Administration for Community Living

Guidance and Updates for Navigating the National Chronic Disease Self-Management Education Database

September 20, 2017

ncoa
National Council on Aging

Improving the lives of 10 million older adults by 2020
Speakers

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Sound Generation

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On Today’s Webinar

- Welcome from ACL & NCOA
- TA provided by data management team
- OMB-approved forms & optional fields
- Forms management & data quality assurance
- Privacy and security basics
- Upgrades to Salesforce
- Adding host and implementation sites (live demo)
- Adding workshops (live demo)
- Migrating data from vendors
- Domo update (live demo)
- Ways to get help
- Q&A
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.
Technical Assistance – What can NCOA do for you?

- Migrating Data from Vendors
- Data analyses & evaluation
- Assistance with pulling reports and #s
- Troubleshooting Data Entry
- Getting you set up in database

Look for Data TA survey in October! Your feedback is appreciated.
CDSME National Database – By the #’s

- Participants: 324,094 (2010 – )
- Workshops: 29,086 (2010 – )
- Active User Accounts: 213
- Active Networks: 53
- Active States in Past Year: 38
Terminology

- **Program**: An evidence-based CDSME 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**: The people who are trained to deliver the CDSME prevention programs (formerly, ‘program leaders’)
- **Participant**: The people who enroll in the programs
# 18 Programs in Database

## CDSME / Stanford Suite Programs (a.k.a. Standard)
- Arthritis Self-Management Program
- Cancer: Thriving and Surviving
- Chronic Disease Self-Management Program
- Chronic Pain Self-Management Program
- Diabetes Self-Management Program
- Tomando Control de su Diabetes
- Tomando Control de su Salud
- Programa de Manejo Personal de Artritis
- Positive Self-Management Program

## Non-CDSME Program / Support Program (a.k.a. Alternate)
- Active Living Every Day
- Camine Con Gusto*
- Enhance Fitness
- EnhanceWellness
- HomeMeds
- Living Well with a Disability
- PEARLS
- Walk With Ease*
- Toolkit for Active Living with Chronic Conditions
Salesforce vs Domo

There are 2 components of your National CDSME Database:

- **Salesforce – (Data IN!)** 3-5 users recommended. For entering workshop data, with only basic views of data entered. No export functions at this time.
  - Dashboard with views # of workshops, counties, host organizations, & participants.
  - View individual profiles of hosts, sites, workshops, & participants to verify your entries.

- **Domo – (Data OUT!)** Restricted to a single user. Provides full participant level exports, full workshop-level exports. Allows you to visualize demographic data in graphics and tabular form, and apply filters. See trends, and examine site-level and program leader performance by completion rates & other factors.
Setting up an account in Salesforce

- Grant/network lead should e-mail me to add or update user accounts at angelica.herrera-venson@ncoa.org.
- New grantees will get a reminder in the next week.
- Include user name(s), organization/affiliation, Grantee Account, email address, and desired access level.

Access Levels:

- **Grantee / Network Administrator** – this person can add host organizations and implementation sites on behalf of their network. They can view all workshops entered by all user. There can be multiple accounts with their designation.
- **Data Entry Only** – this person can only enter workshops. They must send requests for adding host and implementation sites to someone a Grantee/Network Administrator in their network.
Terminology

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

- **Implementation Sites**: The physical locations where programs are delivered.
Data Collection Forms (Exp. Date 10/31/2019)

Your Program Name

Participant Information Survey

Participant ID: (first two letters of your first name, first two letters of your last name, last two numbers of your birth year): __ __ __ __ __

1. How old are you today? __ __ __ __ __ __ years

2. Are you: O Male or O Female?

3. Are you of Hispanic, Latino, or Spanish origin?  O Yes  O No

4. What is your race? Mark all that apply:
   O American Indian or Alaska Native
   O Asian
   O Black or African American
   O Native Hawaiian or other Pacific Islander
   O White

5. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)
   O Arthritis/Rheumatic Disease
   O Asthma/Empathy/Other Chronic
   O Asthma/Emphysema/Other Chronic
   O Breathing or Lung Problem
   O Cancer or Cancer Survivor
   O Chronic Pain
   O Diabetes
   O Diabetes
   O Hypertension (High Blood Pressure)
   O Hypertension (High Blood Pressure)
   O Obesity
   O Obesity
   O Other Endocrine/Low Bone Density
   O Other Endocrine/Low Bone Density
   O Other
   O Other

Your Program Name

Program Information Cover Sheet

Instructions to Program Facilitator(s): Please provide the requested details about this program. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator.

1. Site Name: ____________________________________________
   Address: ____________________________________________
   City: ________________________________________________
   State: _____________________ Zip: __________

2. Program Name: ____________________________
   Contact Name: ____________________________
   Phone: ____________________________
   Email: ____________________________

Please provide full first and last names and provide the telephone number and/or name of the local person to contact about any questions.

Reminders:

[Reminders]

[Comments]

Did you enjoy the workshop? (Circle O if no)

[Comments]
Data collection forms & where to find them

OMB Control No. 0985-0036 (Exp 10/31/2019)

1. Program Information Cover Sheet
2. Attendance Log
3. Participant Information Survey
4. Host/Implementation Organization Information Form

Forms can be found at:
Participant ID # on Attendance Log & Participant Survey

- No more names or DOB → Now 6 character ID #
- The Participant ID system you use is meant for your use to identify the participant to the other forms (surveys).
- At NCOA, each participant is given a system-generated ID comprising workshop#, site, and a serial #. Ex. PABERK_082911_02
- To create ID’s on forms: Sara Simon, DOB 1948

First 2 letters of first name, First 2 letters of last name, last 2 numbers of your birth year: SASI48

If no DOB given, you can use ‘OO’, ‘XX’, or any other identifier you select to use consistently, such day of workshop ’22’ (if delivered on Feb 22, 2017)
Post-Evaluation Question
(to be completed at last program session)

Please circle the number that best matches how confident you are feeling.
14. After taking this workshop, I am more confident that I can manage my chronic condition(s).

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Totally confident</th>
</tr>
</thead>
</table>

This cannot be collected at any other time point, except immediately following the very last session of your program; not at 10 wks, 3 months, etc.

It’s important to ensure you connect the response to this question to Participant ID, and the individual participants’ baseline/pre-test forms. A few ways to do this:

- Write the Participant ID # at the top of each post-evaluation question before distributing to your participants that match their baseline forms.
- Hold on to participant forms until the last session when you have collected responses to this questions before mailing in your forms to your designated central data processing center.
Required fields

► Those data elements that are included on the OMB-approved data collection forms.
► Must be included on the data collection forms presented to participants, but participants are free to leave any blank.

Optional fields

► Data elements that grantees may wish to collect over and above the grant-required data elements.
► Marked as “(optional)” in the database. You may add them to the survey version that you use.
Optional Fields – Participant Page

- Satisfied with Program (Likert scale)
- Referral Source – text
- Alzheimer’s / Cognition (Y/N)
- Health insurance
Satisfaction with Program (Likert scale)

- Very Satisfied
- Satisfied
- Okay
- Dissatisfied
- Very Dissatisfied

Health Insurance

- Medicaid
- Medicare
- Tri care
- Veteran's Health
- No Insurance
- Private Insurance
- Insurance Name
### Funding Source

<table>
<thead>
<tr>
<th>AoA CDSME Prevention &amp; Public Health Fund</th>
<th>Medicaid or Medicaid Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>AoA Older Americans Act - Title IIID</td>
<td>Program Fees</td>
</tr>
<tr>
<td>CDC or CDC Arthritis</td>
<td>Cost share</td>
</tr>
<tr>
<td>Foundation / Philanthropic funding</td>
<td>Fundraising</td>
</tr>
<tr>
<td>Other State Funding or State Revenue</td>
<td>Health insurance payer</td>
</tr>
<tr>
<td>Other Federal Funding (e.g. SAMHSA, HHS, etc)</td>
<td>Corporate sponsor</td>
</tr>
<tr>
<td></td>
<td>Don't Know</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>
Modifying Forms – Do’s and Don’ts

Privacy and Security Measures


- protects records that can be retrieved by personal identifiers, e.g. name, social security number, or other identifying number or symbol.

Your Responsibility?

- Train all staff, program leaders, and anyone handling, transferring data forms, in paper or electronic form.
- Disclose rights to participants (voluntary information on surveys, how their information is to be protected).
Training Staff on Safeguarding Participants’ Information


- Program leads can hold a face-to-face or set up online training. They can collect Certificates of Completion from staff to verify that they completed the training. NCOA or ACL does not require copies of these.

Program Coordinator/Data Entry Roles – Data Security

To meet privacy and security standards:
- Store completed CDSME forms in a secure, locked cabinet when not in use
- Enter data into secure, password protected database, such as the CDSME database

What you can trash and when?
- You can destroy these forms immediately after entering data into the database:
  - Program Information Cover Sheet
  - Attendance Log
  - Participant Information Survey
  - Host and Implementation Site Organization Information
- Keep ELECTRONIC copies of data for at least 3 years past last report date associated with grant (ex. Date of last no-cost extension report (3/1/2017 should keep data at least through 2/28/2020)
Non-disclosure Agreements

Non-Disclosure Agreement:
- Acknowledgement that participant information should not be shared with others and should be safeguarded appropriately
- State lead or the designee for data collection must keep Non-Disclosure Agreement in locked secure storage or store electronically scanned copies in a secure, password protected database for 3 years.

For data collection and data entry personnel only:
- English: https://www.ncoa.org/resources/non-disclosure-agreement/
- Spanish: https://www.ncoa.org/resources/non-disclosure-agreement-spanish/
Data entry person:

- Review forms when received to be sure packet is complete -- that is, all expected forms are included, and **participant IDs match across all forms**.
- Follow up promptly with facilitators or site staff to clarify any issues.
- Enter forms into the database as soon as possible. Have a system for managing the flow of forms (e.g., a checklist).
- Watch for unclear responses on the forms and have a consistent method to handle them.
- If you cannot get clarification, leave unclear responses blank.
Strategies Reduce Missing Data

Facilitators:
1. Make a priority building in time, taking advantage of Session ‘0’
2. Assist participants - consider literacy and cognitive challenges, including LEP participants
3. Offer facilitators help
4. Review script during training, emphasize the value of feedback to future funding, programming etc.
5. Build excitement for data by sharing feedback with implementation sites/partners

To learn more strategies: https://www.ncoa.org/resources/maximizing-complete-accurate-data/
Logging in to the database

https://ncoaging.force.com/chacommunity
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Adding Host / Implementation Sites

- Grantee/Network Administrator is only allowed to add New Host/Implementation sites.
- My Host Tab is replaced with My Network Tab

There are 2 ways to open My Network Tab either by clicking on Icon or going through the My Network Tab
Adding Host / Implementation Sites

- My Network Page lists all the Host organizations and Implementation sites belong to Grantee/Network.

- To add a New Host organization, Just click on the Create New Button. It will direct you to New page which allow you to enter details about the Host Organization.
Adding Host / Implementation Sites

- Implementation Sites can be added only after the approval of the related Host organization.
- To add a New Implementation Sites, Just click on the Create New Button. It will direct you to New page which allow you to enter details about the Implementation Sites.
- Allow up to 3 days for data administrator to review and approve host/implementation site addition.
**CDSME State Detail**

<table>
<thead>
<tr>
<th>Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Name</td>
<td>Virginia</td>
</tr>
<tr>
<td>State Code</td>
<td>VA</td>
</tr>
<tr>
<td>Funding Type</td>
<td>Stated Granteed</td>
</tr>
<tr>
<td>Total Active Host Orgs</td>
<td></td>
</tr>
<tr>
<td>Total Active Implementation Sites</td>
<td></td>
</tr>
<tr>
<td>Total Host Orgs</td>
<td></td>
</tr>
<tr>
<td>Total Implementation Sites</td>
<td></td>
</tr>
</tbody>
</table>

**AoA Grant**

<table>
<thead>
<tr>
<th>Completer Requirement</th>
<th>Actual Attendees</th>
<th>Actual Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Implementation Sites Value**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Name</th>
<th>City</th>
<th>Host Organization</th>
<th>State</th>
<th>Last Workshop Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Va. Imp</td>
<td>Arlington</td>
<td>A1@Host</td>
<td>Virginia</td>
<td></td>
</tr>
</tbody>
</table>

**Host Organization Value**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Name</th>
<th>City</th>
<th>Site Type</th>
<th>State</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>A1@Host</td>
<td>Arlington</td>
<td>Faith-based organization</td>
<td>Virginia</td>
<td>true</td>
</tr>
</tbody>
</table>
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Network Details

Graente/Network Group: Blossom

Address: Blossom Solutions Inc, Rivier University at Nashua 3380 North Ridge Road, Howard Crossing Apartment Ellicott City, MD 21043

Total Hosts: 6
Total Implementation Sites: 3
Total Participants: 6
Total Participants Completed: 3
Total Workshops: 2

Host Organizations

<table>
<thead>
<tr>
<th>NAME</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>SITE TYPE</th>
<th>LAST WORKSHOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z1@host</td>
<td>Gamathsburg</td>
<td>Howard</td>
<td>Maryland</td>
<td>Educational Institution</td>
<td></td>
</tr>
<tr>
<td>I2@host</td>
<td>Auburn</td>
<td>Howard</td>
<td>Maryland</td>
<td>Area Agency on Aging</td>
<td></td>
</tr>
<tr>
<td>I1@host</td>
<td>Catonsville</td>
<td>Howard</td>
<td>Maryland</td>
<td>County health department</td>
<td></td>
</tr>
<tr>
<td>HAR Host</td>
<td>Ellicott city</td>
<td>Howard</td>
<td>Maryland</td>
<td>Faith-based organization</td>
<td></td>
</tr>
<tr>
<td>NCOA Host</td>
<td>Crystal City</td>
<td>Crystal City</td>
<td>Virginia</td>
<td>Faith-based organization</td>
<td>2017-09-29</td>
</tr>
<tr>
<td>A1@Host</td>
<td>Millford</td>
<td>Howard</td>
<td>Maryland</td>
<td>Faith-based organization</td>
<td>2017-09-14</td>
</tr>
</tbody>
</table>

Implementation Sites

<table>
<thead>
<tr>
<th>NAME</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>HOST ORGANIZATION</th>
<th>SITE TYPE</th>
<th>LAST WORKSHOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1@imp</td>
<td>Shrigleyekondo</td>
<td>Howard</td>
<td>Maryland</td>
<td>HAR Host</td>
<td>County health department</td>
<td>2017-09-28</td>
</tr>
<tr>
<td>MD@imp</td>
<td>Crystal City</td>
<td>Howard</td>
<td>Maryland</td>
<td>NCOA Host</td>
<td>County health department</td>
<td>2017-09-28</td>
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<tr>
<td>Imp@1</td>
<td>Catonsville</td>
<td>Howard</td>
<td>Maryland</td>
<td>A1@Host</td>
<td>County health department</td>
<td>2017-09-14</td>
</tr>
</tbody>
</table>
Approvals

- There will be a new functionality that will help you to check Host/Imp site status.
- Users will be receiving an Email also regarding their approval/rejection.
Adding Workshops & Participants to National CDSME Database

https://ncoaging.force.com/chacommunity

(LIVE DEMO)
Reporting Participants with No Survey Data

- You can and should submit data for participants that have no survey data. This allows ACL and NCOA to report on program reach, even if there is no corresponding demographic survey.

- However, we don’t want participant survey data for participants who did not attend at least ONE session.

- When entering a participant who has no survey data, you’ll have no Participant ID# to work with. That’s OKAY. When you go into Salesforce to create a participant record, you can skip the Participant ID# field. The system will generate its own ID # for you.

- Skip all the demographic fields, and simply report on attendance.
Data Migration from Vendors

Avoid double data entry work!

- If you are working with a vendor or another database for primary data entry, we can work with you to import data into the CDSME national database.

- Data migration is done quarterly, or as agreed upon.
  - Consider deadlines for semi-annual reports; get data in at least 3-4 weeks before semi-annual report deadline.
Guide to Importing Data Into the National CDSME Database (& Template)

https://www.ncoa.org/resources/data-migration-excel-template/

8-page Document
Reporting Functions in Domo

- Preview of Domo (LIVE DEMO)
- Under construction
- Soft launch in May 2017
  - Re-launch expected in Oct/Nov 2017
- Only one user per network
Finding Help

- *Frequently Asked Questions (FAQ) document may be a useful first stop: [https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/](https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/)

- The direct link to the “Data Entry, Collection, and Management Resource” page can be found here: [https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/cdsme-grantees/data-entry-collection-management-resources/](https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/cdsme-grantees/data-entry-collection-management-resources/)

- CHA Community Chatter area
  - Establishing/use of Groups
  - Requesting TA assistance

- Email Angelica [angelica.herrera-venson@ncoa.org](mailto:angelica.herrera-venson@ncoa.org) or Meghan [meghan.meghant@soundgenerations.org](mailto:meghan.meghant@soundgenerations.org)
Thank You!

Questions and Answers