

## Navigating Older Americans Act Title III-D During the COVID-19 Pandemic Tipsheet

### Description:

The Aging Network has always played a vital role in ensuring older adults have access to the supports they need to remain healthy and independent. Yet months of staying home and being less active have taken a toll on the well-being of many older adults. The American Rescue Plan (ARP) provides new investments in Older Americans Act (OAA) Title III-D programs to help grantees and their delivery networks build additional capacity for and deliver evidence-based health promotion and disease prevention programs. Included here are best practices for selecting and delivering evidence-based health promotion and disease prevention programs, focusing on the best practices of delivery of programs in remote formats.

### Overview of the Act:

- The [American Rescue Plan Act of 2021](#) (ARP), also called the COVID-19 Stimulus Package or American Rescue Plan, is a \$1.9 trillion economic stimulus bill that was signed into law March 11, 2021.
- ARP provided \$1.4B in funding for Older Americans Act (OAA) Programs, which ACL issued in formula grants to State Units on Aging on May 3, 2021. See [Factsheet](#) for more details.
- \$43,780,000 million was marked for OAA Title III-D health promotion and disease prevention programs.
- OAA requirement “Funding from Title III Part D section 361 of the Older Americans Act for Disease Prevention and Health Promotion may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.”

### You’ve got the money, now what?!?

- **If you are a State Unit on Aging:**
  - Determine your policies and procedures for ARP for your sub-recipients for OAA Title III-D. These policies and procedures must meet ACL’s requirements, as outlined in your notices of award and the ARP [program FAQs](#) and [fiscal FAQs](#). Pages 5-7 of the programmatic FAQs address OAA III-D specifically.
  - SUAs may choose to re-visit any existing OAA Title III-D policies and procedures and amend them to allow OAA Title III-D sub-recipients to deliver remote programs, purchase technology needed to deliver these programs, etc. Please see the ARP [program FAQs](#) and [fiscal FAQs](#) for more details.
- **If you are a community-based organization** receiving OAA Title III-D funds:
  - Be sure that you understand and abide by your SUA/AAA requirements, policies, and procedures for OAA Title III-D.
- **Explore programs**
  - ACL [criteria](#) for OAA Title III-D evidence-based
  - [ACL ADEPP](#) listing

- [NCOA List - Programs that meet OAA Title III-D criteria](#)
- **Choose a delivery method – whether to go virtual**
  - Remote implementation is possible for some evidence-based programs and not for others. Some of the challenges of transitioning from in-person to virtual evidence-based programs involve:
    - determining which evidence-based programs can be offered virtually ([Click here](#) to see the latest guidance on updates from individual program developers on whether remote delivery is allowable.)
    - providing training to facilitators.
    - determining the technical assistance needed to transition.
  - There are many virtual platform options for delivering services while in a remote location. Find out about the pros and cons for each and what the best approach is for you. [Find tools to deliver remote programs here.](#)

## Tips from the field

This is a summary of suggestions from three organizations that have implemented Health Promotion Programs and pivoted to offering programs remotely in order to continue to successfully offer evidence-based programs during the pandemic.

- **Develop partners**
  - Organize partners, research resources and program developers to assist in the pivot to remote delivery. Potential partners could include AAAs, local health or civic organizations, or network hubs.
  - Hold check-in meetings with partners to discuss barriers and solutions.
  - Get the buy in of partners through live trainings or one-on-one calls on how to facilitate workshops virtually and have standardized program forms and templates available.
- **Organize checklists and templates for virtual delivery**
  - Communication is essential for participants:
    - Develop a check list which includes questions for leaders to ask registrants.
    - Have a step-by-step guide to access any necessary virtual platform or website.
    - Plan an initial call to participants that is documented for leaders.
    - Have email templates ready for leaders to communicate with participants:
      - ❖ Initial email to participants
      - ❖ Session 1 reminder
      - ❖ Follow up email after session 1
      - ❖ Weekly action plan reminder
      - ❖ Weekly workshop reminder
      - ❖ Thank you email
      - ❖ Certificate template
    - Have centralized access to virtual workshop materials and guidance for all leaders.
    - Create electronic versions of all forms so that it is easy for participants to complete pre- and post- surveys (example electronic form programs – Wufoo, Survey Monkey, etc.)

- **Best practices for virtual delivery**
  - Provide Technical Assistance for facilitators through specific platform trainings.
  - Schedule a session zero or practice session to review participant technology (internet access, working webcam), platform functions (mute/unmute microphone/video and use chat box), rules of participation and safety protocols.
  - Provide support and engagement during and outside of class time with reminders and by logging on to calls 15 minutes early to allow social time and to share contact info.
  - Provide in-person Technical Assistance for workshops (an extra person online) to assist with any trouble shooting for leaders in using whiteboard or breakout rooms or for participants.
  - Have an emergency and Crisis Management Plan available for virtual programs.
  
- **Ensure Quality Assurance**

Check with the program developer on specific fidelity requirements and track adherence with:

  - Fidelity Checks
  - Peer Leader Evaluations
  - Monthly Network Partner Conference Calls
  - Annual audits
  - Internal Tracking
  
- **Technology is Here to Stay!**

Incorporating health promotion programs that are offered remotely is an opportunity for more community connectedness and engagement as well as reaching a population that may not have access to an in-person class.

[For more information on remote delivery of evidence-based programs click here.](#)

**Thank you to the panelists that contributed to this [webinar!](#)**

- 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