

SAH 2.0 Program

FY2024

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Table of Contents

INTRODUCTION	3
EXECUTIVE SUMMARY	4
OVERVIEW OF SAH 2.0 COMPONENTS	5
SAH 2.0 METHODS	6
MOB Assessment Surveys	6
Fall Efficacy Scale	6
SAH2SWC Vision Screenings and Medication Reviews	6
SAH2HCP Vision Screenings and Medication Reviews	7
SAH2SWC	8
Results	8
Recommendations	11
SAH2HCP	12
Results	12
Recommendations	15
SAH 2.0 Declines and Ineligibility	16
LIMITATIONS	17
OPEN- ENDED FEEDBACK	18
CONCLUSION AND ACKNOWLEDGEMENTS	19
APPENDICES	20
1. Appendix 1. MOB Survey Instrument Details	21
2. Appendix 2. Pre-MOB Survey and Pre FES-Survey	22
3. Appendix 3. Post MOB Survey and Post FES Survey	24
4. Appendix 4. Vision Screening Form	28
5. Appendix 5. Medication Review Form	30

Introduction

In FY24, the Department of Aging and Community Living (DACL) expanded the Safe at Home (SAH) 2.0 program to holistically address fall prevention for DC residents. SAH 2.0 is a fall prevention program that implements evidence-based interventions and assessments, medication reviews, and vision screenings to reduce the risk of falls among older adults and adults with disabilities to support safely aging in place. FY24 SAH 2.0 programming included strength and balance fall prevention programming and was implemented in two settings by different DAACL grantees and American University (AU): Seniors Wellness Centers (SWC) in DC and Home Care Partners (HCP). This report details the evaluation of the participant population by describing the demographic characteristics, pre and post Matter of Balance survey findings, pre and post Fall Efficacy Score (FES) survey findings, and vision screening and medication review findings in both environments:

- 1) **SAH2SWC:** SAH2SWC includes in- person Matter of Balance (MOB) classes, vision screenings, and medication reviews to all their members across six SWC locations. Participants of SAH2SWC did not need to be previous participants of SAH 1.0. Members of a SWC must be at least 60 years of age and a DC resident.
- 2) **SAH2HCP:** SAH2HCP includes virtual MOB classes, in- home vision screenings, and medication reviews via phone to all their participants. SAH2HCP served participants who had previously received home modifications through SAH 1.0 and were invited to participate in the 2.0 program.

Executive Summary

SAH 2.0 sought to reduce the risk of falls, fears of falling and create a safe space for at-risk older adults. Between November 2023-June 2024, two in-person MOB class series were offered at each of six SWC locations (n=12) with a total of 179 participants. However, 60 of those participants were compared for this evaluation. Each SWC also hosted in-person vision screenings and medication reviews administered by Trinity Washington University School of Nursing and Health Professions nursing students between March-April 2024.

Between October 2023- July 2024, HCP offered seven virtual MOB class series with a total of 64 participants. HCP also provided vision screenings and medication reviews. Vision screenings were conducted in participants' homes with a contracted optometrist, while medication screenings were done via phone by Shenandoah University Bernard J. Dunn School of Pharmacy students during the four-week MOB class period. The results of these screenings, reviews, MOB surveys, and FES surveys were shared with AU in July 2024 for further analysis for this evaluation.

Overall findings from this SAH 2.0 indicate the following:

1. SWC displayed a positive average MOB score increase from 24.49 to 26.53 out of a total score of 32 points from pre to post survey, suggesting there was a decreased fear of falling after participating in MOB.
2. The number of vision screenings and medication reviews completed by SWC MOB participants (n=23) were significantly less than the total number of MOB participants (n=60).
3. Average SWC FES survey results decreased from pre to post survey from 11.38 points to 10.05 points, indicating that most participants' self-efficacy increased after completing MOB.
4. HCP displayed a positive average MOB score increase from 20.89 to 25.7 points from pre to post survey, suggesting a decreased fear of falling after participating in MOB.
5. The number of vision screenings and medication reviews completed by HCP MOB participants (n=18) were significantly less than the total number of MOB 64 participants.
6. Average HCP FES survey results significantly decreased from pre to post survey from 14.4 points to 9.7 points, indicating that participants self- efficacy increased.

Overview of SAH 2.0 Program Components

1. Matter of Balance

Matter of Balance is an evidence-based fall-prevention program designed by MaineHealth to reduce the fear of falling and increase activity levels among older adults. The MOB class series provides eight sessions conducted either twice a week for four weeks or once a week for eight weeks. The MOB program requires two certified coaches (three for virtual) to conduct each class series. The Administration for Community Living (ACL) awarded Marymount University with a grant to train individuals interested in becoming a Matter of Balance coach to expand the reach of older adults at risk of falling. The class size for MOB ideally ranges from eight to twelve people. An additional program requirement is to have an Occupational Therapist, Physical Therapist, or other Allied Health Professional attend the seventh session to demonstrate how to protect oneself if a fall does occur.

SWC Implementation	HCP Implementation
<ul style="list-style-type: none"> • MOB class series were led in person by two coaches. • Participants were classified as having completed SAH2SWC if they attended six out of the eight in person sessions and completed a vision screening and medication review. • MOB classes were available to any SWC member. 	<ul style="list-style-type: none"> • MOB class series were held virtually over Zoom, led by two coaches and a third staff member assisting with technology. • Each series had nine sessions: the first session to establish participant familiarity with the virtual environment and the remaining eight for standard class programming. • HCP participants were classified as having completed the MOB series if they attended five out of the nine class-material sessions. • MOB classes were available to any DC resident over the age of 60.

2. Medication Reviews and Vision Screenings

SWC Implementation: In-person vision screenings and medication reviews were conducted by Trinity Washington University School of Nursing and Health Professions nursing students at each of the six SWC. There was one organized event for vision screenings and medication reviews per SWC, and they were scheduled within weeks of the MOB class series as walk-in appointments. All members of the SWC were welcome to participate even if they had not participated in MOB. Though the vision screenings and medication reviews were a requirement to receive full credit for SAH 2.0 completion, many participants completed only a vision screening or medication review but not both.

HCP Implementation: MOB class participants were invited at the time of enrollment to voluntarily participate in the vision screening and medication review components of SAH 2.0. Those who were interested in the vision screening were provided with information to schedule a time for a licensed optometrist to visit their home. Those interested in the medication review were called by pharmacy students from Shenandoah University to first schedule a time for the review and then conduct the review by phone to discuss their medications as they related to fall risk. Only MOB participants were invited to take part in the screenings and reviews.

SAH 2.0 Methods

MOB Assessment Surveys

At the first and last session of each MOB series, MaineHealth pre and post surveys were distributed, collected, and evaluated to assess participants' overall activity levels, fears of falling, and ability to help themselves if they fall (see Appendices 2 and 3). Demographic information including age, gender, race, and area code was also collected.

Pre and post MOB surveys were scored on a 32-point scale by an Evaluation Coordinator and Research Assistant on the AU team. Higher survey scores indicated a lower fear of falling, while lower scores indicated a higher fear of falling. Each question response (ranging from Very Sure to Not at all Sure, Extremely to Not at all, Strongly Agree to Strongly Disagree, etc.) was assigned a number value to assess an overall score.

SWC administered 12 MOB class series between November 2023 and June 2024. The six SWC locations that participated in MOB include: Bernice Fonteneau Senior Wellness Center (Ward 1), Hattie Holmes Senior Wellness Center (Ward 4), Model Cities Senior Wellness Center (Ward 5), Hayes Senior Wellness Center (Ward 6), Washington Seniors Wellness Center (Ward 7), and Congress Heights Senior Wellness Center (Ward 8). HCP administered seven virtual MOB class series between October 2023 and July 2024.

Fall Efficacy Scale (FES)

Participants' fear of falling was examined using the Fall Efficacy Scale (FES) administered at the first and last MOB sessions. Pre and post FES surveys were compared to determine MOB participants' fears of falling while doing certain activities. The FES surveys administered at the SWC were created by the AU team, while HCP created their own FES survey for their participants (see Appendix 2). The FES surveys were scored by an Evaluation Coordinator and Research Assistant from the AU team. The FES surveys include seven questions that are added for a total FES score ranging from four to 28 points. Scores were rated on a Likert scale from: Not at all concerned (1) to Very concerned (4). Participants were asked how fearful they were of falling when doing the following activities of daily living: 1) getting dressed; 2) bathing; 3) getting out of a chair; 4) going upstairs; 5) reaching for something; 6) walking up a slope; and 7) leaving their homes. Low survey scores indicated a lower fear of falling and a high ability to do the activities, while high survey scores indicated a higher fear of falling and a lower ability to do the activities. If participants were not able to do one of the activities on the survey, they responded based on how they think they would feel doing it.

SAH2SWC Vision Screenings and Medication Reviews

Vision screenings and medication reviews were available to all SWC members at the centers that participated; MOB participants were strongly encouraged to complete the screenings and reviews. MOB participants who completed the curriculum and participated in a vision screening and medication review received a \$25 gift card from DACL as an incentive for meeting all requirements of the SAH 2.0 program. Vision screenings and medication reviews were conducted within weeks of

the MOB class series depending on scheduling considerations for the SWC and Trinity Washington University School of Nursing and Health Professions. Nursing students completed vision and medication forms on the participants' behalf to submit to the AU team for evaluation. The vision and medication forms administered were created by the AU team to align with the HCP format.

Vision screenings involved discussions about participants' eye health history and their understanding of the relationship between vision and fall risk. The vision screenings assessed participants' vision using a Snellen chart and their ability to see color using the Ishihara Color Blindness Test Plates. Nursing students recorded participants' vision prescriptions, marked if the participants were able to see colors, and checked whether the participants needed to be referred to an eye doctor.

The medication reviews involved conversations between nursing students and older adults where participants listed all medications they were taking and discussed possible interactions and side effects that may affect fall risk. Nursing students recorded whether participants should have a conversation with their doctors about the possibility of changing their medications to reduce the risk of falling.

SAH2HCP Vision Screenings and Medication Reviews

Vision Screenings were conducted in-person at the participants' homes by a local optometrist, contracted by HCP on a pay-per-visit basis. During the visit, the optometrist administered a brief questionnaire designed by HCP (see Appendix 4) regarding participants' visual health history and their understanding of the relationship between eyesight and fall risk. The optometrist then assessed participants' distance and near vision and screened for colorblindness. Based on the assessment, recommendations included either further follow-up with the participants' current eye care provider or no changes. The questionnaires were collected and sent to the AU research team to be analyzed.

Participants interested in the medication review were called by pharmacy students from Shenandoah University. During these calls, the pharmacy students walked participants through a questionnaire designed by HCP regarding participants' current medication status and their understanding of the relationship between medication interactions, side effects, and fall risk. Based on their assessment, they recommended either that participants follow up with their primary care providers about their medications posing a high fall risk or marked that no changes were needed at this time. The questionnaires were collected, and the AU research team analyzed participants' attitudes and beliefs about the screening, as well as whether changes to the participants' medication routine or medical provider follow-up was recommended.

SAH2SWC

Results

Demographic Characteristics

The demographic characteristics for the SAH2SWC sample population (n=60) is representative of those who completed both the pre and post MaineHealth MOB surveys between January 2024-June 2024 and were SWC members. Most participants identified as Black/ African American females (n= 54, 90%). The largest number of participants was at Hattie Holmes (ward 4) with 13 (21.7%) participants. The smallest number of participants was at Model Cities (ward 5) with seven (11.7%) participants. Of note, Wards 2 and 3 did not participate in SAH 2.0, so they show zero participants. The average age was 77 years old. Table 1 describes the demographic characteristics of the SAH2SWC MOB survey population.

Table 1: Client Demographics

	n	SWC (n = 60) %
Gender		
Female	54	90.0%
Male	6	10.0%
Age		
60-69	13	21.7%
70-79	20	33.3%
80-89	23	38.3%
90-99	4	6.7%
Mean Age	77.17	
Ward		
1	12	20%
2 & 3	0	0.0%
4	13	21.7%
5	7	11.7%
6	12	20%
7	8	13.3%
8	8	13.3%
Race		
African American	54	90.0%
Asian/Asian American	0	0.0%
White	1	1.7%
Refused to Answer	0	0.0%
Other	5	8.3%

Pre and Post MOB Surveys

Survey participants were asked to evaluate their satisfaction with the MOB program overall and by specific components. Out of the 112 participants who attended at least one MOB session, 60 older adults completed the attendance requirement and filled out the pre-MOB and the post-MOB survey for evaluation. This score increase shows that most participants' fear of falling improved from the first to last session and aligns with the intended objective of decreasing fears of falling among older adults. Ward 6 was the only center that showed a decrease in average scores from 26.92 to 26.33 points (-.59). However, this slight score decrease did not affect the overall average satisfaction score of 30.28 across all six centers. We conclude from the average score changes that most centers were able to administer an effective fall prevention program.

The specific MOB components were also highly rated. Participants increased activity levels, changed factors in their environment to reduce the risk of falling, and felt more comfortable talking about their fears of falling to their friends and family after participating in the MOB program. Participants were provided with knowledge about fall prevention to reduce their risk of falling. Open-ended feedback from participants on the SAH2SWC program is presented on page 18. Table 2 displays program satisfaction and pre-post MOB survey scores.

Table 2: SWC MOB Scores

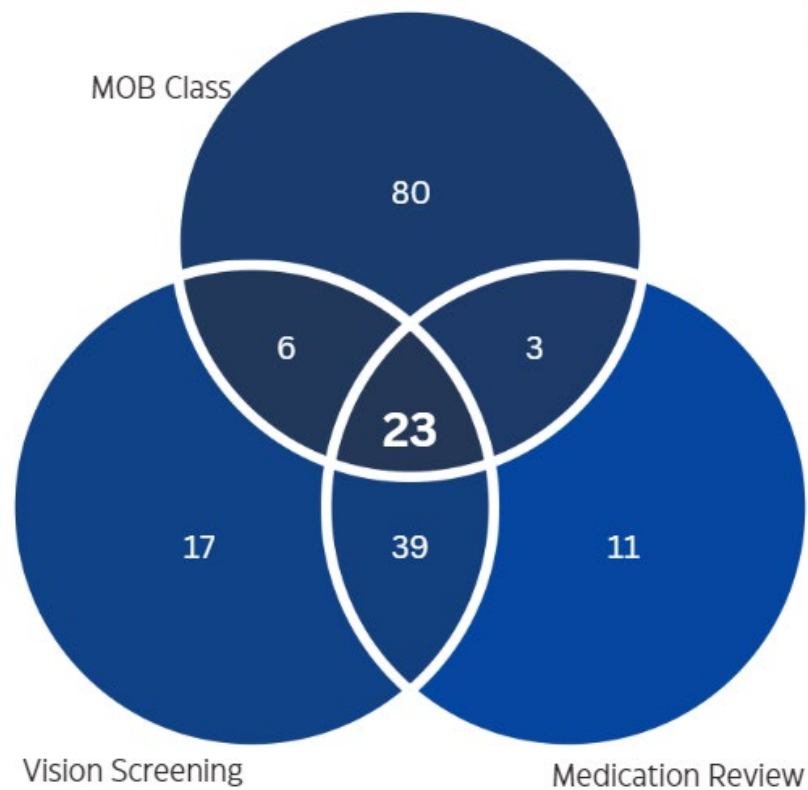
	Average	Range	Standard Deviation (SD)
Pre-Score	24.49 (<i>n</i> = 60)	16, 31	4.13
Post-Score	26.53 (<i>n</i> =60)	16, 31	3.4
Change	2.04**		
	* <i>p</i> <0.05	** <i>p</i> <0.01	*** <i>p</i> <0.001

Vision and Medication Screenings

The vision screening and medication review evaluation results are based on matched information from individuals who participated in the MOB program to those who had a vision screening and medication review. There were 74 participants who completed a medication review, with 16 (21.6%) participants who received recommendations to talk to their doctors about their prescriptions in relation to their risk of falling. There were 80 participants who completed a vision screening, with 36 (45%) participants who received recommendations to schedule an eye doctor appointment. Out of those who received both a vision screening and medication review, only 23 of those participants took part in MOB.

Figure 1 displays the number of participants who took part in one or more of the SAH 2.0 components: MOB (regardless of whether participants completed one or both surveys), vision screenings, and/ or medication reviews.

Figure 1: SWC Participation by Component



Fall Efficacy Scores

The FES asks questions about participants' concerns about the possibility of falling while doing daily activities. Across all groups (n= 21), FES scores decreased from an average score of 11.38 to 10.05 (-1.33 decrease). These results suggest a reduction in fear of falling and an increase in self-efficacy when doing daily activities after participating in the MOB class series. Table 4 describes the change in FES score from pre to post for SWC.

Table 4: SWC FES Scores

	Average	Range	SD
Pre-MOB FES	11.38 (n=60)	7, 23	3.91
Post-MOB FES	10.05 (n=60)	7, 17	2.32
Change	-1.33*		
	*p<0.05	**p<0.01	***p<0.001

Recommendations

1. SWC implemented a successful SAH 2.0 program and helped reduce the risk of falls among participants as indicated by survey responses.
Recommendation: Ensure consistent implementation of all MOB components to maintain fidelity of the evidence-based program: MaineHealth surveys at the first and last MOB sessions, following MaineHealth MOB curriculum, scheduling OTs/ PTs/ Fall Prevention Professionals for the 7th sessions, and having all necessary staff and supplies.
2. MOB coaches received overall positive feedback and demonstrated themselves as great leaders and trusted peers for participants.
Recommendation: Encourage MOB coaches to continue leading class series. Institutions such as Howard University and Marymount University are excellent guides in teaching coaches how to properly conduct the course and should continue their work.
3. Vision screenings and medication reviews had a low number of MOB participants (n=23) in SWC. This number is significantly lower than the anticipated number of at least 96. Although participants found the vision screenings and medication reviews to be beneficial and educational, results from the screening and review forms indicated that they did not make the connection between their vision, medication use, and fall risk. Receiving vision screenings and medication reviews are an essential part of the SAH 2.0 program and helps participants understand the connection between vision, medication, and their fall risk.
Recommendation: Integrate vision screenings and medication reviews into the MOB curriculum and overlap with the series period to increase MOB participant completion. They should be promoted within the centers, with targeted advertising towards MOB participants.
4. MOB survey scores decreased for participants in Ward 6 from pre to post survey.
Recommendation: Any center with decreased scores may warrant further coach training or a fidelity observation conducted by a third party.
5. Although every center implemented two MOB series for this fiscal year, participation numbers for SWCs decreased from the first to second series, resulting in reduced participation.
Recommendation: In-person MOB series may need to be offered at different locations such as Senior Centers or Dining Sites to expand their reach to new participants. In addition, class time should not overlap with other activities that would reduce consistent participation from the course.
6. **Recommendation:** As AU staff transition out of a program coordination and evaluation role, future program implementation should identify a singular point of contact who can oversee SAH 2.0 components. This individual would schedule MOB series, collect MOB surveys, serve as a coordinator for vision screenings and medication reviews, and maintain overall program fidelity.

SAH2HCP

Results

Demographic Characteristics

The demographic characteristics for the SAH2HCP sample population (n=64) is representative of those who completed both pre and post MaineHealth MOB surveys between October 2023 and July 2024. Most participants identified as Black/ African American (n=46, 71.9%) and female (n=58, 90.6%). All wards were represented in this group, and the ward with the most representation was Ward 8 with 11 (17.2%) participants. Table 5 describes the demographic characteristics of the SAH2HCP MOB survey population.

Table 5: HCP Participant Demographics

	n	HCP (n = 64) %
Gender		
Female	58	90.6%
Male	6	9.4%
Age		
60-69	17	26.6%
70-79	31	48.4%
80-89	13	20.3%
90-99	3	4.7%
Mean Age	74.53	
Ward		
1	7	10.9%
2	5	7.8%
3	7	10.9%
4	10	15.6%
5	7	10.9%
6	7	10.9%
7	10	15.6%
8	11	17.2%
Race		
African American	46	71.9%
Asian/ Asian American	2	3.1%
White	8	12.5%
Refused to Answer	7	10.9%
Other	1	1.6%

This demographic spread is consistent with results from the Pilot SAH 2.0 program and the SAH 1.0 program. The representation of every DC ward speaks to the reach of virtual programming which allows DC residents from every ward to participate without having to establish a physical presence.

Pre and Post MOB Surveys

Overall, 64 older adults participated in the SAH2HCP. Of these, 36 (56.3%) participated in only MOB, and 2 (3.1%) participated in all three components of the SAH 2.0 program: MOB, vision screening, and medication review.

Participants in MOB took a survey during the first and last session to assess their attitudes and behaviors as they related to fall risk. Increased MOB survey scores indicated a participant's greater degree of confidence in their own ability to prevent falls and a higher level of regular physical activity. HCP participants started MOB with an average survey score of 20.89 out of a possible 31 points. By the end of the MOB program, the participants' average survey score increased to 25.7 out of a possible 31 points, a statistically significant change of 4.81 points. The results of the pre and post MOB surveys are displayed in Table 6.

Table 6: HCP MOB Scores

	Average	Range	SD
Pre-MOB	20.89 (n = 64)	10, 31	4.94
Post-MOB	25.70 (n = 64)	16, 31	3.8
Change	4.81***		
	*p<0.05	**p<0.01	***p<0.001

The increase in pre to post survey scores suggests a highly effective MOB curriculum and reflects HCP's adherence to the evidence-based program. Also of note is that HCP participants' scores started significantly lower than SWC participants' scores at the time of the pre-MOB survey but rose to be statistically equivalent to the SWC scores by the end of the MOB series. This suggests that the HCP population may have had a higher fall risk before beginning the MOB program. This may be due to many of the HCP participants being homebound, which differs for in-person SWC participants. It also suggests that, through the MOB program, participants achieved the same higher levels of self-efficacy and decreased fall risk as the SWC participants, indicating that this group saw greater gains from the MOB program.

Lastly, MOB participants were invited to fill out an MOB satisfaction survey during the final session; 64 of the HCP participants chose to complete this survey. In this survey, they rated their satisfaction on different class components including coach preparation, the MOB workbook, and their likelihood of recommending MOB to others in the future. Overall, the HCP participants rated MOB as 29.22 points out of a possible 32. Participant open-ended feedback on the program is presented on page 18.

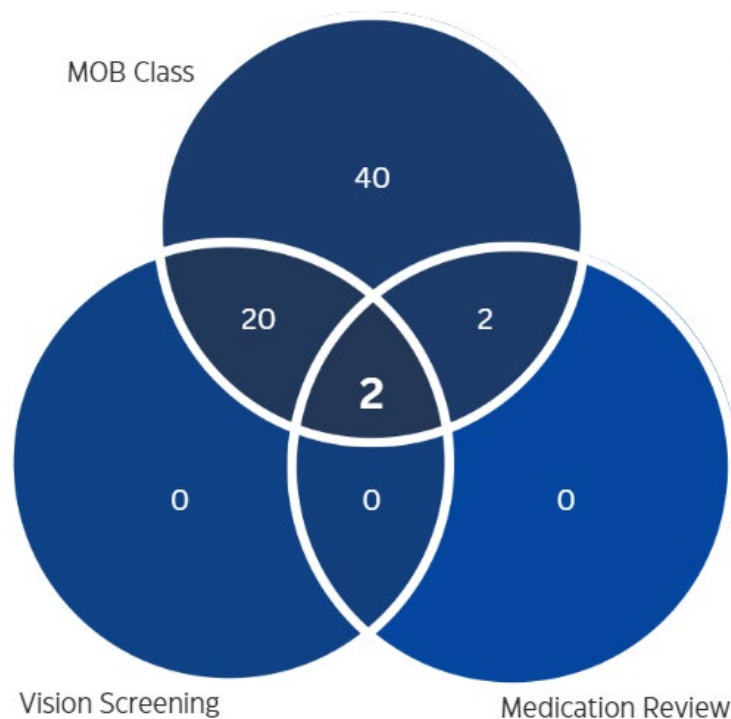
Vision Screenings and Medication Reviews

Out of 64 HCP MOB participants, 18 (28.1%) opted to complete a medication review, but only four (6.3%) medication reviews were completed. This was likely due to difficulties that Shenandoah University Pharmacy students reported in getting participants on the phone and participants

understanding that the phone call was connected to the SAH 2.0 program. All four of the participants who completed a medication review described the review as “Very Helpful.” Of the 64 participants, 22 (34.4%) completed a vision screening. Of those participants, 20 (31.3%) described the screening a “Very Helpful” and two as “Somewhat Helpful.”

Figure 2 displays the number of participants who took part in one or more of the following components: MOB (regardless of whether they completed one or both surveys), vision screenings, and medication reviews.

Figure 2 – HCP Participation by Component



Fall Efficacy Scores

Each HCP participant completed an FES survey about their attitudes and beliefs about their own fall risk. HCP participants began the SAH 2.0 program with an average FES of 14.4 points out of a possible 28, placing them in the medium risk category. At the end of the program, HCP participants’ average score had fallen to 9.7 points out of a possible 28, placing them in the low-risk category. This 4.4-point drop in score was found to be statistically significant. The results of the FES surveys are displayed in Table 7.

Table 7: FES Scores

	Average	Range	SD
Pre-MOB FES	14.4 (n = 64)	7, 28	5.04
Post-MOB FES	9.7 (n = 64)	7, 23	3.97
Change	-1.07***		
	*p<0.05	**p<0.01	***p<0.001

This significant drop in FES scores suggests the efficacy of the SAH program through HCP's close adherence to the evidence-based MOB curriculum guidelines. This score change is consistent with the big-picture goal of the SAH program: preventing falls in community-dwelling older adults.

Recommendations

1. HCP implemented a successful and accessible virtual SAH 2.0 program and helped reduce the risk of falls among participants as indicated by survey responses.
Recommendation: Continue implementing the successful virtual MOB program and expand HCP's population to reach potential participants at the highest risk of falls. This highest-need population could be defined by high post-home-modification FES scores or a high initial FES score on a screening survey of interested older adults.
2. There were challenges in recruiting participants to receive medication reviews and vision screenings and additional challenges to completing medication reviews for participants who opted in. The relatively low level of participation in these two components may suggest a lack of interest from program participants or a lack of understanding on how these components relate to fall risk. The low number of medication review completion also indicates that HCP should implement a new process for completing medication reviews that better responds to the existing interest.
Recommendation: Encourage vision screenings and medication reviews by linking them to the MOB curriculum and conducting them virtually.
3. HCP had consistent MOB interest and enrollment from participants, maintaining an enrolled population within the 8-12 participant set forth in the MOB curriculum.
Recommendation: Continue offering virtual classes if there is interest, ensuring that enrollment continues to meet these guidelines. Consider expanding class offerings to continue to engage MOB graduates in fall-prevention programming on an ongoing basis.

SAH2HCP - Declines and Ineligibility

During FY23, HCP offered SAH 2.0 enrollment to all eligible SAH 1.0 participants. Participants were deemed ineligible if they had severe cognitive disabilities, severe mobility issues that would prevent participation in seated exercises, or if they did not meet the age requirements for the SAH 2.0 program. Participants could either agree to be in the program and complete it, agree to be in the program and not complete it, or decline to be in the program.

Using participant data that HCP collected between January 1, 2023, and July 30, 2023, the AU research team analyzed the differences between these groups to understand what factors might influence an older adult to participate in or refuse the services of the SAH 2.0 program. The team looked at the average pre- and post-modification FES scores, average age, and gender to assess if any of these factors might affect enrollment rates.

Out of the 351 participants included in the analysis, 46 completed the SAH 2.0 program, 42 declined to participate in the program, 108 were deemed ineligible for the SAH 2.0 program, and 155 initially expressed interest in the program but did not follow-up within the required period after initial recruitment. AU saw no significant differences among these groups in terms of average age or gender make-up. Those who declined to participate in the SAH 2.0 program were more likely to have a low FES score before their home modifications and a very low final FES score after their home modifications. There was no significant difference between the FES scores of those who completed the SAH 2.0 program and those who enrolled in the program initially and did not complete the program.

One of the biggest takeaways from this analysis was the large number of SAH 1.0 participants who were deemed ineligible for the SAH 2.0 program, suggesting that many older adults may be at a high fall risk due to mental or physical disability but cannot participate in the SAH 2.0 programming.

SAH 2.0 Limitations

There were notable limitations and challenges that SWCs, HCP, and AU faced in implementing and evaluating the SAH 2.0 program. Solutions or suggestions for these limitations are addressed in the “Recommendations” sections detailed previously.

Though the twelve SWC MOB class series were scheduled between November 2023 and June 2024, the FY24 AU evaluation period began January 2024 and ran through June 2024. Because the MOB series were scheduled outside of the FY24 evaluation period, an important point to note is that Wards 5 and 6 used surveys provided by Marymount University. Ward 5 used the Marymount University surveys for their first series in November and December 2023. Ward 6 used the Marymount University surveys at the first session of their first MOB series in January 2024. Once this error was identified, the AU team coordinated with the SWC directors to arrive at the first and last sessions of the series to administer and collect MaineHealth surveys from February 2024- June 2024 to ensure data was consistent across all centers. Marymount University surveys were disregarded from this evaluation, decreasing the number of comparable surveys. Although the goal for participation was achieved for this program, we do not have data for all participants due to incorrect evaluation instruments administered by centers.

In addition, collecting the same pieces of data in survey types and medication and vision forms between HCP and SWC’s programs was a challenge. For example, AU FES surveys were changed from a 10-question survey to the seven-question survey midway through the SAH 2.0 program to match HCP’s FES survey and guarantee comparability. Due to this change, few MOB series groups have the same FES survey from the first and eighth sessions, providing a low number of comparable scores (n=21). Although the SWC program is in person while the HCP program is virtual, similar data is needed to ensure a consistent evaluation. An important point to consider is that all surveys were self-reported, leaving room for potential biases in the responses. These responses affect the fall- efficacy scores and the levels of fear of falling in the MOB surveys.

Lastly, HCP encountered difficulty when attempting to connect participants with pharmacy students to conduct medication reviews. While HCP confirmed participants’ interest during the initial consultation, very few participants answered their phones or understood the connection between the SAH 2.0 program and the medication review when they received the phone call.

Participant Open-Ended Feedback

Participants were asked to provide feedback and comments at the end of their MOB series. Most comments were positive and described fall-prevention measures participants had taken at home to minimize their fall risk. A few participants also offered suggestions for the class including offering follow-up classes, Spanish versions of the class, alternative methods to get up from the floor for participants with knee pain, and fewer evaluation forms.

- *I am more aware of environmental obstacles which might interfere with my mobility or cause falls. Please continue this class. - SWC, Female, 81*
-
- *The key word for me is “AWARENESS.” I was made aware of being able to do the same things but differently and to do something EVERY DAY. - SWC, Female, 90*
- *I am well satisfied. - SWC, Female, 85*
- *I am more aware of my surroundings. - SWC, Male, 82*
- *This class was very informative. - SWC, Female, 80*
- *Love the participatory part of the program ... The information on how to get up out of bed + how to get up and down to the floor – to die for 😊 !!! - SWC, Female, 68*
- *This is the best exercise class I have attended in a long time. I made friends, the staff was exceptional, and I hope this program continues for generations to come. - HCP, Female, 76*
- *This class offers a lot of valuable information! - HCP, Female, 65*
- *I would like to do more classes if they [are] offered. - HCP, Female, 72*
- *I find the breathing exercise helps a lot. Go at your pace. I hope this program continues to help other people that have a fear of falling. Thank you! - HCP, Female, 73*
- *Hopefully more classes! I would love to participate in the next class. The class was wonderful and helpful! - HCP, Female, 67*
- *I greatly appreciate the information received from the class. I will definitely implement them. Thanks much. - HCP, Female, 62*

Conclusion and Acknowledgements

The SAH 2.0 evaluation demonstrated that the program has a positive impact on participants and teaches them the tools to lower their risk and fear of falling. MOB coaches who display strong leadership and an expert understanding of the MOB curriculum can effectively provide a safe space for participants to discuss fears of falling, and to support fall reduction, improved self-efficacy through both in-person and virtual programming. We can determine that if the benefits of this program are achieved in other environments and expanded through HCP, then older adults can positively affect their risk of falling. In addition, the vision screenings and medication reviews benefitted those who participated and encouraged participants to check in with their health care providers regularly.

SWC' and HCP' participation in survey data collection and implementation of the program is appreciated and acknowledged by the AU team. The objective to reduce the risk and fear of falling among older adults in DC would not have been accomplished without their assistance. Shenandoah University Bernard J. Dunn School of Pharmacy, Trinity Washington University School of Nursing and Health Professions, the Occupational Therapists, Allied Health Professionals, Physical Therapists, and contracted optometrists were essential in the success and implementation of this program. They were greatly appreciated for their time and dedication. DACL's funding of the program and support have also been vital in making sure SAH 2.0 was effective. The hope is that SAH 2.0 can continue in other environments and increase participation in all three components: MOB, vision screenings, and medication reviews.

Appendices

Appendix 1.

The MOB survey instruments include 19 questions covering the following topics:

1. Ability to find a way to get up if they fall, can find a way to reduce falls, protect themselves if they fall, increase their physical strength, and become steadier on their feet
2. Concern about falling interfering with their social lives
3. Frequency of walking/ exercising
4. Overall satisfaction on the MOB class series
5. Possible behavior, activity level, or environmental changes made after participating in MOB

First Session Survey (continued)

Please mark the circle that tells us how sure you are that you can do the following activities.

How sure are you that:	Very sure	Sure	Somewhat sure	Not at all sure
1. I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can become more steady on my feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups?

- Extremely
 Quite a bit
 Moderately
 Slightly
 Not at all

Mark ONLY ONE CIRCLE to tell us how much you are walking or exercising now.

- I do not exercise or walk regularly now, and I do not intend to start.
 I do not exercise or walk regularly, but I have been thinking of starting.
 I am trying to start to exercise or walk.
 I have exercised or walked infrequently for over a month.
 I am doing moderate exercise less than 3 times per week.
 I have been doing moderate exercise 3 or more times per week.

First and Last Name _____

First Session

Below are some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently don't do the activity (for example, if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity. For each of the following activities, please check the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

		Not at all concerned 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
1	Getting dressed or undressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2	Taking a bath or shower	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	Getting in or out of a chair	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4	Going up or down stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Reaching for something above your head or on the ground	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6	Walking up or down a slope	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7	Going out to a social event (for example, religious service, family gathering or club meeting)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
TOTAL SCORE=		<i>add all 1's</i>	<i>add all 2's</i>	<i>add all 3's</i>	<i>add all 4's</i>

SCORING: Low Concern: 7-8; Moderate Concern: 9-13; High Concern: 14-28



A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

Class Evaluation

Today's Date:

--	--

 /

--	--

 /

--	--	--	--

Thank you for participating in *A Matter of Balance*. To help us further meet the needs of others throughout the community, please take a few minutes to complete this evaluation form. We appreciate your feedback.

Please tell us your thoughts about the *A Matter of Balance* class. Mark the answers that apply on the front and back of this page.

1. The leaders were well prepared.

Strongly agree Agree Disagree Strongly disagree

2. The classes were well organized.

Strongly agree Agree Disagree Strongly disagree

3. The participant workbook helped me better understand the classes.

Strongly agree Agree Disagree Strongly disagree

4. As a result of this class, I feel more comfortable talking with others about my fear of falling.

Strongly agree Agree Disagree Strongly disagree

5. As a result of this class, I have made changes to my environment.

Strongly agree Agree Disagree Strongly disagree

6. As a result of this class, I feel more comfortable increasing my activity.

Strongly agree Agree Disagree Strongly disagree

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

A Matter of Balance Class Evaluation (continued)

7. As a result of this class, I plan to continue exercising.

- Strongly agree Agree Disagree Strongly disagree

8. I would recommend this class to a friend or relative.

- Strongly agree Agree Disagree Strongly disagree

9. Are you: Male Female ?

10. How old are you?

- Less than 60 years 75-79 years
 60-64 years 80-84 years
 65-69 years 85-89 years
 70-74 years 90 years or older

What other changes have you made as a result of this class?

Other comments or suggestions?

First and Last Name _____

Last Session

Below are some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently don't do the activity (for example, if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity. For each of the following activities, please check the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

		Not at all concerned 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
1	Getting dressed or undressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2	Taking a bath or shower	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	Getting in or out of a chair	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4	Going up or down stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Reaching for something above your head or on the ground	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6	Walking up or down a slope	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7	Going out to a social event (for example, religious service, family gathering or club meeting)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
TOTAL SCORE=		<i>add all 1's</i>	<i>add all 2's</i>	<i>add all 3's</i>	<i>add all 4's</i>

SCORING: Low Concern: 7-8; Moderate Concern: 9-13; High Concern: 14-28

Appendix 4.

Safe at Home 2.0 - Vision Screening

This section to be completed by participant:

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____

City & State: _____ Zip Code: _____ Ward: _____

Date of Birth: _____ Telephone Number: _____

Questions about your eye health:

1. Do you wear glasses? Yes No
2. Do you currently have an optometrist? Yes No
3. When was your last eye exam? _____
4. Do you think regular vision screenings would have an impact on your risk of falling? Yes No

This section to be completed by nursing student:

- **Introduction: (Name of Student, School)**
- We are performing this screening to help older adults in the community understand the connection between vision and risk of falling.
- People with poor vision can easily lose balance, making them more likely to fall. Getting glasses, knowing your most up to date prescription, and understanding your eye health can help you see better and prevent falls in the future!

Vision Report: This section must be completed by nursing student.

Distance Vision Reading: What number line was the patient able to read?	Near Vision Reading: What number line was the patient able to read?	Color Vision Test: Was the patient able to read the numbers on the color chart?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Changes recommended: Yes No

If yes, describe concerns:

Post questions to ask participant:

How helpful was having this screening in understanding how vision screening can affect your risk of falling?

Very helpful Helpful Somewhat helpful Not helpful

Nursing Student Information:

Printed Name: _____

Affiliation: _____ Telephone: _____

Signature: _____ Date: _____

Please remember to give the participant the take-away card summarizing the results and recommendation of this screening. Thanks for your help!

Appendix 5.

Safe at Home 2.0 - Medication Screening**This section to be completed by participant:**

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____

City & State: _____ Zip Code: _____ Ward: _____

Date of Birth: _____ Telephone Number: _____

Questions about your medication history:

1. Do you have any drug allergies? Yes No
2. Are you currently taking four or more medications? Yes No
3. Do you think having your medications reviewed would have an impact on your risk of falling? Yes No

This section to be completed by nursing student:

- **Introduction: (Name of Student, School)**
- We are performing this screening to help older adults in the community understand if the medications they take may contribute to their risk of falling.
- We will ask you some questions about the different medications you are taking. Sometimes, combinations of medicine can make you more likely to fall. If you're not sure what type of medication you're taking, please tell us what you can about it – what it's called, what type of provider prescribed it, what it's for, what it looks like, or when you take it.
- We will not be changing any of your prescriptions or dosages, but we may recommend that you schedule an appointment with your primary care provider to discuss how your medication may be impacting your fall risk.
- What questions do you have? Does all of this make sense?

Medication Report: This section must be completed by nursing student.

Medication Class	Medication Name	Dosage & Frequency	Prescribed by (Provider name)	Indication (Prescribed for)
<i>Anticonvulsants</i>				
<i>Antidepressants</i>				
<i>Antihypertensives</i>				
<i>Antipsychotics</i>				
<i>Antispasmodics</i>				
<i>Benzodiazepines</i>				
<i>Opioids</i>				
<i>Sedative Hypnotics</i>				
<i>Tricyclic Antidepressives</i>				
<i>Other (e.g. OTC agents)</i>				

Discussed importance of taking medications as prescribed? Yes No

Discussed techniques for managing postural hypotension? Yes No

Changes Recommended: Yes No

If yes, describe concerns:

Post questions to ask participant:

How helpful was having this screening in understanding the link between medication management and your risk of falling?

Very helpful Helpful Somewhat helpful Not helpful

Nursing Student Information

Printed Name: _____

Affiliation: _____ Telephone: _____

Signature: _____ Date: _____

Please remember to give the participant the take-away card summarizing the results and recommendation of this screening. Thanks for your help!