please contact the National Council on Aging at [healthyaging@ncoa.org](mailto:healthyaging@ncoa.org).