SITE I

Program Name: SEICAA, RSVP

GENERAL PROGRAM DESCRIPTION

1. How long has your program been in operation? 8 years
   a. How many individuals have been served from program inception? 672
   b. How many on average do you serve on a monthly basis? 7

2. How many Full-time Equivalents (FTEs) are allocated to the program? 1

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: anyone 55+ in our region (7 counties)

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 several agencies serving the elderly

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: 55+
      ii. ☐ gender; specify:
      iii. ☐ history of falling,
      iv. ☐ Other:
   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: referral to AAA
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: AAA/adult protection
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: appropriate agencies
Medical History Review	☒ Yes ☐No	1. ☐ Referral to Physician 2. ☒Other: caregiver,referring agency
Medication Review	☒ Yes ☐No	1. ☒ Referral to Physician 2. ☒ Other: participant, pharmacist,family or caregiver
Home Safety	☒ Yes ☐No	1. ☒ Suggestions 2. ☐ Doing actual modification(s) 3. ☐ Paying for actual modification(s) 4. ☒ Other: refer to MD for equipment, we try to find resources for modifications and f/u
Exercise	☒ Yes ☐No	1. ☒ We make suggestions and encourage exercise 2. ☒ Pamphlets 3. ☒ Video Exercise Programs 4. ☒ Scheduled program in a group setting; Type: video Program Duration: unknown; Frequency of Exercise: 1hr, 1-5 days/wk 5. ☒ Individualized exercise program; Type: video use in home; Program Duration: unsure; Frequency of Exercise: unknown
Balance	☒ Yes ☐No	1. ☒ We make suggestions and encourage balance-related exercises 2. Type of training: through videos 3. Program Duration: unknown

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

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: caregiver, referring agency

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: family, intake personnel, religious affiliation

OPERATIONAL ISSUES

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

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?

3. If you discover that the program participant could benefit from equipment that might be covered by Medicare or Medicaid, how is this handled? the participant made aware, referral goes to appropriate agency

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

5. In an operational sense, what do you view as the biggest challenge with implementing your program? funding to make modifications

6. What feedback do you get from the program participants you serve? Grateful for suggestions and intervention

7. What feedback do you get from the people actually performing the intervention or pieces of the intervention? usually not forthcoming with feedback

FUNDING REQUIREMENTS

1. How is your program currently funded? Health Promotion-AAA

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? Pill boxes, exercise programs
    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? materials, extra reading materials specific to them
    b. What is the typical out of pocket cost? unknown

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?

   $35-50 per participant

6. How does this cost breakdown by each component of the intervention?
    a. Internal program staff cost: $10
    b. Field staff cost: $10
    c. Printed Materials and Mailing: $5
    d. Home Modifications: $depends upon who pays for materials and labor
    e. Exercise Program: $20
    f. Other: cost: $

OUTCOMES MEASUREMENT

1. Do you follow up with the program participants? ☐ No ☒ Yes
    a. If **Yes**, how often? 1 week, 1 month, every 4 months for 1 year
    b. What method(s) do you use to follow up? telephone/revisit
    c. What do you find when you follow up? some work not done/lack of resource

2. Are you measuring program participants' compliance with the recommendations put forth? ☐ No ☒ Yes
    a. If **Yes**, how do you measure this? keep individual records
    b. What do you find? resources prevent carrying out interventions

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
    a. If **Yes**, what have you found?

GENERAL OBSERVATIONS

1. What do you view as the single most important element of <u>your</u> program? Education and suggestions to remain in a safer environment in their own home

2. If you could add one element/component to the program to make it more effective, what would it be? Financial resources and volunteer trade resources to implement home modifications

3. What is the single most important element to assuring programmatic success? Cooperation with participant in following through with recommendations for home modifications

4. What is the single most important barrier to success? Inability to carry out certain modifications due to lack of financial resources and trained volunteers

5. Do you have any thing else you would like to share with us? There is very little educational materials available for participants and general public in this area of caregiving. Not a lot of education awareness-public service announcements.

SUGGESTIONS FOR KEY COMPONENTS

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

Have it include more mulifactorial components than contact the financial/volunteer end of the program.