SITE H

Program Name: CHIPPS

GENERAL PROGRAM DESCRIPTION

1. How long has your program been in operation? about 16 years in various forms
    a. How many individuals have been served from program inception? full 1600, ed-8000
    b. How many on average do you serve on a monthly basis?10

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:

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:

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:
        ii. ☐ gender; specify:
        iii. ☐ history of falling,
        iv. ☐ Other:
    b. If **No**, then how are program participants identified? over 65 community dwelling low income recruited but none turned away

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: informal
Medication Review	☒ Yes ☐ No	1. ☐ Referral to Physician 2. ☒ Other: informal referral to consulting pharmacist
Home Safety	☒ Yes ☐ No	1. ☐ Suggestions 2. ☒ Doing actual modification(s) 3. ☒ Paying for actual modification(s) 4. ☐ Other
Exercise	☒ Yes ☐ No	1. ☒ We make suggestions and encourage exercise 2. ☐ Pamphlets 3. ☐ Video Exercise Programs 4. ☐ Scheduled program in a group setting; Type: Program Duration: ; Frequency of Exercise: 5. ☐ Individualized exercise program; Type: ; Program Duration: ; Frequency of Exercise:
Balance	☐ Yes ☒ No	☐ We make suggestions and encourage balance-related exercises Type of training: Program Duration:
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:

10. Who is involved in the program, either for Assessment or Intervention? (*Check all that apply).*
    i. ☐ Administrative Staff
    ii. ☐ Nurse
    iii. ☐ Social Worker
    iv. ☐ Physical therapist
    v. ☐ Medical Doctor
    vi. ☐ Emergency Response Unit (EMTs)
    vii. ☐ Fire Department
    viii. ☐ Volunteers
    ix. ☒ Other: health educator, contractor

OPERATIONAL ISSUES

1. Do you provide educational materials to the program participant?
   ☐ No ☒ Yes
    a. If **Yes**, what do you provide? home safety checklist, brochure, transportation issues

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? night lite, non-slip soles, jar opener, shoehorn; as needed: grab bars, smoke alarm, extenstion cords, fused power strips, bath mats

3. If you discover that the program participant could benefit from equipment that might be covered by Medicare or Medicaid, how is this handled? information provided

4. Do you run into any language barriers with the program participants you serve?
   ☐ No ☒ Yes
        a. If **Yes**, how is it handled? staff from agencies which arrange initial educational event usually provide translation services

5. In an operational sense, what do you view as the biggest challenge with implementing your program? Lack of on-going funding, family members who resist change

6. What feedback do you get from the program participants you serve? Very appreciative, anecdotal-longer term follow up reveals increased appreciation of service

7. What feedback do you get from the people actually performing the intervention or pieces of the intervention? frustration with levels of service and with mis-understandings

FUNDING REQUIREMENTS

1. How is your program currently funded? NIH, joint project w UCSF

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? grab bars and minimal repairs as needed
    b. What is the average cost of a typical intervention? about $200-the limit unless extraordinary circumstances

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?

$500 for full intervention

6. How does this cost breakdown by each component of the intervention?
    a. Internal program staff cost: $40
    b. Field staff cost: $250 interventions and outreach and education
    c. Printed Materials and Mailing: $10
    d. Home Modifications: $200
    e. Exercise Program: $
    f. Other: cost: $

OUTCOMES MEASUREMENT

1. Do you follow up with the program participants? ☒ No ☐ Yes
    a. If **Yes**, how often?
    b. What method(s) do you use to follow up?
    c. What do you find when you follow up?

2. Are you measuring program participants' compliance with the recommendations put forth? ☒ No ☐ Yes
    a. If **Yes**, how do you measure this?
    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
    a. If **Yes**, what have you found? Published study, major reduction in falls

GENERAL OBSERVATIONS

1. What do you view as the single most important element of your program? Doing the home safety repairs/modifications

2. If you could add one element/component to the program to make it more effective, what would it be? more support to ensure actual participation in exercise program

3. What is the single most important element to assuring programmatic success? community involvement

4. What is the single most important barrier to success? Isolation/family and landlord resistance

5. Do you have any thing else you would like to share with us? Desperate need in the community for expansion. This would require a dedicated funding stream- perhaps next Older AMericans Act?

SUGGESTIONS FOR KEY COMPONENTS

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

1. Outreach
2. Education
3. Referrals, health, pharmacy, exercise, other specialties
4. home modification repairs
5. follow-up