

Lessons Learned: Healthy Living for ME and the Shift to Remote Evidence-Based Service Delivery

The 2020 COVID-19 pandemic has been the impetus for a myriad of changes across all industries worldwide. It has forced all businesses and organizations—both for and non-profit—to assess their models and reposition themselves to succeed and deliver services amid a continually evolving landscape.

The purpose of this paper is to tell the story how Healthy Living for ME (HL4ME) successfully addressed this challenge and is utilizing the lessons learned to expand its service delivery options into the future.

Background

The HL4ME network is a joint venture partnership created in the spring of 2018 among three of Maine's five Area Agencies on Aging (AAA): Spectrum Generations (Central Maine AAA), Seniors Plus (Western Maine AAA), and Aroostook Agency on Aging (covering Northern Maine) with numerous other providers (including other AAA's) providing full statewide coverage.

The HL4ME network delivers community-based evidence-based and care coordination programming to older and disabled adults throughout the state. This paper addresses our most recent experience with evidence-based programming during the COVID 19 pandemic.

In delivering evidenced-based programming, HL4ME utilizes local leaders, community organizations, and health systems to deliver workshops to help adults manage chronic health conditions, prevent falls, and foster well-being. Prior to March 13, 2020, all HL4ME workshops had been held in-person—as prescribed by the Self-Management Resource Center (SMRC) or the Tai Chi for Health Institute (TCHI) to maintain evidence-based fidelity and reached over 1,800 participants through over 200 workshops.

Upon the onset of the COVID-19 pandemic, all in-person workshops were suspended. Rather than stop and wait, HL4ME made a calculated choice to research, pursue, and implement remote evidence-based workshops as they become available.

The first SMRC sanctioned remote workshop to be introduced was the Chronic Disease Self-Management Program—previously offered by HL4ME as Living Well for Better Health. This workshop was introduced as a correspondence course tool kit model. It utilizes the same materials as the in-person workshop. Each participant was mailed a tool kit of materials and a facilitator conducted a weekly check-in by telephone or video conference (in this case, Zoom). HL4ME branded this tool kit workshop Better Health Now (BHN) and implemented it with a soft opening April 6, 2020 and official open on May 4, 2020.

During the same period, TCHI introduced Virtual Tai Chi for Health and Balance (VTCHB). This workshop is identical to HL4ME's existing Tai Chi for Health and Balance workshop; however, it is conducted via a videoconference format (again, Zoom was utilized). HL4ME rolled out VTCHB simultaneously with BHN.

In the following months, HL4ME implemented the following additional workshops:

- Tool Kits

- Chronic Pain Self-Management Program--branded Better Health Now with Pain (BHNP)
- Diabetes Self-Management Program—branded Better Health Now with Diabetes (BHND)
- Virtual
 - Chronic Disease Self-Management Program—Branded Virtual Living Well for Better Health (VLWBH)
 - Chronic Pain Self-Management Program—branded Virtual Living Well with Chronic Pain (VLWCP)
 - Diabetes Self-Management Program—branded Virtual Living Well with Diabetes (VLWD).

These virtual workshops follow the same group format as in-person workshops but are conducted via videoconference (Zoom)

Each new workshop continues to be a success and represents a sea change in the evidence-based programming world. As a forerunner in implementation of newly designed remote workshops, HL4ME continues to strive to be a nationwide leader in the dissemination of these new offering and is reaching older adults in very rural and remote settings that would have been near impossible in pre-pandemic programming.

This was a major service delivery pivot for HL4ME and many lessons were learned during our journey that should be shared with other providers looking for answers and solutions. In the following pages key ideas, resources, and requirements are identified to enable success in transitioning to with remote evidence-based workshops.

Lessons Learned

Technological Investment: A major strength of HL4ME is our robust website (www.healthylivingforme.org). It serves as the central registration portal, referral tool, program information resource, data collection database, and reporting instrument. To ensure prospective participants, referrers, and volunteers could easily locate workshop listings that matched those being advertised, it became clear that further investment in the website design was necessary.

HL4ME added the BHN suite of workshops and an “online” option for the virtual workshops to the variety of listings housed on the website. This allowed potential participants seeking remote workshops to easily identify and filter their search. Additionally, it permitted HL4ME team members and partners to accurately schedule upcoming workshops. The expanded workshop listings resulted in more accurate and logical reporting and tracking

By making this infrastructure investment, HL4ME demonstrated a simple method to allow users to search, register, and clearly identify the appropriate format of the workshop they wanted to participate in.

Targeted Marketing: Marketing to prospective participants for remote workshops during the COVID-19 pandemic was very straightforward. HL4ME conducted a soft opening of remote workshops via Facebook on April 6, 2020. This was followed up by an official press release on May 4, 2020. Since the

official rollout, social media advertising and workshop listings on the HL4ME website, coupled with proactive conversations by HL4ME Regional Coordinators and Community Providers, has proven to be very successful in filling workshops with participants statewide.

However, not all groups have been as responsive. In an early effort, HL4ME distributed a flyer to Meals on Wheels recipients throughout Central Maine. In-person attendance has always presented as a barrier for homebound individuals, even though they would benefit from the offered classes. With remote options, workshops now could be completed from home. Approximately 1,700 flyers were distributed and generated with little to no response. It became evident a blanket approach to promoting new programs to an untapped population was not efficient or effective method in the early days of the pandemic. Prospective participants were still adjusting to evolving standards and expectations of daily life regarding COVID-19. As such, a mass-marketing approach simply became part of the noise.

In the following months, public awareness of HL4ME workshops increased due to the marketing methods listed above, filling most workshops to capacity. However, the Meals on Wheels and other home-bound populations were not abandoned. HL4ME conducted internal group strategy sessions aimed at more efficiently targeting these groups. It was determined that involving boots-on-the-ground workers who serve the populations in question will lead to a more targeted campaign. Proposals are being developed to work directly with home-care workers regarding which consumers to advertise to, when to do it, and how to approach them. If successful, this process will be adapted to Meals on Wheels recipients. This campaign has an expected rollout of early 2021.

Small Town Babble Factor: All previous HL4ME workshops were often held in community locations throughout Maine and participants were required to attend in person. As one of the most rural states in the country, this meant a great deal of participants are from the same small town or community. This presents as a barrier because many of the workshops require participant sharing, and letting your neighbor know the challenges you are facing can be uncomfortable for many.

The remote/virtual workshops removed this barrier. In a remote/virtual tool kit scenario, conversations with facilitators are either one-on-one or in groups spread throughout the state and regional specificity is not a factor. This removed the fear of small-town babble and HL4ME found that participants are more likely to actively participate and share personal information in such a setting rather than in front of their neighbors. Removing this concern and allowed for more open dialogue and resulted in increased workshop participation and attendance at subsequent sessions.

In order to be considered a workshop completer, each participant must successfully complete a prescribed number of sessions of that workshop—as determined by the specific workshop’s fidelity requirements. In the months leading up to the COVID-19 pandemic, HL4ME saw statewide completion rates of 45% for Tai Chi and 65% for SMRC programs. Since the onset of the pandemic and the shift to fully remote workshops, HL4ME achieved 76% completion for VTCHB and 74% for SMRC programs.

Workshop Minimums Are Easier to Achieve: Each evidence-based program workshop has specific attendance requirements—both minimum and maximum. Due to Maine’s rurality, it was difficult to meet workshop minimum requirements as participants are spread out in the more rural portions of the state and typically could not travel the needed distances to workshops, especially during winter months.

With remote options, participants could be hundreds of miles from fellow participants and facilitators and still participate in the workshop. This enabled HL4ME to meet participation/attendance levels more easily. Additionally, prior to the COVID-19 pandemic, some in-person workshops—in particular TCHB—would meet maximum participant limits, rendering workshops full and other participants waiting for the next class in that region. This has now become a non-issue as any participant can find and enroll in any workshop regardless of their location. Without needing to coordinate facilitator schedules based on geography, if demand is high, new workshops can be easily scheduled.

Among HL4ME Living well and Tai Chi workshops, which would later be adapted for remote delivery, HL4ME saw a 25% cancellation rate in the six months (September 1, 2019 through March 1, 2020) leading to the COVID-19 shutdown due to low enrollment. Post-pandemic, with these workshops being administered without a prescribed location, HL4MEs cancellation rate has dropped to 17%.

Survey Bottleneck: A critical element to evidence-based programs are pre and post workshop surveys, allowing HL4ME to measure the effectiveness of workshops and determine future implementation strategies. Without knowing what is helpful for participants, it is impossible to grow and improve to meet community need.

In an in-person setting, surveys are simply completed by participants at the beginning of the first session and the conclusion of the final session. They are coded for anonymity and provide the participant with a format to communicate to HL4ME anonymously.

With remote workshops, there is no situation where a facilitator can distribute surveys. Historically, surveys mailed to participants, even with prepaid and addressed return envelopes, are rarely completed and mailed back. HL4ME determined that the most effective way to conduct surveys for remote/virtual workshops was via telephone and to utilize a team member who was not involved in a completed workshop. This helped preserve the anonymity of responses.

What HL4ME did not account for was the social isolation that many were feeling or expect the embracement of the opportunity for a telephone conversation. In practice, these phone conversations proved exceedingly time consuming. While participants were very forthcoming, each survey proved to take at least 20 minutes.. Extrapolated out to reflect all participants, and due to the rousing success of remote workshops, it became evident that far too much time was being devoted to survey results.

To alleviate this, HL4ME developed an electronic version of the survey which is both easy for the user and has data security safeguards built in. In a link that is emailed to participants, the electronic survey asks all the same questions as the paper survey, as required to maintain fidelity, but allows the participant to complete and submit electronically. Upon receipt of the electronic survey, an HL4ME team member will enter the participant's replies into the website database. Eliminating the conversational aspect of surveying and shifting it to strictly data entry significantly increased efficiency.



Technology Utilization by Participants: While HL4ME determined early in the process that Zoom would be the videoconference format of choice, the device used by each participant can vary wildly. One may be using a small smartphone, while another may be on a traditional desktop computer with a camera,

and another on a tablet. It became clear that participants would need specified instructions to maximize the effectiveness of their respective devices.

HL4ME developed usage guides for each type of device that may be used to access the workshop. These guides are distributed at registration and walks the participant through the steps of setting up and using their device for the workshop.

Maine falls in line with the rest of the country regarding internet [connectivity](#)*. However, facilitators did encounter participants who did not own suitable devices to effectively participate in workshops. To combat this, HL4ME developed a tablet loaning program. Within this program, funded by grants from the Maine Community Foundation and the Maine Center for Disease Control and Prevention, registered participants were provided with an Apple iPad tablet with data capabilities. Each participant agreed to usage guidelines and expectations for care and return of the tablet at the end of their workshop. This program helped ensure that adults in need have access to services that would improve their lives. HL4ME also reached out to new participants to assist with any log-in difficulties. It was very gratifying for team members to successfully assist a participant who was having trouble. It inspired confidence among the participants and was often a new skill learned. Many participants have reported that they've used their newly acquired technology skillset to maintain contact with friends and family that they were unable to see in person due to distance or in response to the COVID-19 pandemic.

HL4ME is devoted to fighting social isolation. Aiding participants in staying in touch with people they were previously unable to see was an unpredicted but positive outcome.

Workshop Set-Up: The actual functionality of many workshops is different via tool kit or virtual format than it is in person. To best implement these workshops, HL4ME created and distributed tip sheets for workshop delivery to our network facilitators. This ensured service delivery consistency across all workshops.

Within VTCHB, this was particularly important with regard to safety. VTCHB participants represent a large cross section of Maine adults. With varying degrees of mobility, steadiness, and health among those participants, not having facilitators on site proved an extra challenge as it was more difficult to monitor participants to ensure movements were being completed exactly as instructed. If movements were done not according to standard, the benefits of the workshop were lessened and the possibility for injury to the participant increased. To alleviate this risk, HL4ME instituted a procedure that a second facilitator must be present for all VTCHB sessions in order to monitor each participant and correct improper form.

Scheduled emails are distributed to the participants as the workshop sessions occurred. These emails provide guidance for participants to gain comfort with the material before the facilitators presented it. Maintaining that communication has proved critical because participants do not attend an in-person group and tend to be more focused on the facilitators. HL4ME found that preparation for the workshops and mastery of material by facilitators is even more essential in the remote/virtual setting.

Shift of Service Delivery Mindset: HL4ME is a joint venture partnership spread throughout Maine. Southern Maine is very densely populated; northern Maine is very sparsely populated. Each joint venture partner has historically had an established region with its own goals and realities of capacity

regarding the number of facilitators, participants, and workshops. With employees in 3 locations statewide, joint venture partners worked cooperatively however had established territories which operated on a micro-level.

With remote workshops, this parochialism required re-evaluation and a redefined mindset away from regionalism. Weekly team meetings were held via Zoom and communication among the network increased dramatically. Collaborative strategic planning, decision-making, issue identification and response, and implementation, while always a HL4ME goal, blossomed during these meetings. Without these continual discussions regarding workshop and program scheduling, participant and facilitator communication, and implementation strategy, the ability to move from a regional mindset to a statewide approach could not have been attained.

Constant Changes in Implementation: At the onset of the COVID-19 pandemic, HL4ME developed a remote workshop implementation plan in anticipation of the workshops being made available. As remote options were released by the SMRC and TCHI, the implementation plan evolved as guidance changed. Guidance and requirements to facilitate these workshops changed quickly, sometimes as often as weekly. Identifying the change in guidance, the impacts to program delivery, and the implementation and communication of the changes presented a challenge.

To address this challenge, HL4ME dedicated a team member, the Training and Fidelity Manager, to staying abreast of all changes and modifying the implementation plan accordingly. The changes and the network's response to them were communicated weekly at the team meeting. This allowed HL4ME to begin offering programs virtually only 3 weeks after the first case of COVID-19 was identified in Maine.

After remote workshops were introduced, real-time changes continued to be implemented. In addition to prompt response and adaptation to changing SMRC and TCHI guidelines and requirement, critical to effective delivery of evidence-based programs to adults in need, technology needed to evolve as the workshops developed. HL4ME worked directly with Spectrum Generations' Database Administrator and the liaison from Juniper (HL4ME's website and data processing system).

As referenced earlier, HL4ME invested in the website in order to provide accurate representation and record keeping of the newly modified workshops. As new workshops were created and filled with participants, direct contact with Juniper was essential to ensure the website was working as efficiently as possible. For instance, password resets were a cumbersome process that fell solely on the individual logging in. HL4ME staff could walk an individual through the process, but not initiate it for them. With all programs being remote, it was very important that all participants, volunteers, and staff could log in easily. Juniper modified the password reset process to allow HL4ME staff to generate a password reset for volunteers, participants, or peers. This alleviated a pinch-point for participants and leaders already adapting to a drastically changed environment.

In addition to the development of online surveys, the Database Administrator has been a great resource for HL4ME. With the advent of new and modified programs, easy access to data can help shape planning for the future. While Juniper provided many data options, extracting the data wasn't always efficient. The Database Manager, utilizing Power BI, created comprehensive tools to access and quantify data via dashboards. This is critical in order to maximize impact on participants by identifying regions of low enrollment, areas of concern with completion rates, and areas of successful program delivery throughout the state of Maine.

Planning, adaptability, flexibility and willingness to pivot as the environment dictates has proven an essential element of remote evidence based workshop implementation. As demonstrated throughout this document, it proved advantageous for HL4ME and, in turn, any other organization with sights set on remote workshop delivery to plan as much as possible but be willing to change when then environment or guidelines necessitate.

Conclusion

The COVID-19 pandemic has changed the world in ways HL4ME could not have imagined. By abruptly halting all in-person workshop capability—rendering HL4ME’s entire network stagnant—challenged us to quickly convert to a virtual format for evidence-based programming in the state of Maine.

HL4ME is unabashedly dedicated to delivering evidence-based workshops to Mainers in need, especially during a time when many were choosing to forego physician appointments and are struggling to manage their own health care needs in alternative ways. It was critical to pick up the pieces in the wake of the shutdown and take the necessary steps were to ensure that workshops reached participants.

For any network embarking on this sea of service delivery change, preparation and planning is key. Every plan should be developed with the future in mind and the ability to modify and pivot, as necessary. Flexibility and cognizance of an ever-changing world with innumerable variables is the order of the day.

HL4ME has been successful in its remote workshop endeavors due to all the factors listed above. The network has reached participants who previously did not have access to services, streamlined the network communication, and delivered critical tools to those in need. With much of the future still unknown, HL4ME will continue to change as needs of participants and requirements of programming dictate.