New Data Collection Forms and Resources for ACL/AoA Falls Prevention Grantees

June 29, 2018
Speakers

**Casey DiCocco**, MPH, Program Officer, Office of Nutrition and Health Promotion Programs, Administration on Aging, Administration for Community Living

**Chelsea Gilchrist**, MGS, Senior Program Manager, Center for Healthy Aging, National Council on Aging

**Meghan Thompson**, Data Manager, Project Enhance, Health & Wellness Department, Sound Generations
Webinar Overview

• Welcome from ACL and NCOA
• Timeline for implementing the new OMB-approved data collection forms
• Changes to the OMB-approved data collection forms
• Live demonstration of how to enter data from the new forms into the National Falls Prevention Database
• Optional Pre- and Post- Survey Questions
• National Falls Prevention Database Data Collection Toolkit
• Resources
Grant Requirement

• FOA notes that grantees must collect required program data by way of ACL’s specific data collection forms

• Data should be reported within 30 days of program completion.

• Grantees should train local coordinators, workshop leaders, etc. on data collection practices and use of forms
Background: Falls Prevention Data Collection Tools

- As required by the Paperwork Reduction Act, submitted and received approval from the Office of Management and Budget (OMB).

- Opportunity for comment provided during OMB review process (60-day and 30-day comment periods).

- Prior forms used as a framework, modifications made based on expert internal/external guidance and focus groups with ACL Falls Prevention Grantees.

- Option for random sampling specific to participant data collection
OMB-Approved Falls Prevention Data Collection Tools

- Program and Participant Tools
  - Host Organization Information Form
  - Program Information Cover Sheet
  - Attendance Log
  - Participant Information Form (Pre-Survey)
  - Post-Session Survey
- Semi-Annual Performance Report Directions and Sample Template
Expectations and Timeline

• Begin transitioning to the new data collection forms June 29, 2018.

• Must transition to the new data collection forms no later than **November 1, 2018**.

• Can enter data from the old forms into the National Falls Prevention Database until October 31, 2018.
New OMB-Approved Data Collection Forms
Terminology

- **Program**: An evidence-based falls prevention program
- **Workshop**: A class or group meeting through which a program is delivered to participants
- **Session**: A single meeting of a workshop, e.g., an hour-long class period or an encounter
- **Facilitators/Leaders**: The people who are trained to deliver the falls prevention programs
- **Participant**: The people who enroll in the programs
Terminology

- **Host Organizations**: The organizations that sponsor workshops, hold the license for a program, train or employ leaders, and arrange for the use of implementation sites.

- **Implementation Sites**: The physical locations where programs are delivered.
Data Collection Form Formats

- Available in English, Spanish, Chinese, Hmong, Korean, Vietnamese, and Cambodian
- Printed
- Fillable PDF (Pre- and Post- Surveys Only—Coming July 2018)
- Forms are available on the National Falls Prevention Grantee Resources webpage
New Data Collection Forms

- Host Organization Information Form***
- Program Information Cover Sheet***
- Attendance Log***
- Participant Information Form (Pre-Survey)
- Post-Session Survey

***No changes aside from the form expiration date
Form Changes: Program Information Form

Changed

• Participant I.D. *(Question format)*

• Question 8: Has a health care provider ever told you that you have any of the following chronic conditions? *(Answer choices and format)*

• Question 11: In the past 3 months, how many times have you fallen? *(1 question → 3 questions)*

Added

• Question 15: I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling. ___ True ___ False

• Question 16: What best describes your activity level?
Program Information Form: Participant I.D.

Back slashes added to the participant I.D. field, and the I.D. instructions (“first two letters of your…”) appear after the blank spaces.

Participant I.D. ___ / ___ / ___ (first two letters of your first name, first two letters of your last name, last two numbers of your birth year)

New Form

Participant I.D. (first two letters of your first name, first two letters of your last name, last two numbers of your birth year): ___ ___ ___ ___ ___

Old Form
8. Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)? **Check Yes or No.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis or other bone/joint disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Breathing/lung disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Depression</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Heart disease or blood circulation problem</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>High blood pressure/hypertension</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Glaucoma/other chronic eye problem</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Chronic Condition(s) (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**New Form**
- “Check Yes or No”
- Yes/no answers for each condition
- Answer options for cancer, high blood pressure/hypertension, osteoporosis, and Parkinson’s disease
- “Other chronic condition(s) (specify)”
- Removed “none (no chronic conditions)” answer choice

**Old Form**

8. Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)? (Please check all that apply.)

- Arthritis or other bone/joint disease
- Breathing/lung disease
- Depression
- Diabetes
- Heart disease or blood circulation problem
- Glaucoma/other chronic eye problem
- Other chronic condition
- None (No chronic conditions)
Program Information Form: Question 11

11. In the past 3 months, how many times have you fallen?  O none  O _______times

If you fell in the past 3 months:

a. how many of these falls caused an injury? (By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.)
   _______ number of falls causing an injury

b. where did the fall(s) occur (Please check all that apply)?
   O Indoors  O Outdoors  O Both indoors and outdoors

c. what happened after you fell and had an injury? (Please check all that apply)
   O Went to the Emergency Room  O Was admitted to the hospital
   O Visited my Primary Care Physician  O Did not seek medical care _______

New Form

- Changed from 1 follow-up question to 3 follow-up questions.

Old Form
New Form

- Added home safety question to pre-session survey

15. I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling __ True __ False
New Form

• Added activity level question to pre-session survey

16. What best describes your activity level?
   ○ Vigorously active for at least 30 min, 3 times per week
   ○ Moderately active at least 3 times per week
   ○ Seldom active, preferring sedentary activities
Form Changes: Post-Session Survey

Changed

• Participant I.D. *(Question format)*
• Question 2: Since this program began, how many times have you fallen? *(1 question → 3 questions)*
• Question 5: Please mark the circle that tells us how sure you are that you can do the following activities. *(Answer choice)*
• Question 8: Since this program began, what have you done to reduce your chance of a fall? *(Answer choices)*

Removed

• Question 4: Has this program reduced your fear of falling?

Added

• Question: I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling. ___ True ___ False
• Question: What best describes your activity level?
Back slashes added to the participant I.D. field, and the I.D. instructions (“first two letters of your…”) appear after the blank spaces.

**New Form**

Participant I.D. ___ / ___ / ___ (first two letters of your first name, first two letters of your last name, last two numbers of your birth year)

**Old Form**

Participant I.D. (first two letters of your first name, first two letters of your last name, last two numbers of your birth year): ___ ___ ___ ___ ___
2. Since this program began, how many times have you fallen?  ○ none  ○ ________ times

*If you fell since the program began:*

a. how many of these falls caused an injury? (By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.)  
   ______ number of falls causing an injury

b. where did the fall(s) occur (Please check all that apply)?  
   ○ Indoors  ○ Outdoors  ○ Both indoors and outdoors

c. what happened after you fell and had an injury? (Please check all that apply)  
   ○ Went to the Emergency Room  ○ Was admitted to the hospital  
   ○ Visited my Primary Care Physician  ○ Did not seek medical care

New Form

• Changed from 1 follow-up question to 3 follow-up questions.

Old Form
4. Please mark the circle that tells us how sure you are that you can do the following activities.

<table>
<thead>
<tr>
<th>How sure are you that:</th>
<th>Very Sure</th>
<th>Sure</th>
<th>Somewhat</th>
<th>Not at all sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I can find a way to get up if I fall</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

5. Please mark the circle that tells us how sure you are that you can do the following activities.

<table>
<thead>
<tr>
<th>How sure are you that:</th>
<th>Very sure</th>
<th>Sure</th>
<th>Somewhat sure</th>
<th>Not at all sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I can find a way to get up if I fall</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

New Form
- Changed “Somewhat sure” to “Somewhat”

Old Form
Post-Session Survey: Question 8

New Form

- Removed two answer choices
  1. “Did exercises I learned in this program at home”
  2. “Made changes in my home to reduce my risk of falling”

Old Form

- Since this program began, what have you done to reduce your chance of a fall?
  Check all that apply.
  - Talked to a family member or friend about how I can reduce my risk of falling
  - Talked to a health care provider about how I can reduce my risk of falling
  - Had my vision checked
  - Had my medications reviewed by a health care provider or pharmacist
  - Participated in another fall prevention program in my community

- Did exercises I learned in this program at home
- Made changes in my home to reduce my risk of falling (for example, secured rugs or improved lighting)
Post-Session Survey: Question 4

Old Form

- Removed question 4 from the post-session survey

4. Has this program reduced your fear of falling?  
O Yes  O No
Post-Session Survey: New Question

New Form

• Added home safety question to post-session survey

8. I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling. __ True __ False
Post-Session Survey: New Question

New Form

• Added activity level question to post-session survey

9. What best describes your activity level?
   - O Vigorously active for at least 30 min, 3 times per week
   - O Moderately active at least 3 times per week
   - O Seldom active, preferring sedentary activities
Optional Survey Questions

1. Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)? Please check all that apply. 
   *Early stage dementia*

2. Are you here as a caregiver to a person with Dementia? (Yes/No)

3. What is your zip code?

4. Please indicate which type of insurance you have. (Medicaid, Medicare, TriCare, Veterans Health, No Insurance, Private Insurance Not Listed Above, Other Private Insurance: __)

5. Were you referred here today from a Facebook ad? (Yes/No)

6. Have you taken this falls prevention program before? (Yes/No)

7. Have you taken a falls prevention program before? (Yes/No) - *Coming soon!*
Optional Survey Questions

• Available in English, Spanish, Chinese, Hmong, Korean, Vietnamese, and Cambodian (Khmer)

• Available online on the National Falls Prevention Grantee Resources webpage

• **Reminder:** If you add questions to the OMB-approved surveys you must remove the OMB control number from the form and send an email notification to your ACL Project Officer and NCOA Technical Assistance Liaison

OMB Control No. 0985-0039
Exp. Date 03/31/2021
National Falls Prevention Database Live Demonstration
The demonstration is archived at the following link: https://vimeo.com/278686946
National Falls Prevention Database Resources
New! Data Collection Toolkit

- **Goal**: Emphasize to partners and workshop facilitators the importance of data collection, and provide instructions about how to submit the data collection forms to your agency/organization.

- **Materials**: PowerPoint presentation template and script

- **Overview**
  - ACL/AoA Falls Prevention Grant Goals and Anticipated Results
  - Importance of Collecting Data
  - Data Collection Terminology and Forms
  - Changes to the 2018 OMB-Approved Forms
  - Instructions for Submitting Data Forms to Grantee
  - Maximizing Complete and Accurate Data
  - Participant Demographics and Program Outcomes Reports
  - Resources

Grant Goals

- Significantly increase the number of older adults and adults with disabilities at risk of falls who participate in evidence-based community programs to reduce falls and falls risks

- Implement innovative funding arrangements to support evidence-based falls prevention program(s) both during and beyond the grant period; and,

- Embed program(s) into an integrated, sustainable evidence-based prevention program network via centralized, coordinated processes
Importance of Collecting Data

The Administration for Community Living, the National Council on Aging, and [insert agency here] use data to:

- Determine program reach and participant demographics (i.e., ethnicity, age, gender) so we can better target our efforts to serve our community.
- Report participant outcomes to determine the impact and value of the programs.
- Show grant funding agency and legislators that they are spending their money wisely on these programs.
- Learn what technical assistance we can provide better support you in implementing and sustaining programs.
- Inform future program needs.
- Conduct research to determine the reach and value of programs.
Maximizing Complete and Accurate Data

- Build in time to complete forms during the beginning of the first and last workshop sessions.
- Review the Program Leader script that highlights the importance of completing the forms.
- Host a “Session Zero” to allow participants more time to complete the pre-survey. Tools and tips sheets for hosting a Session Zero can be found here: https://www.ncoa.org/center-for-healthy-aging/cdsme-best-practices-toolkit/centralized-coordinated-logistical-processes/#intraPageNav1
- Walk through the surveys together with the participant.
Having complete and accurate data is the best way to paint a true picture of program performance in the field. Good data helps us learn how different programs impact people from a variety of backgrounds and across multiple settings.

- **Build in time to complete forms during the beginning of the first and last workshop sessions.** This is essential as it shows participants that the forms are important enough to be integrated into the time allotted. This approach is also a more effective way to get responses than waiting until when people are ready to leave.

- **Review the Program Leader script that highlights the importance of completing the forms.** Scripts for falls prevention and CDSME programs focus on the importance of participant feedback for improving future programs and obtaining funding, along with the fact that all information is confidential.

- **Host a “Session Zero” to allow participants more time to complete the pre-survey.** If you are holding an orientation or recruitment event, carve in extra time to have newly enrolled participants complete baseline/pre-program forms.

- **Walk through the surveys together.** It may be worthwhile to walk through each question as a group to ensure that participants understand each question and accurately answer each one.
Sample Program Outcome Report

Feel more satisfied with life
- / Post Q7e

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly</td>
<td>8708</td>
<td>9425</td>
<td>468</td>
<td>100</td>
<td>4192</td>
</tr>
<tr>
<td>agreed</td>
<td>50%</td>
<td>50%</td>
<td>3%</td>
<td>1%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Would recommend program to friend or relative
- / Post Q7f

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly</td>
<td>14820</td>
<td>4713</td>
<td>89</td>
<td>181</td>
<td>3090</td>
</tr>
<tr>
<td>agreed</td>
<td>75%</td>
<td>24%</td>
<td>0%</td>
<td>1%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Since program began, what actions to reduce risk of falls...

- Talked to family: 9734 (43%)
- Talked to provider: 4577 (20%)
- Checked vision: 5782 (25%)
- Had meds reviewed: 5580 (24%)
- Participated in another falls prevention program: 2237 (10%)
- Did exercises at home: 17450 (76%)
- Made changes to home to reduce risk of falls: 12328 (54%)

% of Total
Additional Database Resources

- National Falls Prevention Grantee Resources Webpage
- Tip Sheet: Maximizing Complete and Accurate Data
- Tools and Tips Sheets for Hosting a Session Zero
- Privacy and Security Basics for Falls Prevention Evidence-Based Programs PowerPoint
- Non-Disclosure Agreement Template
- FAQs for Falls Prevention Grantees
Questions?