Using outcomes data to design a patient receptiveness study: A cross sector collaborative evaluation of the CDC STEADI Fall Prevention Program

National Network of Public Health Institutes

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Today We Will

1. Identify how blending health behavior theories can support the study of patient receptiveness to falls prevention programs.
2. Describe the process of developing an annotated qualitative interview guide.
3. Describe the characteristics of an operationalized, internally and externally valid qualitative interview codebook.
4. Discuss recommended practices for multi-coder review of qualitative interview data.

Acknowledgement

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Collaboration

National Network of Public Health Institutes

CDC
Centers for Disease Control and Prevention

Prevention, Protection, Promotion
Broome County Health Dept.
Partners in the Public Health of Broome County

Binghamton University
State University of New York

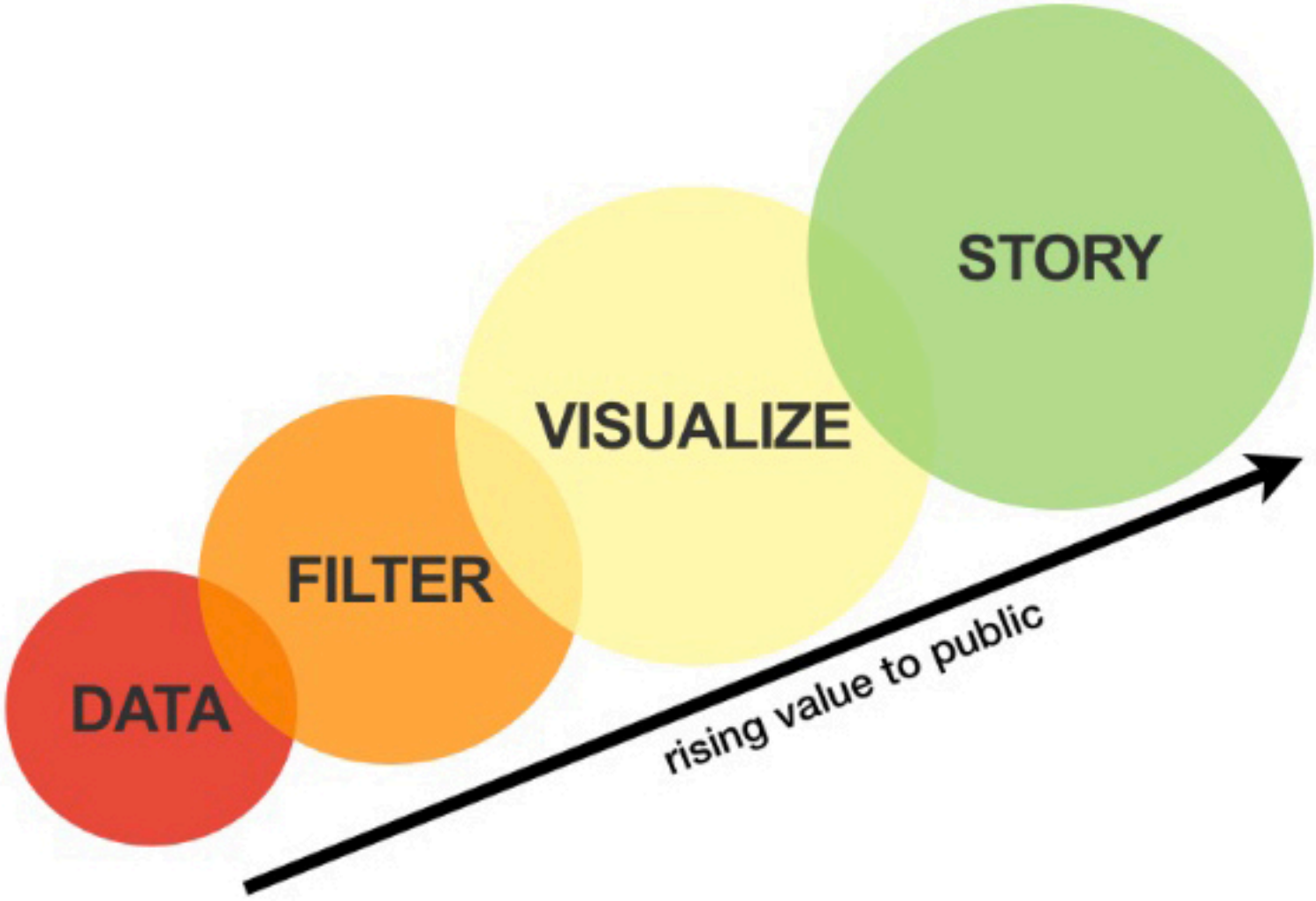
UHS

Approach

The Evidence Base: Implementation of the STEADI Initiative in Upstate NY

- Over 11,000 older adults were screened for fall risk in the primary care setting using a modified STEADI protocol
- More than 2,000 of these older adults were identified as being at risk for fall
- Just 60% of the at-risk older adults were provided educational materials or a fall prevention intervention
  - 93 (6.8%) were referred to Tai Chi
  - 72 (5.3%) were referred to the Stepping On Program
  - 66 (4.9%) were referred to the In Balance Program
  - 144 (10.6%) were referred to physical therapy

Approach



Mirko Lorenz, 2010

Core Evaluation Questions

1. What is the nature of barriers and facilitating factors to the adoption of STEADI intervention components among older adults?
2. How can findings be integrated into the STEADI intervention clinical practices in order to increase adoption by older adults at risk of falling?

Integrated Theories

- Transtheoretical Model of Behavior Change
- Social Cognitive Theory
- Health Belief Model
- Extended Parallel Process Model

Sample Questions

- We're interested in hearing about your thoughts on falls. What do you think affects whether or not someone is more likely to fall during their daily activity? **(HBM – Perceived Susceptibility; TTM – Staging the Individual)**

- Do your friends and family help keep you safe from accidents like falling, if so, how ? **(Social Cognitive Theory – Environment)**

- Do you feel like a fear of falling changes someone's behavior? Probe: Why or why not? **(Extended Parallel Process Model – Threat Level)**

Codebook Excerpt

- Illustrative Case: STEADI
  - **Codebook Section: Deciding to Act**
  - *Personal Risk Perception:* includes perceived susceptibility, perceived severity, appraisal of the presence of a threat, and/or whether or not someone thinks they might fall.
  - *Defensiveness Cues:* [implicit or explicit emotional affect] negative contemplation or emergence of fear pertaining to taking action that could preventing falls. Decision not to take action is not yet present. If present, code under "intended inaction" category.

Codebook Excerpt

- Illustrative Case: STEADI
  - **Codebook Section: Facilitators and Barriers**
  - *General Facilitators – Behavioral:* presence of self efficacy (ability to personally reduce their risk for falls), perceived benefits of following healthcare provider recommendations to personally prevent falls with specific actions within the person's control.
  - *General Facilitators – Environmental:* presence of external support and access to resources through medical providers, family, friends, the community, and built environment that support falls prevention.

Connecting with Participants

- **Inclusion Criteria**
  - Adults age 65 or older who were screened as being at risk for falls and were given a fall plan of care that included referral to another medical provider or community based program for fall prevention
  - Have access to a telephone
  - Agree to participate in a telephone interview
  - Speak English

Connecting with Participants

- **Exclusion Criteria**
  - Under age 65
  - Was not identified as being at risk for falls
  - Fall plan of care does not include referral to another medical provider or community based fall prevention program
  - Does not have access to telephone service
  - Does not speak English; English is not their primary language and is not fluent in English

Process

- **If screened at risk for falls:**
  1. Fall Prevention Referral Form
  2. Contact Information Sheet
  3. BCHD: Collect Contact Information Sheets
  4. Follow Up Phone Call – Agreement to Participate
  5. Schedule Interview
  6. NNPHI: Consent + Interview
     1. Probes based on prescribed falls plan of care

Data to Date

Interview Responses

- **Coding: Action (Transtheoretical Model)**
  - Yes. I didn't want to use the walker. Oh, I felt that was the lowest of the low but once you've fallen a few times you take the walker because you don't want to really get hurt. I mean, I have bones in my body that I can see through so I have to be careful.
  - I live alone and but my friends are very conscientious about when I go out and when I go out with them they also are very concerned about being with me and making sure I'm taking, you know, good care of walking and using my cane and all.

Transcribed Responses

- **Coding: Provider Attributes (Response Efficacy)**
- I had a very good physical therapist, she knew what she was doing, and she showed me how to try to walk correctly and how to take care of my balance and all.
- I do some of the exercises that the physical therapist did with me, had me do.
- She's very good. She's a nurse practitioner who teaches at the university, nursing, and I think she's taking good care of me, frankly.

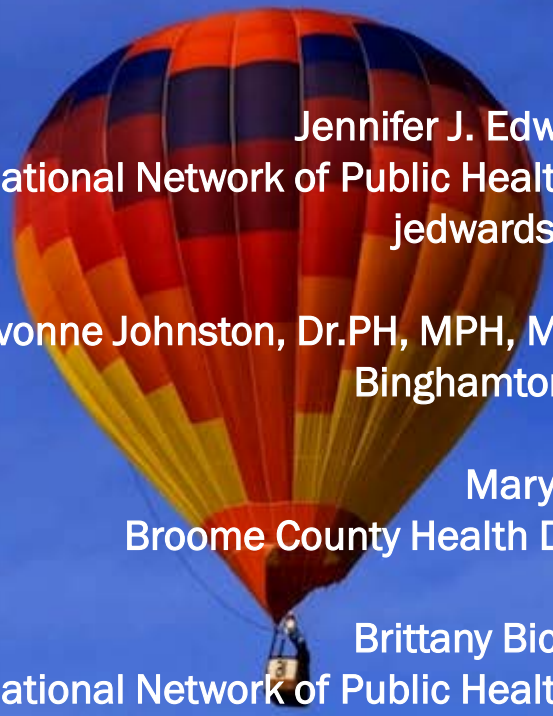
Emerging Themes to Date

- **Providers**
  - Provider partnership on activities for compliance with recommendations
- **Social Environment**
  - Physical assistance by family and friends during events and daily activities
- **Fear**
  - Differing precautions based on household residents – living with other/s v. alone
  - Fear expressed as modifications in regular habits

Next Steps

1. Several more interviews
2. Full qualitative analysis
3. Identification of themes
4. Data x Benchmarked Protocols
5. Recommendations to increase receptiveness

Questions



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More on the CDC STEADI Initiative: cdc.gov/steadi