

Healthy Steps for Older Adults

2012-2013 Statewide

AAA/Senior Center Partnership

Final Evaluation Report



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Prepared by

DERING CONSULTING
G R O U P

**Healthy Steps for Older Adults
2012-2013 Statewide AAA/Senior Center Partnership
Final Evaluation Report**

Funded by:
Pennsylvania Department of Aging

Evaluation conducted by:
Dering Consulting Group

Under the direction of:
Denise Hussar, Director, Division of Healthy Aging, Education and Outreach
Lois Shelton, PrimeTime Health Program State Coordinator

Table of Contents

Introduction.....	1
Evaluation Methodology.....	2
Section A—Registration Questionnaire Results.....	4
Section B—Workshop Evaluation Results.....	17
Section C—Referral Results.....	19
Section D—Four Week Follow-Up Interview Results.....	21
Discussion.....	24
Recommendations and Conclusion.....	26
Appendices.....	28
Appendix A.1—Registration Questionnaire Form.....	28
Appendix A.2—Registration Questionnaire Data.....	34
Appendix B.1—Workshop Evaluation Form.....	50
Appendix B.2—Workshop Evaluation Data.....	53
Appendix C.1—Referral Form.....	59
Appendix C.2—Referral Form Data.....	60
Appendix D.1—Four Week Follow-Up Interview Form.....	61
Appendix D.2—Four Week Follow-Up Interview Data.....	64

Healthy Steps Evaluation Report

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Introduction

Since 2005, the Pennsylvania Department of Aging (PDA), through its Falls Prevention Initiative, has conducted its Healthy Steps for Older Adults (HSOA) fall prevention program. The community-based, low-intensity, and low-cost program is intended for adults aged 50 and older.

HSOA is designed to be:

- Be fun, social, and validating.
- Raise awareness of the causes of falls and educate on how falls can be prevented.
- Provide opportunities and ideas for physical activities.
- Identify and problem-solve barriers to change.
- Offer ways to improve health and well-being.
- Provide home-based activities to reinforce learning.
- Provide referrals for information and interventions to reduce fall risk factors.
- Gather data about post-workshop lifestyle changes.

HSOA has evolved significantly since its inception. Beginning as a modest three-site pilot program to a state-wide initiative, the program, to date, has attracted nearly 32,000 older Pennsylvanians from all walks of life. HSOA program coordinators have partnered with virtually every Area Agency on Aging (AAA), numerous senior centers, and other facilities in coordinating and hosting the workshops.

Based on participant and coordinator feedback, the administration of the program also continues to evolve, by more effectively training those who coordinate HSOA workshop activities, enhancing the breadth and efficiency of the data collection process, and continuing to improve the processing of participant data. A major change to program administration occurred in this program year, with the introduction of streamlined evaluation instruments. The new forms are less intrusive and easier to complete, yet retain the elements necessary to provide valuable information about the program population, participants' reaction to the program, and how they have incorporated what they learned in the workshop into their daily lives.

This Evaluation Report provides a summary of the data obtained for HSOA workshops offered in 2012-2013. In this most recent phase, 35 AAAs worked with senior centers and other facilities to deliver the program to and collect data about the 2,962 participants in counties throughout the commonwealth.

Evaluation Methodology

AAAs collected participant data and entered it into PDA's OMNIA system. Data was gathered using the following survey instruments:

- A Registration Questionnaire, administered prior to the workshop to assess participants' demographic and personal data, as well as current physical activity levels, history of falls, and health status. Participants either completed this survey by themselves or, when necessary, with assistance from staff and volunteers.
- A Physical Skills Assessment of three fall risk factors—gait, muscle strength, and balance—conducted by staff and volunteers during the workshop. This information is used to compile an overall falls risk score (low, moderate, or high) for each participant.
- A Workshop Evaluation, completed by participants at the conclusion of the workshop to gauge their initial reaction to what they learned in the program.
- A Referral Form, completed by staff, that is sent to the participant's physician (with the participant's permission). The form provides the results of the physical skills assessment and other health-related behaviors or conditions that may place the individual at a higher risk for falls. It also indicates whether the participant has been recommended for various strength and balance programs.
- A Follow-Up Form to identify how participants translated what they learned in the workshop into their daily lives. Participants are contacted by phone or mail four-to-six weeks after the workshop and are queried about modifications related to home safety, behavior, and healthcare.

Presentation of Program Findings

Findings are presented in four sections:

Section A provides information the 2,962 HSOA participants who completed Registration Questionnaires.

Section B provides information for the 2,819 participants (95.2 % of the total population) who completed the Workshop Evaluation at the end of the session.

Section C provides information for the 2,004 individuals (67.7% of the total population) who participated in the Referral process. Of this total, 989 (58.2%) consented to release the referral information to their physicians.

Section D provides information for the 2,812 (94.9% of the total population) participants who provide feedback at follow-up.

Healthy Steps Evaluation Report

In addition, this report includes:

- A discussion of program results, including a summary of findings and limitations.
- Recommendations for enhancing the program and concluding remarks.
- Appendices, which include the instruments used to collect data and data tables for participant responses in support of and beyond the data included in the body of the report.

Survey information provided by program participants is calculated as the frequency and the corresponding frequency percentage, based on the number of responses actually provided for each item. Missing or invalid responses (cited as “No response”) have been excluded. In general, this approach provides more realistic feedback about participant characteristics, attitudes, and behaviors.

However, data regarding the number of missing or invalid responses is included in the data tables within the Appendices. With a few exceptions, these figures represent an approximate non-response rate of less of less than 10% for any particular question on the four evaluation instruments. In future program years, the rate of missing or invalid responses might be analyzed to determine if the rate is statistically significant in impacting program findings.

Section A—Registration Questionnaire Results

On the other hand, in many of these counties, there is a significant population of older adults of diverse ethnic and socioeconomic backgrounds. Although the HSOA program has served thousands of older Pennsylvanians since its inception, there are still relatively low rates of participation in certain regions, both urban and rural, of the state. This suggests that AAAs, senior centers, and other entities who work with older individuals may wish to enhance their recruitment and outreach to attract even greater participation in the future.

Similar to previous program years, more than two-thirds (67.4%) of participants were between the ages of 70 and 89; those aged 70 and 79 represented 36.8% of the total. Among all participants, 5.1% of participants were aged 50 to 59, and 4.2% were aged 90 and older.

Also as in previous program years, female participants outnumbered male participants, comprising 81.1% of the total. This program year, most participants identified themselves as White/Caucasian (80.0%) or Black/African American (14.2%). While much lower than other groups, the percentage of participants of other ethnicities is nearly double that of last year, confirming that the program is attractive to individuals of diverse ethnic background.

Approximately 71.4% of participants reported having an annual income of less than or equal to \$21,660. This information is important to HSOA program administrators, as individuals in this income range may be eligible for home and community based services and supports to help them maximize their quality of life, functional independence, and health and well-being. Income information, in general, is also critical in providing accurate and targeted referrals. Yet, it is interesting to note that nearly 11% of participants did not respond to this question, perhaps considering it too invasive.

Section A—Registration Questionnaire Results

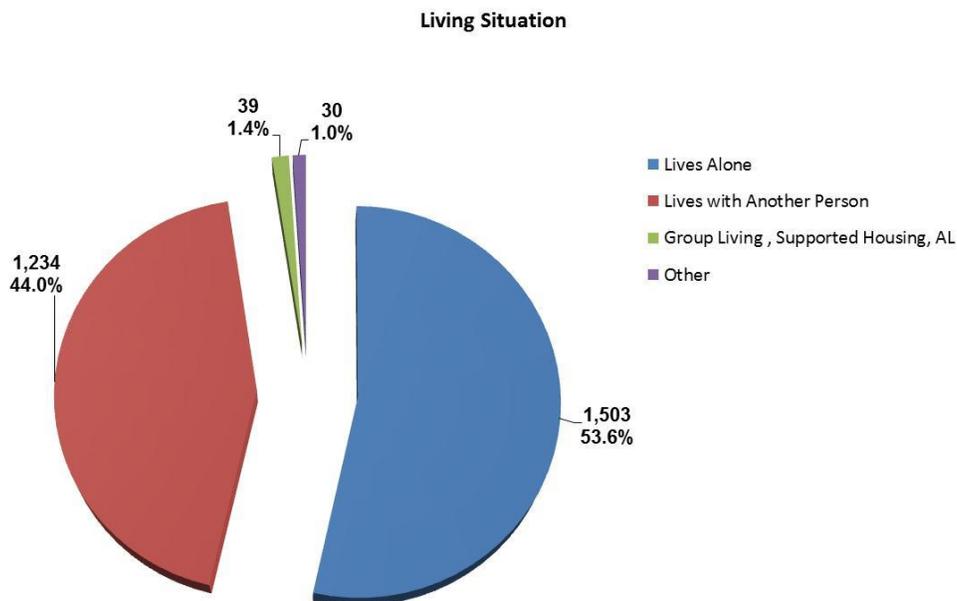
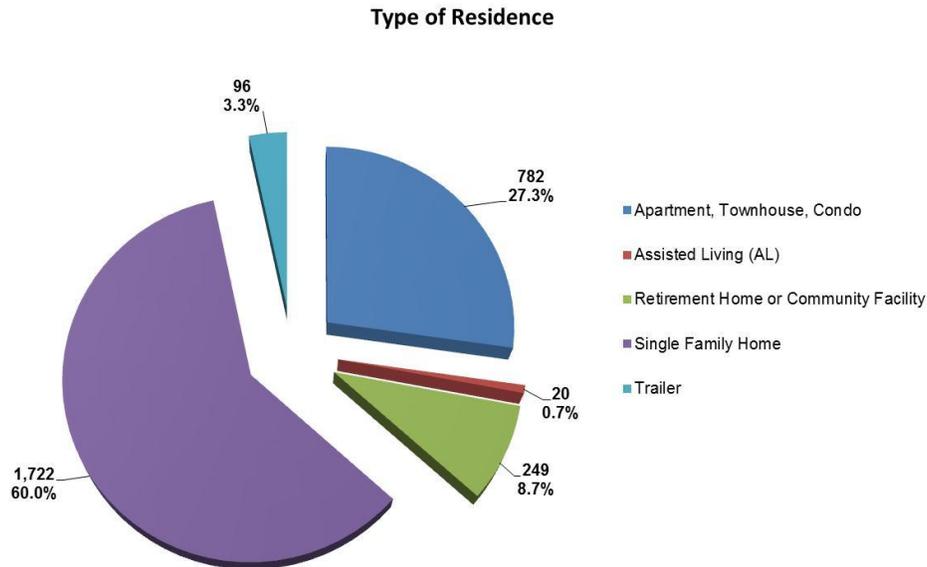
Demographic Characteristics of HSOA Participants

Characteristic	Frequency	Frequency Percentage
Age		
50-59	148	5.1
60-69	681	23.3
70-79	1,074	36.8
80-89	893	30.6
90 and over	131	4.2
Total responses	2,927	100.0
No response	35	
Gender		
Female	2,384	81.1
Male	554	18.9
Total responses	2,938	100.0
No response	24	
Ethnicity		
White/Caucasian	2,304	80.0
Black/African American	408	14.2
Latino/Hispanic	83	2.9
Asian/Pacific Islander	47	1.6
American Indian/Native Alaskan	17	.6
Other	21	.7
Total responses	2,880	100.0
No response	82	
Annual Income		
Less than or equal to \$21,660	1,885	71.4
More than \$21,660	754	28.6
Total responses	2,639	100.0
No response	323	

Section A—Registration Questionnaire Results

Living Situations

Participants were asked about the type of dwellings they lived in and with whom they lived. Most (87.3%) indicated that they lived in a single family home (60.0%) or an apartment, townhouse, or condo (27.3%). More than half (53.6%) of participants reported living alone. These findings suggest the independence of program participants.



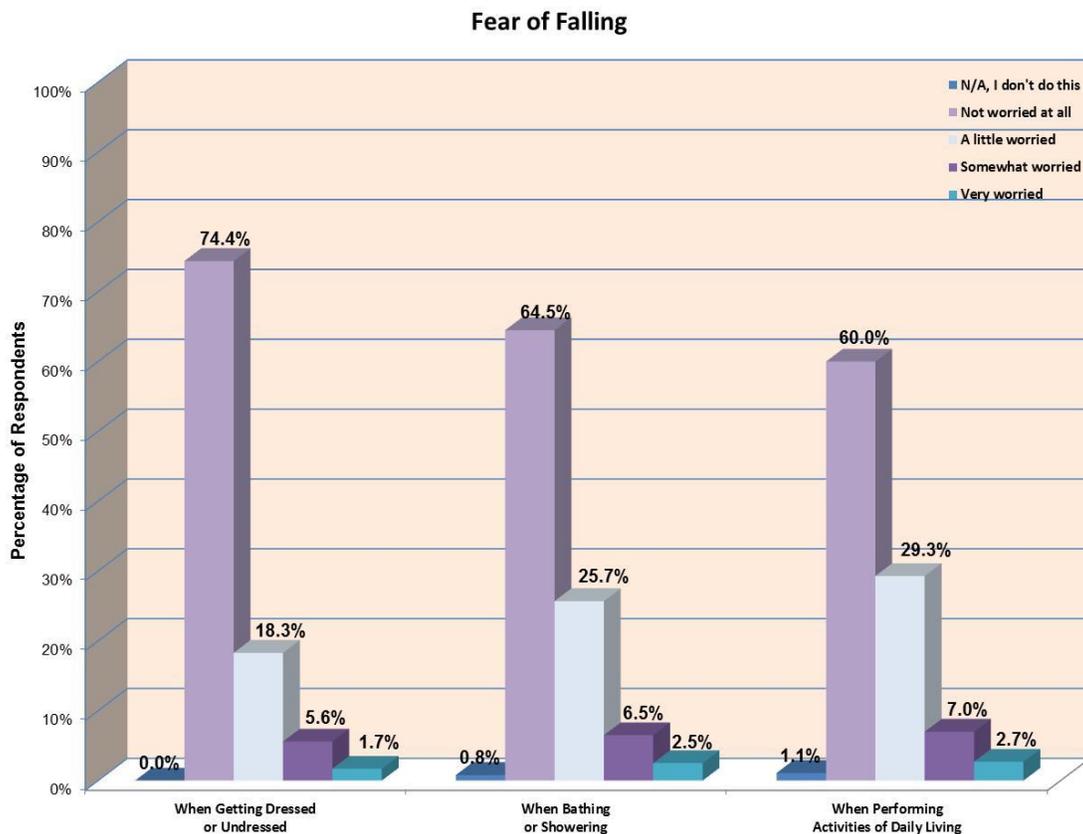
Note: Regarding type of residence, the Registration Questionnaire includes an option for participants to indicate if they live in “some other type of place.” However, there was no data available for this item.

Section A—Registration Questionnaire Results

Fear of Falling

Numerous studies have shown that a fear of falling is common in older adults and is associated with anxiety, depression, restricted activity, and a higher incidence of falls. The Registration Questionnaire includes a single item on whether or not fear of falling has interfered with engaging in activities or leaving the home, as well as three items about how worried participants were about falling during common activities.

The majority (89.4%) indicated that a fear of falling has not impacted their level of activity or kept them from leaving their homes. However, a meaningful percentage reported some level of worry about falling during the activities of daily living. The chart below demonstrates participants' responses to the three items gauging their level of concern.



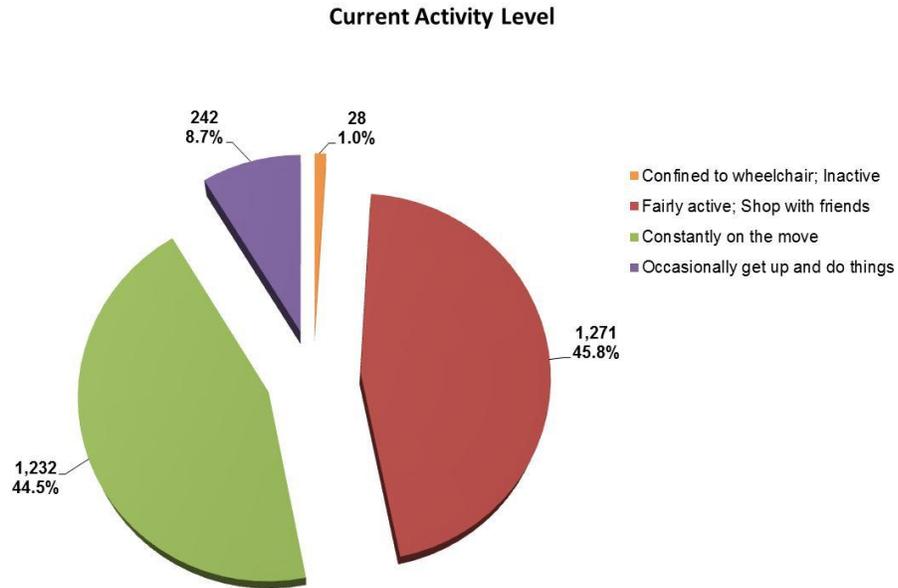
	Participant Count		
	When Getting Dressed or Undressed	When Bathing or Showering	When Performing Activities of Daily Living
N/A, I don't do this	0	24	30
Not worried at all	2,107	1,830	1,681
A little worried	519	728	820
Somewhat worried	158	183	195
Very worried	47	72	75

Section A—Registration Questionnaire Results

Physical Activity

The questionnaire also includes items related to participants' physical activity level. Participants were asked to rate their current activity level, if and how often they exercise, and the types of exercise they perform.

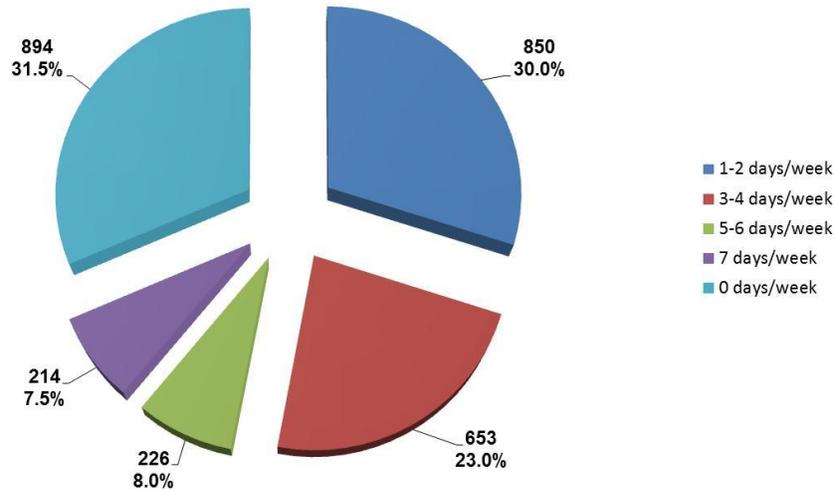
Almost all participants indicated that they were occasionally, fairly, or very active.



Section A—Registration Questionnaire Results

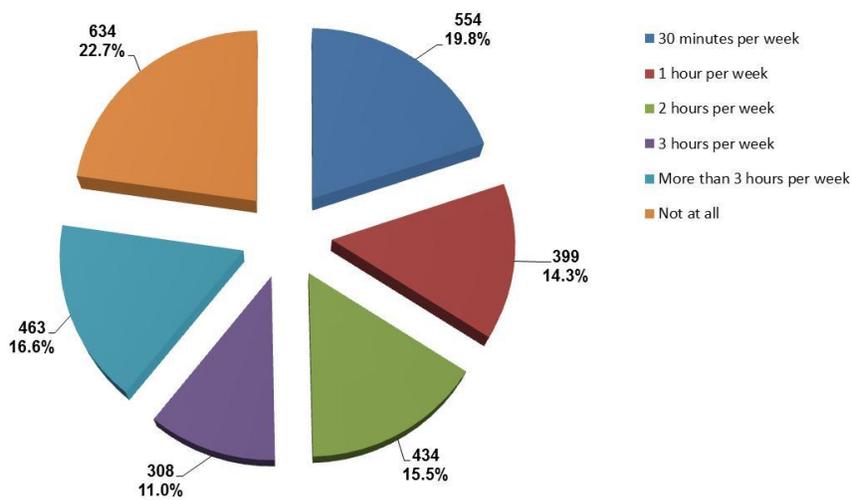
More than two-thirds of participants (68.5%) indicated that they engage in exercises for strength or balance.

Level of Exercise for Strength or Balance



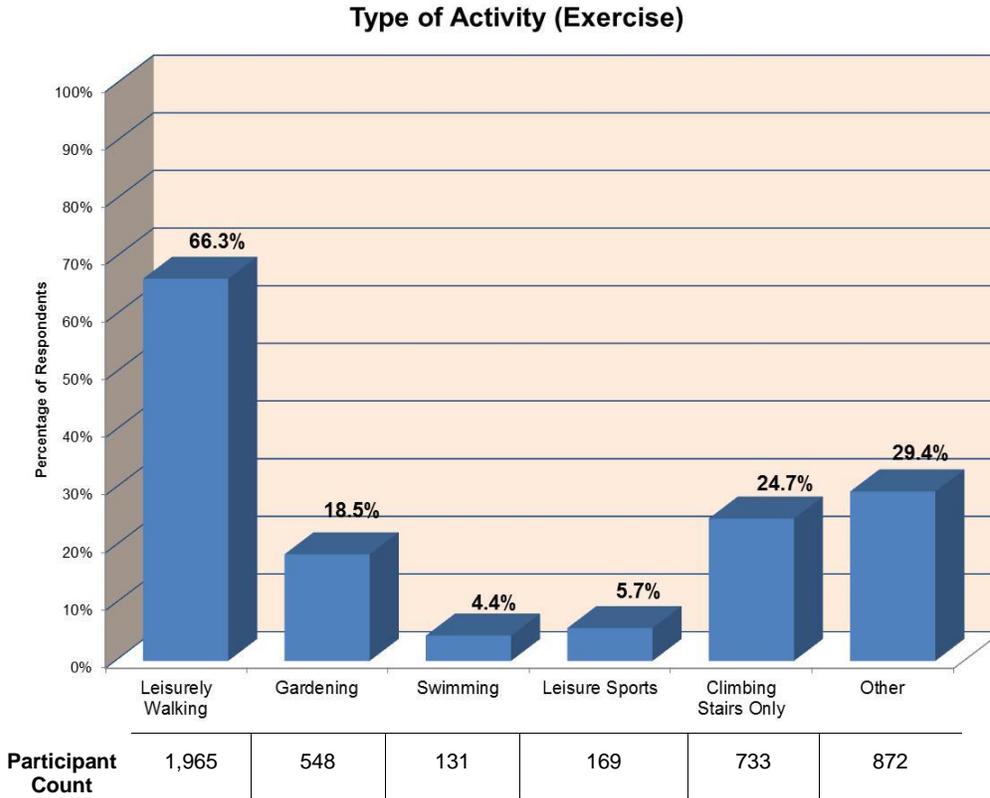
Additionally, 77.3% noted that they engage in at least 30 minutes of exercise per week.

Moderate Exercise Activity per Week



Section A—Registration Questionnaire Results

The following chart illustrates the types of exercise participants reported performing, as well as the number and percentage of participants who engaged in that activity.*



*There was no information available defining other types of activity.

The findings demonstrate that a meaningful percentage of participants are active and engaged in a variety of exercises, although some reported a relatively limited level of activity. This suggests that many participants, even prior to the workshop, are receptive to the importance of staying active as a means to help prevent falls.

General Health, Nutrition, Cognition, and Falls History

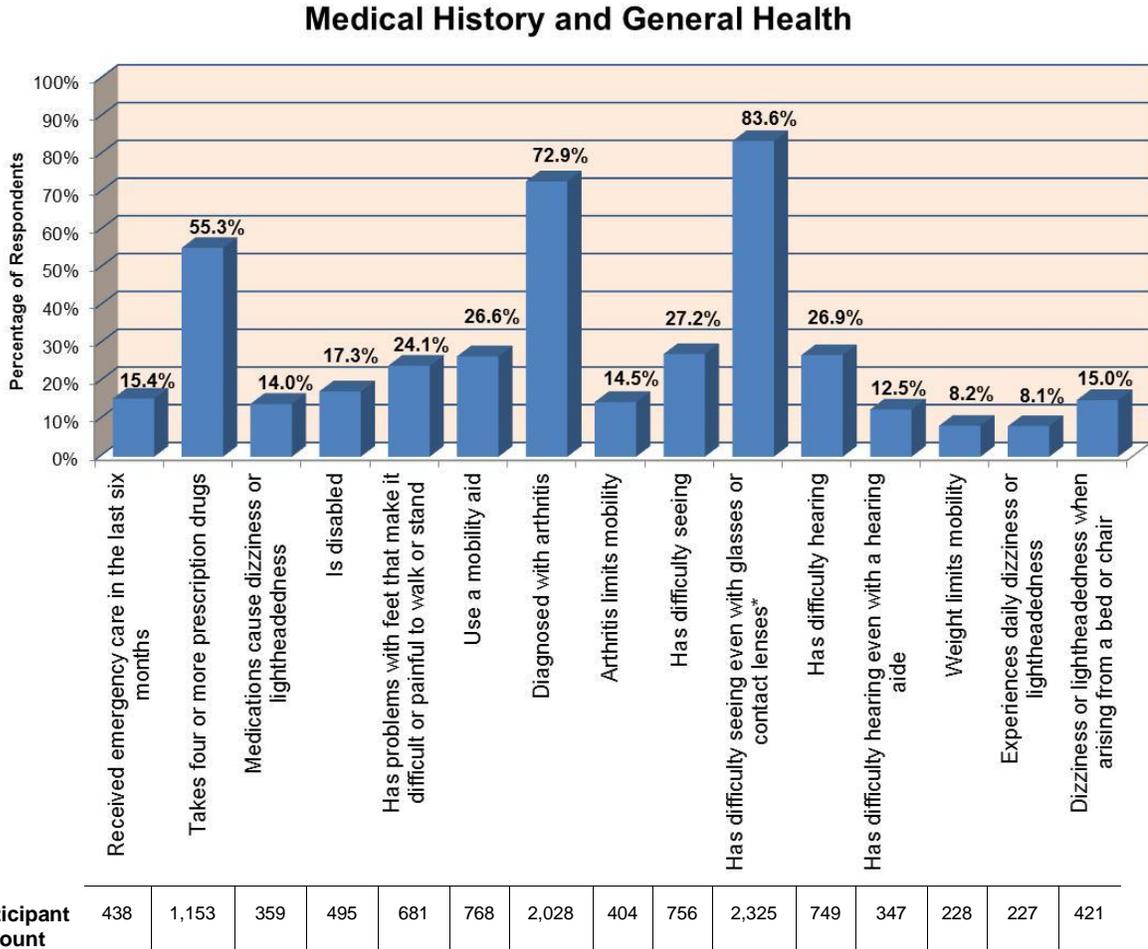
The Registration Questionnaire includes 22 items assessing participants' health, including behavioral, nutritional, and physical characteristics that may be associated with an increased falls risk. The items are clustered into four categories: medical history and general health; nutrition; falls history; and cognition.

Results are presented in the charts on the following pages, indicating the number and corresponding percentage of program participants who provided a response that correlates with a falls risk.

Section A—Registration Questionnaire Results

Medical History and General Health

Fourteen items assessed medical history and general health, factors that can all contribute to an increased risk of falls.



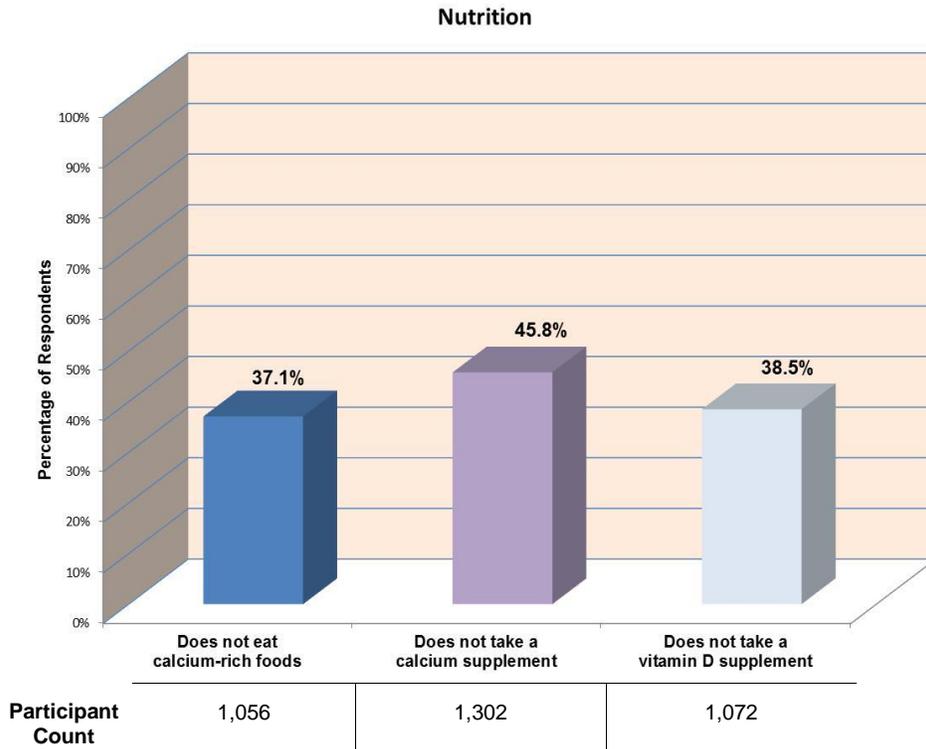
As an additional measure of falls risk, a cross-calculation of two items (difficulty seeing and difficulty hearing) was conducted. More than a quarter (26.9%) of participants indicated that they have both sensory issues.

*The data regarding participants who responded that they had difficulty seeing even with glasses or contact lenses is questionable, especially when a much smaller percentage, in their response to the previous questionnaire item, indicated that they had no difficulty seeing. This suggests that the questionnaire or the data collection process might be modified to ensure a more accurate participant response to one—or both—of these items.

Section A—Registration Questionnaire Results

Nutrition

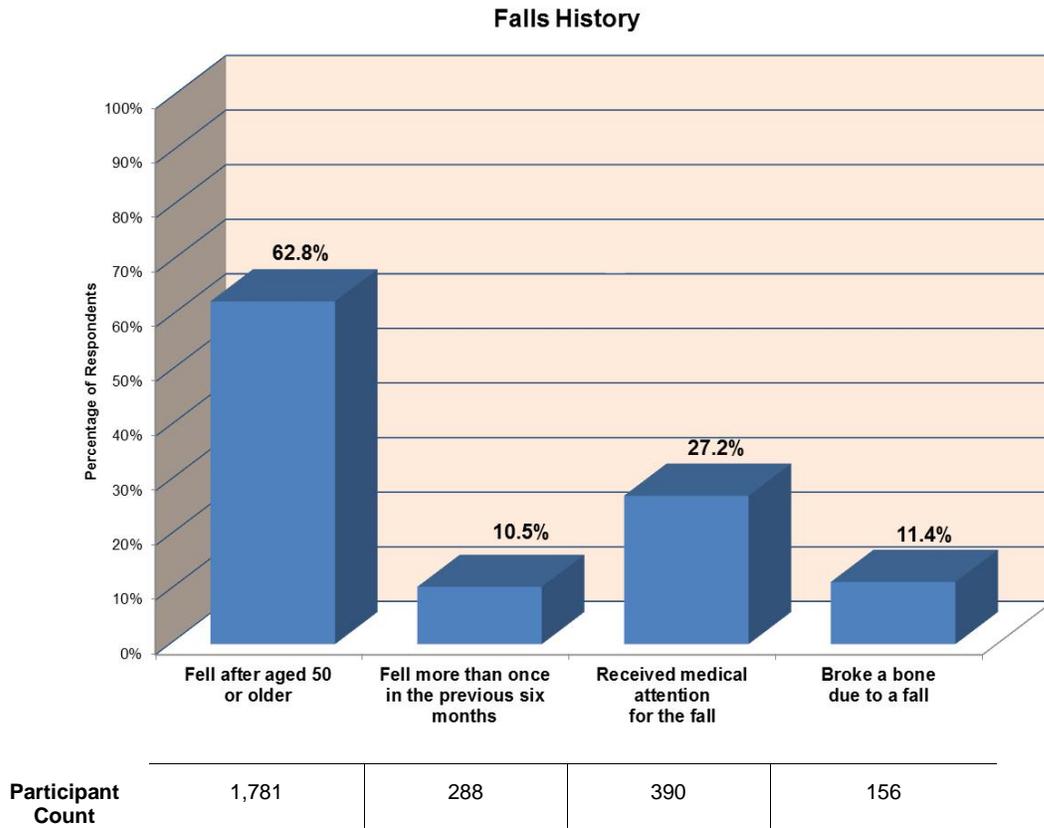
Three items were related to nutrition. A lack of calcium and vitamin D impacts bone strength. Individuals with compromised bone health are much more vulnerable to fractures and other serious injuries resulting from a fall.



Section A—Registration Questionnaire Results

Falls History

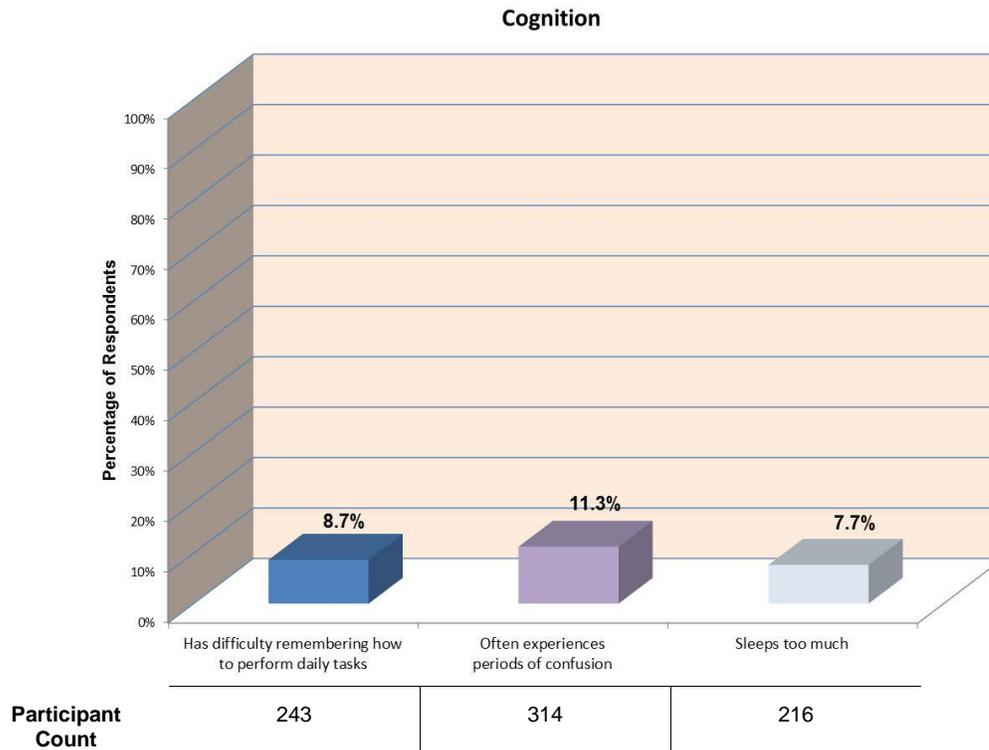
Four items assessed falls history. Individuals with a history of falls are more prone to serious injury resulting from a fall.



Section A—Registration Questionnaire Results

Cognition

Three items assessed cognition. There is strong evidence that certain cognitive indicators are associated with serious fall-related injury.



In summary, responses to items assessing general health, nutrition, cognition, and falls history indicate that many participants exhibit at least some risk for falls. More specifically, 20% or more of the total HSOA population reported that they:

- Take four or more prescription drugs.
- Have problems with their feet that make it difficult or painful to walk or stand.
- Use a mobility aid.
- Have been diagnosed with arthritis.
- Have difficulty seeing.
- Have difficulty seeing even with glasses or contact lenses.
- Have difficulty hearing.
- Have difficulty with both hearing and seeing (even with correction).
- Do not eat calcium rich foods, or do not take a calcium supplement or a vitamin D supplement.
- Have fallen after age 50.

These findings suggest that a fair percentage of HSOA program participants may benefit from additional intervention, be it medical, nutritional, or behavioral, to decrease their risk of falls.

Section A—Registration Questionnaire Results

Physical Skills Assessment

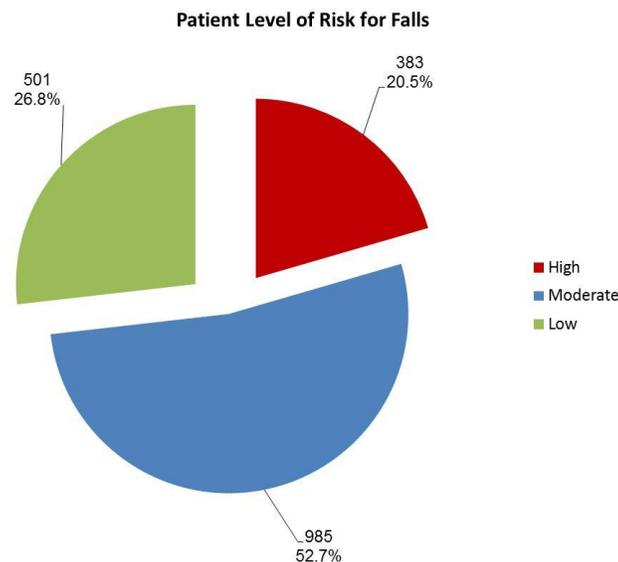
Physical skills assessment of three fall-related risk factors—gait, balance, and muscle strength—was conducted during the HSOA workshop. The purpose for conducting these standard fall risk assessments was three-fold:

- To provide participants with immediate feedback about their falls risk related to physical skills, thereby potentially motivating participants to engage in appropriate strengthening exercises.
- To enable site staff to evaluate which participants (such as those with the highest fall risk) should be referred to their doctors, with recommendations for physical therapy and other services.
- To profile the fall risk related to physical skills of HSOA participants for program planners.

For each of the three physical assessments, participants were scored as follows: A score of 0 was defined as “cannot do”; a score of 1 as “higher risk”; a score of 2 as “moderate risk”; and a score of 3 as “lower risk.”

Scores from the three physical assessments were aggregated into one physical risk score. Participants who scored 1 to 3 were considered to be at higher risk for falls, those who scored 4 to 6 were at moderate risk, and those who scored 7 to 9 were at lower risk. Excluded from the aggregated risk score were scores for participants who indicated that they could not perform one or more of the assessments.

The chart below illustrates the percentage of patients assessed at a high, moderate, and low risk.



More than two-thirds (63.1%) of participants completed the physical skills assessment. The information obtained from the Physical Skills Assessment was included on the Referral Form so participants (and in some cases, their physician) were aware of the level of risk.

Section B—Workshop Evaluation Results

Section B—Workshop Evaluation Results

Participants were asked to complete an evaluation upon completion of the workshop. A total of 2,819 (or 95.2%) participants completed the evaluation.

Knowledge of Resources and Lessons Learned

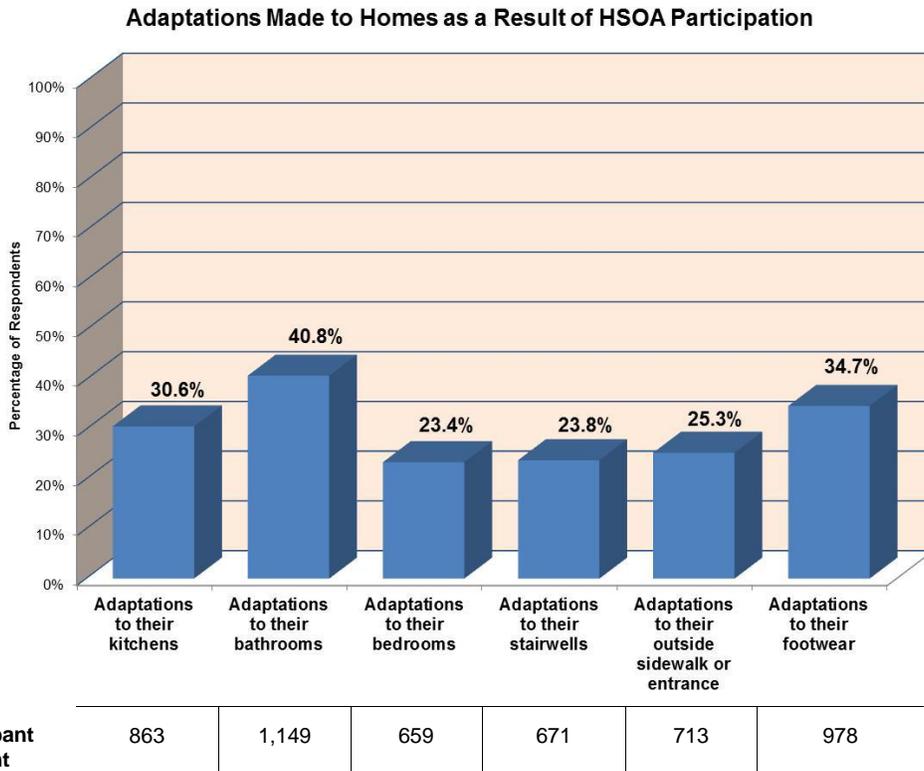
Participants were asked if, before they came to this workshop, how much they knew about the resources available to older Pennsylvanians. Nearly half (43.1%) indicated that they knew “a little” or “almost nothing” about these resources prior to the workshop.

Eight items related to the level of knowledge gained as a result of specific lessons within the workshop. For each of the items, participants rated whether they learned “a lot,” “a fair amount,” “a little,” or “almost nothing.” These eight items are noted below; the percentage of participants who rated their knowledge gained as “a lot” or “a fair amount” is indicated in parentheses.

- Information about the ways that falls can lead to serious problems for older adults (95.2%)
- Information on ways to be more physically active (95.4%)
- Information on exercises to improve balance (94.7%)
- Information on personal risk for falls (96.4%)
- Information about what to do after a fall (94.7%)
- Information about making one’s home safer (94.2%)
- Information about medication safety (92.6%)
- Information on making the most of doctor’s visits (92.8%)

Section B—Workshop Evaluation Results

In addition, participants were queried on what changes they planned to make to reduce their risk of falls. Their responses are noted in the following chart.



Participants had an opportunity to gauge how much they learned during the workshop (on a scale of 1 to 10, with 1 being “learned very little” to 10 being “learned a lot”). Nearly three-quarters (72.3%) ranked their level of learning at 8 or above on the 10-point scale. A high percentage (74.4%) also indicated that they planned to share their fall risk with their doctor.

The form includes a space for HSOA staff to record how many participants completed, partially completed, or refused to complete the evaluation. The vast majority of participants (92.0%) completed the evaluation. Five percent partially completed the form; only 3.0% refused.

The feedback obtained immediately after the workshop indicates that participants perceived their experience as enjoyable and educational, and as motivation toward addressing their individual fall risk factors and improving their lives through medical, nutritional, and behavioral changes.

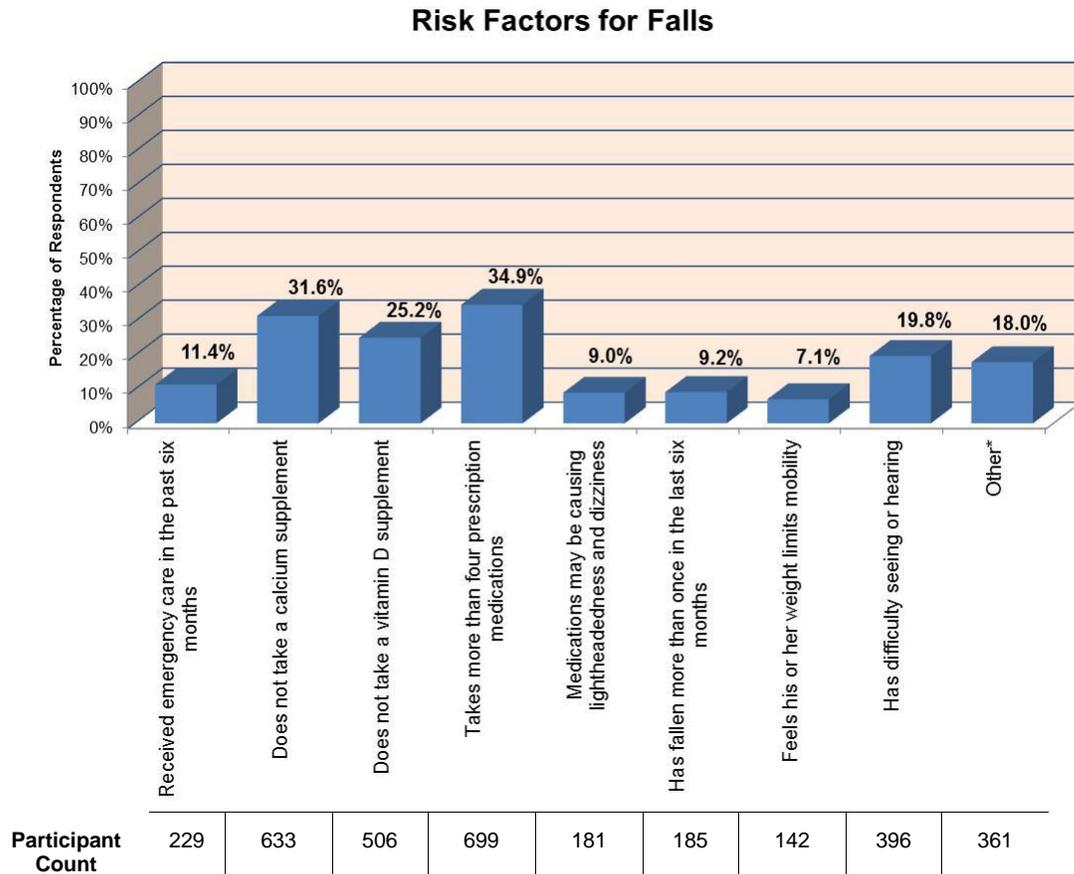
Section C—Referral Results

Section C—Referral Results

Referrals are an important part of HSOA, as a way to facilitate interventions that can help prevent falls and promote better health and well-being.

A total of 2,004 (or 67.7%) of participants and 21 AAAs participated in the referral process. However, a relatively high percentage of participants (41.8%) refused to sign the referral form and, thus, did not permit the information to be sent to their physician. In these instances, HSOA staff gave the forms to these individuals to, hopefully, take action on their own.

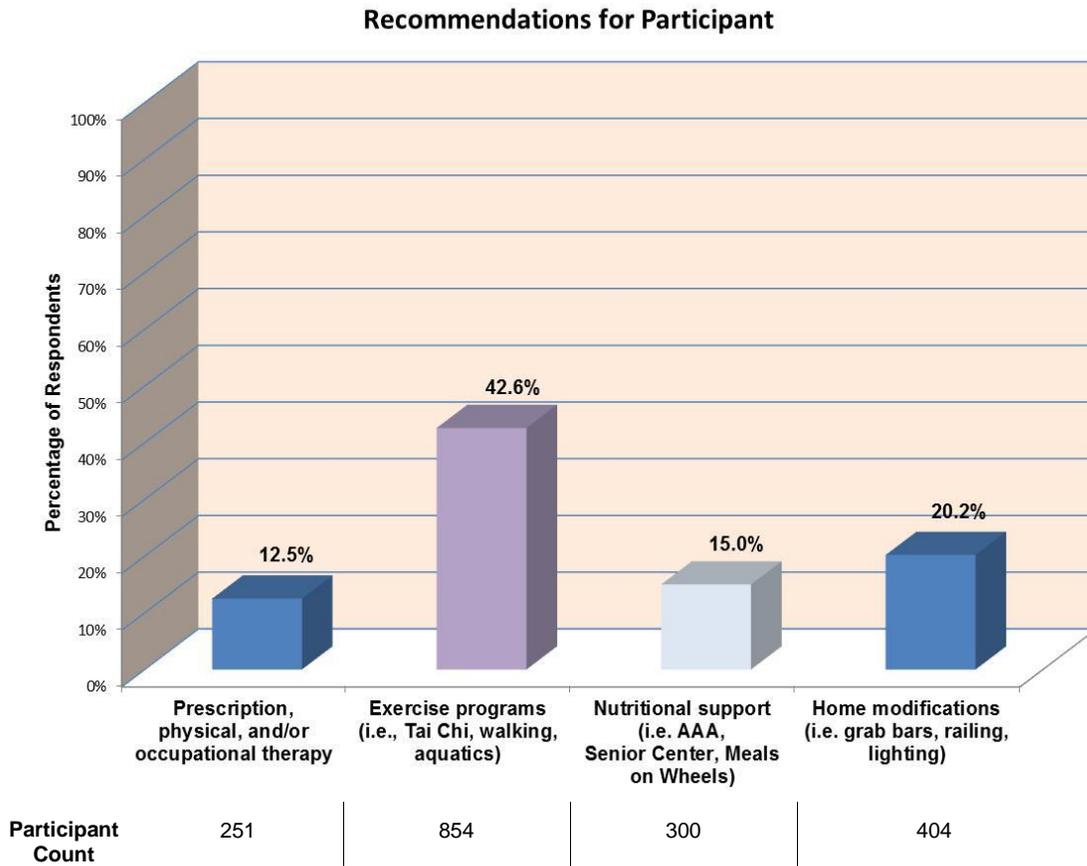
In addition to the physical skills assessment, the referral instrument provides additional assessment of medical and other fall risk factors. The chart below provides a breakdown of the eight risk factors assessed, as well as the number and percentage of respondents at specific risk.



*There was no information available that specifically defined other types of risk.

Section C—Referral Results

Through the referral form, HSOA program staff supplied recommendations to the individual for strength and balance programs, nutritional support, and home modifications. The chart below provides a breakdown of these recommendations, as well as the corresponding number and percentage of participants recommended for these supports.



Section D—Four Week Follow-Up Interview Results

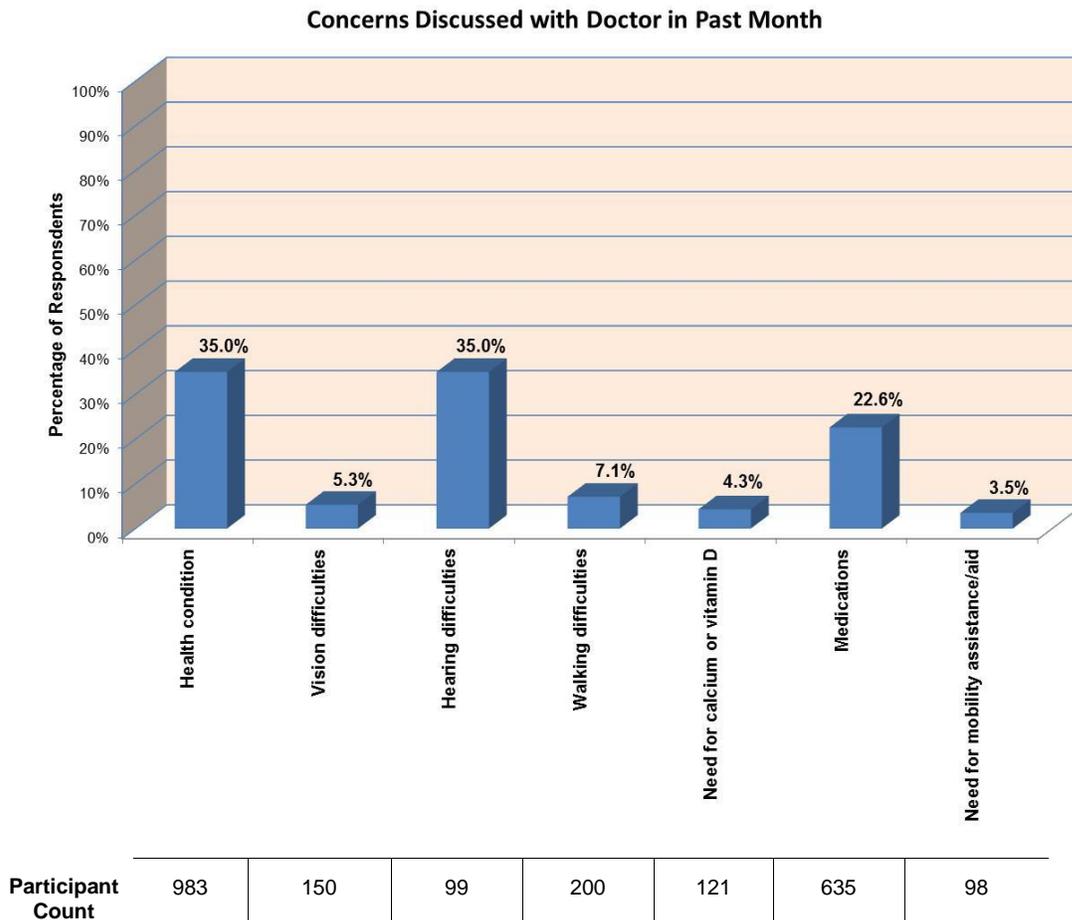
Section D—Four Week Follow-Up Interview Results

Four-to-six weeks after the workshop, AAA staff contacted participants to identify how they have incorporated what they learned in the workshop in their daily lives. Participants responded to a series of “Yes/No” questions regarding their health, general well-being, physical activity and home safety. If the patients responded “Yes” (and where applicable), they were asked to elaborate on their response.

An impressive 2,812 individuals (or 95.0%) and 35 AAAs participated in the follow-up process. When asked, 71.5% of participants indicated that since attending the workshop, they are less fearful of falling.

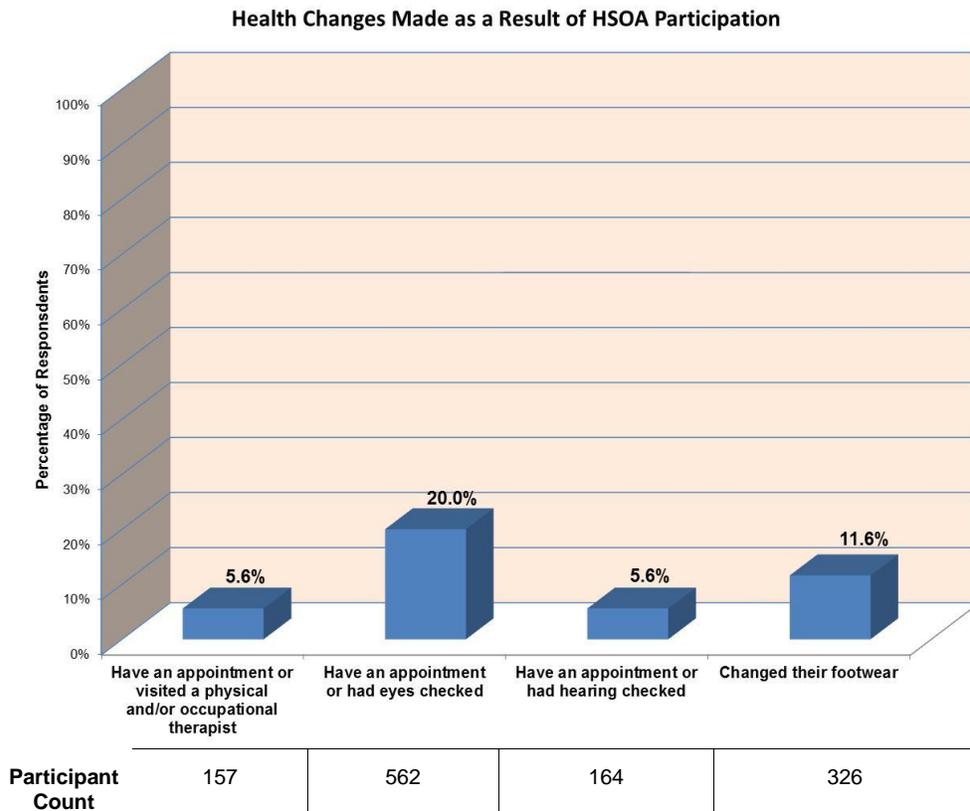
Health and General Well-Being

A few participants (7.5%) stated that they had fallen in the past month; nearly half (47.7%) indicated that they had seen their doctor in the last month. The chart below illustrates the number and percentage of participants who discussed specific concerns with their doctor.



Section D—Four Week Follow-Up Interview Results

In addition, participants were asked if they started or made changes related to other aspects of their health. The number and percentage of participants who provided specific responses is depicted below. Overall, 25.9% of participants noted that they made health-related changes as a result of the referral.



Note that the interview form contains an additional query related to obtaining a mobility aid. However, there was no data available regarding participant responses to this item.

Physical Activity

Participants were asked if they had increased their level of physical activity; 56.0% indicated that they had. A majority (79.3%) stated that they now engaged in physical activity three or more days per week. Prior to the program, only 38.5% of participants indicated that they exercised three or more days per week. In addition, 14.5% of participants started an exercise program and 45.1% began exercising more on their own.

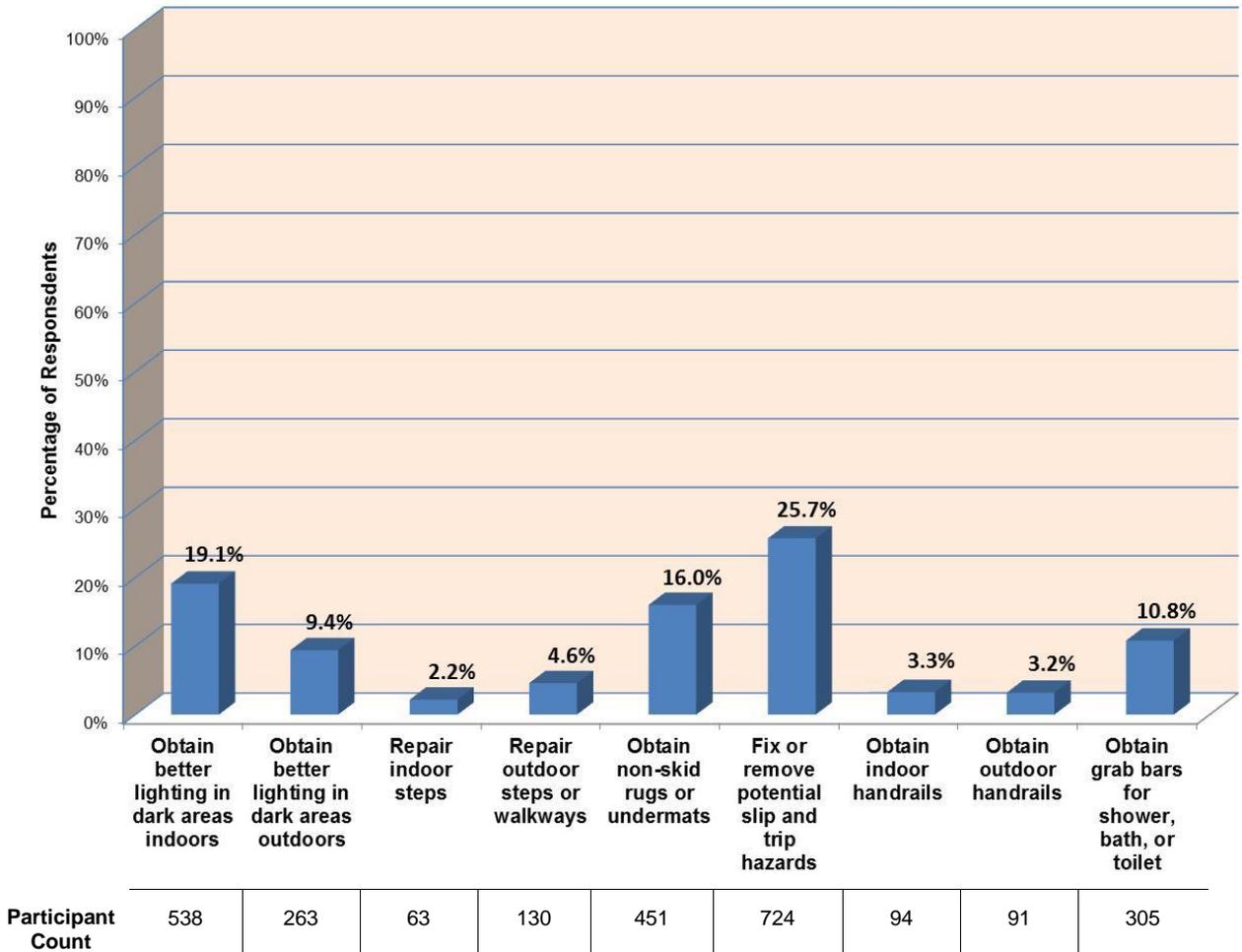
Participants were also asked if they had increased the amount of time they spent socializing outside of their home. Nearly three-quarters (74.8%) said they had increased the time spent with friends, relatives, and neighbors.

Section D—Four Week Follow-Up Interview Results

Home Safety

Participants were asked if they fixed or planned to fix potential fall risk hazards in their homes. The chart below illustrates the number and percentage of participants who responded specifically.

Home Safety Modifications Made as a Result of HSOA Participation



Overall, the follow-up interviews demonstrate that participants, to a meaningful extent, translated the lessons they learned in the HSOA workshop into changing their attitudes, behaviors, and environmental circumstances to reduce their risk of falls.

Discussion

In this program year, nearly 3,000 diverse older adults from areas throughout the commonwealth participated in HSOA. The data and resulting analysis provide interesting insight into the perceptions, health, attitudes, and behaviors of these individuals before and after their participation in the HSOA workshops.

Summary of Findings

Responses to the Registration Questionnaire offer a snapshot of demographic and other characteristics of participants. As in previous program years, the largest percentages of participants were female, Caucasian, and between the ages of 70 and 89 years. Many live in a single family home and often by themselves. Nearly three-quarters of participants reported an annual income of less than or equal to \$21,600.

In general, participants perceive themselves to be energetic and independent. Almost all indicated that they are fairly or very active and a high percentage noted that they exercised with some consistency. The majority expressed no fear of falling but admits to some level of worry about the potential risks associated with certain tasks, particularly those pertaining to the activities they perform daily.

Regarding their falls risk, it is not surprising that many participants have chronic conditions, such as arthritis, experience sensory and other physical challenges, and require medications and other solutions to address these concerns. A fair percentage, however, admit to not taking supplements that could maintain and improve their bone health. In addition, a relatively high percentage of participants have experienced falls in their older adult years (though most have not incurred serious injury as a result of these falls). On the basis of the physical skills assessment, most participants have at least a moderate risk of falls.

Responses to the Workshop Evaluation demonstrate that, to a great extent, participants learned from their experience and expressed motivation to make health, behavioral, and environmental changes to reduce their risk of falls. Further, the assessments documented on the Referral Form provided individuals with specific recommendations on steps they might take to prevent falls and improve their general health and well-being.

Perhaps the most important measure of HSOA program success can be found in the data obtained via follow-up interviews. While the content of the evaluation instruments (i.e., Registration Questionnaire and Follow-Up Interview form) does not allow for a direct comparison between most pre- and post-workshop perceptions, the findings do permit some positive observations. Most participants stated that, since attending the workshop, they are less fearful of falling, and many indicated that they made or planned to make health-related and environmental changes to reduce their risk of falls.

Discussion

Overall, these findings suggest that participants' reaction to HSOA program was extremely positive. Participants acknowledged that they benefited not only from the lessons learned in the workshops but from information regarding additional home and community-based service that can reduce their risk of falls, maximize functional independence, and improve their quality of life.

Limitations

There are some limitations to consider regarding the results.

Not all participants were willing or able to answer all of the items on all data collection instruments. As a result, items across all program instruments had some missing or invalid responses. In addition, there was no data for certain items in the Registration Questionnaire and in the Follow-Up Interview form. While it is unlikely that this missing data had a profound impact on program results, it may be prudent to implement a review process to help ensure that the participant responses are complete and accurate. Further, the data fields in the OMNIA system should be refined to ensure that all data is captured.

The design of the evaluation instruments made it difficult to truly compare pre- and post-workshop data and accurately measure outcomes. In addition, a few questions in specific instruments resulted in ambiguous data. For example, two questions on the Registration Questionnaire query participants about their vision. The first question asks, "Do you have difficulty seeing?" If the participant responds "yes," a second question seeks to determine if this difficulty exists even with correction. Seven hundred fifty-eight participants responded that they had difficulty seeing, compared to 2,030 participants who responded "no" (in other words, that they did not have difficulty seeing). However, in response to the follow-up question, 2,325 noted that they had difficulty seeing even with correction. Obviously, the response rate to this follow-up question is much higher than the 758 who answered "yes" to the previous question. Again, a review process of both the survey instruments and the data collection protocol might assist in obtaining more representative data.

Recommendations and Conclusion

In 2012-2013, HSOA program partners did an excellent job in reaching out to a large number of older adults throughout Pennsylvania. Of particular note is the high response rate to all four survey instruments and the number of AAAs coordinating program activities. Yet, there are opportunities to improve the program.

Since 2005, nearly 32,000 older adults have participated in the HSOA program. While impressive, this number is but a fraction of Pennsylvanians aged 50 and older. And, as the “baby boomer” generation continues to come of age, there will be a significantly larger population of candidates for this important program.

The majority of program participants to date have been female. Yet, numerous studies have demonstrated that older males are also prone to serious consequences after a fall. Outreach efforts, therefore, should consider how to attract a larger number of older males. Emphasis should also be placed on recruiting participants who are dually eligible for Medicare and Medical Assistance. It is well known that this population is especially vulnerable to falls but may not have the means to address the changes necessary to reduce their risk.

HSOA staff and partners should continue to work with others in the aging services network to identify additional means of reaching out to all older adults. For example, encourage greater program awareness among healthcare providers. Considering the high rate of health-related risk factors and the number of HSOA referrals made, as well as the high percentage of participants who noted that they discussed program recommendations with their doctors, this is an area to pursue in expanding the program.

HSOA drew participants from 48 of Pennsylvania’s 67 counties, suggesting that the program is popular throughout most regions of the state. Yet, there are many counties where there was no participation, despite significant populations of older adults. Explore options for ensuring that program sites are easily accessible. Even as 35 of the state’s 52 AAAs participated in program administration, investigate ways to engage all AAAs. In addition, continue to educate AAA staff on the importance of their role in securing program participants and of the vital role HSOA can play in reducing the risk of falls.

HSOA program administrators should provide additional training for program staff on proper data collection and reporting practices, as well as implement a review process to help ensure the validity of participant responses. These efforts may help to decrease the number of missing and invalid responses, as well as eliminate outliers, with the eventual goal of providing the most accurate and complete picture of HSOA program participants. This, in turn, can lead to continuing, meaningful refinements to the program.

Recommendations and Conclusion

It is also recommended that HSOA administrators continue to track and follow up on referrals to ensure that participants have taken action based upon the referral(s) made. Participants should be referred to Healthy Steps in Motion (HSIM), if appropriate, as well as to the numerous resources available through Pennsylvania's aging services network.

A review of OMNIA data processing protocols should be conducted to ensure that responses to all of the items on the HSOA program instruments are captured. In addition, the survey instruments might be examined to ensure that potential response items align with questions, and that grammatical and typographical errors on the forms are corrected. Periodic review of the items on the survey instruments will also help to ensure that questions align with any revised or expanded program goals, as well as the latest medical and socioeconomic findings related to fall risks.

Despite these recommendations toward program improvement, HSOA program partners have done an outstanding job in planning and delivering workshops, capturing data on participants, and following up with participants. Once again, interpretation of the available program data demonstrates that the HSOA is, in general, reaching its targeted audience and that the program makes a positive difference in participants' lives. Many participants indicated that they learned a lot about fall risks and are aware of the attitudinal, behavioral, and environmental changes needed to reduce these risks. According to follow-up data, many have incorporated or plan to incorporate what they learned in the workshops into their daily lives.

The HSOA program has been widely recognized for its innovative approach to raising awareness of falls, proactive steps to lower the risk of falls, community-based approach, and overall outreach and education of older adults. Given the success of the program thus far, and the opportunities for even greater success in the future, HSOA can continue to serve as a practical and cost-effective model for not only reducing falls but for promoting health and wellness in older adults.

Appendix A.1—Registration Questionnaire Form

Appendices

Appendix A.1—Registration Questionnaire Form

AAA Number (2-digit) _____
Date of Workshop (MM/DD/YYYY) _____
*County of Workshop Location: _____

Healthy Steps for Older Adults Registration Form
(Falls Prevention Program)

Section 1.B. Participant Information

1. _____
Participant's Last Name

2. _____
Participant's First Name

3. _____
Participant's Middle Initial

4. _____
Participant's home or cell phone number (for follow-up questionnaire)

5. _____
Participant's COUNTY of residence

6. _____
Participant's zip code (5-digits)

7.
Last FOUR digits of your social security number

8. Birth Date: ____/____/____ (MM/DD/YYYY)

9. Is your income less than \$21,660? Yes No

Section 1.C. Demographic and Overall Health Information

1. What type of home do you reside in?

- 1 – Single family home
- 2 – Apartment, townhouse, condo
- 3 – Trailer
- 4 – Retirement home or community facility for seniors
- 5 – Assisted living

HSOA Registration Form
1.4.13

Page 1 of 6

Appendix A.1—Registration Questionnaire Form

AAA Number (2-digit) _____

Date of Workshop (MM/DD/YYYY) _____

*County of Workshop Location: _____

2. Do you live . . .

- 1 - Alone
 2 – With another person (spouse, children, relative or friend)
 3 – Group living facility (supported housing, assisted living)
 4 – Other _____ (explain)

3. Male Female (Please check ONE)

4. What is your race or ethnic background? (Select only ONE)

- Latino/Hispanic
 Black/African American
 White/Caucasian (non-Hispanic)
 American Indian/Native Alaskan
 Asian/Pacific Islander
 Other _____ (explain)

5. During the past 6 months, did you receive emergency care?

- Yes Reason: _____
 No

6. On a typical as day, do you drink or eat a lot of calcium-rich food, such milk, ice cream, cheese, or yogurt?

- Yes
 No

7. Do you take any calcium supplements?

- Yes
 No

8. Do you take any Vitamin D supplements?

- Yes
 No

9. How many prescription drugs do you take?

Number of prescription drugs _____
(more than 4 prescription drugs puts participant at risk)

10. Do any of your medications cause you to feel lightheaded or dizzy?

- Yes
 No

Appendix A.1—Registration Questionnaire Form

AAA Number (2-digit) _____

Date of Workshop (MM/DD/YYYY) _____

*County of Workshop Location: _____

Section 1.D Fall Risk

Falling/Falls definition: Any unplanned contact with the ground, floor or any other surface which may or may not result in injury.

1. In your older adult years (age 50 and older), have you ever fallen?
 Yes
 No
2. How many times have you fallen in the past 6 (six) months?
 None {If none, go to Question #5}
 Once {If once or more, please answer Questions #3 and #4}
 Twice
 More than three times
3. Did you see a doctor or go to the hospital due to the fall?
 Yes
 No
4. Were any bones broken or fractured because of the fall?
 Yes
 No
5. Are you disabled?
 Yes
 No
6. Do you have any problem with your feet that make it difficult or painful for you to walk or stand?
 Yes
 No
7. Do you use any kind of aid to get around, like a cane, crutches, walker, wheelchair, or scooter?
 Yes
 No
8. Do you have arthritis?
 Yes, but it does NOT limit my mobility
 Yes, and it limits my mobility
 No

Answer only if once
or more in #2

Appendix A.1—Registration Questionnaire Form

AAA Number (2-digit) _____

Date of Workshop (MM/DD/YYYY) _____

*County of Workshop Location: _____

9. Do you have any difficulty seeing?

- Yes
 No

10. Do you wear glasses or contact lenses?

- Yes
 No

11. Do you have any difficulty hearing what is said in normal conversation?

- Yes
 No

12. Do you wear a hearing aid?

- Yes
 No

13. Does your weight limit your ability to move?

- Yes
 No

14. Besides a side effect from your medications, do you experience dizziness or lightheadedness on a daily basis?

- Yes
 No

15. Do you experience dizziness or lightheadedness when arising from bed or a chair?

- Yes
 No

Section 1.E. Cognition

1. Do you have difficulty remembering how to do everyday tasks?

- Yes
 No

2. Do you often experience periods of confusion?

- Yes
 No

Appendix A.1—Registration Questionnaire Form

AAA Number (2-digit) _____

Date of Workshop (MM/DD/YYYY) _____

*County of Workshop Location: _____

3. Do you feel that you sleep too much?

- Yes
 No

Section 1.F. Activities

1. In the past month, how worried were you about falling when getting dressed or undressed?

- Not worried at all
 A little worried
 Somewhat worried
 Very worried

2. In the past month, how worried were you about falling when taking a bath or shower?

- Not worried at all
 A little worried
 Somewhat worried
 Very worried
 Not applicable, I don't do this

3. In the past month, how worried were you about falling when doing activities of daily living, such as reaching for items in cabinets, making a meal, cleaning your home, walking around the house or going a flight of steps?

- Not worried at all
 A little worried
 Somewhat worried
 Very worried
 Not applicable, I don't do this

4. Has the fear of falling interfered with or kept you from participating in activities or going out of your home?

- Yes
 No

5. What is your current activity level?

- Confined to a wheelchair and/or totally sedentary (inactive)
 Occasionally get up and do things for myself
 Fairly active. I go out and shop or visit with friends
 I am constantly on the move

Appendix A.1—Registration Questionnaire Form

AAA Number (2-digit) _____

Date of Workshop (MM/DD/YYYY) _____

*County of Workshop Location: _____

6. How often do you do any exercise for strengthening or balance?

- None
- 1-2 days/week
- 3-4 days/week
- 5-6 days/week
- 7 days/week

7. How much *moderate* exercise do you do per WEEK?

- None
- About 30 minutes total per week
- About 1 hour total per week
- About 2 hours total per week
- About 3 hours total per week
- More than 3 hours total per week

8. What types of exercise do you usually do (check ALL that apply)?

- Leisurely walking
- Swimming
- Gardening
- Leisure sports
- Climbing stairs only
- Other _____

End of Survey

Appendix A.2—Registration Questionnaire Data

Appendix A.2—Registration Questionnaire Data

Comparison of Participant Count by AAA—Program Year 2011-2012 vs. 2012-2013

Agency	HSOA 2011-2012	HSOA 2012-2013
01	134	0
02	34	52
03	29	0
04	66	111
05	0	4
06	810	426
07	78	107
08	229	54
09	44	96
10	1	0
14	68	58
15	236	91
16	176	62
17	0	55
21	161	67
22	0	28
24	63	172
25	0	53
26	22	45
28	141	74
29	214	284
30	0	95
31	281	379
32	0	64
33	10	51
34	24	0
35	61	32
36	35	45
37	55	53
38	0	2
39	20	77
40	108	7
41	0	1
42	146	36
44	12	63
45	0	32
48	156	63
50	0	78
52	58	16
Total	3,472	2,933
No response	180	29

Appendix A.2—Registration Questionnaire Data

County of residence

County	Frequency
Adams	1
Allegheny	395
Armstrong	33
Beaver	106
Bedford	0
Berks	63
Blair	0
Bradford	9
Bucks	274
Butler	79
Cambria	2
Cameron	0
Carbon	76
Centre	0
Chester	0
Clarion	0
Clearfield	0
Clinton	6
Columbia	81
Crawford	53
Cumberland	67
Dauphin	4
Delaware	87
Elk	4
Erie	0
Fayette	19
Forest	0
Franklin	0
Fulton	0
Greene	18
Huntingdon	1
Indiana	5
Jefferson	32

Appendix A.2—Registration Questionnaire Data

County	Frequency
Juniata	1
Lackawanna	0
Lancaster	42
Lawrence	0
Lebanon	170
Lehigh	38
Luzerne	52
Lycoming	53
McKean	0
Mercer	0
Mifflin	1
Monroe	59
Montgomery	69
Montour	6
Northampton	0
Northumberland	62
Perry	27
Philadelphia	373
Pike	21
Potter	0
Schuylkill	8
Snyder	29
Somerset	94
Sullivan	8
Susquehanna	16
Tioga	12
Union	20
Venango	62
Warren	0
Washington	15
Wayne	16
Westmoreland	104
Wyoming	0
York	53
Total	2,826
No response	136

Appendix A.2—Registration Questionnaire Data

What type of home do you reside in?

Response	Frequency	Frequency Percentage
Single family home	1,722	60.0
Apartment, townhouse, condo	782	27.3
Trailer	96	3.3
Retirement home or senior community facility	249	8.7
Assisted living	20	.7
Total	2,869	100.0
No response	93	

Do you live . . .

Response	Frequency	Frequency Percentage
Alone	1,503	53.6
With another person	1,234	44.0
Group living	39	1.4
Other	30	1.0
Total	2,806	100.0
No response	156	

Appendix A.2—Registration Questionnaire Data

During the past six months, did you receive emergency care?

Response	Frequency	Frequency Percentage
Yes	438	15.4
No	2,398	84.6
Total	2,836	100.0
No response	126	

On a typical day, do you drink or eat a lot of calcium rich foods, such as milk, ice cream, cheese, or yogurt?

Response	Frequency	Frequency Percentage
Yes	1,791	62.9
No	1,056	37.1
Total	2,847	100.0
No response	115	

Do you take any calcium supplements?

Response	Frequency	Frequency Percentage
Yes	1,543	54.2
No	1,302	45.8
Total	2,845	100.0
No response	117	

Appendix A.2—Registration Questionnaire Data

Do you take any vitamin D supplements?

Response	Frequency	Frequency Percentage
Yes	1,714	61.5
No	1,072	38.5
Total	2,786	100.0
No response	176	

How many prescription drugs do you take?

Response	Frequency	Frequency Percentage
0	215	7.9
1	244	9.0
2	355	13.1
3	398	14.7
4 or more	1,504	55.3
Total	2,716	100.0
No response	246	

Do any of your medications cause you to feel lightheaded or dizzy?

Response	Frequency	Frequency Percentage
Yes	359	14.0
No	2,208	86.0
Total	2,567	100.0
No response	395	

Appendix A.2—Registration Questionnaire Data

In your older adult years (aged 50 and older), have you ever fallen?

Response	Frequency	Frequency Percentage
Yes	1,781	62.8
No	1,056	37.2
Total	2,837	100.0
No response	125	

How many times have you fallen in the past six months?

Response	Frequency	Frequency Percentage
None	1,984	72.4
Once	470	17.1
Twice	198	7.2
Three or more times	90	3.3
Total	2,742	100.0
No response	220	

Did you see a doctor or go to the hospital due to the fall?

Response	Frequency	Frequency Percentage
Yes	390	27.2
No	1,044	72.8
Total	1,434	100.0
No response	1,528	

Appendix A.2—Registration Questionnaire Data

Were any bones broken or fractured because of the fall?

Response	Frequency	Frequency Percentage
Yes	158	11.4
No	1,224	88.6
Total	1,382	100.0
No response	1,580	

Are you disabled?

Response	Frequency	Frequency Percentage
Yes	495	17.3
No	2,369	82.7
Total	2,864	100.0
No response	98	

Do you have any problems with your feet that make it difficult or painful for you to walk or stand?

Response	Frequency	Frequency Percentage
Yes	681	24.1
No	2,142	75.9
Total	2,823	100.0
No response	139	

Appendix A.2—Registration Questionnaire Data

Do you use any kind of aid to get around, like a cane, crutches, walker, wheelchair, or scooter?

Response	Frequency	Frequency Percentage
Yes	768	26.6
No	2,114	73.4
Total	2,882	100.0
No response	80	

Do you have arthritis?

Response	Frequency	Frequency Percentage
Yes	2,028	72.9
No	753	27.1
Total	2,781	100.0
No response	181	

If yes, does it limit your mobility?

Response	Frequency	Frequency Percentage
Yes	404	19.9
No	1,624	80.1
Total	2,028	100.0
No response	0	

Appendix A.2—Registration Questionnaire Data

Do you have difficulty seeing?

Response	Frequency	Frequency Percentage
Yes	758	27.2
No	2,030	72.8
Total	2,788	100.0
No response	174	

If yes, even when wearing glasses or contact lenses?

Response	Frequency	Frequency Percentage
Yes	2,325	83.6
No	457	16.4
Total	2,782	100.0
No response	180	

Do you have difficulty hearing what is said in normal conversation?

Response	Frequency	Frequency Percentage
Yes	749	26.9
No	2,038	73.1
Total	2,787	100.0
No response	175	

Appendix A.2—Registration Questionnaire Data

If yes, do you wear a hearing aid?

Response	Frequency	Frequency Percentage
Yes	347	12.5
No	2,434	87.5
Total	2,781	100.0
No response	181	

Does your weight limit your ability to move?

Response	Frequency	Frequency Percentage
Yes	228	8.2
No	2,558	91.8
Total	2,786	100.0
No response	176	

Besides a side effect from your medications, do you experience dizziness or lightheadedness on a daily basis?

Response	Frequency	Frequency Percentage
Yes	227	8.1
No	2,581	91.9
Total	2,808	100.0
No response	154	

Appendix A.2—Registration Questionnaire Data

Do you experience dizziness or lightheadedness when arising from a bed or chair?

Response	Frequency	Frequency Percentage
Yes	421	15.0
No	2,383	85.0
Total	2,804	100.0
No response	158	

Do you have difficulty remembering how to do daily tasks?

Response	Frequency	Frequency Percentage
Yes	243	8.7
No	2,558	91.3
Total	2,801	100.0
No response	161	

Do you often experience periods of confusion?

Response	Frequency	Frequency Percentage
Yes	314	11.3
No	2,464	88.7
Total	2,778	100.0
No response	184	

Appendix A.2—Registration Questionnaire Data

Do you feel that you sleep too much?

Response	Frequency	Frequency Percentage
Yes	216	7.7
No	2,572	92.3
Total	2,788	100.0
No response	174	

In the past month, how worried were you about falling when getting dressed or undressed?

Response	Frequency	Frequency Percentage
Not worried at all	2,107	74.4
A little worried	519	18.3
Somewhat worried	158	5.6
Very worried	47	1.7
Total	2,831	100.0
No response	131	

In the past month, how worried were you about falling when taking a bath or shower?

Response	Frequency	Frequency Percentage
Not worried at all	1,830	64.5
A little worried	728	25.7
Somewhat worried	183	6.5
Very worried	72	2.5
Not applicable, I don't do this	24	.8
Total	2,837	100.0
No response	125	

Appendix A.2—Registration Questionnaire Data

In the past month, how worried were you about falling when doing activities of daily living, such as reaching for items in cabinets, making a meal, cleaning your home, walking around the house, or going up or down a flight of steps?

Response	Frequency	Frequency Percentage
Not worried at all	1,681	60.0
A little worried	820	29.3
Somewhat worried	195	7.0
Very worried	75	2.7
Not applicable, I don't do this	30	1.1
Total	2,801	100.0
No response	161	

Has the fear of falling interfered with or kept you from participating in activities or going out of your home?

Response	Frequency	Frequency Percentage
Yes	296	10.6
No	2,489	89.4
Total	2,785	100.0
No response	177	

Appendix A.2—Registration Questionnaire Data

What is your current activity level?

Response	Frequency	Frequency Percentage
Confined to a wheelchair and/or totally sedentary	28	1.0
Occasionally get up and do things for myself	242	8.7
Fairly active; I go out and shop or visit with friends	1,271	45.8
I am constantly on the move	1,232	44.5
Total	2,773	100.0
No response	189	

How often do you do any exercise for strengthening or balance?

Response	Frequency	Frequency Percentage
Never	894	31.5
1-2 days/week	850	30.0
3-4 days/week	653	23.0
5-6 days/week	226	8.0
7 days/week	214	7.5
Total	2,837	100.0
No response	125	

Appendix A.2—Registration Questionnaire Data

How much moderate exercise do you do per week?

Response	Frequency	Frequency Percentage
None	634	22.7
About 30 minutes total per week	554	19.8
About 1 hour total per week	399	14.3
About 2 hours total per week	434	15.5
About 3 hours total per week	308	11.0
More than 3 hours total per week	463	16.6
Total	2,792	100.0
No response	170	

Falls risk (based on physical skills assessment)

Response	Frequency	Frequency Percentage
Low	501	26.8
Moderate	985	52.7
High	383	20.5
Total	1,869	100.0
No response	136	

Appendix B.1—Workshop Evaluation Form

Appendix B.1—Workshop Evaluation Form

Healthy Steps for Older Adults

AAA Number (2-digits) _____

Workshop Evaluation Form

Please complete at the END of the workshop and enter this data into OMNIA. There are 11 questions for participants. Question #13 is for staff to complete.

County of HSOA workshop location: _____

Date of HSOA Workshop: _____ (MM/DD/YYYY)

Last Name: _____

First Name: _____ Middle Initial: ____

Section 1.B. Workshop Evaluation

1. Before you came to this workshop, how much did you know about the resources available to older Pennsylvanians?

- A lot
- A fair amount
- A little
- Almost nothing

2. Now that you've come to this workshop, how much do you know about the ways that falls can lead to serious problems for older adults?

- A lot
- A fair amount
- A little
- Almost nothing

3. Now that you've come to this workshop, how much do you know about ways to be more physically active?

- A lot
- A fair amount
- A little
- Almost nothing

HSOA Workshop Evaluation
1.4.13

Page 1 of 3

Appendix B.1—Workshop Evaluation Form

Healthy Steps for Older Adults

AAA Number (2-digits) _____

4. Now that you've come to this workshop, how much do you know about exercises people can do to improve their balance?

- A lot
- A fair amount
- A little
- Almost nothing

5. Now that you've come to this workshop, how much do you know about your own risks for falls?

- A lot
- A fair amount
- A little
- Almost nothing

6. Now that you've come to this workshop, how much do you know about what to do if you have a fall?

- A lot
- A fair amount
- A little
- Almost nothing

7. Now you've come to this workshop, how much do you know about services that can help you make your home more safe?

- A lot
- A fair amount
- A little
- Almost nothing

8. Now that you've come to this workshop, which of the following areas to plan to make change to reduce your risk of falls: **(check all that apply)**

- Kitchen
- Bathroom
- Bedroom
- Stairwell
- Outside sidewalks or entrance
- Footwear (shoes/slippers, etc)

HSOA Workshop Evaluation
1.4.13

Page 2 of 3

Appendix B.1—Workshop Evaluation Form

Healthy Steps for Older Adults

AAA Number (2-digits) _____

9. Now that you've come to this workshop, how much do you know about ways people can use medicines more safely?

- A lot
- A fair amount
- A little
- Almost nothing

10. Now that you've come to this workshop, how much do you know about ways to better communicate with your doctor?

- A lot
- A fair amount
- A little
- Almost nothing

11. On a scale of 1 to 10, **how much did you learn** in this workshop compared to what you knew *before* you attended the workshop?

CIRCLE ONE NUMBER

Learned very little

Learned a lot

1 2 3 4 5 6 7 8 9 10

12. Do you plan to share your risk for fall with your doctor?

- YES
- NO

For Staff only:

13. Participant refused to complete this questionnaire. (Select only one)

- YES
- NO
- Completed only part of the questionnaire.

HSOA Workshop Evaluation
1.4.13

Page 3 of 3

Appendix B.2—Workshop Evaluation Data

Appendix B.2—Workshop Evaluation Data

Before you came to this workshop, how much did you know about the resources available to older Pennsylvanians?

Response	Frequency	Frequency Percentage
A lot	398	14.7
A fair amount	1,140	42.2
A little	838	31.0
Almost nothing	326	12.1
Total	2,702	100.0
No response	117	

Now that you've come to this workshop, how much do you know about the ways that falls can lead to serious problems for older adults?

Response	Frequency	Frequency Percentage
A lot	1,851	68.7
A fair amount	713	26.5
A little	119	4.4
Almost nothing	12	.4
Total	2,695	100.0
No response	124	

Appendix B.2—Workshop Evaluation Data

Now that you've come to this workshop, how much do you know about ways to be more physically active?

Response	Frequency	Frequency Percentage
A lot	1,841	68.6
A fair amount	720	26.8
A little	113	4.2
Almost nothing	11	.4
Total	2,685	100.0
No response	134	

Now that you've come to this workshop, how much do you know about exercises people can do to improve their balance?

Response	Frequency	Frequency Percentage
A lot	1,723	64.6
A fair amount	802	30.1
A little	123	4.6
Almost nothing	18	.7
Total	2,666	100.0
No response	153	

Appendix B.2—Workshop Evaluation Data

Now that you've come to this workshop, how much do you know about your own risk for falls?

Response	Frequency	Frequency Percentage
A lot	1,838	68.7
A fair amount	742	27.7
A little	85	3.2
Almost nothing	10	.4
Total	2,675	100.0
No response	144	

Now that you've come to this workshop, how much do you know about what to do if you have a fall?

Response	Frequency	Frequency Percentage
A lot	1,700	64.2
A fair amount	809	30.5
A little	123	4.6
Almost nothing	17	.6
Total	2,649	100.0
No response	170	

Appendix B.2—Workshop Evaluation Data

Now that you've come to this workshop, how much do you know about services that can help you make your home safer?

Response	Frequency	Frequency Percentage
A lot	1,703	64.0
A fair amount	803	30.2
A little	133	5.0
Almost nothing	21	.8
Total	2,660	100.0
No response	159	

Now that you've come to this workshop, how much do you know about ways people can use medicine more safely?

Response	Frequency	Frequency Percentage
A lot	1,469	56.2
A fair amount	951	36.4
A little	165	6.3
Almost nothing	31	1.2
Total	2,616	100.0
No response	203	

Appendix B.2—Workshop Evaluation Data

Now that you've come to this workshop, how much do you know about ways to make the most of doctor's visits?

Response	Frequency	Frequency Percentage
A lot	1,550	59.3
A fair amount	874	33.5
A little	161	6.2
Almost nothing	27	1.0
Total	2,612	100.0
No response	207	

On a scale of 1 to 10, how much did you learn in this workshop compared to what you knew before you attended the workshop?

Response	Frequency	Frequency Percentage
1	9	.3
2	18	.7
3	31	1.2
4	46	1.7
5	174	6.6
6	186	7.1
7	266	10.1
8	608	23.0
9	557	21.1
10	743	28.2
Total	2,638	100.0
No response	181	

Appendix B.2—Workshop Evaluation Data

For staff only: Participants refused to complete this questionnaire.

Response	Frequency	Frequency Percentage
Completed questionnaire	1,783	92.0
Did not complete questionnaire	58	3.0
Completed only part of the questionnaire	96	5.0
Total	1,937	100.0
No response	882	

Appendix C.1—Referral Form

Appendix C.1—Referral Form

AAA Number (2-digits) _____

County of Workshop Location _____

The Pennsylvania Healthy Steps Program Referral Form

Dear Doctor _____

Doctor's Address _____

Doctor's Phone/Fax number _____

(Participant's Name) _____ participated in the Healthy Steps
for Older Adults falls prevention screening & education program on _____ (date
of workshop: MM/DD/YYYY), and has been assessed as:

Low Risk for Fall Moderate Risk for Fall High Risk for Fall

In addition to three strength & balance tests, the following areas were assessed and determined to
increase his/her risk for falls:

- Received emergency care in the past six months
- Does NOT take a calcium supplement
- Does NOT take a Vitamin D supplement
- Takes more than four (4) prescription drugs
- Feels that medications may be causing lightheadedness or dizziness
- Has had more than one fall in the past 6 months
- Feels that his/her weight limits mobility
- Has difficulty with seeing or hearing

The following options for referral were reviewed with the participant: (Select ALL that apply)

- Physical therapy and/or occupational therapy
- Home modification(s) (grab bars, railing, lighting, or other)
- Nutrition support (AAA, senior center, Meals on Wheels or other)
- Exercise program (walking, aquatics, tai chi or other)
- Other: _____

Thank you.

***By my signature, I agree that this referral form may be sent to my physician:**

_____/_____
(Signature of Participant for release of information) (Date Signed)

Appendix C.2—Referral Form Data

Appendix C.2—Referral Form Data

Signed referral form?

Response	Frequency	Frequency Percentage
Yes	989	58.2
No	711	41.8
Total	1,700	100.0
No response	304	

Signed Referral Forms by AAA

Agency	Frequency	Frequency Percentage
06	98	10.0
07	19	1.9
08	33	3.3
09	65	6.6
14	48	4.9
17	23	2.3
22	14	1.4
24	26	2.6
28	34	3.4
29	190	19.3
30	57	5.8
31	278	28.2
36	28	2.8
42	19	1.9
48	15	1.5
50	41	4.1
Total	989	100.0

Appendix D.1—Four Week Follow-Up Interview Form

AAA # (2-digits) _____

Date form was completed (MM/DD/YYYY) _____

HSOA Four Week Follow-Up Form

Between 4-6 Weeks after the Healthy Steps for Older Adults screening and workshop, please contact the participant by phone or mail to complete this form, then enter the data in OMNIA.

Thank you.

County of Workshop Location: _____

Date Participant attended HSOA Workshop: _____

1. Last name: _____

2. First name: _____

3. Middle Initial: _____

4. Birth Date: ____ / ____ / ____ (MM/DD/YYYY)

5. Zip code of residence (5-digits): _____

6. In the past month, did you fall? (**Select one**)

YES

NO

7. In the past month, have you seen your doctor? (**Select one**)

YES [Please answer question #8]

NO [If no, please move to question #9]

8. If YES, what did you discuss with your doctor? (**Select all that apply**)

My health condition

Difficulty with my vision

Difficulty with my hearing

Difficulty with walking

Need for Calcium or Vitamin D

My medications

Need for an assistive device (cane, walker, WC or scooter)

Appendix D.1—Four Week Follow-Up Interview Form

AAA # (2-digits) _____

Date form was completed (MM/DD/YYYY) _____

9. Since your participation in the Healthy Steps workshop, how much have you increased the amount of time you spend going out of the house to socialize (at a senior center or social club, or with friends, relatives, or neighbors)? (**Select one**)

- Not at all
 Once or twice
 About once a week
 Several times a week
 Every day

10. Since your participation in the Healthy Steps workshop, have you **increased** your amount of physical activity? (**Select one**)

- YES [If YES, please answer questions #11]
 NO [If NO, please move to question #12]

11. If YES, how many days a week do you do these **physical** activities?

Number of days per week:

12. Since you attended the Healthy Steps workshop, have you changed or started any of the following? (**Check all that apply**)

- Started an exercise program
 Began exercising more on my own
 Have an appointment or have been evaluated by a physical therapist or occupational therapist
 Have an appointment or have had my eyes checked
 Have an appointment or have had my hearing checked
 Have an appointment or have obtained an assistive device to walk more safely
 Changed the type of shoes I wear

Appendix D.1—Four Week Follow-Up Interview Form

AAA # (2-digits) _____

Date form was completed (MM/DD/YYYY) _____

13. Were any of the above changes made due to the Healthy Steps Referral to your doctor after the workshop? (**Check only ONE answer**)

YES

NO

14. After attending the Healthy Steps workshop, have you fixed or plan to fix any of the following items in your home? (**Check ALL that apply**)

Obtain better lighting in dark areas indoors

Obtain better lighting in dark areas outdoors

Repair indoor steps

Repair outdoor steps or walkways

Obtain non-skid rugs or undermats to prevent skidding

Fixed or removed hazards that could cause a slip or trip

Obtain indoor handrails

Obtain outdoor handrails

Obtain grab bars for my bathroom (shower, bath or toilet)

15. Since you attended the Healthy Steps workshop, are you *less fearful* of falling?

YES

NO

END of Questionnaire

Appendix D.2—Four Week Follow-Up Interview Data

Appendix D.2—Four Week Follow-Up Interview Data

In the past month, did you fall?

Response	Frequency	Frequency Percentage
Yes	197	7.5
No	2,434	92.5
Total	2,631	100.0
No response	181	

In the past month, have you seen your doctor?

Response	Frequency	Frequency Percentage
Yes	1,243	47.7
No	1,361	52.3
Total	2,004	100.0
No response	208	

Since your participation in the Healthy Steps workshop, how much have you increased the amount of time you spend going out of the house to socialize (at a senior center or social club, or with friends, relatives, or neighbors)?

Response	Frequency	Frequency Percentage
Every day	482	18.6
Several times a week	869	33.6
About once a week	191	7.4
Once or twice	427	16.4
Not at all	621	24.0
Total	2,590	100.0
No response	222	

Appendix D.2—Four Week Follow-Up Interview Data

Since your participation in the Healthy Steps workshop, have you increased your amount of physical activity?

Response	Frequency	Frequency Percentage
Yes	1,448	56.0
No	1,140	44.0
Total	2,588	100.0
No response	224	

If yes, how many days a week do you do these physical activities?

Response	Frequency	Frequency Percentage
0	7	.4
1	84	5.8
2	212	14.7
3	382	26.5
4	172	11.8
5	227	15.8
6	68	4.9
7	289	4.9
Total	1,441	100.0
No response	1,371	

Appendix D.2—Four Week Follow-Up Interview Data

Were any of the changes made due to the Healthy Steps referral to your doctor after the workshop?

Response	Frequency	Frequency Percentage
Yes	590	25.9
No	1,688	74.1
Total	2,278	100.0
No response	534	

Since you attended the Healthy Steps workshop, are you less fearful of falling?

Response	Frequency	Frequency Percentage
Yes	1,843	71.5
No	734	26.1
Total	2,577	100.0
No response	235	