Evaluation Guidelines
June 2012

Training Webinar
Welcome and Introductions

- Participant lines are muted
- Ask questions in the chat box
- Last 30 minutes reserved for Q & A. Answer questions on all topics received in the chat box
- Poll to identify topics you are interested in learning more about
Thank You

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Special Thanks

Archstone Foundation
www.archstone.org

Centers for Disease Control & Prevention (CDC)
Injury Center
www.cdc.gov/injury

Administration on Aging (AoA)
www.aoa.gov
Webinar Goals

- Describe the purpose of the Evaluation Guidelines
- Explain how the resources provided in the Evaluation Guidelines can be used to evaluate the impact of fall prevention coalitions
- Identify the next steps that can be taken to enhance the evaluation capacity of their coalition
Demonstration
Speakers

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Introduction

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Evalution Guidelines

URL: www.ncoa.org/fallsevaluation

Evaluation Guidelines
Homepage

Link to sections and appendices

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2. What Do I Need to Get Started?
3. Falls Free© Logic Model
4. Standard Set of Survey Questions
5. Next Steps
6. Appendix
What’s in the Appendix?

- Won’t be covered in detail on today’s webinar

- Key Resources:
  - Falls Free© Logic Model
  - Standard Set of Survey Questions
    - Older Adults
    - Children of Older Adult
    - Primary Care Providers
    - State Legislators

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Introduction

Section 1. Introduction

Purpose of the Evaluation Guidelines toolkit

a) evaluate coalition impact

b) cross-state comparisons
What are the Evaluation Guidelines?

- **Includes:**
  - an overview of the Evaluation Guidelines
  - a logic model
  - A standard set of survey questions

- **The Evaluation Guidelines:**
  - are not offered to replace ongoing evaluation in states.
  - do not represent a “mandate” from the NCOA.
  - are not intended to assess a coalition’s operational efficiency.

  **Note- For such needs, refer to:** A Practical Guide to State Coalition Building to Address a Growing Public Health Issue. Step Nine: Evaluating the Coalition and its Activities. (2007)
  [http://www.coalitions.fallsfree.org](http://www.coalitions.fallsfree.org)
What Do I Need to Get Started on Evaluation?

Helen Lach, PhD, RN, GCNS
Section 2. What Do I Need to Get Started?

Link to evaluation experts to approach as potential partners
Conducting a Program Evaluation

• **Typical steps**
  – Describe program
  – Identify what you want to measure
  – Focus the design
  – Gather credible evidence
  – Make conclusions
  – Share lessons learned
Identify Current Activities

• Is your coalition already conducting some type of evaluation?
  – What is going on?
  – Who is doing it?
  – Does the national evaluation fit?
Identify Expertise

- Identify coalition members or partners with the skills to conduct an evaluation
  - Academic researchers
  - Hospital or health department staff
  - State associations
  - Geriatric Education Centers
  - Community foundations
Identify Resources

• Resources are needed to carry out an evaluation
  – Funding for evaluation expertise
  – Funding for paper or telephone surveys
  – Personnel to conduct interviews or enter data for surveys
Falls Free© Logic Model

Ellen Schneider, MBA
Section 3. Falls Free© Logic Model

Link to the Falls Free© Logic Model (Appendix A)
Falls Free© Logic Model

In Appendix A, download the Falls Free© Logic Model

Description and link to download: Download the logic model.
Section 3. *Falls Free© Logic Model*

The foundation of the Evaluation Guidelines

CDC National Evaluation Team

Link to the *Falls Free© Logic Model* (Appendix A)
Why Use a Logic Model?

• Illustrates the causal assumptions that link coalition activities to long-term, measurable outcomes.

• By demonstrating the progression, state coalitions can help stakeholders understand how their work leads to desired outcomes.

• Short-term and mid-term objectives can be used to facilitate midcourse strategy assessments and to show progress toward long-term outcomes.

• The logic model can be modified to meet individual state needs.
Logic Model Terms

- **Resources**: Resources may include funding, existing organizations, potential collaborating partners, existing organizational or interpersonal networks, staff and volunteers, time, facilities, equipment, supplies, and other assets or supports.

- **Activities**: The processes, techniques, tools, events, technology, and actions of the planned programs.

- **Products**: The direct results of program activities.

- **Reach**: The audiences we want to affect or influence.

- **Outcomes**: The specific changes in attitudes, behaviors, knowledge, skills, status, or level of functioning expected to result from activities.
State Falls Prevention Coalition Logic Model

The logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your coalition, the activities you plan to do, and the outcomes and impact you hope to achieve. This is a framework to help you get started; feel free to add or delete information to make the logic model as useful as possible for your own coalition.

### Inputs

**Using These RESOURCES**

- Data
  - Injury
  - Death
  - Hospitalization
  - ED
  - EMS
  - Program costs
  - Health care costs
- Partnerships
  - Public health
  - Aging
  - Health care
- Programs and Services
  - Exercise programs
  - Medication reviews
  - Vision screening
  - Home assessments
  - PT and OT
- Funding
  - Core injury
  - Title IIIID
  - Foundations
  - Grants
  - Health care reimbursement

### Outputs

**We Will Engage in These ACTIVITIES (examples)**

- Gather and analyze falls surveillance and cost data
- Develop statewide awareness campaign
  - Incorporate unified falls prevention (FP) messaging
  - Discuss evidence-based (EB) programs
- Train stakeholders on advocacy, policy changes, and community planning
- Review/adopt EB interventions

**And Produce These PRODUCTS**

- Summary of data
  - PSAs, videos, brochures, presentations, flyers, toolkits, training, webinars
- Compendium of products, EB programs, and services available in the community
- Policy briefs, fact sheets, etc., for appropriate audience

**To REACH**

- Adults 65+
- Consumers
- Health care providers
- Children of parents in the 65+
- Community Caregivers
- Community service providers
- Policymakers
- State Coalition Members

**Which Yield These Short-Term OUTCOMES**

- Improved surveillance, analysis, and reporting of data
- Increased public and stakeholder (e.g., policymakers) awareness and appreciation of FP and EB programs and services
- Increased organizational capacity to provide EB programs and services
- Increased health care provider knowledge of falls risks and appropriate EB programs and services

**And These Medium-Term OUTCOMES**

- Improved integration of program and cost data in decision-making
- Increased/new fall prevention policy within different sectors
- Increased participation in EB FP programs
- Increased numbers of older adults and caregivers making appropriate behavior changes
- Increased engagement of policymakers

**With These Ultimate Long-Term OUTCOMES**

- Demonstration of positive return on investments
- Recognition (paradigm shift) that falls are preventable and are not a normal part of aging
- Incorporation of FP into organizational, health care, and community plans/policies/practices
- Provision and use of a wide range of FP programs and services in most counties
- Decrease in falls, fall-related injuries, and fall-related deaths
- Increase in life expectancy, independence, and quality of life

### Evaluation
Standard Set of Survey Questions

Jonathan Howland, PhD, MPA, MPH
Section 4. Standard Set of Survey Questions

Four stakeholder groups

Link to the Standard Set of Survey Questions (Appendix B)
In Appendix B, download the **Standard Set of Survey Questions**

Appendix B. **Standard Set of Survey Questions**

Description and link to download:

Click here to download the document.
Standard Set of Survey Questions

After download, view the Standard Set of Survey Questions

Appendix B. Standard Set of Survey Questions

4 Survey sets:
1. Older Adults
2. Children of Older Adults
3. Primary Care Providers
4. State legislators
Notes on Survey Research

Target Populations

Examples:

– Older adults
– Children of older adults
– Primary care providers
– State legislators
4 Standard Survey Questions

Designed to measure:

– Salience

– Beliefs

– Behaviors

For each of the 4 targeted populations
Sampling Methodologies

- **random** (each person in the target population has an equal chance of being included in the sample)

- **non-random** (individuals in the target population are included based on factors other than pure chance)
Examples of random sampling

• Simple
• Systematic
• Cluster sampling
Question

• How many subjects make a representative sample?
To estimate the minimum sample size needed to determine a descriptive characteristic in the target population you need to have:

- A desired level of precision, or margin of error
- An estimate of the frequency of the characteristic in the population
- An estimate of the size of the population
Minimum sample sizes for various population sizes at 2 levels of precision with 95% CI

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Response rate

• For the sample to be representative you must have an adequate response rate to your survey ($\geq 65\%$).

• If you have less, responses are subject to bias.
Need to follow-up

• To achieve required response rates, you must follow-up.

• Typically, response to first survey round is about 30-40%

• Next round, another 20%

• Next round, another 10%

• Next round, another 5%
Incentives help response rate

• Money (doesn’t have to be a lot)

• Gift certificates

• Lotteries
Anonymous survey follow-up

- To maintain anonymity, respondents can return survey without identification and separately return notification that they have responded and can be removed from the follow-up list.
Survey questions

• Use standard questions as written so that comparisons can be made across time in your state and across states at a given time

• You can add questions if you wish, but always try to keep surveys short

• Partner with survey researchers for support
Next Steps

Elizabeth Peterson, PhD, OTR/L, FAOTA
Next Steps

- Consider the benefits of evaluation efforts
- Create your evaluation team
  - Collaborate with evaluation experts (!)
Next Steps

- Identify your evaluation priorities
- Use the information and resources provided in the Evaluation Guidelines
- Plan ahead to devise a plan to disseminate your evaluation findings
Wrap Up

Q & A

Other questions? Contact fallsfree@ncoa.org