



Guidance for Navigating the National Falls Prevention Database Webinar

*Administration for Community Living
National Council on Aging*

PRESENTERS

Donna Bethge, Kenny Rosenkranz, Meghan Thompson

June 27, 2022



Webinar Overview

1. Welcome from NCOA & ACL

2. Database Overview & Terminology

3. Data Collection Forms

4. Privacy & Security

5. Forms Management & Data Quality Assurance

6. Live Demo: Using the National Falls Prevention Database

7. Next Steps

8. Questions and Answers

Speakers



Donna Bethge, Administration for Community Living/Administration on Aging

Kenneth Rosenkranz, Data Management and Analysis Associate, NCOA



Meghan Thompson, Data Manager, Health & Wellness Department, Sound Generations

Data Collection Grant Requirements:

- Funding opportunity announcement notes that grantees must “Collect required program data...by way of ACL’s specific data collection forms.”
- Data should be reported within 30 days of program completion.
- Grantees should train local coordinators, workshop leaders, etc. on data collection practices and use of forms

Importance of Data Collection

- Evaluate grantee performance
- Determine program reach and participant demographics (i.e., ethnicity, age, gender)
- Report participant outcomes to determine the impact and value of the programs
 - Conduct research

Contact Information

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Database Overview & Terminology



Preface: Upcoming Changes

- Existing Falls database (managed externally by Sound Generations) to be migrated to NCOA systems by the end of this calendar year.
- Retraining on data entry
- Merger with CDSME (one-stop service for dual users.)
- Enhanced reporting features
- Data import through REST APIs

National Falls Prevention Database – By the #'s

156,577



Program
Participants

13,488



Workshops

124



Active
Database
Users

42



Active
Networks

27



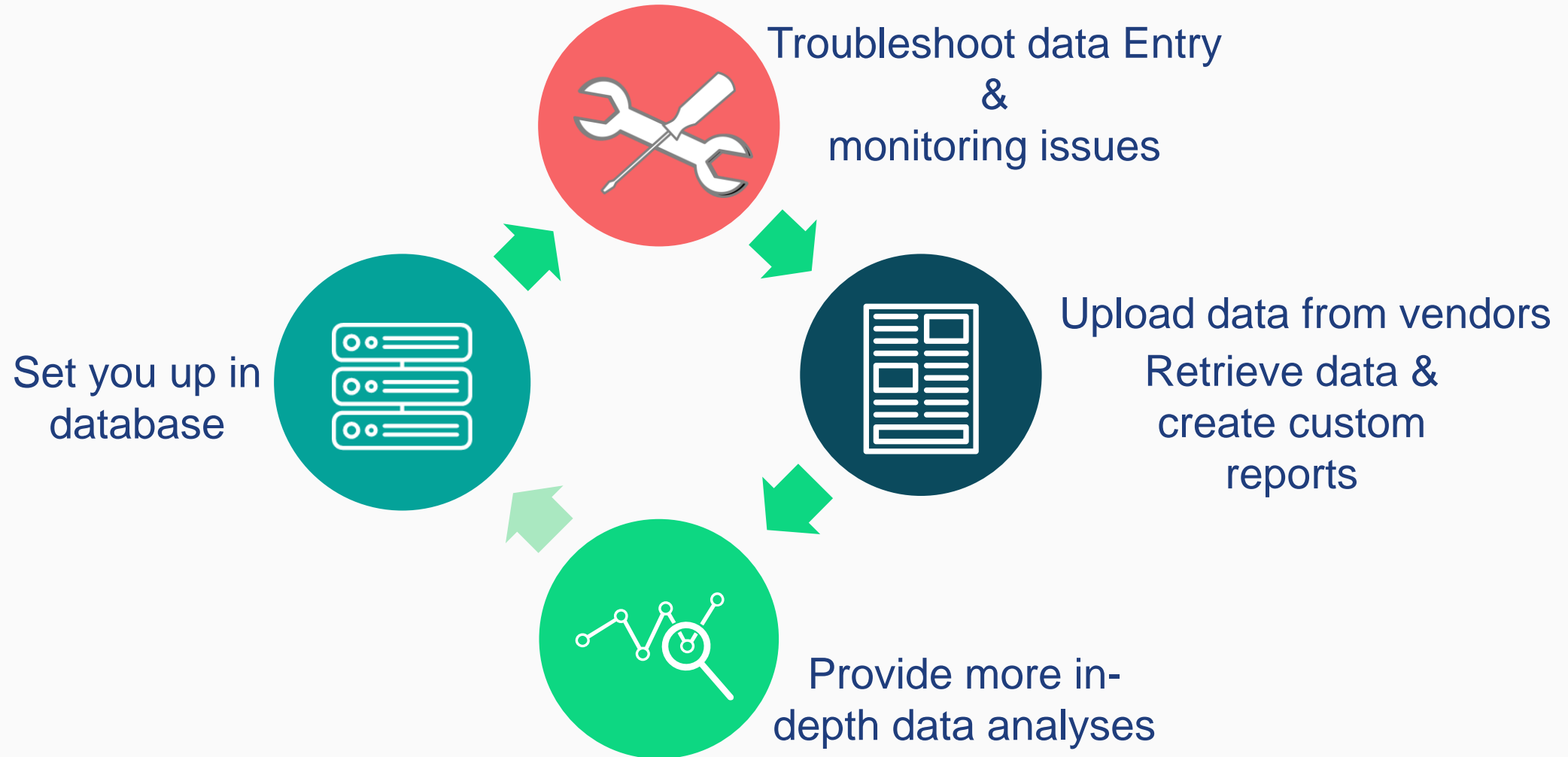
Active
States in
Past Year

17 Programs in the Falls Database

- A Matter of Balance
- Bingocize
- CAPABLE
- EnhanceFitness
- FallScape
- FallsTalk
- Fit & Strong!
- Healthy Steps in Motion
- Healthy Steps for Older Adults
- Otago Exercise Program
- Pisando Fuerte
- Stay Active and Independent for Life
- Stepping On
- Tai Chi for Arthritis
- Tai Ji Quan: Moving for Better Balance
- Tai Chi Prime
- YMCA Moving for Better Balance



Technical Assistance - What can NCOA do for you?



Terminology

Program: An evidence-based falls prevention intervention (A Matter of Balance, Tai Chi for Arthritis, Stepping On, etc.)

Workshop: A class or group meeting through which a program is delivered to participants.

Session: A meeting of a workshop, e.g., an hour-long class period or an encounter

Participant: A person that attends at least one class

Leaders or Coaches: The people who are trained to deliver the falls prevention programs

Terminology

Implementation Sites: The physical locations where workshops meet or a program is delivered.

Host Organizations: The organizations that sponsor workshops, perhaps hold the license for a programs, train or employ leaders, and arrange for the use of implementation sites.

Data Collection Forms

Falls Prevention Program Information
Instructions to the Group Leaders/ Coaches: Please use this as a data collection forms to return to the Survey Coordinator.

- Site Name: _____
City: _____
- If this is a new program delivery/ implementation site,
 - Street Address: _____
 - Type of site (select the type that best describes)
 - Municipal Government
 - Area Agency on Aging
 - County Health Department
 - County Health Department
 - Educational Institution
 - Faith-based Organization
 - Health Care Organization
 - Library
 - Multi-purpose social services organization
- Name of parent/host/sponsoring organization: _____
- Leaders/ Coaches Names (Please provide number or email so that we may contact you):
Name: _____
- Program Start Date (mm/dd/yyyy): _____
- Did you offer a "session 0" (orientation) by some agencies? Yes No
- What type of program is this? (Mark all that apply)
 - A Matter of Balance
 - Standing On
 - Stay Active and Independent for Life
- Number of participants enrolled (who attended at least one class): _____
Number of completers (who attended at least 60% of the possible classes, excluding those who are unable to attend): _____

**Adopt this section to include the number of possible sessions*

[Program Name] Attendance Log
Start Date: ____/____/____ End Date: ____/____/____

Participant ID	Sessions Attended*																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	

[Program Name] Participant Information Form
Today's date: ____/____/____

Participant ID: _____
letters of your last name: ____/____/____

- Did your doctor, nurse, physical therapist or other health care provider suggest that you take this program?
 Yes No
- How old are you today? _____ years
- Do you live alone? Yes No
- Are you: Male, or Female?
- Are you of Hispanic, Latino, or Spanish origin? Yes No
- What is your race? **Check all that apply.**
 - American Indian or Alaska Native
 - Asian
 - White
 - Black or African American
 - Native Hawaiian or other Pacific Islander
- What is the highest grade or level of school that you have completed?
 - Less than high school
 - Some high school
 - High school graduate or GED
 - Some college or vocational school
 - College graduate or higher
- Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)? **Check Yes or No.**

Chronic Condition	Yes	No
Arthritis or other bone/joint disease	<input type="checkbox"/>	<input type="checkbox"/>
Breathing/lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or blood circulation problem	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure/hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma/other chronic eye problem	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Other Chronic Condition(s) (specify)	<input type="checkbox"/>	<input type="checkbox"/>
- Are you limited in any way in any activities because of physical, mental, or emotional problems?
 Yes No

Please turn this paper over and fill out the other side.

Data Collection Forms & Where to Find Them

OMB approved data collection forms

- Participant Information Form (Pre-Survey)
- Participant Post Program Survey Form
- Attendance Log
- Falls Program Information Cover Sheet
- Host Organization Information Form

Other forms

- OMB Approved Falls Prevention Program Group Leader/Coach Script
- Optional Questions for Participant Pre- and Post- Surveys

All data collection forms can be found on the [Falls Prevention Grantee Resources Webpage](#)

Translated Data Collection Forms

v

- Spanish
- Chinese
- Hmong
- French
- Italian
- Polish
- Russian
- Korean
- Vietnamese
- Cambodian (Khmer)

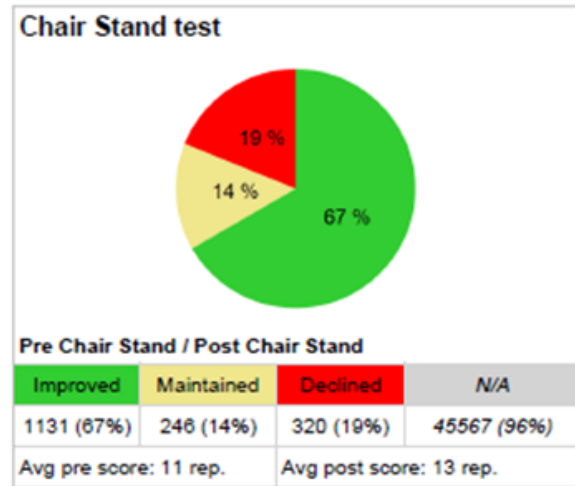
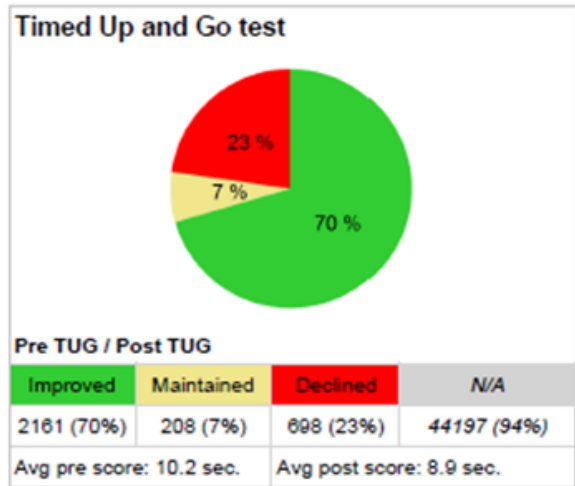


Adding Questions to Participant Information Forms: Optional Survey Questions

- Optional question suggestions for participant pre- and post- forms are posted on the [National Falls Prevention Grantee Resources webpage](#).
 - Including yourself (and your spouse, if married), what is your combined monthly gross income now? Consider all sources of income, including Social Security, pension, etc. (Less than \$1,000 to \$4,000 or more)
 - Are you here as a caregiver to a person with Dementia? (Yes/No)
 - What is your zip code?
 - Please indicate which type of insurance you have. (E.g., Medicare, Humana)
 - Additional chronic condition: Early-stage dementia
 - Were you referred here today from a Facebook ad? (Yes/No)
 - Have you taken this falls prevention program before? (Yes/No)
 - Have you taken a falls prevention program before? (Yes/No; If yes, please indicate program name)

Adding Questions to Participant Information Forms: Optional Survey Questions

- Timed Up and Go Test (Number of seconds)
 - Test instructions available [here](#)
- Chair Stand Test (Reps)
 - Test instructions available [here](#)



ASSESSMENT

Timed Up & Go (TUG)

Purpose: To assess mobility
Equipment: A stopwatch
Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

① **Instruct the patient:**

When I say "Go," I want you to:

- Stand up from the chair.
- Walk to the line on the floor at your normal pace.
- Turn.
- Walk back to the chair at your normal pace.
- Sit down again.

NOTE:
Always stay by the patient for safety.

② **On the word "Go," begin timing.**

Patient _____

Date _____

Time _____ AM PM

OBSERVATIONS

Observe the patient's postural stability, gait, stride length, and sway.

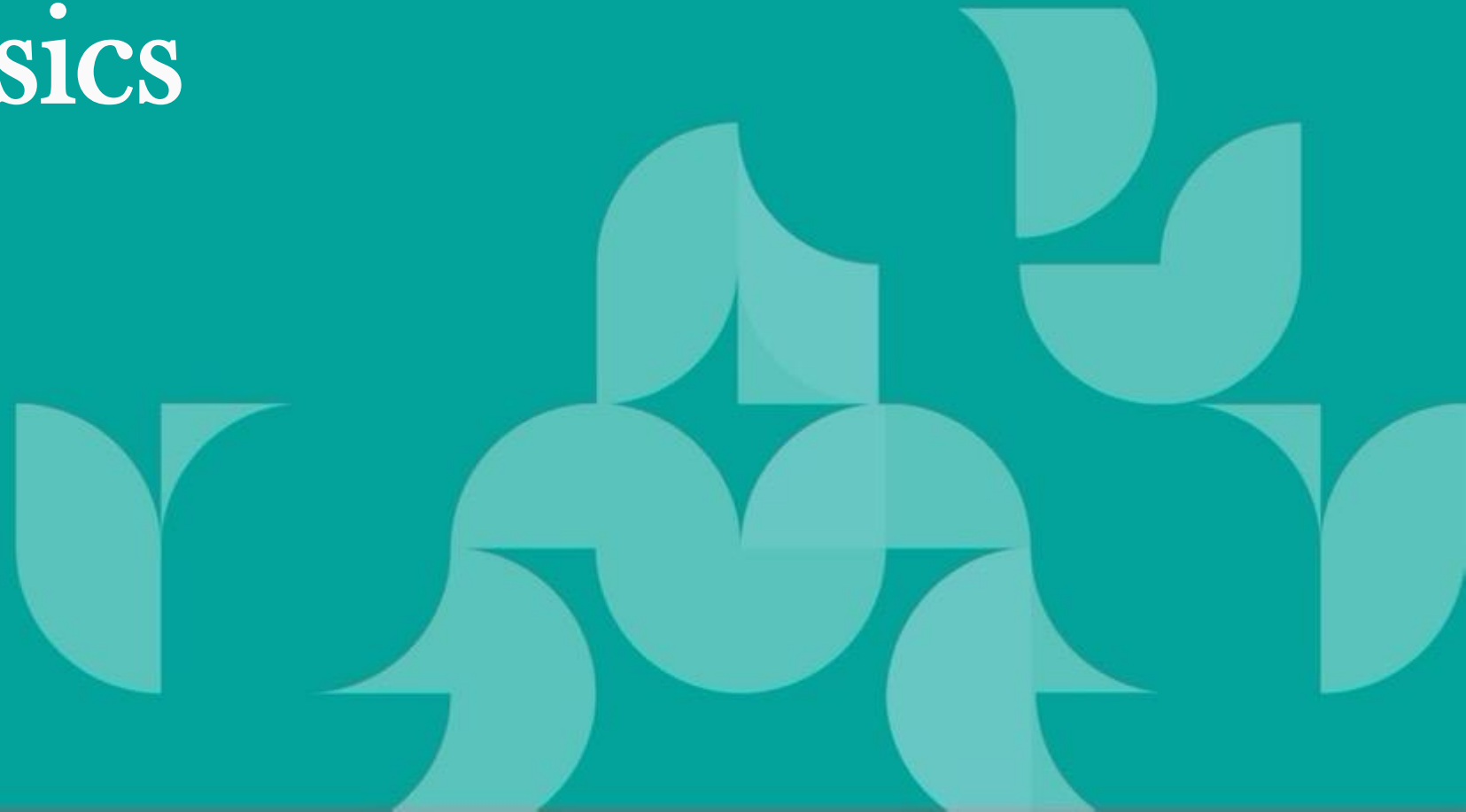
Check all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

Adding Questions to Participant Information Forms: Optional Survey Questions

- To add questions to the OMB-approved participant forms:
 - Send an email to your ACL Project Officer and NCOA Technical Assistance Liaison to request approval for the addition(s). Attach a Word document of the participant survey(s) with the additions included.
 - Remove the OMB control number from the form.

Privacy & Security Basics



Privacy and Data Security Practices

- **Privacy and Data Security Practices – NCOA CDSME and Falls Prevention EBP Databases** ([Privacy and Data Security Practices - NCOA CDSME and Falls Prevention](#))
- **Privacy Act of 1974 Public Law 93-579 (5 U.S.C.A. 552a):** Protects records that can be retrieved by personal identifiers, e.g. name, social security number, or other identifying number or symbol
- **Your Responsibility**
 - Store completed data collection forms in a secure, locked cabinet when not in use
 - Ensure data is entered into a secure, password protected database, such as the ACL National Falls Prevention Database
 - Train all staff, facilitators, and anyone handling, transferring data forms, in paper or electronic form
 - Disclose rights to participants (voluntary information on surveys, how their information is to be protected)
 - Follow best practices for storing, sharing, and transmitting data

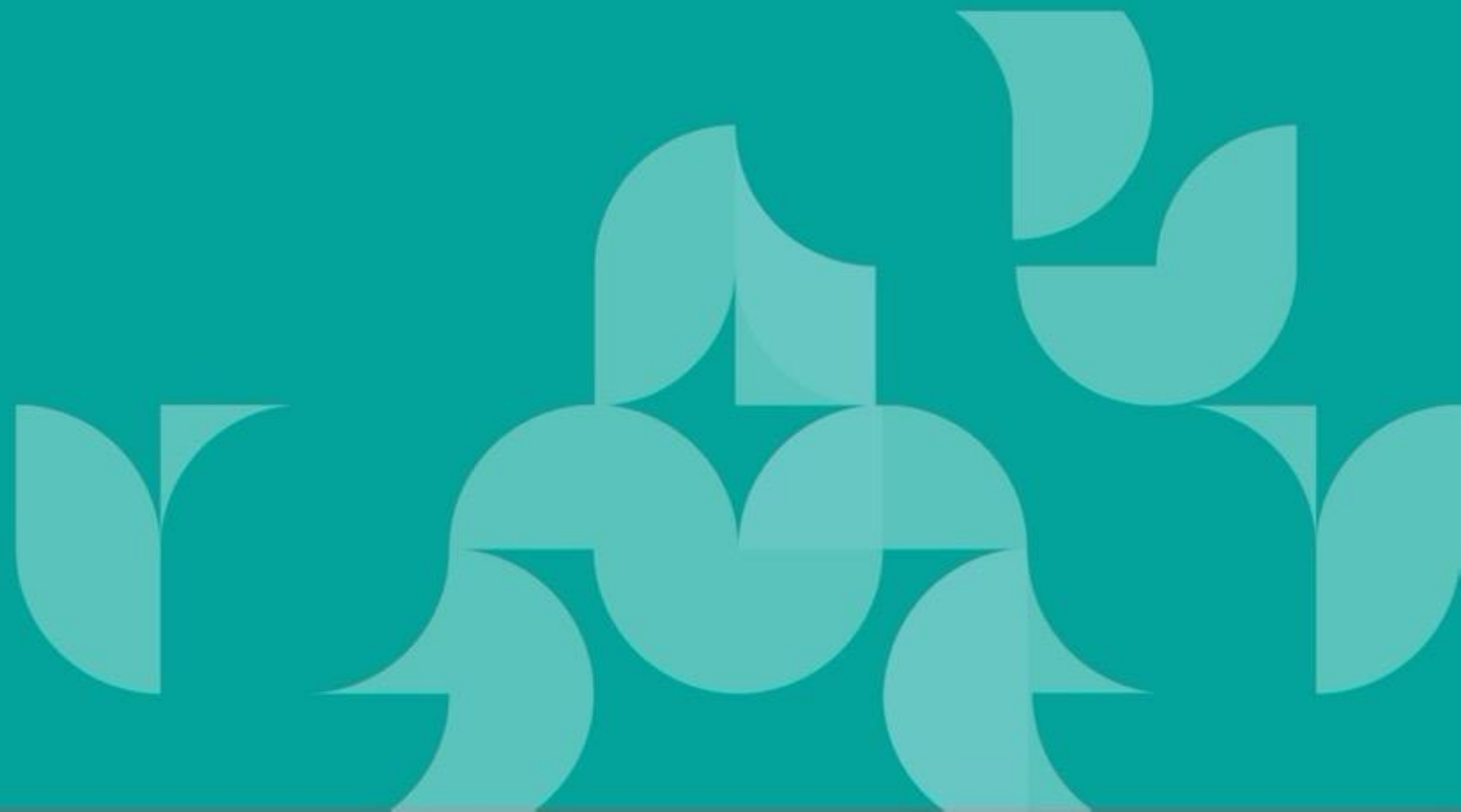
Privacy and Data Security Practices

- You can destroy the following forms immediately after entering data into the database:
 - Participant Information Form (Pre-Program)
 - Participant Post Program Survey Form
 - Attendance Log
 - Falls Program Information Cover Sheet
 - Host Organization Information Form
- **Keep electronic copies** of data for at least 3 years past last report date associated with the grant.
 - Once the data is entered into the ACL National Falls Prevention Database, Sounds Generations will keep electronic records of the data for at least 3 years.

Training Staff on Safeguarding Participant Information

- **Hold In-person/online training:**
 - Review “Privacy and Data Security Practices – NCOA CDSME and Falls Prevention EBP Database” with all staff: [Privacy and Data Security Practices - NCOA CDSME and Falls Prevention](#)
- **Collect Certificates of Completion from staff to verify completion of training** (Neither NCOA nor ACL require copies of these)
- **Collect Non-Disclosure Agreements** from all staff and keep those for at least 3 years:
 - Acknowledgement that participant information should not be shared with others and should be safeguarded appropriately
 - English: [Privacy and Data Security Practices - NCOA CDSME and Falls Prevention](#)
 - Spanish: [Privacy and Data Security Practices - NCOA CDSME and Falls Prevention](#)
- **Use encryption technology** when sharing or transferring sensitive data: Use a S-FTP (Safe File Transfer Program), e.g. Movelt. Required for any grantee/user sending or receiving sensitive data.

Forms Management & Data Quality Assurance



Forms Management & Quality Assurance Recommendations

Leaders/coaches or site coordinators

- Keep the forms together for a given workshop from its start date to its end date
- Submit all forms together for a given workshop for data entry as soon as possible after completion of a workshop, and at least within 2 weeks of its end date

Data entry person

- Review forms when received to be sure the packet is complete
- Follow up promptly with leaders or site staff to clarify any issues
- Enter forms into the database as soon as possible. Have a system for managing the flow of forms (e.g., a checklist).
- If you cannot get clarification, leave unclear responses blank
- Missing attendance logs: Do not enter data from workshops with NO Attendance Log into the database

Reducing Missing Data

1. Build in time for participants to complete the pre- and post-program surveys, e.g., host a Session 0
2. Assist participants – consider literacy and cognitive challenge
3. Offer help to workshop leaders
4. Review workshop leader script, emphasize the value of feedback for future funding, programming, etc.
5. Build excitement for data by sharing feedback with implementation sites, partners
6. Check forms on-site

Resource: **Tip Sheet: Maximizing Complete and Accurate Data**

Using Other Databases

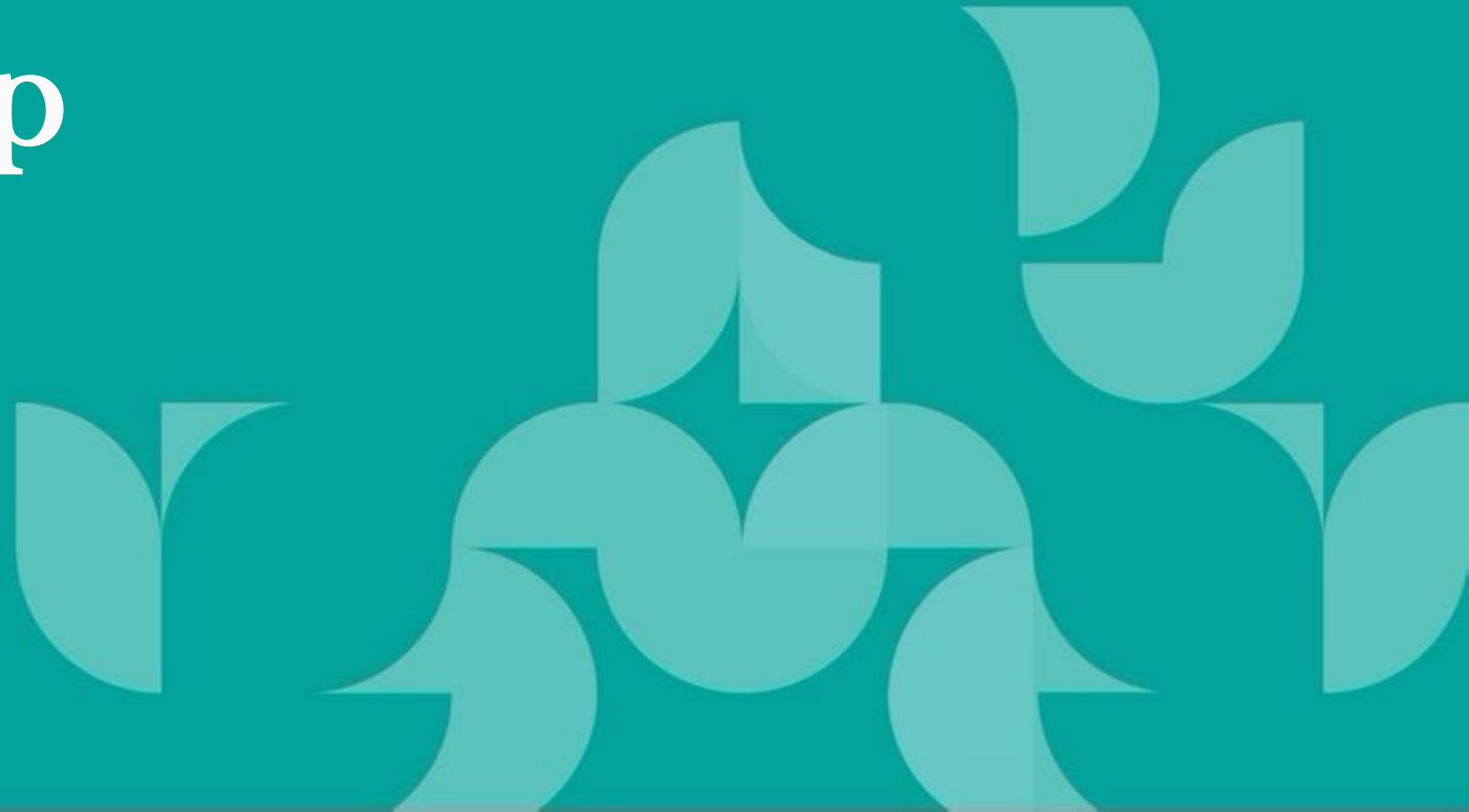
Avoid double data entry work!

Contact Sound Generations for assistance...

- If you are using another database for primary data entry. We can work with you to import data exported from another database.
- If you are using the National Falls Prevention Database for primary data entry and you want to export data from this system into a different system.

Reminder: Participant-level data transferred between systems must be encrypted. Your vendor may have a method already or contact Sound Generations for options.

Database Help



Database Help

- Grantees and their staff members/ affiliates that have a Falls Database user login should submit questions via their [National Falls Prevention Database portal account](#). This will create a ticket in the Falls Database.
- Grantee staff members/affiliates that do not have a Database user login should submit questions via email to falls_data@ncoa.org.



Database Help

To create a ticket through your Falls Database login:

1. Log in to your [National Falls Prevention Database portal account](#).
2. On the Falls Database home page, click the Requests button found in the Assistance section

The screenshot shows the 'Falls Database' home page for the National Center for Healthy Aging (ncoa). The page is organized into several sections:

- Navigation:** Home, Falls Database
- Left Sidebar:**
 - Welcome, [User Name] | My Profile | Logout
 - Falls Database Menu
 - Workshops
 - Host Organizations
 - Implementation Sites
 - Leaders
 - Reports
 - Search: [Search Box] | Go! | Advanced Search
 - Recent Items
 - 00002186
 - ATT-167395
 - test03
 - test03_1/1/2020
 - Lake_HSIM_1/1/2020
 - ATT-167394
 - test02
 - test02_1/1/2020
 - ATT-167376
 - test01
- Main Content Area:**
 - Data Entry:** Tools to enter program data into the system. Users can enter information about workshops, participant demographics, first and last session surveys, and attendance. [Workshops](#)
 - Program Management:** Tools to assist in managing workshop program data. Users can create new sites or leaders and edit existing site or leader information. [Host Organizations](#), [Implementation Sites](#), [Leaders](#)
 - Reporting:** Reports on program data to summarize demographics, survey results, and attendance rates. Evaluation and program reports are also available. [Reports](#)
 - Assistance:** Questions, comments, issues, and suggestions can be submitted here. [Requests](#) (highlighted), [Resources \(at ncoa.org\)](#), [Training Video](#)

Database Help

3. Click the **Create New Request** button.

Requests Home

Select the requests you want to view from the dropdown.

View:

Recent Requests				Recently Viewed ▾
Request Number	Subject	Date/Time Opened	Priority	
00002186	Test feature request	2/11/2020 5:18 PM	High	

Create New Request

Database Help

4. Fill out the fields of the Request form.

Request Edit
New Request

Request Edit

Request Information | = Required Information

Status	<input type="text" value="New"/>	Request Record Type	Customer Portal - Falls
Type	<input type="text" value="--None--"/>	Request Owner	James Kirk
Contact Name	James Kirk		
Priority	<input type="text" value="Medium"/>		
Subject	<input type="text"/>		

Description Information

Description

Database Help

5. When you're done, click the **Submit** button. The system will generate a request number, and put your case in the queue for resolution. Your case will be triaged, and we will contact you if we require additional information.
6. You will receive an email notification with your case tracking information details. You may reply to this email with questions related to your case.

Requests Home

Select the requests you want to view from the dropdown.

View:

Recent Requests
[Create New Request](#)
Recently

Request Number	Subject	Date/Time Opened	Priority
00002188	Duplicate participants	2/24/2020 10:48 AM	Medium
00002186	Test feature request	2/11/2020 5:18 PM	High

ACL Falls Prevention Database Live Demonstration



Live Demo of the National Falls Prevention Database

ncoa.org/fallsdata

Secure Customer Login

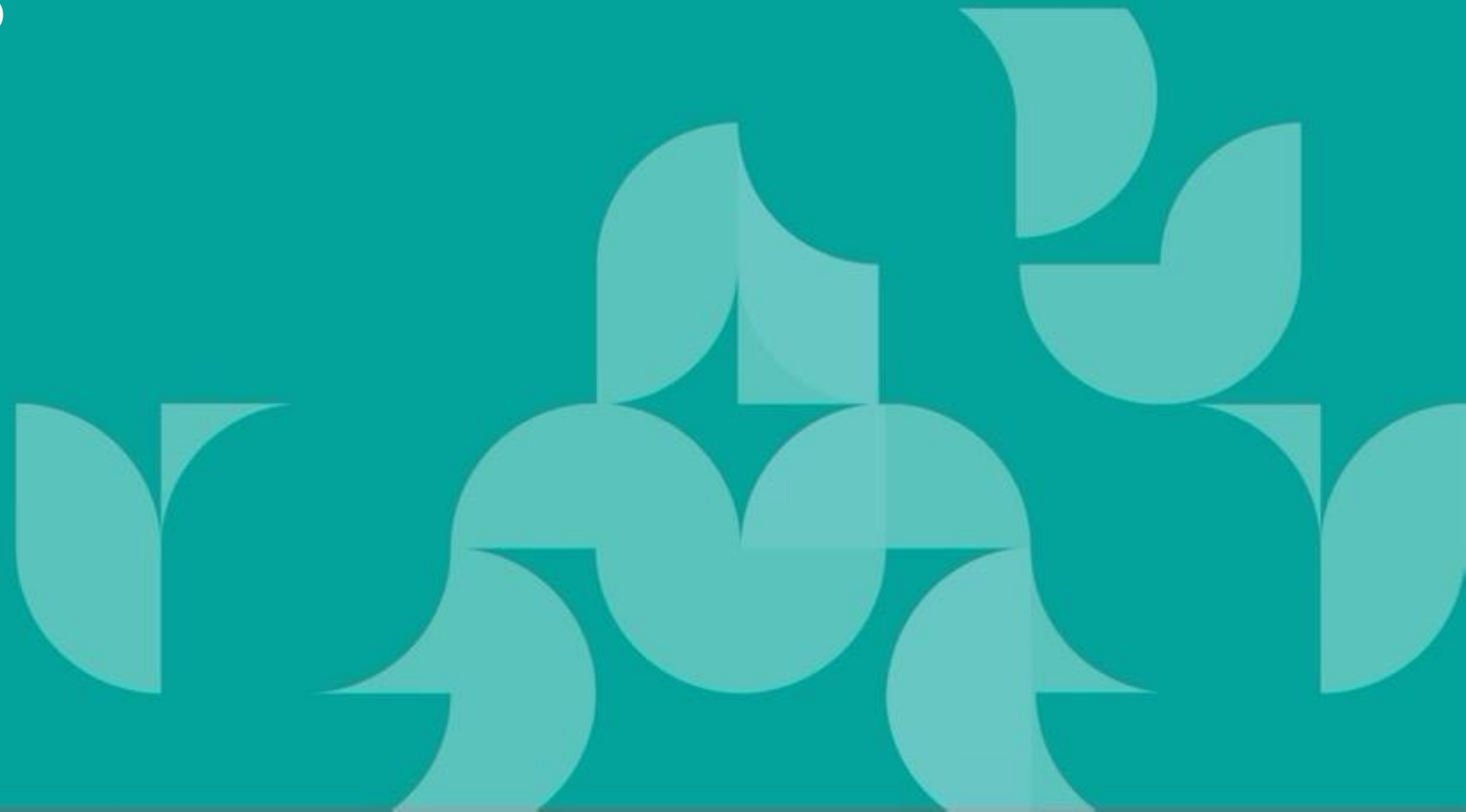
Please enter your User Name.

User Name:

Password:

[Forgot your password?](#)

Next Steps



Next Steps

1. Complete a form identifying your database users providing their names, organizations, and email addresses.
 - Grantees may have up to 3 concurrent user accounts covered by the grant. User accounts can be reassigned as needed.
 - Additional users (for 4 or more concurrent accounts) can be added at the cost of \$200/user/year.

Next Steps

2. *Optional:* If you already have identified any Host Organizations, Implementation Sites, and Leaders, complete a spreadsheet template with those details. Sound Generations can preload this data.
3. If you would like to add optional questions or measurements to the participant pre- or post-program surveys, request approval from your ACL Project Officer and NCOA Liaison.
4. 2022 grantees are to use 2021 OMB approved forms.

Database Resources

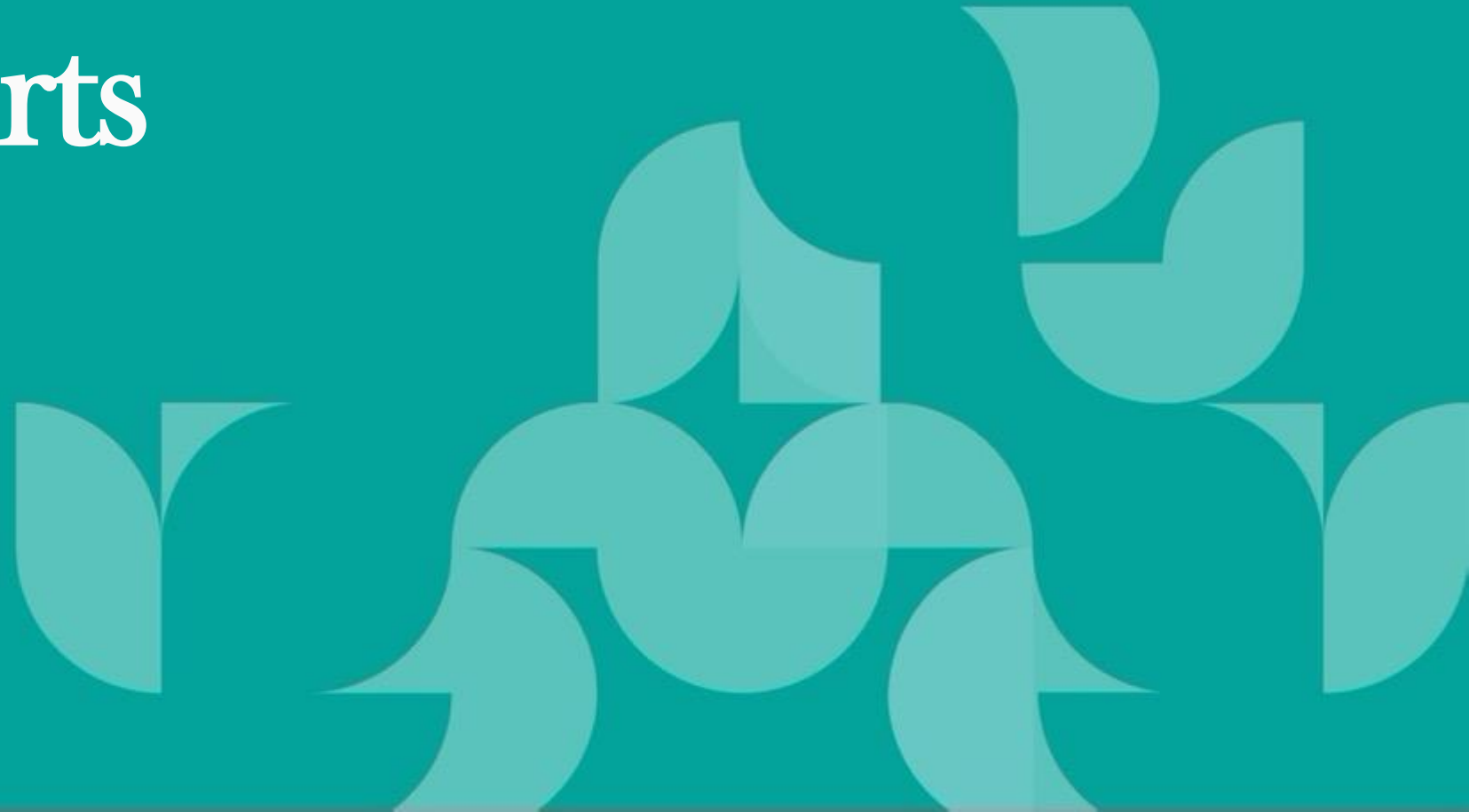
- [National Falls Prevention Grantee Resources Webpage](#)
- [Tip Sheet: Maximizing Complete and Accurate Data](#)
- [Tools and Tips Sheets for Hosting a Session Zero](#)
- [Privacy and Security Basics for Falls Prevention Evidence-Based Programs PowerPoint](#)
- [Non-Disclosure Agreement Template](#)
- [FAQs for Falls Prevention Grantees](#)

Thank you for participating!



Any Questions?

Database Reports



Reporting Overview

List of Reports with Descriptions

Falls Database Reports		
Action	Report Name	Report Description
Select	Demographic Profile	Demographic profile for participants in workshops that end between selected dates. Use Demographic Profile (All Grantees) for comparison.
Select	Demographic Profile (All Grantees)	Demographic profile comparison for all grantees, filterable by date, program type, and grantee type. Use with Demographic Profile.
Select	Demographics and Survey Responses	Demographics and pre- and post-survey responses for participants in workshops that end between selected dates. Use Demographics and Survey Responses (All Grantees) for comparison.
Select	Demographics and Survey Responses (All Grantees)	Demographics and pre- and post-survey responses for all grantees, filterable by date, program type, and grantee type. Use with Demographics and Survey Responses.
Select	Falls Semi Annual Report	Prevention and Public Health Fund Evidence-Based Falls Prevention Program Semi-Annual Performance Report
Select	Full Data Export: Leader Data	Export all data for leaders. File includes one row for each leader.
Select	Full Data Export: Participant Data	Export all data for workshops with end date during specified date range. File includes one row for each participant, with all demographic, survey, attendance, workshop, implementation site, and host organization details. ** Updated 10/22/2018 to include Form Version variable (1 = 2014-2018 forms; 2 = 2018-2021 forms) and new columns for new form survey items.
Select	Full Data Export: Workshop Data	Export all data for workshops with end date during specified date range. File includes one row for each workshop, with all workshop, implementation site, and host organization details.
Select	Outcomes Dashboard	Pre/post survey response comparison for your programs, filterable by date and program type. Use with Outcomes Dashboard (All Grantees) for comparison to national data.
Select	Outcomes Dashboard (All Grantees)	Pre/post survey response comparison all grantees, filterable by date, program type, and grantee type. Use with Outcomes Dashboard.
Select	Participant and Completer Rate - EnhanceFitness Only	Completer number and percent for EF participants (duplicated and unduplicated) by Host Organization and by Month
Select	Participant and Completer Rate by Program and Host Org	(fka "Completers" report) Completer number and percent, by Host Organization, by Program, and by Workshop
Select	Pre/Post Survey Summary	Frequency of response for pre and post surveys for participants in workshops that end between selected dates

Reporting Overview

List of Reports with Descriptions

Falls Database Reports		
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Select	Demographic Profile (All Grantees)	Demographic profile comparison for all grantees, filterable by date, program type, and grantee type. Use with Demographic Profile.
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Select	Outcomes Dashboard (All Grantees)	Pre/post survey response comparison all grantees, filterable by date, program type, and grantee type. Use with Outcomes Dashboard.
Select	Participant and Completer Rate - EnhanceFitness Only	Completer number and percent for EF participants (duplicated and unduplicated) by Host Organization and by Month
Select	Participant and Completer Rate by Program and Host Org	(fka "Completers" report) Completer number and percent, by Host Organization, by Program, and by Workshop
Select	Pre/Post Survey Summary	Frequency of response for pre and post surveys for participants in workshops that end between selected dates



Reporting Overview

Semi Annual Report

Grantee: Colorado Department of Public Health and Environment (CO) | Report Period: 2014 grantees: Period 1 (Sep 2014-Feb 2015) | [View Report](#)

1 of 1 | Find | Next

Prevention and Public Health Fund Evidence-Based Falls Prevention Program Semi-Annual Performance Report for Colorado Department of Public Health and Environment (CO)

Appendix A: Quantitative Report (Period: 9/1/2014 - 2/28/2015)

Program	Prior Period To Date	Month						Period Total	Cumulative Total	Target	Variance	
		1	2	3	4	5	6					
MOB	Participants	0	0	0	0	0	0	0	0	200	(200)	
	Workshops offered	0	0	0	0	0	0	0	0			
	Avg # sessions attended	0	0	0	0	0	0	0	0			
	Completers *	0	0	0	0	0	0	0	0			
Stepping On	Participants	201	15	90	59	27	0	60	251	452	900	(448)
	Workshops offered	19	1	8	5	3	0	5	22	41		
	Avg # sessions attended	5	5	6	6	6	0	6	6	6		
	Completers *	156	11	72	53	21	0	50	207	363		
Tai Chi for Arthritis	Participants	0	0	0	0	0	0	15	15	15		
	Workshops offered	0	0	0	0	0	0	1	1	1		
	Avg # sessions attended	0	0	0	0	0	0	11	11	11		
Tai Ji Quan	Participants	283	163	0	0	0	107	0	270	553	900	(347)
	Workshops offered	17	8	0	0	0	7	0	15	32		
	Avg # sessions attended	16	13	0	0	0	16	0	14	15		
All Programs	Prior Period To Date	Month						Period Total	Cumulative Total	Target	Variance	
Total	Participants	484	178	90	59	27	107	75	536	1020	2,000	(980)
	Workshops (all types)	36	9	8	5	3	7	6	38	74		

Reporting Overview

Participants Enrolled and Completed Report

ACL National Evidence-Based Falls Prevention Database

Participant and Completer Rate by Workshop for TEST Greenwood County Department of Health (WA)

Includes workshops completed between 1/1/2014 and 6/5/2019

Summary

	Enrolled		Completed	
	#	%	#	%
Grantee Total	120	62.5%	75	62.5%

Program Total	Workshops	Enrolled		Completed	
	#	#	%	#	%
FallScope	1	1	100.0%	1	100.0%
MOB	16	63	65.1%	41	65.1%
Otago	1	1	100.0%	1	100.0%
SAIL	1	2	100.0%	2	100.0%
Stay Safe Stay Active	1	3	100.0%	3	100.0%
Stepping On	1	6	66.7%	4	66.7%
Tai Chi for Arthritis	10	28	71.4%	20	71.4%
Tai Ji Quan	5	16	18.8%	3	18.8%

Reporting Overview

Participants Enrolled and Completed report (continued)

Host Organization Total	Class Type	Workshops	Enrolled	Completed	
		#	#	#	%
Greenwood County Department of Health	FallScope	1	1	1	100.0%
	MOB	14	51	35	68.6%
	Otago	1	1	1	100.0%
	SAIL	1	2	2	100.0%
	Stay Safe Stay Active	1	3	3	100.0%
	Tai Chi for Arthritis	10	28	20	71.4%
	Tai Ji Quan	4	11	1	9.1%
Puget Sound Area Agency on Aging	MOB	2	12	6	50.0%
	Stepping On	1	6	4	66.7%
	Tai Ji Quan	1	5	2	40.0%

Detail

Workshop Name	Program	Site Name	Start Date	End Date	Sessions Offered	Enrolled #	Completed #	%
Greenwood County Department of Health								
Lake_MOB_1/7/2014	MOB	Lake Union Elementary School (Seattle)	1/7/2014	3/14/2014	8	5	5	100.0%
Wall_TJQ_2/14/2014	Tai Ji Quan	Wallingford Public Library (Seattle)	2/14/2014	6/9/2014	32	5	0	0.0%
Nort_MOB_5/30/2014	MOB	South Seattle Health Clinic (Seattle)	5/30/2014	7/15/2014	8	3	2	66.7%
Lake_SSSA_4/15/2014	Stay Safe Stay Active	Lake Union Elementary School (Seattle)	4/15/2014	11/15/2014	52	3	3	100.0%
Nort_FS_10/29/2014	FallScope	South Seattle Health Clinic (Seattle)	10/29/2014	12/29/2014	5	1	1	100.0%

Reporting Overview

Demographics and Survey Responses report

Demographic Profile

Age	N	% of known
Average Age (yrs)	76.5	-
Under 60	46	2%
60-64	136	6%
65-69	200	12%
70-74	466	20%
75-79	481	21%
80-84	505	22%
85-89	302	13%
90 and older	102	4%
Unknown	610	21%

Sex	N	% of known
Female	1821	76%
Male	508	24%
Unknown	521	18%

Race	N	% of known
American Indian or Alaska Native	12	1%
Asian	39	2%
Black/ African American	8	0%
Native Hawaiian/ Pacific Islander	1	0%
White	2161	96%
Multi-racial	25	1%
Unknown	684	23%

Ethnicity	N	% of known
Hispanic/ Latino	80	4%

Education	N	% of known
Less than high school		
Some high school		
High school graduate		
Some college		
College graduate		
Unknown		

Limited Activity	N	% of known
Yes		
No		
Unknown		

Chronic Conditions	N	% of known
Arthritis, other joint problems		
Breathing/ lung problems		
Cancer*		
Depression		
Diabetes		
Glaucoma/ other eye problems		
Heart disease/ blood vessel problems		
High blood pressure		
Osteoporosis		
Parkinson's Disease		
Other		
None		
Unknown		

Pre Survey

Q10 - General health	N	% of known
Excellent	151	7%
Very good	685	30%
Good	1069	47%
Fair	354	15%
Poor	29	1%
Unknown	668	23%

Q11 - Falls last 3 months	N	% of known
None	1043	50%
1 fall	438	24%
2 falls	162	9%
3 falls	79	4%
4 falls	35	2%
5 falls or more	58	3%
Unknown	1142	39%

Q11a - Falls with injury last 3 months	N	% of known
None	1446	83%
1 fall	220	13%
2 falls	41	2%
3 falls	18	1%

Q13 - How sure ...

a - Get up if fall	N	% of known
Very sure	624	28%
Sure		
Somewhat sure		
Not at all sure		
Unknown		

b - Reduce falls	N	% of known
Very sure		
Sure		
Somewhat sure		
Not at all sure		
Unknown		

c - Protect self

Very sure		
Sure		
Somewhat sure		
Not at all sure		
Unknown		

d - Increase physical strength

Very sure		
Sure		
Somewhat sure		
Not at all sure		
Unknown		

Post Survey

Q1 - General health	N	% of known
Excellent	161	11%
Very good	514	35%
Good	590	40%
Fair	190	13%
Poor	7	0%
Unknown	1434	51%

Q2 - Falls since program began	N	% of known
None	931	81%
1 fall	155	13%
2 falls	35	3%
3 falls	14	1%
4 falls	4	0%
5 falls or more	11	1%
Unknown	1806	61%

Q2a - Falls with injury since program began	N	% of known
None	1092	96%
1 fall	28	2%

Q3 - How fearful of falling	N	% of known
Not at all	199	14%
A little	626	43%
Somewhat	467	32%
A lot	157	11%
Unknown	1507	51%

Q4 - Program reduced fear of falling (discontinued in 2018)	N	% of known
Yes	1229	90%
No	139	10%
Unknown	1588	54%

Q 4/5 - How sure ...

a - Get up if fall	N	% of known
Very sure	595	41%
Sure	538	37%
Somewhat sure	277	19%
Not at all sure	55	4%
Unknown	1491	50%

Reporting Overview

Data Export Reports

FALLS_ReportParticipantData [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Add-Ins

Normal Page Layout Custom Views Show Gridlines Headings Zoom 100% Zoom to Selection New Window Arrange All Freeze Panes Split View Side by Side Spectral-based Rendering Save Switch Macro

84 The Oasis Institute

	A	B	C	D	E	F	G	H	I	
1	Date range = 8/1/2015 - 4/30/2016, Program = MOB, Host Organization = The Oasis Institute									
2	Host Org By Host Org Name									
3		Host Org Name	Host Org Type	Host Org Street	Host Org City	Host Org State	Host Org Zip	Site System ID	Site Name	Site Type
4	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
5	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
6	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
7	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
8	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
9	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
10	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
11	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
12	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
13	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7089	Bridgeton Trails Branch Library	Library
14	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
15	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
16	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
17	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
18	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
19	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
20	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
21	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7095	Columbia Senior Activity Center	Senior center
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24	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7032	Denise Deane Branch Library	Library
25	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7032	Denise Deane Branch Library	Library
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34	101145	The Oasis Institute	Multi-purpose social services org	11750 Dorman Drive	St. Louis	MO	63148	7032	Denise Deane Branch Library	Library

FALLS_ReportParticipantData

Reporting Overview

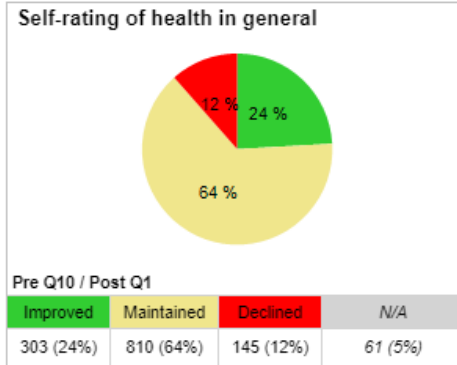
Outcome Dashboard Report

ACL National Evidence-Based Falls Prevention Database

Outcomes Dashboard Includes participants in workshops that concluded between 9/1/2014 and 7/27/2018

Grantee: Host: - All -, All Programs

Total Participants with Pre/Post Surveys: 1319 (1316 pre-2018 surveys; 3 post-2018 surveys)



Falls past 3 months (pre)

Pre Q11 (Times fallen)

None	1-2	3+	N/A
651 (61%)	332 (31%)	89 (8%)	247 (19%)

Pre Q11a (Falls with injury)

None	1-2	3+	N/A
875 (84%)	153 (15%)	13 (1%)	278 (21%)

Pre Q11b (Fall location) *

Indoors	Outdoors	Both	N/A
0 (-%)	0 (-%)	0 (-%)	3 (100%)

Pre Q11c (Med care for fall injury) *

ER	PCP	Hosp	None	N/A
0 (-%)	0 (-%)	0 (-%)	0 (-%)	3 (100%)

Falls since program began (post)

Post Q2 (Times fallen)

None	1-2	3+	N/A
861 (82%)	167 (16%)	24 (2%)	267 (20%)

Post Q2a (Falls with injury)

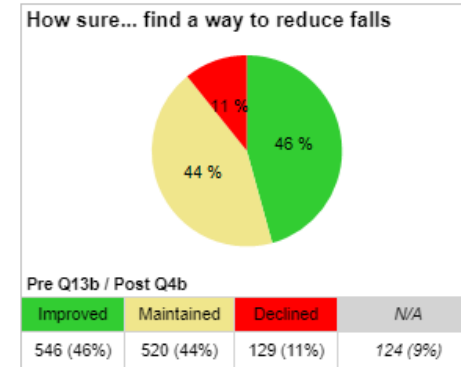
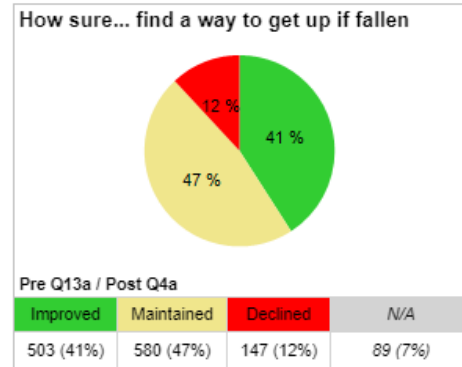
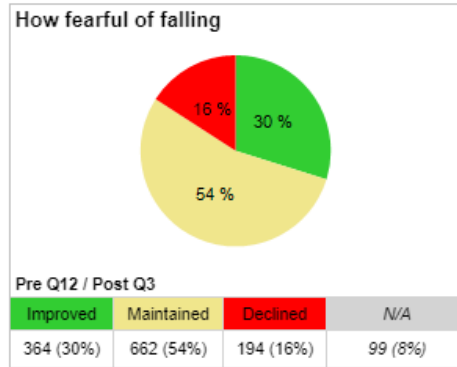
None	1-2	3+	N/A
1001 (96%)	36 (3%)	2 (0%)	280 (21%)

Post Q2b (Fall location) *

Indoors	Outdoors	Both	N/A
0 (0%)	1 (100%)	0 (0%)	2 (67%)

Post Q11c (Med care for fall injury) *

ER	PCP	Hosp	None	N/A
0 (0%)	0 (0%)	0 (0%)	1 (100%)	2 (67%)



How sure... can protect self in fall

How sure... can increase physical strength

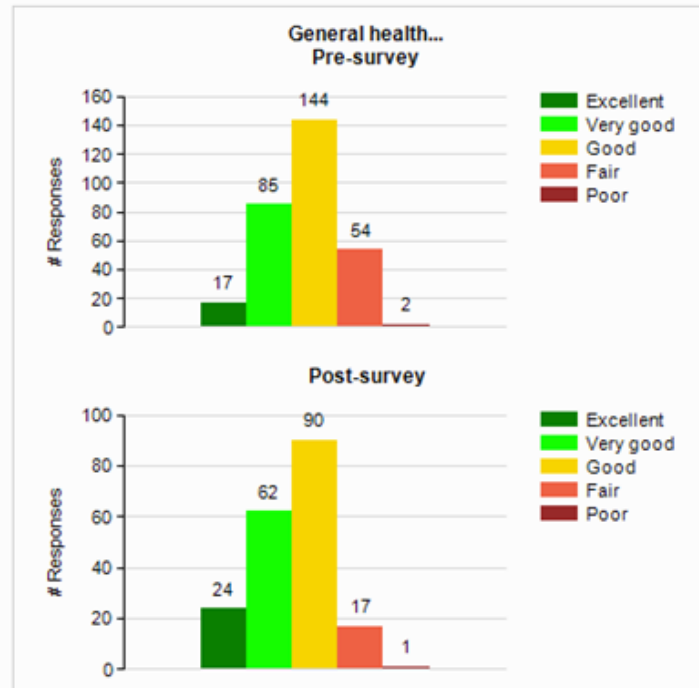
How sure... become more steady on feet

Reporting Overview

Pre/Post Survey Summary report

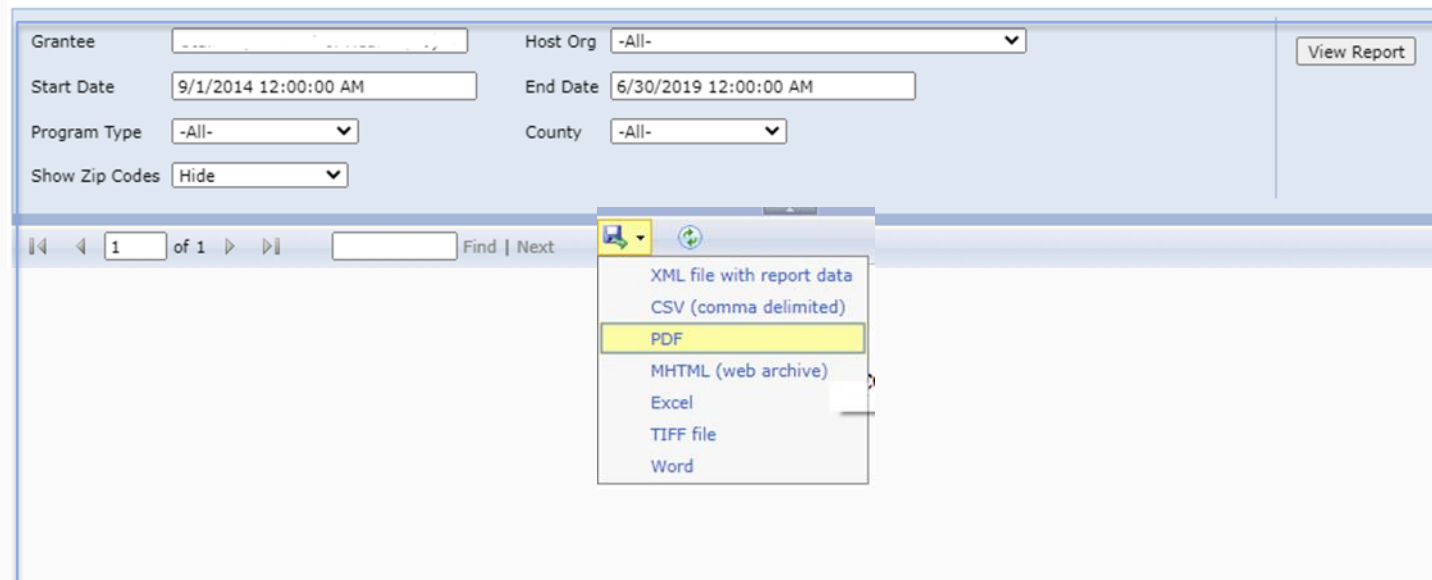
In general would you say that your health is... [Pre Survey Q. 10 / Post Survey Q. 1]

		Excellent		Very good		Good		Fair		Poor		No response	
MOB	Pre	17	6%	80	28%	140	49%	47	16%	2	1%	22	7%
	Post	23	12%	59	32%	85	46%	17	9%	1	1%	123	40%
	Change	6		-21		-55		-30		-1		101	
Tai Chi for Arthritis	Pre	0	0%	5	31%	4	25%	7	44%	0	0%	1	6%
	Post	1	11%	3	33%	5	56%	0	0%	0	0%	8	47%
	Change	1		-2		1		-7		0		7	
Total (All Programs)	Pre	17	6%	85	28%	144	48%	54	18%	2	1%	23	7%
	Post	24	12%	62	32%	90	46%	17	9%	1	1%	131	40%
	Change	7		-23		-54		-37		-1		108	



Reporting Overview

Selecting Filters & Exporting



The screenshot displays a reporting interface with the following elements:

- Filters:**
 - Grantee: [Text Input]
 - Host Org: [-All-] (Dropdown)
 - Start Date: [9/1/2014 12:00:00 AM] (Text Input)
 - End Date: [6/30/2019 12:00:00 AM] (Text Input)
 - Program Type: [-All-] (Dropdown)
 - County: [-All-] (Dropdown)
 - Show Zip Codes: [Hide] (Dropdown)
- Actions:** A "View Report" button is located in the top right corner.
- Navigation:** A pagination bar shows "1 of 1" with navigation icons and a search field labeled "Find | Next".
- Export Menu:** A dropdown menu is open, listing the following export options:
 - XML file with report data
 - CSV (comma delimited)
 - PDF (highlighted)
 - MHTML (web archive)
 - Excel
 - TIFF file
 - Word