

Napa Fall Prevention for Older Adults Needs Assessment Provider Survey

The Area Agency on Aging has received a grant from Archstone Foundation to form a Coalition and develop a plan to improve fall prevention strategies in Napa County for older adults. The planning process will be aimed at understanding what is currently happening in the area of fall prevention and services and structuring programs and systems to identify those at risk and provide them with appropriate services and support. The goal of fall prevention is to prevent hip and other fractures that can result in loss of independence, disability and death. We look to our community partners for information and advice. Thank you for taking the time to complete the survey.

1. Name of your Organization & Program: _____

2. Organization Type: Check the box that most closely applies to the type of your organization.

- | | |
|---|---|
| <input type="checkbox"/> Public Agency | <input type="checkbox"/> Law/Law Enforcement |
| <input type="checkbox"/> Governmental/Political | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Community-based Nonprofit | <input type="checkbox"/> Religious/Faith-based |
| <input type="checkbox"/> Healthcare Organization/Hospital | <input type="checkbox"/> For Profit Senior Services |
| <input type="checkbox"/> Community Group/Association | |
| <input type="checkbox"/> Volunteer | |

3. Focus of Work: Check the box that most closely applies to the mission of your organization/unit of government, etc.

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Research | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Independent Living Services |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Adult Day Care Services |
| <input type="checkbox"/> Health and Safety Promotion | <input type="checkbox"/> Special Needs/Disabilities |
| <input type="checkbox"/> Legal/Immigration | <input type="checkbox"/> Welfare/Benefits |
| <input type="checkbox"/> Violence Prevention/Intervention | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Food Security/Nutrition | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Cultural/language competence |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Healthcare/Medical Services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Trauma Services |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Dental Services |
| <input type="checkbox"/> Social/Cultural/Recreational | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Law enforcement/Public safety | <input type="checkbox"/> Spiritual _____ |
| <input type="checkbox"/> Public Health Nursing | <input type="checkbox"/> Other _____ |

4. What percentage of your organization's service population is represented by the following age groups? Please estimate.

AGE GROUP OF CLIENTS	% OF TOTAL CLIENTS
Under 60	
60 - 64	
65 - 74	
75 - 84	
85 - older	

5. In or near what city does your organization provide services? (Check all that apply.)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> American Canyon | <input type="checkbox"/> Angwin |
| <input type="checkbox"/> Calistoga | <input type="checkbox"/> Deer Park |
| <input type="checkbox"/> Napa | <input type="checkbox"/> St. Helena |
| <input type="checkbox"/> Yountville | <input type="checkbox"/> County-wide |

6. What is the racial and ethnic make-up of your organization's service population? (Check all that apply and estimate the percent of your organization's total service population represented by each group checked.)

ETHNICITY OF CLIENTS	% OF TOTAL CLIENTS
Non-Hispanic White	
Black or African American	
Hispanic or Latino origin (of any race)	
Native American/Eskimo/Aleut	
Asian	
Native Hawaiian or Other Pacific Islander	
Other:	

7. Please describe your position in the organization. How do you most often work with seniors?

- | | |
|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Peer Counselor |
| <input type="checkbox"/> Direct services staff | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Physician/Health care/Dental care provider | <input type="checkbox"/> Community outreach worker |
| <input type="checkbox"/> Resource and referral | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Mental health therapist | <input type="checkbox"/> Religious/spiritual advisor |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Other_____ |

8. How often in your position do you work directly with seniors?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Every day | <input type="checkbox"/> At least once a week |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> Never | |

9. Does your organization offer any of the following senior fall prevention or mitigation programs? Check all that apply:

- Education and awareness efforts or materials distributed to seniors/clients
- Multi factorial risk assessments (combines assessment of gait, balance, nutrition, medications, home/environmental assessment, medical conditions)
- Gait and balance assessments
- Home safety assessments
- Fall prevention counseling to address risk factors
- Fall prevention mitigation in client's home or at your site
- Balance and mobility training
- Fall reporting and referral for assessment
- Nutrition counseling or food access
- Reporting unsafe conditions or increased frailty of older adults
- Follow-up or case management following a fall that does not result in a debilitating fracture

10. Does your organization have any senior fall prevention policies or procedures in place at present? (e.g., referral, reporting)

- No Yes

If yes, what are they?

11. What percentage of your organization's older adult client do you estimate experiences falls or is at high risk for falling? Please estimate.

- 0%
- 10% or less
- 11% - 25%
- 25% - 40%
- 40% or more

12. What are the most common consequences of falls for your clients/patients? Check all that apply?

- | | |
|--|---|
| <input type="checkbox"/> Fractures (hip, wrist, other) | <input type="checkbox"/> Compromised mobility |
| <input type="checkbox"/> Fear and reduced activity | <input type="checkbox"/> Reduced quality of life |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Long term care placement |
| <input type="checkbox"/> Mortality or shortened life | <input type="checkbox"/> Don't know |

13. Of the services listed in question #9, which would you consider to be most valuable to your clients/patients?

14. How available for seniors/providers are the services listed in Question #9 above? Place the number in the boxes below that most closely reflects your experience.

1= not available 2 = Somewhat available 3=Very Available 4= Don't Know

- Education and awareness efforts or materials distributed to seniors/clients
- Education and awareness efforts or materials aimed at senior providers
- Multi factorial risk assessments (combines assessment of gait, balance, nutrition, medications, home/environmental assessment, medical conditions)
- Gait and balance assessments
- Home safety assessments
- Fall prevention counseling to address risk factors
- Fall prevention mitigation in client's home or at your site
- Balance and mobility training
- Fall reporting and referral for assessment
- Nutrition counseling or food access
- Reporting unsafe conditions or increased frailty of older adults
- Follow-up or case management following a fall that does not result in a debilitating fracture

15. What senior fall prevention services/interventions would your clients be most likely to use if referred and available? (Check all that apply.)

- Risk factor assessment
- Education and counseling
- Balance and Mobility Training
- Home assessment and mitigation
- Case management
- Other _____
- None of the above

16. How can senior fall prevention and a system of services for seniors be improved? (Check the most critical areas for improvement)

- Education and awareness
- Centralized resource and referral for fall prevention services
- Provider education/training
- Public education/advocacy for policies and community fall safety
- Organizational policies regarding reporting and follow-up
- Coordination among health care and other providers
- Fall surveillance data collection and reporting
- Other _____

17. Are you interested in supporting the development of fall prevention strategies for seniors in Napa County?

No Yes

Please send updates and information to the following email address:

18. Would you be willing to participate in a county-wide planning session to learn more about senior fall prevention and work with others to determine how best to implement senior fall prevention programs and policies in Napa County?

No Yes

Please send updates and information to the following contact and email address:

19. Comments or Questions:

Thank you for your assistance with this survey!