Staying Healthy by Staying Home

Reaching older adults with evidence-based programs through online and telephonic formats

By Allison Goforth, Program Director at Partners in Care Foundation’s Community Wellness Department

As the United States fell into the global coronavirus pandemic earlier this year, the way we all worked and lived changed dramatically. This was no different for older adults, who found themselves stuck at home and more socially isolated than ever. While many social service organizations pivoted to meet basic needs like food provision, Partners in Care Foundation’s Community Wellness Department found itself asking how to adjust. As a department, our specialty has always been providing evidence-based programs in community spaces. With those spaces now closed up, how could we continue to reach older adults in their homes?

The Community Wellness staff laid as much groundwork as possible to prepare for the green light we imagined would come from program developers – and it did. This groundwork has taken the shape of a tool box designed to link remote program implementation steps in a practical way.

1. **Evaluating the options**
   This particular toolbox is focused on Chronic Disease Self-Management Education (CDSME), since those were some of the first evidence-based programs allowed in remote formats. Since CDSME can be offered in both online and telephonic formats, it was also a great way to break into remote programming. These formats offer something for older adults who may not be comfortable with technology or may not have access to technology. We weighed the CDSME options and decided to offer online CDSME workshops via Zoom and telephonic CDSME workshops via Uber Conference using mailed tool kits.

   **Related Tools:**
   - CDSME Remote Alternatives Summary

2. **Planning the process**
   As we were figuring out a new process we had to ask ourselves a lot of questions: How would we reach community members? What are our staff’s new roles and responsibilities? How can we make these programs as accessible as possible? What are the resources we need to accomplish our goals? We used the discussions around these questions to block out a basic process from start to finish, including a calendar of activities and a list of needed resources. As we worked through the process in real time, we had weekly staff meetings to evaluate successes and pain points and revised the process to reflect feedback from staff and community members.

   **Related Tools:**
   - Remote Workshops Planning and Implementation Guide
   - Calendar for Remote CDSME Rollout
3. **Reaching the community**

The workshops we’d held in-person had always been at community sites – senior centers, low-income apartment buildings, clinics, and so on. All of these sites closed for business when the pandemic hit, so we had to figure out how to continue to reach our communities. Through outreach to dozens of our partners we gathered a list of names and contact information to reach out and engage older adults in our new remote program offerings. Through this new way of communicating (heavily reliant on phone calls) we developed scripts, templates, and tracking systems to collect and communicate all necessary information.

**Related Tools:**
- Stay Healthy Stay Home Flyer CDSME
- Remote CDSME Registration List
- Remote CDSME Recruitment Phone Script
- Email Confirmation
- Zoom Instructions
- Online CDSME Setup Call Instructions
- Tool Kit Setup Call Instructions

4. **Collecting data efficiently**

Now that workshops have transitioned to remote platforms, so have data collection methods. Although data certainly could continue to be collected telephonically and transferred to paper forms, it’s just more efficient to use an online platform. We chose SurveyGizmo as a HIPPA-compliant option. We translated our paper client intake forms and workshop surveys into online surveys. For participants comfortable with technology we’re able to send a link to these data collection surveys so they can complete them with one of our staff members standing by to answer any questions. For participants without access to, or not comfortable with technology, a staff member inputs their information online during a telephone call with the participant.

**Related Tools:**
- Data Collection Recommendations NCOA Grand Rounds Presentation
- Client Intake and Pre-Program Survey
- Pre-Program Survey Call Instructions Online or Tool Kit
- CDSME Editable Attendance Log
- Post-Program Survey
- Post-Program Survey Call Instructions Online or Tool Kit

One month after the pandemic hit, we started our first remote workshop, and within three months we were up to 16 workshops including CDSME and three other evidence-based programs. These tools have been of great use to our team, and we hope they will also help partners across the country bring remote programming to their communities.

[Check out the CDSME Tool Kit here](#)