

FAQs Related to Evidence-Based Health Promotion, Disease Prevention Programs:

As of March 12, 2020

I am reaching out to get specific guidance on our falls prevention programs and other III-D programs. The updated guidance on the ACL and CDC sites indicates that people at higher risk (including all older adults, and people who have severe chronic medical conditions) should: stay at home as much as possible and avoid crowds, especially in poorly ventilated areas. From this guidance, it sounds like we should be potentially be telling our falls prevention and other III-D program partners to cancel their classes but I want to get your specific guidance on this.

- 1) 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.

- 2) 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.

- 3) 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.

- 4) 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 completer basis. Please stay in close contact with your project officer on any changes and for additional technical assistance.

- 5) **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.