SITE E

<u>Program Name: VNA South Central CT</u>

GENERAL PROGRAM DESCRIPTION

1. How long has your program been in operation? 5 years, since 1998
   a. How many individuals have been served from program inception? 800-900 approx
   b. How many on average do you serve on a monthly basis? highly variable 10-30

2. How many Full-time Equivalents (FTEs) are allocated to the program? total annual salary allocation is $3000

3. Who is served by your program? (*Check all that apply)*
   a. ☒ Elders
   b. ☐ Medicare Recipients
   c. ☐ Dually Eligible (Medicare and Medicaid)
   d. ☒ Catchment area population
   e. ☐ Other:

4. How do you target individuals eligible to receive benefits under this program? (*Check all that apply*)
   a. ☒ Self-referred
   b. ☒ Referral from MD
   c. ☒ Outreach by program staff
   d. ☒ Other: referrals from home care staff, local senior centers, geriatric clinics

5. Is your intervention or program targeted at people with certain characteristics that deem them at "high risk" for falling? ☐No ☒ Yes
   a. If **Yes**, how do you define "high risk?" (*Check all that apply)*
      i. ☒ age; specify: 65+
      ii. ☐ gender; specify:
      iii. ☒ history of falling,
      iv. ☒ Other: neurological, MS disability, chronic illness such as diabetes that may affect vision, neuropathy
   b. If **No**, then how are program participants identified?

6. Do you use standardized tools or assessment forms in your program?
   ☐ No ☒ Yes

7. Are you able to provide us with a copy of these tools/forms? ☐ No ☒ Yes

8. Does your fall prevention program include one or more of the following Components? (*For each Component, specify whether or not it is included as part of your program's Assessment. If Yes, then tell us how it is addressed as an Intervention*).

Component	Part of Assessment	Intervention
Activities of Daily Living (ADLs)	☐ Yes ☒ No	1. ☐ Suggestions about finding help to care for yourself 2. ☐ Referral to Physician 3. ☐ Referral to Home Care Agency 4. ☐ Other
Instrumental Activities of Daily Living (IADLs)	☐ Yes ☒ No	1. ☐ Suggestions about finding help to do these tasks 2. ☐ Referral to Physician 3. ☐ Referral to Home Care Agency 4. ☐ Other
Cognitive Status	☐ Yes ☒ No	1. ☐ Referral to Physician 2. ☐ Referral to Home Care Agency 3. ☐ Other
Fear of Falling	☐ Yes ☒ No	1. ☐ Referral to Physician 2. ☐ Referral to Counselor/Therapist 3. ☐ Other
Medical History Review	☐ Yes ☒ No	1. ☐ Referral to Physician 2. ☐ Other
Medication Review	☐ Yes ☒ No	1. ☐ Referral to Physician 2. ☐ Other
Home Safety	☒ Yes ☐ No	1. ☒ Suggestions 2. ☐ Doing actual modification(s) 3. ☐ Paying for actual modification(s) 4. ☒ Other: supplies available
Exercise	☒ Yes ☐ No	1. ☒ We make suggestions and encourage exercise 2. ☒ Pamphlets 3. ☐ Video Exercise Programs 4. ☒ Scheduled program in a group setting; Type: gentle yoga Program Duration: 45"-1 hr; Frequency of Exercise: every week for 3-4 weeks 5. ☒ Individualized exercise program; Type: stress reduction and relaxation; Program Duration: 30-45"; Frequency of Exercise: 1x month for 1-2 months
Balance	☒ Yes ☐ No	1. ☒ We make suggestions and encourage balance-related exercises 2. Type of training: strengthening and balancing exercises 3. Program Duration:

Gait	☒ Yes ☐No	1. ☒ We make suggestion and encourage gait-related exercises 2. ☒ Training in proper use of ambulatory aides 3. ☒ Other: PTs available for consult

9. Do you send a report of your findings and recommendations after you visit the program participant? ☐ No ☒ Yes
   a. If **Yes**, to whom are findings and recommendations reported? (*Check all that apply).*
      i. ☒ Program participant
      ii. ☐ Participant's Primary Care Physician (PCP)
      iii. ☐ Participant's next of kin
      iv. ☒ Other: we leave recommendations with the participant, we have contacted landlords re need for structural repairs

10. Who is involved in the program, either for Assessment or Intervention? (*Check all that apply).*
   a. ☒ Administrative Staff
   b. ☒ Nurse
   c. ☐ Social Worker
   d. ☐ Physical therapist
   e. ☐ Medical Doctor
   f. ☐ Emergency Response Unit (EMTs)
   g. ☐ Fire Department
   h. ☒ Volunteers
   i. ☒ Other: nutritionist prn

OPERATIONAL ISSUES

1. Do you provide educational materials to the program participant?
   ☐ No ☒ Yes
   a. If **Yes**, what do you provide? pamphlets

2. Do you supply any sort of "gift" or kit with information, supplies or equipment as part of the program? ☐ No ☒ Yes
   a. If **Yes**, what do you provide? materials identifying our agency and gifts tailored to participants needs

3. If you discover that the program participant could benefit from equipment that might be covered by Medicare or Medicaid, how is this handled? assist by contacting MD for necessary order if covered service/equipment

4. Do you run into any language barriers with the program participants you serve?
   ☐ No ☒ Yes
   a. If **Yes**, how is it handled? spanish speaking staff, volunteers

5. In an operational sense, what do you view as the biggest challenge with implementing your program? limited in scale, in terms of resources, funding and staff

6. What feedback do you get from the program participants you serve? The seniors enjoy learning and sharing their wisdom they have about health and safety

7. What feedback do you get from the people actually performing the intervention or pieces of the intervention? those of us involved are self-selected and motivated because we enjoy what we do.

FUNDING REQUIREMENTS

1. How is your program currently funded? City Health Dept from State Health Dept Block Prevention grants

2. Have you applied for and/or received any additional funding? ☒ No ☐ Yes
   a. If **Yes**, from which types of organization(s)?
      i. ☐ Governmental agency or body
      ii. ☐ Private institution
      iii. ☐ Private donations
      iv. ☐ Other:

3. Does the program pay for the cost associated with implementing the interventions or recommendations (e.g. home modifications, pill boxes, exercise programs, etc)? ☐ No ☒ Yes
   a. If **Yes**, what is paid for under the program? safety supplies, educationsal presentations and exercise classes
   b. What is the average cost of a typical intervention?

4. Does the program participant pay for any part of the intervention?
   ☒ No ☐ Yes
   a. If **Yes, w**hat does the program participant pay for?
   b. What is the typical out of pocket cost?

5. If you took the total costs associated with the program, including the assessment and intervention costs, what would you say the annual per participant costs would be?

   $

6. How does this cost breakdown by each component of the intervention?
    a. Internal program staff cost: $
    b. Field staff cost: $2993 plus fringe benefits
    c. Printed Materials and Mailing: $125
    d. Home Modifications: $
    e. Exercise Program: $
    f. Other: cost: $

OUTCOMES MEASUREMENT

1. Do you follow up with the program participants? ☐ No ☒ Yes
    a. If **Yes**, how often? every 6 months
    b. What method(s) do you use to follow up? telephone
    c. What do you find when you follow up? repeat falls are prevented for general population, those at highest risk sustain repeat falls

2. Are you measuring program participants' compliance with the recommendations put forth? ☐ No ☒ Yes
    a. If **Yes**, how do you measure this? participant's self report, telephone interviews
    b. What do you find?

3. Do you track program outcomes? ☐ No ☒ Yes
    a. If **Yes**, what specifically do you track? (*Check all that apply)*
        i. ☒ Changes in number of falls
        ii. ☒ Changes in number of repeat falls
        iii. ☐ Changes in number of injurious falls
        iv. ☐ Change in fear of falling
        v. ☐ Change in Emergency Room visits
        vi. ☐ Change in use of outpatient services (Doctor's visits, physical therapy, etc)
        vii. ☐ Change in use of inpatient services
        viii. ☐ Change in Medications
        ix. ☐ Participation in an Exercise program
        x. ☐ Other

4. Do you track the program's impact on dollars spent by either the program participant or other funding source like Medicare or Medicaid? ☒ No ☐ Yes

5. Do you have a way of measuring whether the investment in the program is justified by the benefits it yields the program participants? ☒ No ☐ Yes
   If **Yes**, what have you found?

GENERAL OBSERVATIONS

1. What do you view as the single most important element of <u>your</u> program? It's creativity. We have developed a fun interactive "safer" Bingo game to educate and outreach seniors re fall/injury prevention, using cartoons, humor from their lifetimes. We have developed "mindfulness" workshops (using the turtle as our mascot) to reinforce slowing down and moving with awareness. We teach 'yoga for the eyes' to improve visual acuity via eye and we trained seniors to serve as mentors for peer education.

2. If you could add one element/component to the program to make it more effective, what would it be?

3. What is the single most important element to assuring programmatic success? The style, humor and engagement of the presenter to motivate self care, fitness and safety awareness.

4. What is the single most important barrier to success? No financial resources to help implement needed structural modifications in stair ways, broken steps, clutter, electrical wiring, etc. in our poorer inner city neighborhoods

5. Do you have any thing else you would like to share with us? IN the first year of this grant we received $8000 to use only in a small CT city that is very wealthy, with an abundance of resources, while now we received half of this amount to serve the entire city of New Haven, CT, and the total funds continue to decrease each year

SUGGESTIONS FOR KEY COMPONENTS

If you were designing a new Fall Prevention program from “scratch” what would it look like?

To develop an individualized component to focus on the elder's fear of falling, because that fear greatly increases the risks.