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

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- 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

Hawai'i Injury Prevention Plan 2012-2017

Injury Prevention Advisory Committee
Injury Prevention and Control Section

Hawai'i State Department of Health
Emergency Medical Services and Injury Prevention System Branch

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

2013-2018

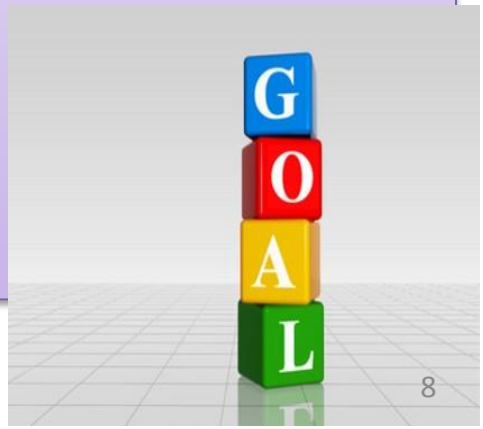
Hawaii Falls Prevention State Plan

Executive Office on Aging - Department of Health

January 2013

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.

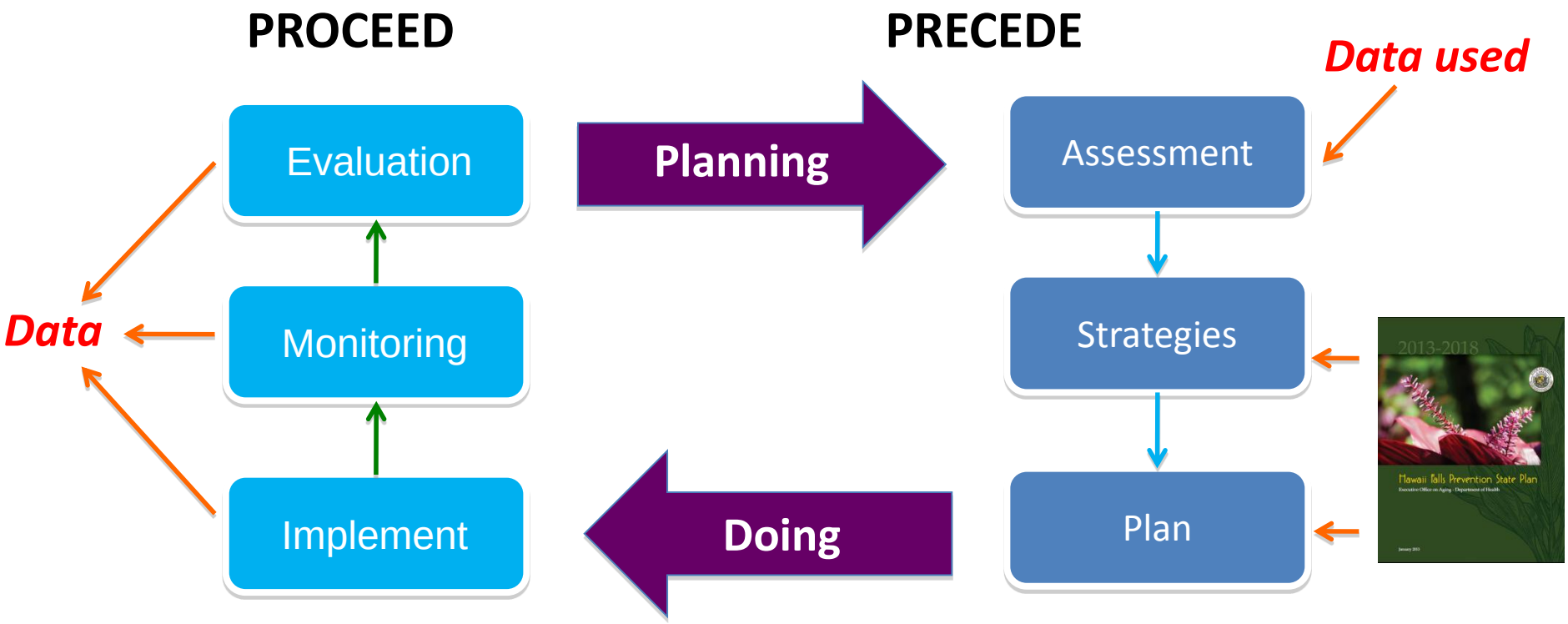


Three Plan Areas

- ***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

Public Health Program Process Approach

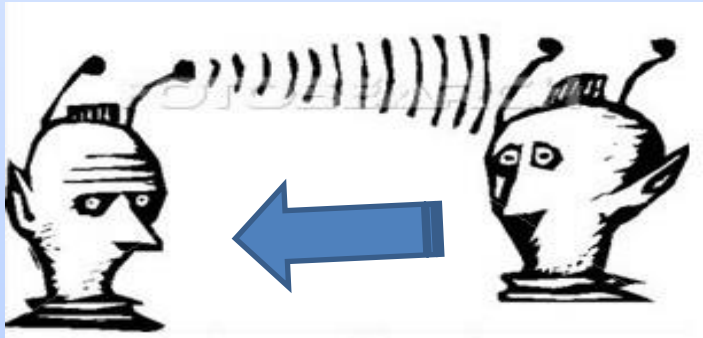


Components of the Evaluation System

- 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



Val Evaluator

Fall Prevention Consortium members

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

Inputs (Resources)	Outputs (Who and How Much)		Outcomes & Impact (So What)		
	Activities & Participation	Outputs' Deliverables	Short Term such as Knowledge, Awareness, and Skills	Medium Term such as Behavior Change	Long Term such as Condition Change & Impact
Personnel: • Injury Prevention Control Program (IPCP)-DOH personnel & • Fall Prevention Consortium and its work groups **Leadership:** • Injury Prevention Advisory Board (IPAC) • Therese Argoud, MPH and Stan Michaels MFA at IPCP, • Three work group leaders from Fall Prevention Consortium • Wes Lum, Executive Director of Executive Office on Aging and EOA staff • Evaluator **Funds:** • CDC grant • IPCP monies • Other grants	**A. Raise awareness campaign** • Develop audio-visual resources such as DVD, Public Service Announcements (PSA's), brochures and other online social and print media • Promote KCC Kupuna Education Center Direct Care Worker on-line trainings • Create powerpoint presentations for various audience learning • Establish partnerships with media organizations and social media volunteers and others that support the educational awareness campaign • Link and track partnerships with media organizations • Organize and finalize data collection and reporting process for awareness **B. Increase availability, accessibility and awareness of fall prevention** • Design, create and expand accessibility system that tracks number of older adults receiving eye, meds, home, mobility and balance screenings and exercise program • Collect documentation of screening results and adjustments by older adults made for better and safer mobility • Leverage for ongoing training of	**A. Raise awareness campaign** • Number of audio-visual resources produced such as DVD, Public Service Announcements (PSA's), power point presentations, brochures, and other online social and print media • Number of trainings and trainees conduct through KCC Kupuna Education Center Direct Care Worker on-line trainings • Number of powerpoint presentations given and number of older adults attendees for each session • Number of acquired partnerships with media organizations • Number of social media users on facetime, twitter, and other social media technologies • Number of education campaigns conducted through media organizations • Completion of annual evaluation done and disseminated with consortium **B. Increase availability, accessibility and awareness of fall prevention** • Numbers of older adults receiving eye, meds, home, mobility and balance screenings and exercise program • Number of older adults who used screening results and made	**1. Older Adults, their caregivers and families gain knowledge and awareness for:** • Mobility Safety • Increase exercise for better movement, flexibility, and balance • Medication review • Home assessment • Clear vision and eyesight ↓ **2. Older Adults and their caregivers/families gain accessibility and availability for:** • Eye and vision screening • Balance and mobility screening • Medication review • Home assessment • Exercise programs • Fall prevention screening by clinical professional and paraprofessionals ↓ →	**3. Older Adults and their caregivers/families complete and adjust with appropriate follow-up for:** • Eye and vision screening and better vision • Balance and mobility screening with adjustments for better balance and mobility • Medication review and meds adjusted for best treatment protocols • Home assessment and safe home modifications made • Exercise program enrollment , attendance, and improved ↓	**5. Older Adults demonstrate:** • Good mobility safety • Solid balance in all movements • Great mobility coordination and self awareness of surroundings while in movement • Strong legs muscles with good transfers and flexibility • Patterns of regular exercise that keep the older adult fit, active and safe in all movements • Good vision with corrected vision impairments • Safe homes with modified areas to reduce fall hazards • Safe medicines administered corrected dosages and types to minimize drug interaction and correct mental impairment ↓ **6. Hawai'i Community organizations, professionals, plus families and care givers are supportive of fall prevention approaches through:** • Continuous and regular mobility and balance screening • Continuous use of regular mobility and physical activities • Vision screenings and corrected impairments • Medication reviews and corrected meds to minimize drug

Fall Prevention Work Plan and Timeline (Work Group 1-Leader Michael Dowell, MBA)

→PART 1: For Year 2013-2014-2015

Hawai'i 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, Hawai`i 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.

Activities with Key Strategies and Indicators	Key Responsible Persons, Agencies, and Partners	2013 Year				2014 Year				2015 Year			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Strategy A1. Develop and/or leverage existing resources and media inclusive of the four foundations of falls prevention.													
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.													
➢ Write DVD script, find actors & filming services, and shoot DVD based on four pillars.													
➢ Create PSAs based on DVD filming, utilize Olelo, and link with other media to broadcast PSAs.													
➢ Design and create brochure, find graph designer and printer, distribute printed brochure.													
➢ Develop other social media for distribution based on the four foundation messages													
➢ Find social media volunteer/coordinator to guide access on various digital technology platform such as facebook, twitter, Instagram and google plus													
➢ Complete, distribute and track DVD, PSA, and brochures.													
Indicator A1b. Promote Kapi'olani Community College Kupuna Education Center's Direct Care worker On-Line Training to													

UNIVERSITY OF HAWAII AT MANOA
OFFICE OF PUBLIC HEALTH STUDIES
DEPARTMENT OF PUBLIC HEALTH SCIENCE
(Revised August 9, 2013)(Revised September 30, 2013)(October 21, 2013)

EVALUATION MATRIX For: Hawai`i Falls Prevention State Plan (HFPSP) 2013-2018

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)

HIPP Recommendation (Concept)	Strategies Developed by Task Force	Indicators	Methods of Measurement	Sources of Information & Responsible Agencies
A. Raise awareness campaign about fall prevention among older adults, caregivers, and providers. (HIPP Recommendation 1)	A1. Develop and/or leverage existing resources and media inclusive of the four foundations of falls prevention.	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.	A1a. Completed and distributed DVD, PSA, Brochure, and Social and Print Media.	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.
		A1b. Promote Kapi'olani 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.	A1ba. EOA and KCC track promotion of Direct Care worker online Training. A1bb. EOA and 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,	A1ca. Fall Prevention Consortium Workgroup #1

FIRST EVALUATION REPORT ON THE IMPLEMENTATION OF THE HAWAI'I FALLS PREVENTION STATE PLAN

Submitted by Valerie J. Yontz

Date of Report: March 11, 2015

Revised with Consortium Input: March 27, 2015

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 Hawaii'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

Area 1:

- Campaign-launched
- DVDs-3 different
- Presentations-41
- Bus signs-3 months
- Flyers and Bag Stuffers
- PSAs
- End of Fall Award

Area 2:

- Regular Exercise
  - Tai Chi Trainings for Instructors
  - Tai Chi Classes for Older Adults—Oʻahu, Kauaʻi and Lānaʻi
  - Health Maintenance Classes continue CFS and KKV
  - Senior Centers, Seniors Clubs and Group Exercise Programs
- Medication Review
- Home Assessment and Modifications
- Community Assessment on Kauaʻi
- Life Care Center of Hilo-classes on fall prevention
- Chronic Disease Self-Management program on each island with countries AAAs

Area 3:

- 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 Hawaiʻi

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 Stuffers—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—Oʻahu, Kauaʻi 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

Area 3:

1. 21 Trainers with over 36 Tai Chi Instructors' Trainings
2. 41 Pharmacies and Pharmacists
3. Physical Therapies Screening for 56 participants
4. 25 staff Occupational Therapists to do screenings
5. Physician Spokesperson-Dr Shari Kogan
6. CFS and KKV Case Management &
7. Media Organizations
8. Intake and Assessment Workers on Maui
9. Maui Falls Prevention Coalition formation
10. Firemen Home Assessment on Island of Hawai'i

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

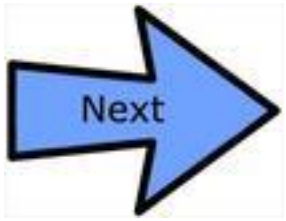
Recommendations for Next Steps

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 Hawai‘i
   - 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