# Falls Prevention Forms Revisions: Summary of Focus Groups

The National Council on Aging (NCOA) held three focus groups with current and former Falls Prevention grantees from 2019 to December 2023, plus a fourth group with evidence-based program administrators, developers, and researchers.

Focus Group 1: 8 participants

Focus Group 2: 15 participants

Focus Group 3: 7 participants

Focus Group 4: 4 participants

The focus group participants discussed issues related to the current [Falls Prevention data collection tools](https://ncoa.sharepoint.com/:w:/r/sites/Program-CenterforHealthyAging/Shared%20Documents/Database%20Documents/Focus%20Group%20Planning%20for%20Falls%20Prevention%20Form%20Review/Falls%20Prevention%20Focus%20Groups%20Summary%201-22-2024%20v2.docx?d=w26eeb03eac8d44c7970014f1f4c5ebae&csf=1&web=1&e=VaeUBH), including the most valuable parts of current forms, fields that need more clarity and revision, thoughts on new questions, the length of the surveys, and the use of optional items.

This administrator group represented specific programs, including those delivering or overseeing Matter of Balance, Enhance Fitness and Enhance Wellness, Tai Chi Quan: Moving for Better Balance, and Bingocize. In the summary below, when comments or perspectives shared represent those from Focus Group Four (Developers/Admins), this is noted.

## Which Data Elements in the Existing OMB-Approved Forms Do You Find Most Valuable?

This part of the focus group included discussions of which fields are the most often used and in which ways partners, host organizations, and other sites are using the data elements currently required in OMB-approved forms. The following elements were highlighted by falls prevention grantees in the first three focus groups:

* **General demographic questions**, including age, race/ethnicity, gender, and education.
* **Chronic conditions (Pre-Survey Q8)**. Chronic conditions were mentioned multiple times as a helpful data point. They were considered useful for identifying which seniors were at risk of falls and which chronic conditions could be addressed. Such uses have important funding implications.
* **Number of falls**, because this can be used to calculate the costs of falls, which are very expensive **(Pre-Survey Q11, Post-Survey Q3)**.
* The question of **what seniors actually do after a fall** is also important **(Pre-Survey Q11, Post-survey Q3)**. Some participants considered this to be more relevant than planned actions.
* **Social isolation (Pre Survey Q10, Post Survey Q2)**. Social isolation was seen as an important data point, but some focus group members mentioned that their data/analyses show that many people skip this question. An epidemiologist had reviewed their data but was uncertain why this was so often skipped.
* **Fear of falling (Pre-Survey Q12, Post Survey Q4)**. One participant mentioned that many people are “decreasing in their confidence around falls.” They were referring to this question and meant that fewer participants were seeing a reduction in their fear of falling after the program. This may suggest a need to look at the phrasing of the question.
* **Thoughts about the program (Post Survey Q8)** Multiple participants highlighted the value of this question especially parts 8a and 8b (talking to health care providers and talking to family members, respectively). Indeed, this was discussed as one of the most valuable questions.
* **Certainty about practicing particular activities (Pre-Survey Q14, Post-Survey Q6).** This was considered important as it is broader than just falls. It is relevant to the idea that even seasoned seniors can have falls, but not everyone falls.
* **What have participants done to reduce fall risk (Post-Survey Q9)?** One focus group respondent mentioned that knowing how seniors have responded is more important than knowing what they plan to do.

#### *How the Different Elements and Participants Intersect*

For many participants, the most useful elements were strongly related to their funding and/or how they were using the data. Often a set of questions was relevant in conjunction with one another, rather than a single question. The main intersections highlighted were as follows:

* One participant highlighted the value of questions that relate to falls, isolation, and chronic conditions, as these areas are all helpful for identifying people with a higher risk for falls. This type of data helps them when approaching peers, as grantees can show that they bring more value than just falls prevention.
* The combination of basic demographic information and chronic conditions was highly valuable to a focus group participant whose work was primarily funded by Title III-D and Area Agencies on Aging.
* A participant serving a large number of Hispanic/Latino seniors found demographic information around ethnicity, race, and the like to be valuable.
* For one participant currently seeking funding, they were particularly interested in data around weight loss and physical activity. This is data already collected for their diabetes prevention program.

#### *Admin Focus Group*

##### Demographic Data

Demographic data was important to researchers as well as focus group participants. For example, one participant in the admin focus group highlighted how some populations appeared underrepresented in program data, including Spanish and Chinese speakers, while white middle-aged women were over-represented, noting Matter of Balance as one example. Collecting demographic data makes it possible to identify such gaps and develop strategies for addressing them.

##### Outcome Data

Another member of the Admin group highlighted questions that talk about what made a difference in the person’s life, including changes in falls, decreased fear of falling, physical activity, and chronic conditions. Much of this relates to differences seen between pre- and post-data.

## Which Fields Need More Clarity or Revision?

While focus group participants highlighted the importance of questions relating to falls, some mentioned that those that address the fear of falling may need to be revised, as many program participants are decreasing in their confidence between pre-and post-survey. There were also specific requests to update the following questions:

### Activity Level (Pre-Survey Q15 & Post Survey Q7)

**What Describes Your Activity Level?**

* **Vigorously active for at least 30 min, 3 times per week**
* **Moderately active at least 3 times per week**
* **Seldom active, preferring sedentary activities**

#### *Falls Grantees*

Multiple respondents found the question to be confusing or all over the place. It is also ineffective at providing useful information. For example, a person could increase the frequency of moderate activity, but doing so would not move them from the middle category between pre- and post-assessment. This makes it difficult to see improvements in participant behavior.

Furthermore, the program's goal is to increase the number of days of activity rather than how vigorous it is. This means the question is currently not highly relevant to the program.

Respondents have various examples of ways to improve the question, including the following:

* A wider range of answer options
* Provide examples of exercise, including culturally specific examples
* A better representation of the frequency of activities
* A definition of vigorous
* Definition should be more reader-friendly, including a simplification of language and the frequency of activities
* Add a response that says participants did not exercise, as this isn’t currently an option
* Possible changes to the phrasing included:
  + Has your physical activity increased?
  + How many times a week do you exercise? How many minutes?

#### *Admin Focus Group*

The admin focus group also highlighted this question and talked about ways to improve how information was captured.

This included a discussion of using an instrument called RAPA (Rapid Assessment of Physical Activity). This takes up much more room on the page but is a little better if the “strongly disagree” option is removed. However, there have been complaints about the form being too lengthy. Part of the decision relates to the burden on the participants versus the desire for more data.

One of the admin group members mentioned that follow-up data would be ideal, perhaps 3, 6, or 12 months later. They were interested in learning if this was feasible or supported by ACL.

### Number of Times Fallen (Pre-Survey Q11, Post-Survey Q3)

**In the past 3 months, how many times have you fallen? (None or X times)**

**If you feel in the past three months:**

1. **How many of these falls caused an injury? (Number of falls causing an injury)**
2. **Did you tell anyone, such as a family member, friend, or healthcare provider about this fall, whether or not it resulted in an injury? (Yes/No)**
3. **What happened after you fell? (Emergency room/admitted to hospital/primary care physician/did not seek medical care)**

#### *Fall Grantees*

The formatting should be changed to repeat ‘in the past three months’ for questions a, b, and c to ensure participants always remember the timeframe. Some program participants currently respond to A, B, and C, despite saying that they experienced no falls, suggesting they may have forgotten the time frame from the initial question.

Some responses should be changed or added in part C, including:

* Change Primary Care Physician to Healthcare Provider (or something similar) to capture a wider range of providers. Many people don’t have a primary care provider but will go to a clinic or health physician.
* A participant mentioned that tribal populations typically don't have one medical provider but go to whomever is available which means they don't see one provider long enough that would be able to speak on their medical history.
* Add Urgent Care. Some program participants currently write this in, and the information cannot be captured unless the option is part of the form.

#### *Admin Group*

One member from the admin group also highlighted the possibility of moving away from the word Primary Care Physician. They suggested using the term “Primary Care Provider” as a more inclusive alternative.

Other participants suggested changing the question itself. Suggestions included:

* Looking at the time frame for pre and post falls comparisons. Adding dates back into the pre and post-surveys could help here, as the surveys are not always taken during the first and last workshops.
* Asking whether seniors have fallen in the past year, then find out what they did afterward. Could also ask hypothetical questions, after taking this program, what would you do after having a fall?

Finally, one admin participant thought that the falls question should only be asked in the post-survey.

### Demographic Data

Demographic data was highlighted as a valuable part of the form. However, some participants discussed the potential for additional demographic questions.

One participant from the regular groups discussed the importance of state-level advocacy and how different data points can be used to measure the impact of fall prevention programs. Additional demographic questions could help in this area.

A member of the admin group also discussed demographic data, specifically in relation to reaching minority populations. More data could make it easier to identify gaps in populations currently not served by existing evidence-based programs. This will allow grantees to determine if they need to expand to other populations and identify what other approaches are needed. This would also allow grantees to properly prepare resources. For example, the group member gave the example of Chinese participants looking for resources in their language, including those related to the class content, but also to other community resources.

### Tracking ID System and Following Up

The admin group and falls grantees asked about the potential of tracking participants over time, beyond the post-test.

NCOA highlighted that this was possible using the existing Participant ID field and doing so could potentially eliminate the need for follow-up permissions. Some community partners or grantees could also collect this permission from partners. However, there was a need to better inform grantees and research participants about how to use this field effectively. Notably, grantees need to know how to track ID numbers without explicitly entering PHI/PII (HIPAA-protected data).

Some admin participants highlighted their experiences with tracking participants over time. One mentioned they had used participants' IDs for a six-month program.

The team also discussed the potential of linking Medicare beneficiary data with their participant database using zip codes and other information.

#### *Time Frames and Falls Prevention Programs*

The team discussed the implementation of different time frames for pre- and post-comparisons, with 3 months, 6 months, and 12 months being common themes.

The challenges of short programs were discussed including the potential for overlaps to affect accuracy.

Currently, forms do not collect the specific dates on either pre- or post-surveys. This poses a challenge because the timeframe may vary for participants in programs with variable attendance or sessions. It’s also not uncommon for participants to complete forms at various time points, such as at enrollment (but before the official start of the program), or at a different date following the program, especially if the program was virtual or remote. Concerns were raised that this inconsistency in the time point collection could impact the accurate analysis and interpretation of data.

It may also be desirable to ask program participants about their experiences with fall prevention programs, such as whether they have this or other falls prevention programs. NCOA currently offers these questions as ‘Optional.’

### Other

The tribal grantee suggested changing the site option from Tribal Organization to Tribal Building on the cover sheet.

One focus group member also highlighted an issue with attendance collection where the number of boxes doesn’t match the program. The grantee was making their own forms and passing these out to partners. NCOA believes this is a training gap, and we will continue to educate grantees that they have the flexibility to adapt the attendance form to show the relevant attendance.

## Thoughts on Potential New Questions

NCOA presented focus group participants with a number of questions that had the potential of being considered and introduced into the next version of the official falls prevention forms. The following reactions and feedback on each were received.

### Facilitator Demographics

NCOA shared that it was possible, in line with what was added to the CDSME forms, that Falls Prevention cover sheets would now seek to collect the age, race, and ethnicity of the Facilitator.

Grantees in most focus groups did not understand ***why*** ACL would need this or how it would help with evidence-based program delivery. NCOA provided some context with specific examples, such as how the information could help to understand the types of Facilitators being recruited and better tailor supportive strategies to retain them, given the challenges that partners are facing with recruiting and retaining a workforce and volunteer force of Facilitators. In addition, there is research on the impact of congruence in the race/ethnicity of providers with the patient on the quality of care. Does this translate to Facilitators?

*See the section on Optional Items, as some demographic questions are desirable for grantees, such as rurality, income, health insurance, and other fields that could describe hardship.*

#### *Admin Group*

One focus group member was curious about tracking the number of Facilitators who are volunteers, paid staff, and students. NCOA staff confirmed that this has been collected for almost a decade for CDSME, though not for Falls. This focus group member felt it was valuable to know where the labor pool is coming from with the changing demographic but was concerned about asking about age.

The admin group raised concerns about the challenges of connecting demographic data on Facilitators.

The team also discussed the categorization of Facilitators as part of demographic data collection, particularly in relation to gender identity. The group agreed on the potential sensitivity of certain questions and the importance of appropriate language use. However, no decision was made on the collection of this data.

### Disability Questions: Instrumental and Activities of Daily Living

A few felt that questions on the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADL) would be helpful, similar to what is currently present on CDSME forms. These would help to describe the severity or extent to which a physical illness has affected the participant’s level of independence.

This perspective was highlighted by both admins and fall grantees, with admins mentioning that physical function questions may be a better fit. It may also be possible to consider the outcomes of a fall balance question before and after, looking at how their balance has improved.

While the groups did not reach a decision on these additional questions, there was agreement that more information about the participant’s health would be beneficial.

#### *Admin Group*

The admin team also noted the value of asking about cognitive limitations and special needs, so that adequate accommodations can be provided in advance, and the participant has a better experience in the course. Concerns were raised about the timing of these questions and the potential for confusion in their wording. No final decisions were made.

### Gender Questions

Three potential questions were discussed as part of this section, ones that are currently used as part of recent revisions to CDSME forms and currently required of CDSME grantees:

A questionnaire with black text

Description automatically generated

Falls grantees who are also CDSME grantees already had some experience with these and were preparing to transfer the questions over to Falls Prevention forms when the time comes. Some mentioned that they understood the value of adding these questions, and one shared that they’d had community partners who were currently asking even more detailed questions regarding gender.

#### *Challenges with the Questions*

Nevertheless, some of these grantees have said they have needed to do some explaining to participants as to why sexual orientation and transgender questions are being asked. Others expressed that some participants were hesitant about answering these questions and several noted that they fully anticipated unease or pushback with answering these questions. Resistance to the questions could be higher in more conservative states, like Utah. The inclusion of the questions may also have impacts on the comfort level of participants and perhaps data integrity.

Grantees also mentioned that on the CDSME forms, CDSME forms many participants are skipping the questions entirely. One participant mentioned that it is good to include the questions for inclusivity, even if many people are skipping them.

#### *Potential Solutions*

One grantee shared they had found success by including a box next to this question on the form that starts with “Why are we asking?” and points participants to their state’s initiative around inequity. Another group member suggested providing a script to help leaders respond to participant queries.

Furthermore, there are challenges in determining the best questions to ask. One participant mentioned that different funders had their own set of questions that they wanted to include. This makes it important to find the best way to add the most appropriate questions without overwhelming the participants in the process.

#### *Changes to the Questions*

The admin group suggested that questions 6 and 7 on gender could be combined to shorten the form. It may also be possible to ask, “How do you identify?’. One participant also asked whether the word “current” was necessary for question 6.

A member of the falls grantee group asked about the inclusion of “prefer not to say” in the question, as gender is nothing to be embarrassed about. However, the inclusion of more options allows for greater inclusivity.

Another participant suggested clarifying what certain words meant, such as ‘non-binary.’

### Satisfaction With the Quality of the Program

The potential of a “satisfaction with the quality of the program” question was raised in the first focus group. All participants in the group favored the addition of the question. NCOA shared that this question along with 3 others related to satisfaction with leaders and timing of the program were currently optional items that could be collected by either Falls or CDSME grantees.

## Use of Optional Items

NCOA staff reviewed the various [**optional items**](https://www.ncoa.org/article/optional-data-fields-in-the-healthy-aging-programs-integrated-database) that have been made available to grantees and database users over the past decade. Only about half of the focus group participants were familiar with these and, even then, they were not aware of the full set of options. Several noted that they expected to look more fully into the optional items and take advantage of them.

The following current optional fields were flagged by focus group participants as being either actively in use which they perceived to be helpful:

* Satisfaction with quality of program, Facilitator, time, other…
* Monthly income
* Health insurance
* Medicare Advantage Plan name
* Rurality
* Referral questions
* STEADI questions
* Timed Up and Go

#### *Rurality and Zip Codes*

The team discussed the challenges and potential solutions related to data collection of the perceived rurality of participants’ locations.

One participant raised concerns about the current Rurality optional question, while another proposed an alternative method using zip codes and cross-referencing with hardship indexes. However, NCOA pointed out the difficulties with using zip codes due to frequent updates and duplications, and interest in avoiding the collection of PII/PHI data. The discussion concluded without a clear resolution on the most effective data collection method, as most admitted they didn’t have better options up their sleeves.

#### *Hardship Questions*

A few users expressed that they valued the use of multiple ‘hardship’ questions, such as Medicaid status, income, or participant Zip Code. One user shared that they collect poverty levels to better capture hardship.

#### *Health Metrics*

The team discussed the different programs and data they collected, including the use of the Timed Up and Go, the 4-stage balance and the 30-second chair stand for the Otago program. They mentioned the importance of collecting relevant program-specific health outcome data.

#### *Understanding Resources*

One grantee noted that it would be helpful to understand if participants had the resources to implement the guidance, skills, and knowledge gained through the evidence-based programs. Once the program is over, do they have the resources needed? Do they know what to do? Related to this, one mentioned that some type of home assessment from Matter of Balance could be an example or broadly applied to multiple programs to capture whether participants had the tools and resources to continue on their path toward reducing falls risk.

In short, there is the need for questions that capture if the program was effective in the older adult’s game plan for resources or strategies to prevent falls.

#### *Net Promoter Score*

One grantee shared a “net promoter score” question they used, where participants were asked, “On a scale of 1 to 10, how likely are you to recommend this program to a family member or friend?”. This score can be helpful for marketing and potentially translates into building relationships with insurance companies and health systems. All other focus group participants highly favored this idea.

#### *Other*

Some participants suggested other additions to the survey, such as details about **behavior modifications** that seniors are using to keep them safe and any other **safety modifications**.

There was interest in identifying **caregivers** attending these programs, although participants did not specify what this question would look like (such as what CDSME forms have) or checkboxes or other approach.

## Removing Redundancy in the Post-Test Survey

Many grantees in all three focus groups expressed frustration with the evident redundancy of questions, especially on the post-test survey.

Several recommended that a possible solution could be to the wording that expresses the ‘action’ as opposed to ‘intent’, as intent can be considered loftier. Additionally, the goal is to understand the results of the program, so we understand the impacts that it has.

Specific examples of redundancy in the post-survey are listed below:

Talking to the provider about falling risk

* 8a “I feel more comfortable talking to my health care provider about my medications and other possible risks for falling.” *and*
* 9b “Talked to a health care provider about how I can reduce my risk of falling”

Medications

* 8a “I feel more comfortable talking to my health care provider about my medications and other possible risks for falling.“ *and*
* 9d “Had my medications reviewed by a health care provider or pharmacist”

Physical activity/exercise/strength

* 6d “I can increase my physical strength.” *and*
* 8c “I feel more comfortable increasing my activity.” *and*
* 8h “I plan to continue to exercise.” *and*
* #7 “What best describes your activity level?”

Talking to Family Members

* 8b “I feel more comfortable talking to my family and friends about falling.”
* 9a “Talked to a family member or friend about how I can reduce my risk of falling.”

For reference, below is the relevant section of the post-survey:

1. Please use an **X** to tell us how sure you are that you can do the following activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all sure** | **Somewhat sure** | **Neutral** | **Sure** | **Very Sure** |
| a. I can find a way to get up if I fall |  |  |  |  |  |
| b. I can find a way to reduce falls |  |  |  |  |  |
| c. I can increase my flexibility |  |  |  |  |  |
| d. I can increase my physical strength |  |  |  |  |  |
| e.  I can become more steady on my feet |  |  |  |  |  |

1. What best describes your activity level?

⬜ Vigorously active for at least 30 min, 3 times per week

⬜ Moderately active at least 3 times per week

⬜ Seldom active, preferring sedentary activities

1. Please use an **X** to tell us your thoughts about this program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **As a result of this program:** | **Strongly** **Disagree** | **Disagree** | **Neither agree**  **nor disagree** | **Agree** | **Strongly Agree** |
| a. I feel more comfortable talking to my health care provider about my medications and other possible risks for falling. |  |  |  |  |  |
| b. I feel more comfortable talking to my family and friends about falling. |  |  |  |  |  |
| c. I feel more comfortable increasing my activity. |  |  |  |  |  |
| d. I feel more satisfied with my life. |  |  |  |  |  |
| e. I would recommend this program to a friend or relative. |  |  |  |  |  |
| 1. I have reduced my fear of falling. |  |  |  |  |  |
| 1. I plan to continue to exercise. |  |  |  |  |  |
| 1. I have made safety modifications in my home, such as installing grab bars or securing loose rugs. |  |  |  |  |  |

1. Since this program began, what have you done to reduce your chance of a fall? **Check all that apply**

|  |  |
| --- | --- |
|  | Talked to a family member or friend about how I can reduce my risk of falling |
|  | Talked to a health care provider about how I can reduce my risk of falling |
|  | Had my vision checked |
|  | Had my medications reviewed by a health care provider or pharmacist |
|  | Participated in or plan to participate in another fall prevention program in my community |

## Appropriate Length of the Survey

Multiple grantees expressed grave concern over the number of questions on surveys. One noted that many of their partners want the surveys pared down. Another participant mentioned that anything that takes more than five minutes at baseline and post-survey is already too much. The set of redundant questions, described in the previous

One grantee asked whether these forms were initially developed for Matter of Balance and then required for all programs given their similarity. If so, it would explain why many questions are not relevant to other falls prevention programs that have different focus areas or expected outcomes (e.g. CAPABLE, Bingocize, etc.). Grantees often found it hard to explain to participants why they had to answer these unrelated questions. This issue also made those questions unusable when reporting them to partners.

Another added that it is difficult to get people to finish the survey. Part of the issue may be the amount of space that the questions take up. This may be overwhelming to some participants, especially if they are illiterate or struggle with reading. The space issue can become even more significant if the font size has been increased to help seniors read the form easily.

With pre- and post-survey programs, participants often need technical support and guidance. Some grantees encourage alternative ways of obtaining information, such as through info sessions or tech support assistance. Some grantees reformat the questions to give them a similar look and feel to other forms and to ensure that what is asked is only what is necessary.

### Alternative Formats for Data Collection

The team agreed that the survey should take no more than five minutes to complete and discussed alternative ways to collect data, such as through informal meetings or work sessions.

For the pre- and post-surveys, participants need technical assistance and guidance. They may also miss parts of the survey and require additional help. Such issues can mean it takes longer to get started with the program.

Another participant added that she’d like the possibility of info sessions with in-person questions because answering those takes time. NCOA shared that zero sessions are encouraged, and many grantees do take advantage of these.

### Changing the Balance of Core and Optional Questions

Focus group participants questioned whether it was possible to provide grantees with more flexibility in choosing the most relevant fields for their situation. For example, grantees in the first focus group suggested shortening the list of ‘core’ questions that were required, such as demographic questions, and moving more existing categories into the ‘optional’ category, from which they could choose based on their relevance to the evidence-based program.

When NCOA highlighted this idea to subsequent focus groups, grantees thought that it could work within certain limits.

#### *Admin Focus Group*

The main disagreement with this approach came from the fourth focus group, which consisted of evidence-based program developers, researchers, and administrators. A few participants from this group were opposed to the idea of allowing grantees to choose the questions being asked of participants. Program admins want to make sure that the questions asked are what was promised.

In particular, one focus group participant felt that if it were left to grantees to decide what questions to include, many would forgo or skip very important questions, which could then shortchange efforts to understand the impact and reach of these programs. For example, Matter of Balance is a cognitive restructuring program designed to reduce fear of falling. As part of this, it is important to measure people’s ability to prevent falls, increase self-efficacy, and what they’re doing to protect themselves. Just looking at demographic information wouldn’t be a useful measure of whether the program was effective.

A suggested compromise was to balance the ‘core’ and ‘optional’ questions on a program-by-program basis or by program category. For example, a spreadsheet/grid could be created in partnership with developers to identify which fields are relevant to which programs. Core questions would likely consist of essential demographic questions. Grantees would then select from a set of program-specific questions, which were required for the type of program they were. Such an approach could be tested first with Falls programs and then expanded into others, including CDSME.

This focus group proposed reviewing the post-test questions to identify which are the most relevant and necessary. The team agreed that they needed to present their recommendations to ACL, highlighting the pros and cons of each. They also considered the possibility of using other tools.