Evaluation Results and Recommendations: Vital to Safe Mobility and Fall Prevention

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Contracted Evaluator from UH-OPHS
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Learning Objectives

• Review Evaluation methods
• Summarize evaluation results
• Discuss recommendations and next steps
• Plan for expansion and more partners
Valerie Yontz, RN-BC, MPH, PhD

- Year 9 – Specialist and Practicum Coordinator at UH-Public Health
- Gerontologist for 10 year at Community Health Center—Kokua Kalihi Valley Health Center --set up community-based elder service program from inception
- PhD & MA in Sociology of Aging at UH
- MPH in Gerontology at UH
- MSN & BSN in nursing—U. of Utah & St. Louis University
- Worked overseas for 8.5 years as public health nurse
- Worked in Missouri, Maine, Utah and Illinois as public health nurse (ER, home health, TB, and consultant)
What is the Plan?

Plan your work

Work you plan

[Image of a woman writing on a board with the words: Strategy, Execution, Success]
Injury Prevention Recommendations

1. Water Safety
2. Safe Mobility & Good Balance
3. Safe Ingestion
4. Thriving Thoughts
5. Road Safety
6. Kind and Compassion Safety

1. Drowning Prevention
2. Preventing Falls Among Older Adults
3. Poisoning Prevention
4. Suicide Prevention
5. Traffic Safety
6. Violence and Abuse Prevention
Goals of Plan

- Improve the reduction of falls and fall-related injuries among Hawai‘i older adults, and
- Create a paradigm shift within the community to the understanding that falls are not inevitable and that falls can be prevented with good mobility and balance and by reducing the risk factors.
Three Plan Areas

• **Recommendation Area 1:** Raise awareness campaign about fall prevention among older adults, caregivers, and providers.

• **Recommendation Area 2:** Increase availability and accessibility of fall prevention programs statewide.

• **Recommendation Area 3:** Engage professionals and community members in fall prevention activities
Four Foundational Pillars

1. Have Your Medications Reviewed
2. Have Your Eyes Checked
3. Make Your Home Safe
4. Stay Active and Exercise

For Information Call 733-9202
Public Health Program Process Approach

**PROCEED**

- Evaluation
- Monitoring
- Implement

**PRECEDE**

- Planning
  - Assessment
  - Strategies
  - Plan

**Doing**

**Data used**

Data
Components of the Evaluation System

1. **Logic Model** = map
2. **Work Plan** = implement the activities
3. **Evaluation Matrix** = indicators to be measure and that get tracked
4. **Tracking System** = with tracking tables and Data collection methods and people = what to collect
5. **Evaluation Reports** = mark the progress, adjust and adapt—use your results to guide
Evaluation Process

• 3 Kind Objectives
  1. Outputs--what activities got done
  2. Outcomes--short and intermediate term
  3. Impact--long term

4. What did we get.....
### Hawai‘i State Falls Prevention Strategic Plan’s Logic Model (Revised September 22, 2014)

**Goal:** Safe mobility and good balance for all people of Hawai‘i especially older adults

<table>
<thead>
<tr>
<th>Inputs (Resources)</th>
<th>Outputs (Who and How Much)</th>
<th>Outcomes &amp; Impact (So What)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities &amp; Participation</strong></td>
<td><strong>Outputs’ Deliverables</strong></td>
<td><strong>Short Term such as Knowledge, Awareness, and Skills</strong></td>
</tr>
<tr>
<td>Personnel: Injury Prevention Control Program (IPC) DOH personnel &amp; Fall Prevention Consortium and its work groups</td>
<td>A. Raise awareness campaign</td>
<td>1. Older Adults, their caregivers and families gain knowledge and awareness for:</td>
</tr>
<tr>
<td>Leadership: Injury Prevention Advisory Board (IPAC)</td>
<td>Develop audio-visual resources such as DVD, Public Service Announcements (PSAs), brochures and other online social and print media</td>
<td>Mobility Safety</td>
</tr>
<tr>
<td>Therese Argoud, MPH and Ellen Michaels MFA at ICCP; Three work group leaders from Fall Prevention Consortium</td>
<td>Promote KCC Kupuna Education Center Direct Care Worker on-line trainings</td>
<td>Increase exercise for better movement, flexibility, and balance</td>
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<td>Wes Lum, Executive Director of Executive Office on Aging and EOA staff</td>
<td>Create PowerPoint presentations for various audience learning</td>
<td>Medication review</td>
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<tr>
<td>Evacuator</td>
<td>Establish partnerships with media organizations and social media volunteers and others that support the educational awareness campaign</td>
<td>Home assessment</td>
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<td><strong>Funds:</strong></td>
<td>Link and track partnerships with media organizations</td>
<td>Clear vision and eyesight</td>
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<tr>
<td>CDC grant</td>
<td>Organize and finalize data collection and reporting process for awareness</td>
<td>2. Older Adults and their caregivers/families gain accessibility and availability for:</td>
</tr>
<tr>
<td>ICCP monies</td>
<td>Design, create and expand accessibility system that tracks number of older adults receiving eye, meds, home, mobility and balance screenings and exercise program</td>
<td>Eye and vision screening</td>
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<td>Other grants</td>
<td>Collect documentation of screening results and adjustments by older adults made for better and safer mobility</td>
<td>Balance and mobility screening</td>
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<tr>
<td>Leverage for ongoing training of</td>
<td>A. Raise awareness campaign</td>
<td>Medication review</td>
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<tr>
<td></td>
<td>Number of audio-visual resources produced such as DVD, Public Service Announcements (PSAs), power point presentations, brochures, and other online social and print media</td>
<td>Home assessment and safe home modifications made</td>
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<td></td>
<td>Number of trainings and trainees conduct through KCC Kupuna Education Center Direct Care Worker on-line trainings</td>
<td>Exercise programs</td>
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<td></td>
<td>Number of PowerPoint presentations given and number of older adults attends for each session</td>
<td>Fall prevention screening by clinical professionals and paraprofessionals</td>
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<td></td>
<td>Number of acquired partnerships with media organizations</td>
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<td>Number of social media users on Facetime, Twitter, and other social media technologies</td>
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Fall Prevention Work Plan and Timeline (Work Group 1 Leader Michael Dowell, MBA)

PART 1: For Year 2013-2014-2015

Hawaii Injury Prevention Plan Recommendation 1:
Raise awareness campaign about fall prevention among older adults, caregivers, and providers.

Objective 1 - To reduce falls among older adults, Hawaii must initiate an educational awareness campaign built upon the four foundation pillars of falls prevention and specifically targeting fall prevention messages to older adults, families, clinical professionals/paraprofessionals, the public, students, and policymakers.

<table>
<thead>
<tr>
<th>Activities with Key Strategies and Indicators</th>
<th>Key Responsible Persons, Agencies, and Partners</th>
<th>2013 Year</th>
<th>2014 Year</th>
<th>2015 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy A1. Develop and/or leverage existing resources and media inclusive of the four foundations of falls prevention.</td>
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<tr>
<td>Indicator A1a. Develop DVD, PSAs, brochure, and social and print media that incorporate the four foundation messages that are broadcast and distributed to older adults, caregivers, and providers.</td>
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<tr>
<td>➢ Write DVD script, find actors &amp; filming services, and shoot DVD based on four pillars.</td>
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<tr>
<td>➢ Create PSAs based on DVD filming, utilize Olelo, and link with other media to broadcast PSAs.</td>
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<tr>
<td>➢ Design and create brochure, find graphic designer and printer, distribute printed brochure.</td>
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<tr>
<td>➢ Develop other social media for distribution based on the four foundation messages</td>
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<tr>
<td>➢ Find social media volunteer/coordiantor to guide access on various digital technology platform such as facebook, twitter, Instagram and google plus</td>
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<tr>
<td>➢ Complete, distribute and track DVD, PSA, and brochures.</td>
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<tr>
<td>Indicator A1b. Promote Kapi‘olani Community College Kupuna Education Center’s Direct Care worker On-Line Training to</td>
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1
Goals of HFPSP:
- A reduction of falls and fall-related injuries among Hawai‘i’s older adults.
- A paradigm shift within the community to the understanding that falls are not inevitable and that falls can be prevented

Specific Objectives of the Three Major Recommendations:
1. To reduce falls among older adults, Hawai‘i must initiate an educational awareness campaign built upon the four foundations of falls prevention and specifically targeting fall prevention messages to older adults, families, clinical professionals/paraprofessionals, the public, students, and policymakers.
2. To reduce falls among older adults, Hawai‘i must increase the availability, accessibility, and awareness of fall prevention interventions and resources statewide, strengthening the Aging and Disability Resource Centers to function as a “clearinghouse” for information.
3. To reduce falls among older adults, Hawai‘i must increase the use of standardized falls prevention assessments and evidence-based interventions during routine clinical practices.

ACRONYM KEY: EOA (Executive Office on Aging), ICPC (Injury Prevention Control Program), ADRC (Aging and Disability Resource Center), KCC Kapiolani Community College, MOA (Memorandum of Agreement), PSA (Public Service Announcement), AGS (American Geriatric Society)

<table>
<thead>
<tr>
<th>HIPP Recommendation (Concept)</th>
<th>Strategies Developed by Task Force</th>
<th>Indicators</th>
<th>Methods of Measurement</th>
<th>Sources of Information &amp; Responsible Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Raise awareness campaign about fall prevention among older adults, caregivers, and providers. (HIPP Recommendation 1)</td>
<td>A1. Develop and/or leverage existing resources and media inclusive of the four foundations of falls prevention.</td>
<td>A1a. Develop DVD, PSA’s, brochure, and social and print media that incorporate the four foundation messages that are broadcast and distributed to older adults, caregivers, and providers.</td>
<td>A1a. Completed and distributed DVD, PSA, Brochure, and Social and Print Media.</td>
<td>A1aa. Fall Prevention Consortium Workgroup #1 and EOA ensured completion of DVD. A1ab. ADRC distributes and tracks distribution and use of DVD, brochure, and social and print media.</td>
</tr>
</tbody>
</table>

A1b. Promote Kapiolani Community College Kupuna Education Center’s Direct Care worker On-Line Training to caregivers, clinical professionals, and para-professionals and students.

A1b. Track promotion and use of KCC Direct Care worker On-line training.

A1ab. EOAd KCC track promotion of Direct Care worker online Training.

A11b. EOAd KCC track use of training and track graduates of training.

A1c. Create powerpoint presentations geared for various audience’s learning

A1c. Completed and distributed power points for older adults.

A11ca. Fall Prevention Consortium Workgroup #1
I. INTRODUCTION

An ongoing process evaluation was conducted during the calendar years 2013 and 2014 for the implementation activities as guided by the Hawai‘i Falls Prevention State Plan (HFPSP) and completed by the various members of the Fall Prevention Consortium and its partners. This Falls Prevention Plan is scheduled to run for five years from 2013-2018. This Plan is based on the fall prevention recommendations in the Hawai‘i Injury Prevention Plan, 2012-2017. Falls are still the leading cause of injury and death for older adults at 45% with 88 fatal falls in 2013. Every day on average 22 seniors are treated for fall-related injuries in Hawai‘i’s hospitals, or nearly one every hour. This translates to 8,010 fall-related injuries per year. (Reference: IPCP Overview of Injury Among Seniors in Hawai‘i, 2015)

The Fall Prevention Campaign was launched to prevent falls and was implemented throughout 2014 with great success in many of the planned and delivered implementation steps. This is the first evaluation report for the implementation of the Hawai‘i Falls Prevention State Plan. The report includes the following items: 1) introduction, 2) state plan background, 3) evaluation methods, 4) results, 5) discussion of results and 6) recommendations for next steps in 2015. The purpose of the evaluation report is to clearly document the status on obtained outputs and outcomes as listed in the evaluation matrix and action plan. Since this is only the first year of the implementation, more focus on the plan’s impact will be measured in the follow-up years of the plan’s five-year period dated from 2013-2018.
### 2014 Results From Report

<table>
<thead>
<tr>
<th>Area 1:</th>
<th>Area 2:</th>
<th>Area 3:</th>
</tr>
</thead>
</table>
| • Campaign-launched | • Regular Exercise  
  • Tai Chi Trainings for Instructors  
  • Tai Chi Classes for Older Adults—O‘ahu, Kaua‘i and Lāna‘i  
  • Health Maintenance Classes continue CFS and KKV  
  • Senior Centers, Seniors Clubs and Group Exercise Programs  
  • Medication Review  
  • Home Assessment and Modifications  
  • Community Assessment on Kaua‘i  
  • Life Care Center of Hilo-classes on fall prevention  
  • Chronic Disease Self-Management program on each island with countries AAAs | • Tai Chi Instructors’ Trainings  
 • Pharmacies and Pharmacists  
 • Physical Therapies Screening  
 • Occupational Therapists Screenings  
 • Physician Spokesperson  
 • CFS and KKV Case Management &  
 • Media Organizations  
 • Intake and Assessment Workers on Maui  
 • Maui Falls Prevention Coalition formation  
 • Firemen Home Assessment on Island of Hawai‘i |
Area 1: Public Awareness

1. Campaign-launched
2. DVDs-3 different created
3. Presentations completed-41
4. Bus signs-3 months
5. Flyers and Bag Stufflers—42,000 distributed
6. PSAs being aired on Olelo for 3 months
7. On Kaua‘i there were 6 public awareness
8. End of Fall Award-4 honored in Dec 2014

Suzanne Chun Oakland, Michael Dowell, Linda Mau, and Glenn Sakai
Area 2: Access and Available

1. Regular Exercise
   a. Seven (7) Tai Chi Trainings for Instructors
   b. Tai Chi Classes for Older Adults—O‘ahu, Kaua‘i and Lānaʻi
   c. Health Maintenance Classes continue CFS and KKV
   d. Senior Centers, Seniors Clubs and Group Exercise Programs

2. 41 Pharmacies participated in Medication Review

3. 84 Home Assessment and Modifications

4. Community Assessment on Kauaʻi—Rachelle Bachman and 4 public health nursing students

5. Life Care Center of Hilo-classes on fall prevention

6. Chronic Disease Self-Management program on each island with countries AAAs
<table>
<thead>
<tr>
<th>Area 3:</th>
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</thead>
<tbody>
<tr>
<td>1. 21 Trainers with over 36 Tai Chi Instructors’ Trainings</td>
</tr>
<tr>
<td>2. 41 Pharmacies and Pharmacists</td>
</tr>
<tr>
<td>3. Physical Therapies Screening for 56 participants</td>
</tr>
<tr>
<td>4. 25 staff Occupational Therapists to do screenings</td>
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<tr>
<td>5. Physician Spokesperson-Dr Shari Kogan</td>
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<tr>
<td>6. CFS and KKV Case Management &amp;</td>
</tr>
<tr>
<td>7. Media Organizations</td>
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<tr>
<td>8. Intake and Assessment Workers on Maui</td>
</tr>
<tr>
<td>9. Maui Falls Prevention Coalition formation</td>
</tr>
<tr>
<td>10. Firemen Home Assessment on Island of Hawai‘i</td>
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</table>
Highlights

• Great campaign momentum.
• Output results are positive.
• New partnerships created.
• Clients’ Awareness Raising
• Caregivers Learning Four Pillars Approach
• Network Getting Stronger on 4 Pillars
• Impact
Lesson Learned

• Momentum Needs maintaining
• Tracking so many things
• Pacing Approaches in manageable portions
Recommendations for Next Steps

1. Change approach to 4 pillars
2. Plan yearly phases of work
3. Use lead organizational groups to spread
4. Establish tracking system
5. Create evaluation data committee
6. Update state plan with logic model, Action Plan, and Evaluation Matrix
7. Integrate modalities and partners with other EOA
Discussion

1. Consensus on re-group by 4 pillars?
   – Who wants help and to be in which group?

2. How will we track data?
   – What will the tracking system look and be like?

3. Create evaluation data committee?
   – Started creation and beginning to focus data collection?

4. Integrate with other EOA, work in phases, and create successful aging movement in Hawaiʻi
   – How will we actively do that
What is Next?

1. Get outcomes and impact data—Support doctoral student and two public health students fall risk assessment interviews and focus group
2. Track older adults and track their access and track availability
3. Engage more professionals and be clear what they will do with what and when and how often
4. Create focus phases for remaining years—data committee or steering committee
5. Work with ADRC for all resources, integrate with EOA, and Alzheimer’s campaign—resource committee
Questions