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.

☐ Public Agency
☐ Governmental/Political
☐ Community-based Nonprofit
☐ Healthcare Organization/Hospital
☐ Community Group/Association
☐ Volunteer
☐ Law/Law Enforcement
☐ Educational
☐ Religious/Faith-based
☐ For Profit Senior Services

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

☐ Advocacy
☐ Research
☐ Social Services
☐ Adult Protective Services
☐ Health and Safety Promotion
☐ Legal/Immigration
☐ Violence Prevention/Intervention
☐ Food Security/Nutrition
☐ Hospice
☐ Respite care
☐ Housing
☐ Long Term Care
☐ Social/Cultural/Recreational
☐ Educational
☐ Law enforcement/Public safety
☐ Public Health Nursing
☐ Mental Health
☐ Substance Abuse
☐ Independent Living Services
☐ Adult Day Care Services
☐ Special Needs/Disabilities
☐ Welfare/Benefits
☐ Peer Support
☐ Transportation
☐ Cultural/language competence
☐ Healthcare/Medical Services
☐ Trauma Services
☐ Dental Services
☐ Economic Development
☐ Community Development
☐ Spiritual________________
☐ Other ________________
4. **What percentage of your organization’s service population is represented by the following age groups? Please estimate.**

<table>
<thead>
<tr>
<th>AGE GROUP OF CLIENTS</th>
<th>% OF TOTAL CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 60</td>
<td></td>
</tr>
<tr>
<td>60 - 64</td>
<td></td>
</tr>
<tr>
<td>65 - 74</td>
<td></td>
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<tr>
<td>75 - 84</td>
<td></td>
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<tr>
<td>85 - older</td>
<td></td>
</tr>
</tbody>
</table>

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

- American Canyon
- Angwin
- Calistoga
- Deer Park
- Napa
- St. Helena
- Yountville
- 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.)**

<table>
<thead>
<tr>
<th>ETHNICITY OF CLIENTS</th>
<th>% OF TOTAL CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino origin (of any race)</td>
<td></td>
</tr>
<tr>
<td>Native American/Eskimo/Aleut</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

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

- Administrator
- Manager
- Direct services staff
- Physician/Health care/Dental care provider
- Resource and referral
- Case manager
- Mental health therapist
- Health Educator
- Volunteer
- Peer Counselor
- Social worker
- Community outreach worker
- Caregiver
- Pharmacist
- Religious/spiritual advisor
- Other________________

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

- Every day
- Occasionally
- Never
- At least once a week
- Not very often
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?

- Fractures (hip, wrist, other)
- Compromised mobility
- Fear and reduced activity
- Reduced quality of life
- Loss of independence
- Long term care placement
- Mortality or shortened life
- 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!