Frequently Asked Questions

Last updated: July 1, 2021

- **Question:** Can American Rescue Plan (ARP) Older Americans Act (OAA) Title III-D funds be used for the purchase of technology to deliver remote evidence-based disease prevention programs?
  - o **Response from ACL**: Please see the ARP Frequently Asked Questions (FAQs) on the ACL website for more details about the purchase of technology ([program FAQs](#) and [fiscal FAQs](#)). Pages 5-7 of the [program FAQs](#) specifically address OAA Title III-D.

- **Question:** How long will OAA Title III-D grantees (State Units on Aging) be able to deliver remote health promotion and disease prevention programs using OAA Title III-D funds?
  - o **Response from ACL**:
    - ACL will support OAA III-D grantees' continued delivery of remote evidence-based disease prevention and health promotion programs ***indefinitely*** if the following two requirements are met:
      1. The program developer/administrator is allowing/supporting remote delivery; and
      2. the program meets ACL's [OAA Title III-D evidence-based requirement](#) for delivery in the ***remote format.***

      ACL is in the process of developing a minimum set of standards for in-person evidence-based programs that have been adapted for remote delivery. Remote adaptations are those programs that *do* meet ACL's OAA Title III-D evidence-based requirement for ***in-person*** delivery, but that *do not* yet have evidence for ***remote*** delivery.

      After these minimum standards are finalized (anticipated late 2021), programs will be required to meet these minimum standards in order to continue to be eligible for delivery in a remote format using OAA Title III-D funding.

      Some of the areas that will be examined include:
      - the adaptations that were made to accommodate remote delivery, such as adaptations to program content, personnel, target population, or delivery format;
      - the technology/technology support required for remote delivery via phone, video-conferencing, self-directed toolkit, or other remote delivery format;
      - how the program is interactive in the remote format; and
      - the extent to which the program developer/administrator is providing comprehensive training/certifications for remote delivery including availability of remote training.

- **Question:** What data is required to be collected for OAA Title III-D funding?

- o **Response from ACL:** The reporting requirements for OAA Title III-D, and training resources, are outlined here: https://agid.acl.gov/Resources/OAA_SPR.aspx.

- **Question:** Are recommended class size limits the same for virtual (remote) as in person for the programs?
  - o **Response from ACL:** It depends on the type of program. Organizations who are interested in doing virtual (remote) programs should contact the program developer/administrator for more information. The National Council on Aging's Evidence-Based Program Tool provides contact information for developers/administrators for 69+ evidence-based programs that meet ACL's OAA Title III-D criteria.

- **Question:** What kind of programs (if any) do you plan to offer as hybrid?
  - o **Response from Georgia presenter**: This will depend on what the developers allow moving forward. We see the benefit of having facilitators of different programs "zooming" in to reach individuals AND/OR groups who would otherwise not have access to these programs due to no local facilitators.

- **Question:** What kind of liability insurance do you suggest your instructors carry? Are these folks contractors or employees?
  - o **Response from Georgia presenter**: We have a WIDE range of facilitators with each AAA operating how it best works for their agency – AAA Staff, Staff at partnering organizations - hospitals/trauma centers/health departments, contracted individual facilitators, staff at contracted organizations, and volunteers. We do not set the liability requirements for any of our implementation partners.

- **Question:** Did anyone loan out devices and Mifi to use for those that do not have any technology equipment?
  - o **Response from Georgia presenter**: in Georgia we have at least three AAAs purchasing Claris Tablets with MiFi to either loan out or give to participants who do not have technology/internet services to support virtual engagement.
  - o **Response from AgeOptions (IL) presenters**: AgeOptions did not loan out any tech supplies. Many of our funded partners such as ADRN's, CRC's, CCP programs, etc. had funding to provide tech to their clients, some libraries also had funding, so we encouraged people to check out those opportunities. AgeOptions also launched Uniper back in November, Uniper is a virtual senior center that plugs into an individual's TV set. Through this device there is a two way camera so we have done a couple of health promotion programs on that platform to have an opportunity to engage with participants who may not have access via lap top or tablet. https://www.unipercare.com/

- **Question:** Peggy mentioned WuFoo- Thank you for mentioning WuFoo. Is it easy to use?
  - o **Response from AgeOptions (IL) presenters:** You can learn more about the form builder at https://www.wufoo.com. We find that this form builder is easy to use and allows for multiple team members to build forms and check results!

- **Question:** How did you overcome participant reluctance to embrace virtual programs, especially cost of internet service, technology deficiencies (lack of smart devices), etc.?
  - **Response from Georgia presenter**: Same way we overcame the reluctance to take a 2.5 hour workshop back in the day. Implementation partners made direct connections with senior center and HDM clients to invite them to participate. Took the time to build participant confidence in using the virtual platform and then provided excellent programming. We have not dug into the obvious technology and internet disparities, but are starting to experiment with Charis Tablets with MiFi for individuals without internet or smart devices.
  - **Response from AgeOptions (IL) presenters**: We have not done a lot with this yet, but the FCC announced the emergency broadband benefit to help lower income families. We also know that some of our provider agencies used their GAP filling monies to help with paying for devices and internet for clients. https://www.fcc.gov/broadbandbenefit?eType=EmailBlastContent&eId=63e369c4-3c3e-4102-862f-5d10b8194cd7 In terms of reluctance based on limited tech knowledge, our health promotion team provides a lot of hands on, one on one technical assistance prior to the start of every workshop. Participants will get a phone call and asked to turn on their device, log into a zoom meeting, turn on their camera and mic and navigate around a bit. We also have a technical assistant on webinars to help participants any in the moment challenges!
  - **Response from Missouri presenters**: We provided conducted registration over the phone to build a personal relationship and offered one-on-one tutorials on how to use Zoom. If a participant was still uncomfortable, we offered a Toolkit class first and then would encourage a follow up virtual CDSMP course.

- **Question:** How do you reach potential participants (marketing) who do not utilize digital sources for information?
  - **Response from Georgia presenter**: Word of mouth continues to be the most effective. Local newspaper ads are also well received. We also have developed statewide marketing plug and play posts for partners to use on their social media platforms – the folks who see these might not be our target participant population but will be able to pass the information along to an older adult or person with disability in their lives. Cast a wide net.
  - **Response from AgeOptions (IL) presenters**: Added a flyer to home delivered meals
  - **Response from Missouri presenters**:
    - Home-delivered meals and other AAA vendors can deliver flyers
    - Radio
    - Some AAAs use television
    - AAA care coordinators can educate potential participants

- **Question:** What do you do when a potential participant doesn't have the necessary technology? Do you provide?
  - **Response from Georgia**: We are working this out. Our priority is to ensure our facilitators are comfortable and excel at virtual implementation – to provide the very best virtual programs. Our next phase of implementation will include testing out different options

reduce lack of technology/internet as a barrier. AAAs are looking into Uniper and Charis Tablets w/MiFi to be loaned or given to participants in need.

- o **Response from AgeOptions (IL) presenters**: We encourage anyone who is interested in participating in a workshop to connect with their local ADRN or library to see if there are any options for a device. AgeOptions also launched Uniper, a TV based senior center connected through the TV. Individuals identified as not having access to technology and at risk for social isolation were referred to this program. https://www.unipercare.com/
- o **Response from Missouri presenters:** Switch to a phone-based (CDSME) Toolkit class

- **Question:** What type of registration software do you all use? I'd like to move from paper registrations to online/electronic.
  - o **Response from another webinar attendee**: JotForm is another registration option and has a free option.
  - o **Response from Georgia presenter:** we have a statewide database to list all our scheduled trainings and workshops. The administering AAA can include on their posting - links to the individual or electronic form being used to gather registrations for that workshop/training. Google Forms, Signup Genius, JotForm have all been helpful tools to various partners.
  - o **Response from Missouri presenter:** Our statewide Partner, MU Extension, uses Qualtrics. We are moving to offer Microsoft Forms as an option to the AAA partners, which feeds directly into our SharePoint system for data management and reporting.

- **Question:** Can anyone provide the number of participants per session and how many workshops were completed virtually by your organization/partners in 2020?
  - o **Response from Georgia presenter:** Approximation for Geogria for the SFY coming to an end June 30, 2021 – approximately 30 workshops: AMP, CDSMP Toolkit, vCDSMP, vTCA, Bingocize, vMOB. With approximately 200 participants. This is a conservative approximation.
  - o **Response from AgeOptions (IL) presenter:**
    – # virtual workshops facilitated to date- 27
    – # of total workshops (all partners in IL) virtually facilitated to date- 52
    – # of AO virtual workshop participants- 279
    – Average # of virtual participants per workshop- 10
    – # of all partner virtual participants- 470
    – Average # of all partner participants per workshop- 9

AgeOptions Virtual Program Reach	Workshops	Participants	Average # of Participants Per Workshop
CDSMP	7	51	7
Span. CDSMP	5	64	12
DSMP	4	29	7
Span. DSMP	8	108	13
WCDSMP	1	7	7
Bingocize	1	12	12
Tai Chi	1	8	8
Total Combined	27	279	10

Statewide Virtual Program Reach	Workshops	Participants	Average # of Participants Per Workshop
CDSMP	12	100	8
Span. CDSMP	6	78	13
DSMP	10	79	8
Span. DSMP	10	112	11
Cancer: Thriving and Surviving	1	10	10
WCDSMP	1	7	7
Matter of Balance	1	4	4
Tai Chi	7	46	6
Bingocize	4	34	8
Total Combined	52	470	9

- o **Response from Missouri presenters:**
    - – Between July 2020 and June 2021, we offered 30 virtual class reaching 331 participants/265 completers (this was for SMRC programs and Walk with Ease).
    - – Between July 2020 and June 2021, we offered 13 CDSME Toolkits classes reaching 50 participants/48 completers.

- **Question:** How are all the extra time intensive tasks (Session 0s, more demanding registration/paperwork process) being supported at the local level? New staff hires, additional funding?
    - o **Response from Georgia presenter:** Georgia is working to translate workshop data collection into virtual modes, AAAs are partnering to offer workshops and share the recruitment and facilitation burden for virtual workshops. GA Coordinators and instructors agree that conducting one on one session zeros has been the most effective to ensure participants can log into the first session with confidence in using the virtual platform. It is more work on the front end, but once into a workshop it runs smoothly. And then there is time saving for actual workshop implementation because of zero travel requirements.
    - o **Response from AgeOptions (IL) presenter:** This has been a huge challenge for AgeOptions, in addition to all the pre workshop TA needed, many programs also require a TA on each

workshop. Our Community Health Workers previously spent a lot of time in the field, doing outreach events, meeting with host sites, and traveling. With those activities not happening with stay-at-home orders the team used that time for technical assistance. We worked with our local RSVP program in the hopes of getting a volunteer (we did not) and we asked for help from others within our organization. That said, the amount of time needed to appropriately support virtual workshops must be recognized!

- o **Response from Missouri presenters:** This has been absorbed within existing staffing models. We have a regional AAA lead in each part of the state, which allowed us the flexibility to leverage existing staff models for the shift to virtual. Registration has been more time consuming especially with the one-on-one relationship building and Zoom tutorials. This has been built into the Session 0 as much as possible. Session 0s are mandatory to accomplish expectation setting and technology preparation for the workshops.

- **Question:** What is the cost of offering blended programs vs. just face-to-face?
    - o **Response from Georgia presenter**: We have not done a cost analysis for virtual vs face-to-face.
    - o **Response from Missouri presenters**: We offer only virtual or in-person. We do not offer a hybrid model. We found offering virtual workshops to be less costly overall – even with costs to ship the books - as we avoid mileage, travel and supplies costs.

Many thanks to the following presenters for contributing information for these FAQs!

- Megan Stadnisky, Evidence Based Aging Services Coordinator, Georgia Department of Human Services Division of Aging Service
- Kathryn Zahm, Community Programs Manager, AgeOptions
- Peggy Tully, Health Education Implementation Coordinator, AgeOptions
- Erika Saleski, Project Director, MA4 Network/Missouri Association of Area Agencies of Aging
- Emily Barbee, Field Specialist in Nutrition and Health Education, University of Missouri Extension