

Evaluation of the Structures and Processes of the Step Up to Stop Falls™ Falls Prevention Collaborative

End of Collaborative Report

Prepared for the Community Health Foundation of Western & Central New York

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Executive Summary

Part I. Overview of the Step Up to Stop Falls™ Collaborative

Funded by the Health Foundation of Western & Central New York (HFWCNY), Step Up aims to prevent falls among older adults living in the community who are frail, or at risk of becoming frail, and reside in counties served by HFWCNY. The goal of Step Up is to help older adults to continue living safely in the community for as long as possible by reducing falls. This was accomplished in Phase 1 through two types of grants, both of which focused on specific behavior and practice changes that can lead to a reduction in falls and falls risks:

- Advanced Grants in Erie County - working to advance the work of the 2009-2010 WNY Falls Prevention Collaborative and Toolkit, and to deepen and spread the success already achieved in Erie County on falls prevention through the WNY Collaborative, and
- Diffusion Grants to new Counties - working to diffuse the work of the WNY Collaborative and Toolkit into new organizations and new counties by building on the success of previous work and sharing across communities for greater impact. Diffusion grants aimed to build the collective capacity within Counties to reduce falls and their impact.

Step Up projects were conducted in the context of a Quality Improvement Collaborative. In Step Up, through a structured Collaborative process, the two groups of grantees – Advanced grantees in Erie County and Diffusion grantees in new Counties – worked together in a regional Collaborative based on the success of the 2009-2010 WNY Falls Prevention Collaborative that focused its efforts in Erie County. The Erie County Collaborative produced a Falls Prevention Toolkit of resources for professional practice change and personal behavior change in community settings. The Toolkit provided successful project options for both Advanced and Diffusion teams to choose from in Step Up. The seven Diffusion Counties received \$10,000 for development of a multi-dimensional falls prevention plan and up to \$100,000 additional to support implementation in their communities. The Diffusion Collaborative ran for two years and included a six-month planning phase followed by an 18 month implementation phase (ending in November 2012). Diffusion Coalitions and participants are listed in Appendix 1.

During the first six months of the Collaborative (the Planning Phase), Diffusion Counties focused on learning best practices from the Falls Prevention Toolkit developed in Erie County. Diffusion Counties also worked on forming strong County-wide Coalitions, developing a shared vision for how to work together on falls prevention and a detailed Falls Prevention Plan. Falls Prevention Plans were developed to include 3-5 goals for each County derived from evidence-based practices in Balance and Exercise, Home Safety, Professional Practice Change, Older Adult Education, and Medical Management (see Appendix 2, Step Up Driver Diagram, for a summary of Step Up's multi-dimensional

best practices and approach to intervention). During the implementation phase, (June 2011 to November 2012), Coalitions worked to implement County plans and goals supported by the Step Up Collaborative.

The Step Up Collaborative Evaluation

HFWCNY is supporting a comprehensive evaluation of Step Up that will examine the role and effectiveness of Collaborative structures and processes, achievement of desired outcomes, and the impact, sustainability and spread of new programs resulting from Step Up. Evaluation of Step Up's impact and spread is being conducted by a team from SUNY Albany led by Mary Gallant, PhD. The evaluation led by Lisa Payne Simon (and the focus of this report) examines the Collaborative experience and the impact and effectiveness of Collaborative structures and processes in supporting implementation of falls prevention best practices. It also examines the value-added from the Collaborative approach to improvement, and from the strategy of developing falls prevention strategies in Erie County and expanding to other counties. Specific questions addressed in this evaluation through review of grantee reports and through sequential, semi-structured interviews with participants and faculty over a three year period include the following:

- What impact did the Collaborative have on participants and their organizations, on County Coalitions and their ability to reach Collaborative goals set forth in each County Plan?
- How did the Collaborative impact Step Up learning, communication, collaboration, improvement and outcomes?
- How effective were Collaborative structures and processes in accomplishing Step Up goals? What components of the Collaborative were most beneficial?
- What were the drivers of Collaborative success and what were the challenges?
- Is anyone better off as a result of the Step Up Collaborative? (qualitative assessment)

This End of Collaborative report examines the structures and processes of the Collaborative and their impact on Diffusion grantees during the second half of the Step Up implementation phase (March to November, 2012). This report also aims to inform HFWCNY staff and faculty about Collaborative operations and participant experience; what components of the Collaborative approach were perceived as most valuable; what influenced Collaborative impact and success; and how the Collaborative changed the way communities approach falls and falls risk reduction.

To inform this report, final grantee progress reports were reviewed, faculty were interviewed, and Coalition members from six Diffusion Counties participated in 30-45 minute, semi-structured telephone interviews conducted from November 2012 to January 2013. Evaluation input was gathered from 30 Step Up participants in both individual and group (Coalition) interviews. Findings derived from evaluation inputs are summarized below. [Chautauqua County was not included in the final round of interviews. Chautauqua dropped out of Step Up in February 2012.]

Part II. Diffusion Coalition Goals, Interventions and Achievements

Diffusion Coalitions implemented a range of falls prevention goals and aims in accordance with each County's Step Up Plan. Coalitions' goals addressed at least two (and in some cases, all five) falls prevention drivers (illustrated in Appendix 2, Step Up Driver Diagram): Balance and Exercise, Home Safety, Professional Practice Change, Medical Management, and Older Adult Education. Each Coalition's approach included multiple interventions that applied best practices in these domains and measured their impact. Each goal typically had an intervention associated with it and one or more aims. Aims are statements of what will be improved, by how much, for whom, and by when. Counties engaged in multiple Step Up projects to address the aims and goals set forth by each Coalition. Falls prevention goals and interventions in progress at the end of the Collaborative are shown in Table 1 (page 15).

Step Up initiated new falls prevention activities in each Diffusion County. Across all Counties, 11 interventions focused on improving balance and exercise among frail elders; eight interventions focused on changing professional practice to include falls prevention screening and assessment; five interventions focused on home safety improvement; four enhanced medical or medication management strategies for frail elders; and three community education campaigns expanded public knowledge about falls. In each of the five falls prevention driver areas, Collaborative-wide measures were applied to measure the impact of Step Up. In each project, Coalitions applied one or more of these measures to quantitatively assess what Coalitions did to accomplish their aims, how well they did it, and whether anyone was better off as a result of Step Up.

Coalition Achievement

Coalitions reported that they accomplished their aims and what they set out to accomplish in Step Up. This involved managing a complex set of projects, measurement and reporting activities in each County. A complete description of Step Up interventions and achievements in each County is shown in Table 3 (page 18). Coalition achievements in the aggregate are summarized below.

- Successful learning and implementation of falls prevention best practices.
- Formation of effective Coalitions that increased the number of organizations working on falls prevention, strengthened linkages across programs, and increased falls prevention capacity at the County level. The Coalition structure identified as one of the greatest strengths of the Step Up Collaborative and a major driver of participant success.
- Increased enrollment and participation in new falls prevention programs and activities, including:
 - Exercise and home safety assessment programs for older adults
 - Community education and outreach initiatives, and
 - Training and outreach to medical professionals, students, EMS, OT and PT providers about falls screening and prevention. As a result, falls risk assessment activities now occur more frequently in professional practice settings.
- Engagement and training of volunteers to support Step Up programs.
- Expanded community education and awareness of the importance of falls prevention and prevention programs through media. In some Counties, radio and television coverage of Step Up programs reached thousands of older adults.
- Policy changes implemented in Diffusion Counties that will help reinforce and sustain new falls prevention screening, data collection, outreach, education and referral activities.
- Outcomes: Coalitions documented participation in new falls prevention and education programs; changes in older adult and healthcare provider behaviors resulting from participation in Step Up programs; and home safety improvements achieved through Step Up programs.

Another view of Step Up achievement comes from faculty review of Coalition progress every two months using a standardized rating of performance: the IHI Team Assessment Scale. The Team Assessment is a zero to five point scale that measures team adoption of the collaborative approach and success in using this approach to achieve significant, sustainable improvement. Throughout the Collaborative, faculty assessed Coalition achievement in each intervention using this Scale. The Scale and Team Achievement average score for each Coalition at the end of the Collaborative is shown in Table 2 (page 17).

Table 3 (page 18) shows improvement results by project type within each Coalition. Results show achievements ranging from moderate to significant, sustainable improvement across a range of falls prevention programs in each County. These achievements were accomplished even with the breadth and complexity of Step Up interventions and impact measurement requirements of the Collaborative. Table 3 shows Balance and Exercise programs generating slightly higher achievement scores on average, and Professional Practice/Medical Management programs generating lower scores on average. However, results varied within and across Counties. Many Coalitions reported that they exceeded their goals in all Step Up areas. A few Coalitions experienced challenges implementing

professional practice, medical management, and home safety goals. These challenges focused primarily on behavior change -- getting physicians, EMS, OT and PT providers, and older adults to change behaviors to promote falls prevention. For example, some healthcare providers pushed back on the amount of time necessary to complete falls risk assessments, and some wanted reimbursement for their outreach and documentation efforts. Challenges faced by Coalitions and factors supporting achievement are addressed in Part IV.

Part III. The Role and Impact of the Step Up Collaborative

As noted above, Step Up interventions were implemented in the context of a Quality Improvement Collaborative. The primary goal of this evaluation is to understand the impact and value added from the Collaborative approach. The effectiveness of the Collaborative in fostering key competencies for 21st century health care, such as learning, communication and collaboration, is also assessed. Findings below summarize the role and impact of the Step Up Collaborative in these and other areas. All participant ratings below are based on a ten point scale where a score of ten is highly effective or highly beneficial.

Impact of the Collaborative on Learning

One of the key goals of Step Up is to foster learning. At the end of the Collaborative, the average participant rating of the effectiveness of Step Up in fostering learning was 8.8 (on a ten point scale). This rating indicates the high value participants placed on learning in the Collaborative. They identified the Falls Prevention Toolkit, peer learning, and Collaborative Learning Sessions as the greatest sources of learning in Step Up. According to faculty, "Across the Coalitions and the Collaborative there was a huge amount of interaction that supported learning. This was one of the best parts of Step Up." Participants also identified many benefits and lessons through shared learning. For example: "Learning from others who are actually doing this work is a very effective way to learn." In particular, participants appreciated the opportunity for small group exchange among peers at Collaborative Learning Sessions: "This allowed us to share projects, lessons and struggles". The third Learning Session with its focus on program sustainability was viewed as particularly beneficial.

Every Coalition reported that content resources and support from Erie County helped to accelerate falls prevention program implementation in their County. Every Diffusion County was able to identify at least one influential model program, one example they have followed, or help they received from Erie County that influenced progress in their County. The most frequently mentioned resources were the Falls Prevention Toolkit, the Home Safety Survey and Assessment Tool (HSSAT Version 3), tai chi DVDs and brochures, and medication management forms developed and used in Erie County. According to participants: "The Erie County work provided models, tips and information, do's and don'ts, and examples of what to do and what not to do in some areas. It also gave us ready-made examples and materials we could use. We were not re-inventing the wheel."

Learning and Applying Quality Improvement (QI)

Learning and applying QI is part of every HFWCNY Collaborative (although the intensity of focus on QI has varied across Collaboratives). All Step Up Coalitions reported learning and applying QI methods to implement their goals. At the end of the Collaborative, participants rated the effectiveness of QI methods in demonstrating improvement at 8.7 on a ten point scale. The following QI methods were identified as particularly helpful: "starting small" (testing changes on a small scale); use of PDSA cycles; use of data including pre- and post-test measurements; and use of run charts to demonstrate improvement. Allegany reported, "One of the most important take-aways from this Collaborative was we learned to use data, run charts and trending to tell the story and assess the impact of our work. The impact of this learning was so profound that it pushed us to develop a more robust, data-driven program evaluation strategy for our Rural Health Network." Onondaga reported, "We used our data to make real-time modifications and mid-course corrections to our programs that improved our results, especially in our exercise program."

While Coalitions focused primarily on increasing capacity in falls prevention, QI methods were used by many Coalitions to identify strategies for implementation or to test newer, more effective ways to administer Step Up tools. According to faculty, "Compared to other HFWCNY Collaboratives, there was not as much overt emphasis in Step Up on QI. This is probably due to the fact that Step Up interventions are tried and true falls prevention strategies that have already been tested, and due to models and support provided by Advanced grantees in the Collaborative." Participant feedback revealed greater and earlier emphasis on implementation and on generating and measuring results in Step Up. Faculty also noted that many of the common measures were more suited to measuring outcomes than process improvements or small tests of change. In the last half of the Collaborative, faculty reinforced training in use of data to guide improvement. This helped elevate Coalitions' understanding and appreciation of measurement for improvement. By the end of the Collaborative, two-thirds of the Coalitions reported expansion in the use of QI methods in their organizations, and greater engagement in improvement activity by senior leaders as a result of Step Up. Also by the end of Step Up, Coalitions reported heavy use of data to support improvement. Overall, participants rated the extent of Coalition's use of data to support improvement in Step Up at 9.2 on a ten point scale (where a score of ten indicates Coalitions used data "a great deal").

Use of Common Metrics

Diffusion Coalitions were required to collect common measures (listed in Appendix 1) to support evaluation of project impact and spread in their Counties. Investigators at SUNY Albany developed the common measures in collaboration with Step Up faculty. All Coalitions were asked to measure and report on common measures every two months in each falls prevention domain they were working. A few Coalitions identified the burden of data collection – the repetitiveness and frequency of reporting - as challenging. All but one Coalition reported using the common metrics to measure program impact and improvement, however, some Counties found the common measures only somewhat useful for improvement. For example, Allegany reported collecting a different set of measures to support improvement. Most participants reported that the common measures worked very well for measuring impact, and reasonably well for measuring improvement. A noted benefit of the Step Up common metrics is that Coalitions were all "on the same page", using the same set of measures. All Coalitions noted the benefit of having benchmark and comparative data from the Collaborative as a whole. This common data is also allowing HFWCNY to quantify the Collaborative-wide impact and spread of Step Up in the region.

Communication and Collaboration

Evaluation interviews provided strong evidence (in all Counties but one) that the Collaborative approach is an excellent mechanism for improving communication and collaboration in and among Counties working on falls prevention. At the end of the Collaborative, participants rated the effectiveness of Step Up in improving communication about falls prevention at 9.8 on a 10 point scale (this was the highest effectiveness rating among components of the Step Up Collaborative). As a result of Step Up, all Coalitions identified heightened awareness of the importance of prevention across agencies, better communication about falls prevention needs and resources, and broader collaboration in their Counties. Many also identified the significant use and impact of media in fostering public awareness about falls prevention. In Chautauqua County, it was lack of effective communication and collaboration among Coalition members (and lack of common understanding about the goals, deliverables and structure of the Step Up grant) that led to disconnect among Coalition members and ultimately to the Coalition's demise in January 2012. However, in all other Diffusion Counties, communication and collaboration greatly improved with Step Up.

Counties reported that while many Coalition members had worked together previously, Step Up fostered a focused, collaborative approach to falls prevention that was broader in scope than previous efforts. Participants rated Step Up's effectiveness in fostering meaningful collaboration at 9.0 on a ten point scale. Many examples of new or expanded collaboration and ways in which collaboration was quantitatively or qualitatively different in the Counties as a result of Step Up were provided.

A related finding is the perceived effectiveness of the Coalition structure and approach in accomplishing Step Up goals. Participants rated the effectiveness of the Coalition structure second highest among all Collaborative components: a rating of 9.7 on a ten point scale. Most interviewees described the Coalition approach as “essential” to effective, County-wide falls prevention. Many also considered the Coalition structure a major driver of the Collaborative’s overall impact and success.

Support from Senior Leaders

One of the ways in which Step Up differed from other HFWCNY Collaboratives was the extent of direct, hands-on involvement of senior leaders of participating organizations. Many Coalitions had participating organization senior leaders involved in the day-to-day work of the Coalition. This allowed Step Up to have a more immediate and powerful impact on Counties resulting from the influence of senior leader knowledge and engagement. Other ways in which senior leaders supported Step Up included staying abreast of the activities of the Coalition; allowing staff time for participation in Coalition activities; implementing change in policies and procedures to support falls prevention; recognizing the work of the Coalition; providing support; and reporting on the Collaborative to Boards of Directors, County officials and other community leaders.

Benefits of the Collaborative Structure and Process

In evaluation interviews, participants were asked how the structures and processes of the Step Up Collaborative influenced their ability to reach target audiences and impact falls-related outcomes and professional practice. Overall, participants highlighted the important role of the Collaborative in supporting Coalition efforts. At the end of the Collaborative, participants rated how much their Coalitions benefitted from specific components of the Step Up Collaborative. The highest ratings went to information on best practices (such as the Toolkit), and the Coalition approach (these were rated 9.7 and 9.6, respectively, on a scale where a rating of 10 is “highly beneficial”). The lowest rating (a rating of 6.5) was assigned to use of common metrics. Participants also observed how faculty was “always accessible”, providing participants with “a good challenge” to support learning. Overall, high ratings indicate that participants recognized the benefits and impact of structures and processes of the Step Up Collaborative, particularly the learning resources provided and the role of the Coalitions in a County-wide approach to falls prevention. Overall, participants rated how much their Coalition benefitted from the Collaborative approach to improvement: an average rating of 8.7. Some recommendations for improving the Collaborative process were also provided (summarized in Part IV).

Collaborative Impact

Participants commented on the impact the Step Up Collaborative had on themselves, their Coalitions, their organizations (how has the organization changed?), and on the target population. Every Coalition reported that people in the County were better off as a result of Step Up, including Step Up participants and their organizations, older adults, medical professionals, County agencies serving elders, students (medical, PT and OT), and caregivers. Many also reported changes in their organizations as a result of Step Up. For example, most reported that their agencies now incorporate falls prevention education, client assessment and outreach in multiple areas of County engagement with older adults. Many also reported that their agencies have implemented process or policy changes designed to help sustain new falls prevention programs. For example: Cattaraugus County added universal falls prevention screening to all client contacts. A Falls Prevention Self-Check assessment tool was added to the County homecare assessment process and, as a result, 2,000 homecare assessments conducted in the County each year now include falls risk assessment. The impact of Step Up on the frail elder target population was also provided. The number of people reached by Step Up efforts has been measured by participating Coalitions and reported to SUNY Albany every two months. Many illustrations of impact were reported (detailed in Part III). Key impacts of Step Up are summarized below:

- Effective Coalition infrastructure created to design, implement and manage an array of new programs addressing falls

- In each Diffusion County, a set of programs launched to reduce falls and increase falls prevention capacity at the County level
- Effective public education, media and outreach campaigns orchestrated at the County level
- Behavior change in older adults through engagement in new falls prevention programs, and
- Behavior change among medical professionals through Step Up outreach and engagement.

Sustainability of Step Up Interventions

One of the aims of this evaluation is to assess how the structures and processes of the Step Up Collaborative helped to foster sustainable change and interventions in Diffusion Counties to prevent falls. Both faculty and participants noted that from the beginning of the Collaborative, planning for sustainability was included in the Coalition process and program design. Tompkins County reported, "We have been planning for sustainability from the start. As a result, our falls programs are integrated within existing, core programs and services in the County". To promote sustainability, most Coalitions (like Tompkins) have incorporated new falls prevention interventions within existing programs and funding streams so that Step Up activities and funding are less at risk than if they appear new or stand-alone. Also, a number of Coalitions (Allegany, Onondaga and others) identified system and policy changes they have made to help sustain Step Up, including new training programs, and changes in referral systems, case management, and other procedures to incorporate falls risk assessment and outreach. At the end of the Collaborative, Coalitions reported that Step Up exercise programs, education and social-based programs were the easiest to sustain, and the hardest to sustain were interventions focused on changing professional practice and home safety. All Coalitions reported they believed it was highly likely that programs and improvements begun in Step Up will be sustained.

Participants also reported on the role of the Collaborative in fostering sustainability of Step Up interventions. For example, "Learning what other Coalitions were doing to promote sustainability and what's worked in other settings has been helpful." Many Coalitions reported that the Sustainability Tool and training provided throughout the Collaborative (particularly at Learning Session 3) was helpful preparation for creating sustainable programs. Participants from Tompkins and Onondaga Counties said they have already applied the Sustainability Tool in designing other programs in the County and to other grants. Several Counties noted that the Coalition structure itself fosters sustainability through multiple agencies working together toward a common set of goals. For example: "The Coalition is a re-usable approach and structure -- one that can include different players in the County depending on the topic." Every Coalition reported that its leaders are supportive of sustaining Step Up interventions. Coalitions also pointed to activities planned in Phase 2 as steps they will take to foster sustainability of programs from Step Up Phase 1.

A few Coalitions, including Tompkins and Genesee, perceived no barriers to sustaining Step Up interventions and activities. Most Coalitions reported at least one barrier to sustainability. Examples included limited staffing and staff time; limited financial resources; and the ongoing need for trained volunteers to help carry out Step Up programs in communities. Over the next year, this evaluation will continue to assess Step Up sustainability in Diffusion Counties and the role of the Collaborative in promoting sustainable capacity in falls prevention.

Spread of Step Up Interventions

This evaluation also aims to assess how structures and processes of the Collaborative helped to foster the spread of Step Up interventions in Diffusion Counties. In interviews at the end of the Collaborative, five Diffusion Coalitions reported that spread of programs developed in Step Up had already occurred in their Counties, and they believed that the Collaborative had helped foster spread. For example, Niagara County reported adding five new partner agencies to its Stay Well outreach program; Tompkins County is using DVDs to expand the reach of its programs in the County; and Genesee County noted that their HSSAT intervention is spreading because other agencies like Catholic Charities have been trained to administer it. All Diffusion Counties reported that senior leaders in their organizations are supportive of spreading Step Up interventions. Several Counties (such as Genesee

and Tompkins) provided examples of how County executives have opened doors for spread of Step Up interventions through new partnerships and participation in Long Term Care Planning and Health Planning Councils at the County or regional level. All Coalitions noted that while spread of programs from Step Up has occurred, they also noted that spread has thus far been limited in scope. Identified barriers to spread focused on the limits of staff time and financial resources. Most Counties believed these barriers are best addressed by integrating Step Up activities into existing County programs and funding streams for older adult services. Expansion of Step Up programs in Diffusion Counties will be a major goal and purpose of Step Up Phase 2.

Experience in the Step Up Collaborative

In end of Collaborative evaluation interviews, Diffusion Coalition members assessed their overall experience in the Step Up Collaborative as highly valuable -- rating their experience an average of 9.7 on a ten point scale (where a score of ten is "highly valuable"). Participants provided excellent feedback on what about Step Up most influenced their Coalition's success. One example: "Learning from others' successes and failures, and learning about the pros and cons of the different approaches taken in other Counties. These transferable learnings helped us succeed and avoid mistakes." Participants reported that they could not have accomplished what they did in Step Up without the influence and support of the Collaborative. For example, "We would not have accomplished as much without borrowing from others in the Collaborative." And, "We might have accomplished the work, but the outcome here was so much better. It pushed us into the realm of systems change and created for us a whole new emphasis on evaluating our programs." All participants reported that as a result of Step Up they feel better equipped to address falls prevention in their Counties.

Evaluation interviews also provided insights as to the most important thing Coalition members learned in the Collaborative, and what was most innovative about the Collaborative (the most frequent response was Step Up's emphasis on shared learning). These and other observations about participant experience are detailed in Part III.

Part IV. Summary Observations and Recommendations

Summarized in Part IV are observations about Step Up achievements, strengths and challenges, and recommendations for Collaborative improvement.

Step Up Achievements

Achievements in the Step Up Collaborative are broader and more multi-disciplinary than achievements in other HFWCNY Collaboratives. By the end of Step Up, all Coalitions had accomplished more than they had planned. Three Coalitions (Tompkins, Genesee and Niagara) exceeded their goals in all areas (3-5 successful projects in each County). Niagara County in particular accomplished more than anticipated. Three other Coalitions (Allegany, Onondaga and Cattaraugus) achieved most of their Step Up goals. According to faculty, Coalition members attribute their success to the Coalition structure, the planning period, to personal investment and hard work. Participants also identified peer learning, best practice information from the Toolkit, agency collaboration, and faculty support as additional drivers of achievement. Strengths of the Step Up Collaborative (summarized below) fostered early implementation of falls prevention best practices in Coalitions and strong results.

Counties that struggled with Step Up goals struggled primarily with changing professional practice and, to a lesser extent, implementing home safety assessment and improvement. These two areas presented the greatest challenge to Coalitions in Phase 1. Five Diffusion Counties recently submitted proposals for Step Up Phase 2. Phase 2 aims to strengthen the current falls prevention work and spread programs more broadly within Diffusion Counties. Many of the projects proposed in this next phase will focus on improving Coalitions' falls prevention strategies for professional practice and home safety and assessment.

Achievement in Step Up Phase 1 was focused on the primary goal of building falls prevention program capacity in Diffusion Counties. A secondary goal was to increase capacity for improvement. According to faculty, "While the main focus in Step Up was on practice change, we infused QI along the way, and Coalitions learned and used QI tools to help advance their work." Faculty noted that the falls prevention best practices in Step Up are more prescriptive, less discovery-based than interventions in some of the other HFWCNY Collaboratives. In Step Up, QI methods were applied mostly in testing strategies for best practice implementation at the local level. Also as a result of the falls prevention Toolkit, the Coalition structure and other strengths of the Step Up Collaborative, Coalitions advanced more rapidly to implementation than teams in other HFWCNY Collaboratives have done.

Strengths of the Step Up Collaborative

Taking a comparative view across HFWCNY Collaboratives, Step Up is the result of years of HFWCNY experience designing, running and evaluating Collaboratives. As noted above, evaluation findings demonstrate all Diffusion Coalitions benefitted significantly from the structures and processes of the Step Up Collaborative. The Collaborative structures and support helped participants make rapid progress toward implementing multiple complex interventions to prevent falls in their Counties, and the Coalition structure created or reinforced each County's capacity to implement these programs. Participant feedback highlighted the following Collaborative structures and resources as particularly helpful in supporting achievement of Step Up goals:

- The structured, six month Planning Phase.
- Evidence-based falls prevention best practice information, tools and resources provided (such as the Falls Prevention Toolkit).
- The Coalition structure – includes a minimum of four County organizations, promotes County-wide teamwork and shared responsibility. According to participants, Coalitions generated new forms of communication and collaboration that were qualitatively and quantitatively different from previous efforts in most Counties. The Coalition structure greatly expands the footprint of Step Up and falls prevention activities and supports sustainability and spread of these activities. Also, the Coalition structure and approach are "re-usable", able to support other County programs.
- HFWCNY's emphasis on senior leader participation in Coalitions meant that ... "the right people were at the table". Senior agency leaders were actively involved in the work.
- Faculty coaching
- Grant funding (up to \$110,000 per Coalition). Step Up grants to Coalitions were the largest Collaborative grants to participating organizations made by HFWCNY to date.
- Peer learning opportunities at Learning Sessions, across Diffusion Counties and with Advanced teams from Erie County. Every Diffusion Coalition reported that support from Advanced grantees and other Coalitions enriched their efforts and accelerated implementation. "We found the unstructured, open exchange of ideas and guidance from peers based on their own implementation experience to be very helpful."
- Bi-monthly reporting helped keep Coalitions on track to measure and achieve goals.
- An evaluation framework kept Coalitions focused on measuring results and understanding larger Collaborative goals such as capacity building, sustainability and spread of falls prevention programs, and
- Effective use of media in Coalition outreach about falls (examples provided in Part IV).

Step Up Challenges

Early in the Collaborative, Coalitions reported the number one challenge they encountered was keeping their project focus sufficiently narrow. All Coalitions commented on the temptation to take on too many Step Up goals and activities at once. A related challenge was the large scope of Step Up projects. Diffusion Counties took on 3-6 Step Up goals embedded in up to six different but inter-connected projects in the County, each focusing on different components of falls prevention. As a result, Step Up

was a complex undertaking requiring a lot of work, resources and time in order for Coalitions to succeed. Faculty also noted that Coalition budgets were spread thin, and the grant funding was generally not enough to cover all of the planned or desired interventions and activities in most Counties.

Another challenge experienced by many Coalitions was the challenge of changing behavior. This took several forms: changing professional practice, changing the behavior of frail elders, and changing organizations. Challenges related to changing professional practice included the challenge of engaging busy medical professionals (including physicians, OT, PT and EMS professionals); constraints on provider and office staff time; staff turnover and need for training; the perceived burden of Collaborative data collection; lack of time necessary for Step Up participation; plus the heavy and changing environmental demands of healthcare practice. Challenges related to changing the behavior of frail elders impacted Step Up activities most significantly in the area of home safety, and also to some extent in balance and exercise programs. Seniors were sometimes unwilling to allow project staff into their homes or unwilling to make recommended changes. One Coalition observed, "It is hard to get seniors to open up and change. Many are unwilling to participate in exercise programs, to take small steps or make small changes that could result in a significant reduction in their personal risk of falls." Lastly, several Counties struggled with organizational change. For example: "Changing processes and systems within Counties is hard, and it takes time."

Other challenges experienced in Step Up included rural county issues (such as transportation and the need to bring programs out to seniors in rural areas); logistics and scheduling challenges (especially for large Coalitions like Onondaga County); attrition from programs (particularly exercise programs); and insufficient staff time or resources for program implementation, training and outreach needed to meet growing demand for Step Up programs. Another challenge identified by a few Coalitions was the extent of Step Up's focus on measuring impact (and the burden associated with measuring and reporting impact). A few Diffusion Counties had unique challenges in Step Up (summarized in Part IV).

Recommendations for Improving the Step Up Collaborative

In evaluation interviews, participants commented whether there was anything about the Step Up Collaborative that they would recommend HFWCNY change or do differently. The feedback was overwhelmingly positive. Many had no recommendations for change. Recommendations provided are detailed in Part IV and briefly summarized below:

- A few Coalitions requested that HFWCNY communicate up front about expectations related to required common measures and measurement activities in a Collaborative so that participants can plan for the amount of work involved, and also so that "... time will not be spent on the selection and use of other measures". Several participants requested that HFWCNY provide the required reporting template and measures at the beginning of the Collaborative so that Coalitions can better align measures, plans and activities with the required approach.
- A few Coalitions requested that HFWCNY also communicate more clearly during the RFP stage about the amount of work, requirements and deadlines in the Collaborative, and the amount of time that will be necessary to complete these requirements. A few participants focused in on the amount of reporting that was required and recommended less frequent reporting.
- Participants acknowledged the importance of measurement for demonstrating impact, but they also identified barriers and disincentives associated with the required measurement activities. Some commented that in Step Up there was "too much focus on counting everything". One County added, "There wasn't enough analysis of all the data collected.... What does the data mean? What does it tell us?"
- Another recommendation was to conduct the Collaborative Planning Phase separately and in advance of any grant award for the Implementation Phase.
- A few participants commented on the challenge of attending two-day Learning Sessions and instead recommended one day Sessions. Participants recognized as a positive step that Step Up Phase 2 will have one day Learning Sessions. Participants also recognized the proposed

use of topical conference calls in Phase 2 to support Coalitions implementing similar programs as a focused, effective approach to Collaborative learning and a good addition.

- Participants recommended that in future Collaboratives faculty maintain the very high level of access and support provided in Step Up. Participants reported that faculty were always accessible, available and very responsive to requests for help from Coalitions.
- Participants in Chautauqua County suggested that HFWCNY provide more guidance to teams and more oversight of team agreements related to grant deliverables, budgeting and disbursement of grant funds.
- A final recommendation from participants is for HFWCNY to consider supporting (funding) a project lead for HFWCNY initiatives within strategic partner organizations. This was recommended as a way to build capacity within partner agencies that could also support the continuity and spread of prior HFWCNY investments (such as the falls prevention and care transition Collaboratives, and Sharing Your Wishes). According to one Coalition, "This could be a strategic long-term investment in agencies that work again and again with HFWCNY and its target populations." It might also build organizational capacity, support cumulative impact and integration opportunities across agencies participating in multiple HFWCNY grants.

While these few recommendations for improvement were provided, all Step Up participants reported that the benefits of the Collaborative approach outweighed any drawbacks.

Conclusions and Next Steps

Step Up Collaborative structures and processes were designed based on the strengths and lessons learned from prior HFWCNY Collaboratives. The Planning Phase, the Falls Prevention Plan and Toolkit, the Coalition structure, emphasis on peer learning and faculty support – all of these components were tailored in Step Up based on the multi-dimensional nature of effective falls prevention and from knowledge gained in prior HFWCNY Collaboratives about what works best in fostering participant success. While Step Up had very ambitious goals and measurement requirements across a range of interventions in each Diffusion County, evaluation findings reveal that the Collaborative provided a very high level of support and effective infrastructure for reaching Coalition goals. Participants also had overwhelmingly positive feedback about the Step Up Collaborative experience. For example: "We would not be where we are in our falls prevention work without this Collaborative. It was a great experience!"

Results indicate that Diffusion Counties achieved all or most of their Step Up goals. Coalitions generally met or exceeded goals in falls prevention programs involving community education and balance and exercise programs. Areas where a few Coalitions struggled to meet goals were programs designed to change professional practice and to assess and improve home safety. Even among Counties that struggled in these areas, a good baseline of program planning and activity was established. In addition, all Coalitions reported that new relationships, new ways of collaborating, and a "re-usable" Coalition structure for County health improvement efforts has emerged or been reinforced by Step Up.

Beginning in January 2013, all six Diffusion Coalitions completing Step Up Phase 1 will continue their efforts in Phase 2 of the Step Up Collaborative. These Coalitions will work on expanding and spreading falls prevention programs developed in Phase 1. In addition, many will focus in on areas of challenge in Phase 1, such as home safety improvement initiatives and incorporating prevention screening and outreach into professional practice. In December 2013, this evaluation will reach out once again to Diffusion Counties to determine (one year later) the impact, sustainability and spread of work in falls prevention that began in Phase 1 of the Step Up Collaborative.

Part I. Overview of the Step Up to Stop Falls™ Collaborative and Evaluation

The Step Up to Stop Falls™ Falls Prevention Collaborative (Step Up)

Funded by the Health Foundation of Western & Central New York (HFWCNY), Step Up aims to prevent falls among older adults living in the community who are frail, or at risk of becoming frail, and reside in counties served by HFWCNY. The goal of Step Up was to help older adults to continue living safely in the community for as long as possible by reducing falls. This was accomplished in Phase 1 through two types of grants which focused on specific behavior and practice changes that can lead to a reduction in falls and falls risks:

- Advanced Grants in Erie County – to advance the work of the 2009-2010 WNY Falls Prevention Collaborative and Toolkit, and to deepen and spread the success already achieved in Erie County on falls prevention through the WNY Collaborative, and
- Diffusion Grants to new Counties - to diffuse the work of the WNY Collaborative and Toolkit into new organizations and new counties by building on the success of the Erie County work and sharing across communities for greater impact. Diffusion grants aimed to build the collective capacity within Counties to reduce falls and their impact.

Step Up projects were conducted in the context of a Quality Improvement Collaborative. A Quality Improvement Collaborative (Collaborative) is a short-term (typically 18 month) learning system that brings together a number of local teams with the support of experts to work on improvement and apply best practices in a focused topic area. Over the past six years, HFWCNY has funded six Collaboratives aimed at improving the health and well-being of frail elders and, more recently, to improve the social, emotional and behavioral well-being of children ages 0-5 living in communities of poverty. Most of these Collaboratives were included in a HFWCNY evaluation of the benefits, effectiveness, role and impact of the Collaborative approach to improvement.

In Step Up, through a structured Collaborative process, the two groups of grantees – Advanced grantees in Erie County and Diffusion grantees in seven new Counties – worked together with the support of advisors in a regional Collaborative based on the success of the 2009-2010 WNY Falls Prevention Collaborative that focused its efforts in Erie County. The Erie County Collaborative produced a Falls Prevention Toolkit of resources for professional practice change and personal behavior change in community settings. The Toolkit provided successful project options for both Advanced and Diffusion teams to choose from in Step Up. Advanced grantee teams received grants of \$25,000 and participated in a 12 month Collaborative (ending in January 2012). The Diffusion Counties (which are the focus of this report) received \$10,000 for development of a multi-dimensional falls prevention plan and up to \$100,000 additional to support implementation in their communities. Diffusion teams consisted of at least four organizations from the participating County. The Diffusion Collaborative ran for two years, and included a six-month planning phase followed by an 18 month implementation phase (ending in November 2012). Diffusion Coalitions and participants are listed in Appendix 1.

During the first six months of the Collaborative (the Planning Phase), Diffusion Counties focused on learning best practices from the Falls Prevention Toolkit developed in Erie County. Diffusion Counties also worked on forming strong County-wide Coalitions, developing a shared vision for how to work together on falls prevention and a detailed Falls Prevention Plan. Falls Prevention Plans were developed to include 3-5 goals for each County derived from evidence-based practices in Balance and Exercise, Home Safety, Professional Practice Change, Older Adult Education, and Medical Management. Attached as Appendix 2 is a Step Up Driver Diagram that illustrates the evidence-based practice domains as Primary Drivers, and relevant (recommended) interventions are shown as Secondary Drivers. Each Primary Driver had a set of common Step Up measures associated with it that all Coalitions working in that area were required to measure and report for evaluation of impact. During the Planning Phase, Coalitions worked together to define roles and activities for each partner organization to support their Step Up goals. Following the Planning Phase, Coalitions worked to

implement their Step Up plans and goals (from June 2011 to November 2012) supported by the Collaborative.

The Collaborative Model

Developed and popularized by the Institute for Healthcare Improvement (IHI) and best exemplified by the IHI Breakthrough Series, the Collaborative model has been widely adopted as an improvement strategy in the U.S. and abroad. In order to develop improvement capacity and to address the complex health, social and emotional needs of vulnerable target populations like frail elders, HFWCNY Collaboratives build individual, organizational and regional capacity in key competencies for 21st century health care identified by the Institute of Medicine in its report, *Health Professions Education: A Bridge to Quality*¹. Competencies fostered in HFWCNY Collaboratives include working in interdisciplinary teams, collaboration across organizations, employing evidence-based practice, a patient-centered focus, and applying quality improvement tools and measurement to guide decision-making and improvement. This evaluation is examining the effectiveness and the impact of the Collaborative approach as a HFWCNY strategy in building falls prevention and improvement capacity in the region.

The Step Up Collaborative Evaluation

HFWCNY is supporting a comprehensive evaluation of Step Up to examine the role and effectiveness of Collaborative structures and processes, achievement of desired outcomes, and the impact, sustainability and spread of new programs resulting from Step Up. Evaluation of Step Up's impact and spread is being conducted by a team from SUNY Albany led by Mary Gallant, PhD. The SUNY Albany team is examining: Who is reached in Step Up?; what is the impact of Step Up on older adults and health care providers?; are there sustainable changes?; and are these Counties different as a result of Step Up?

The evaluation led by Lisa Payne Simon (and the focus of this report) examines the Collaborative experience and the impact and effectiveness of Collaborative structures and processes in supporting implementation of best practices in falls prevention. It also examines the value-added from the Collaborative approach to improvement, and from the strategy of developing falls prevention strategies in Erie County and expanding to other counties. Specific questions addressed through review of grantee reports and through sequential, semi-structured interviews with participants and faculty over a three year period include the following:

- What impact did the Collaborative have on participants and their organizations, and on County Coalitions' ability to reach Collaborative goals set forth in each County Plan?
- How did the Collaborative impact Step Up learning, communication, collaboration, improvement and outcomes?
- How effective were Collaborative structures and processes in accomplishing Step Up goals? What components of the Collaborative were most beneficial?
- What were the drivers of Collaborative success and what were the challenges?
- Is anyone better off as a result of the Step Up Collaborative? (qualitative assessment)

This End of Collaborative report examines the structures and processes of the Collaborative and their impact on Diffusion grantees during the second half of the Step Up implementation phase (March to November, 2012). This report also aims to inform HFWCNY staff and faculty about Collaborative operations and participant experience; what components of the Collaborative approach were perceived as most valuable; what influenced Collaborative impact and success; and how the Collaborative changed the way communities approach falls and falls risk reduction.

To inform this report, final grantee progress reports were reviewed, faculty were interviewed, and Coalition members from six Diffusion Counties participated in 30-45 minute, semi-structured telephone interviews from November 2012 to January 2013. Evaluation input was gathered from 30 Step Up

participants in both individual and group (Coalition) interviews. Findings derived from evaluation inputs are summarized below. Chautauqua County was not included in the final round of interviews. Chautauqua dropped out of Step Up in February 2012.

Part II. Overview of Coalition Goals, Interventions and Achievements

Diffusion Coalitions implemented a range of falls prevention goals and aims in accordance with each County's Step Up Plan. Coalitions' goals addressed at least two (and in some cases, all five) falls prevention drivers (illustrated in Appendix 2, Step Up Driver Diagram): Balance and Exercise, Home Safety, Professional Practice Change, Medical Management, and Older Adult Education. Each Coalition's approach included multiple interventions that applied best practices in these domains and measured their impact. Each goal typically had an intervention associated with it and one or more aims. Aims are statements of what will be improved, by how much, for whom, and by when. Counties engaged in multiple Step Up projects to address the aims and goals set forth by each Coalition. Falls prevention goals and interventions in progress at the end of the Collaborative are shown in Table 1 below.

Table 1. Diffusion Coalition Interventions

<u>Coalition</u>	<u>Number of: Goals</u>	<u>Aims</u>	<u>Interventions</u>
Niagara County	3	5	3
Chautauqua County	3	4	---
Genesee County	5	7	4
Cattaraugus County	4	9	4
Onondaga County	5	6	4
Allegany County	6	9	5
Tompkins County	6	12	6

Step Up initiated new falls prevention activities in each Diffusion County. Across all Counties, 11 interventions focused on improving balance and exercise among frail elders; eight interventions focused on changing professional practice to include falls prevention screening and assessment; five interventions focused on home safety improvement; four enhanced medical or medication management strategies for frail elders; and three community education campaigns expanded public knowledge about falls.

In each of the five falls prevention driver areas, Collaborative-wide measures were applied to measure the impact of Step Up. In each project, Coalitions applied one or more of these measures to quantitatively assess what Coalitions did to accomplish their aims, how well they did it, and whether anyone was better off as a result of Step Up.

Coalition Achievement

Coalitions reported that they accomplished their aims and what they set out to accomplish in Step Up. This involved managing a complex set of projects, measurement and reporting activities in each County. A complete description of Step Up interventions and achievements in each County is shown in Table 3, Diffusion Coalition Achievement. Coalition achievements in the aggregate are summarized below.

- Successful learning and implementation of falls prevention best practices.
- Formation of effective Coalitions that increased the number of organizations working on falls prevention, strengthened linkages across programs, and increased falls prevention capacity at the County level.
- Increased enrollment and participation in new falls prevention programs and activities, including:
 - Exercise and home safety assessment programs for older adults
 - Community education and outreach initiatives, and

- Training and outreach to medical professionals, students, EMS, OT and PT providers about falls screening and prevention. As a result, falls risk assessment activities now occur more frequently in professional practice settings.
- Engagement and training of volunteers (including students from local colleges) to support Step Up programs.
- Expanded community education and awareness of the importance of falls prevention and prevention programs through media. In some Counties, radio and television coverage of Step Up programs reached thousands of older adults.
- Policy changes implemented in Diffusion Counties that will help reinforce and sustain new falls prevention screening, data collection, outreach, education and referral activities.
- Outcomes: Coalitions documented participation in new falls prevention and education programs; changes in older adult and healthcare provider behaviors resulting from participation in Step Up programs; and home safety improvements achieved through Step Up programs.

Another view of Step Up achievement comes from faculty review of Coalition progress every two months using a standardized rating of performance: the IHI Team Assessment Scale. The Team Assessment is a zero to five point scale that measures team adoption of the collaborative approach and success in using this approach to achieve significant, sustainable improvement. Throughout the Collaborative, faculty assessed Coalition achievement in each intervention using this Scale. The Scale and Team Achievement average score for each Coalition at the end of the Collaborative is shown in Table 2, below.

Table 2. IHI Team Achievement Scale - Diffusion County Average Results, November 2012

Scale Assessment of Team Achievement

Faculty Rating (average across all Step Up projects in each County)

0.5	Intent to Participate
	Organization has identified interest in Project, but the aim or charter has not been completed or the team has not been formed.
1	Forming team
	An aim statement or charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished.
1.5	Planning for the project has begun
	An initial plan to begin work on the aim is in place. Measures have been identified and work to collect baseline data started.
2	Activity, but no changes
	Team learning have begun (planning for testing, measurement, data collection, study of processes, surveys, etc.).
2.5	Changes tested, but no improvement
	Initial cycles for testing changes have begun.
3	Modest improvement
	Successful tests of changes have been completed from Toolkit related to the team's aim. Some small scale implementation has been done. Anecdotal evidence of improvement exists.
3.5	Improvement
	Some improvement in project goals is seen based on run chart data
4	Significant improvement
	All appropriate components of the toolkit in testing or implementation. Project goals are more than 50% complete.
4.5	Sustainable improvement
	Changes are implemented on pilot unit(s) Standard work has begun. Data on key measures begins to indicate sustainability of impact of changes implemented in system.
5	Outstanding sustainable results
	Implementation cycles have been completed and all project goals and expected results have been accomplished. Organizational changes have been made to accommodate improvements and to make the project changes permanent as Standard Work

Niagara Average Score: 3.2
Allegany Average Score: 3.3

Tompkins Average Score: 3.5
Onondaga Average Score: 3.6
Genesee Average Score: 3.8
Cattaraugus Avg. Score: 3.9

Table 3 shows improvement results by project type within each Coalition. Results show achievements ranging from moderate to significant, sustainable improvement across a range of falls prevention programs in each County. These achievements were accomplished even with the breadth and complexity of Step Up interventions and impact measurement requirements of the Collaborative. Table 3 shows Balance and Exercise programs generating slightly higher achievement scores on average, and Professional Practice/Medical Management programs generating lower scores on average. However, as shown in Table 3, results vary within and across Counties. Many Coalitions reported that they exceeded their goals in all Step Up areas.

A few Coalitions experienced challenges implementing professional practice, medical management, and home safety goals. These challenges focused primarily on behavior change -- getting physicians, EMS, OT and PT providers, and older adults to change behaviors to promote falls prevention. For example, some healthcare providers pushed back on the amount of time necessary to complete falls risk assessments, and some wanted reimbursement for their outreach and documentation efforts. Challenges faced by Coalitions and factors supporting achievement are addressed in Part IV.

Table 3. Diffusion Coalition Achievement, all Projects - November 2012

<u>County Coalition</u>	<u>Project/Intervention Description</u>	<u>Project Type</u>	<u>Final Team Achievement Score</u>
Allegany	Community-Based Intervention-All Allegany County older adults will have knowledge of, and access to, effective programs and services that preserve or improve their physical mobility, lower their risk of falls and decrease their fear of falling.	Balance and Exercise - Growing Stronger	4.5
Allegany	Community-Based Intervention-All Allegany County older adults will have knowledge of, and access to, effective programs and services that preserve or improve their physical mobility, lower their risk of falls and decrease their fear of falling.	Balance and Exercise –A Matter of Balance	4.5
Allegany	Home-Based Interventions- All Allegany County older adults will have knowledge of and access to home safety measures (including information, assessments, and home modifications) that reduce home hazards, improve independent functioning, and lower the risk of falls.	Home Safety	2.5
Allegany	Health Care Professionals - All Allegany County healthcare professionals will have knowledge of and will embed a standardized screening and evaluation protocol utilizing an evidence-based tool recognized by national professional medical organizations as part of their Center for Medicaid and Medicare Services’ Initial Preventative Physical Examination (G0402).	Professional Practice	2.5
Allegany	Emergency Services/Agency Protocols - Engage nontraditional and traditional partners; including but not limited to EMT/EMS and Aging Service Providers, to increase collaboration and link older adults with community-based fall prevention services when identified as at-risk for unintentional injuries due to falls.	Medical Management	2.5
Cattaraugus	All older adults will have knowledge of and access to home safety interventions, including information, assessments, and home modifications that reduce home hazards, improve independent functioning and lower the risk of falls.	Home Safety	4.5

Cattaraugus	Healthcare, housing, and other service providers will become more aware of, and promote, home safety interventions (including information, assessments, and adaptive equipment) that reduce home hazards, improve independent functioning, and lower the risk of falls.	Home Safety	3
Cattaraugus	All older adults will have knowledge of, and access to, effective programs and services that preserve or improve their physical mobility and lower the risk of falls.	Balance and Exercise	3.5
Cattaraugus	Healthcare and other service providers will be more aware of, and actively promote, strategies and community resources/programs designed to improve older adult's physical mobility and lower the risk of falls.	Professional Practice	4.5
Genesee	The Falls Risk Home Safety Assessment initiative will train and support case managers, home visitors and discharge planners to enable implementation of a coordinated system.	Home Safety	4
Genesee	Health Fairs (hosted by the Genesee Community College of Nursing) will be presented in senior residential facilities. The primary focus of the Health Fairs will be to screen seniors for fall risk factors and/or any history of falls. In addition, seniors will be provided with tools to evaluate their homes for any fall risk factors.	Professional Practice	4.5
Genesee	To create and implement sustainable exercise interventions with demonstrated evidence-based effectiveness to reduce the risk of falls in the elderly population of Genesee County.	Balance and Exercise	3
Genesee	To establish a sustainable coordinated system to minimize falls risk for older adults in Genesee County which incorporates community education for older adults and caregivers so that they feel both educated and empowered to be more assertive about the need for more falls prevention intervention education and interventions to minimize falls.	Community Education	3.5
Niagara	All older adults will have knowledge of, and access to, multi dimensional evidenced based programs and services that maximize their physical mobility and lower the risk of falls.	Balance and Exercise	4.5
Niagara	The Stay Well on Your Feet Coalition will provide tools to change practice strategies of healthcare and other service providers to assist them in assessment, screening, referral and education of older adults to lower/minimize their risk of falls.	Professional Practice	3
Niagara	Program sustainability will be achieved through the support of local payers and other providers systems.	Insurance Providers	2
Onondaga	To provide strength and balance classes easily accessible to Individuals age 60+ years, including persons with vision and/or hearing loss, rural dwellers, persons with developmental disabilities and persons with limited English proficiency, low literacy and low income.	Balance and Exercise	4.5
Onondaga	To provide a Medication Management Tool (and training on its proper use) in order to influence older adults (and their caregivers) to initiate discussions with their health care providers regarding the effects of medications on balance and fall prevention.	Medical Management	3.5
Onondaga	To raise awareness about falls prevention and train health care professionals to screen and refer patients.	Professional Practice	3.5

Onondaga	To have an informed, aware community through variable, accessible and known intervention resources that address the falls prevention needs of Onondaga County seniors and health care and aging services providers.	Community Education	3
Tompkins	To provide home safety assessments for senior homeowners through the Office for the Aging's Weatherization, Assistance Referral and Packaging Program (WRAP).	Home Safety	3.5
Tompkins	To provide information about falls prevention to patients who have called the EMS dispatcher because they have experienced a fall.	Medical Management	3
Tompkins	To establish 4 new Enhance Fitness®, Tai Chi, and/or Chair Yoga classes.	Balance and Exercise	4.5
Tompkins	To improve the balance of older adults by increasing local capacity. This includes training 6 people to teach the 6 Step Balance System® and to conduct six sessions of 6 Six-Week Introductory Classes.	Balance and Exercise	3
Tompkins	To increase the ability of home health aides to support their clients in taking steps to prevent falls.	Professional Practice	3.5
Tompkins	Increase awareness among older adults in Tompkins County of the factors that can increase the risk of falling and motivate them to take action to reduce the risk of falls.	Community Education	3.5

Part III. The Role and Impact of the Step Up Collaborative

As noted above, Step Up interventions were implemented in the context of a Quality Improvement Collaborative. The primary goal of this evaluation is to understand the impact and value added from the Collaborative approach. The effectiveness of the Collaborative in fostering key competencies for 21st century health care, such as learning, communication and collaboration, is also assessed. Findings below summarize the role and impact of the Step Up Collaborative in these and other areas. All participant ratings below are based on a ten point scale where a score of ten is highly effective or highly beneficial.

Impact of the Collaborative on Learning

One of the key goals of Step Up is to foster learning. At the end of the Collaborative, the average participant rating of the effectiveness of Step Up in fostering learning was 8.8 (on a ten point scale). This rating indicates the high value participants placed on learning in the Collaborative. They identified the Falls Prevention Toolkit, peer learning, and Collaborative Learning Sessions as the greatest sources of learning in Step Up.

As noted above, the Erie County Collaborative produced a Falls Prevention Toolkit of best practice information and resources for professional practice and personal behavior change in community settings. The Toolkit provided successful project options for both Advanced and Diffusion teams to choose from in Step Up.

Peer learning, particularly from Advanced grantees in Erie County, was identified as another great source of learning. According to faculty, "Across the Coalitions and the Collaborative there was a huge amount of interaction that supported learning. This was one of the best parts of Step Up." Participants also identified many benefits and lessons through shared learning. For example:

- "Learning from others who are actually doing this work is a very effective way to learn."
- "What we learned from other Counties helped us avoid reinventing the wheel. We got ideas for getting started, and program curriculum, brochures and other outreach tools were ready made for us to borrow."
- "We attribute our success in home safety and new relationship with a local university to models we learned from other Counties."

Every Coalition reported that content resources and support from Erie County helped to accelerate falls prevention program implementation in their County. Every Diffusion County was able to identify at least one influential model program, one example they have followed, or help received from Erie County that informed their work and influenced progress in the County. The most frequently mentioned beneficial models and resources were the Falls Prevention Toolkit; the Home Safety Survey and Assessment Tool (HSSAT Version 3) and support from the Advanced team from University of Buffalo that created it; tai chi DVDs and brochures; and medication management forms developed and used in Erie County. Other feedback on support from Erie County included:

- "The Erie County work provided models, tips and information, do's and don'ts, and examples of what to do and what not to do in some areas. It also gave us ready-made examples and materials we could use. We were not re-inventing the wheel."
- "Learning from other Counties gave us information about what worked and didn't work elsewhere. It gave us ideas, expertise and different perspectives. For example, we tried to learn from Erie County Senior Services why their program (in balance and exercise) did not continue."

- “This gave us the opportunity to see what has occurred in Erie County around professional practice. We used the Erie County model to inform our professional practice reimbursement plan and dialogue around falls prevention.”
- Genesee County reported: “We borrowed from the D’Youville College OT and PT program, Erie County’s Otago program and use of case workers, and we adopted UB’s HSSAT form. We adapted these tools to our programs.”
- Niagara County identified beneficial support from the WNY Geriatric Center in designing outreach to physicians in the County.
- Tompkins County identified the HSSAT home safety assessment tool, Chi Time, Toolkit materials (such as ready-to-use brochures and the Planning document), and use of incentives modeled after Erie County.

Collaborative Learning Sessions were also identified as an excellent source of learning. Participants appreciated the opportunity for small group exchange among peers at Learning Sessions: “This allowed us to share projects, lessons and struggles”. The third Learning Session with its focus on program sustainability was seen as particularly beneficial. “At Session 3, there was lots of networking, great openness, an honest desire to help, and lots of in-depth conversation among the participants.” Allegany observed, “Compared to the first two Learning Sessions that were more structured, we liked the more open setting of the third Session. It was a great setting for common exchange among teams with similar goals and aims. For us, the rural team examples shared were very helpful, also exchange with others about the Growing Stronger program.” Onondaga County also found Learning Session 3’s “unstructured time” very beneficial: “We had implementation experience to share with others, and it helped us to hear what others were doing. We got good ideas and concrete take-aways.”

Learning and Applying Quality Improvement (QI)

Learning and applying QI is part of every HFWCNY Collaborative (although the intensity of focus on QI has varied across Collaboratives). All Step Up Coalitions reported learning and applying QI methods to implement their goals. At the end of the Collaborative, participants rated the effectiveness of QI methods in demonstrating improvement at 8.7 on a ten point scale. The following QI methods were identified as particularly helpful: “starting small” (testing changes on a small scale); use of PDSA cycles; use of data including pre- and post-test measurements; and use of run charts to demonstrate improvement. Allegany reported, “One of the most important take-aways from this Collaborative was we learned to use data, run charts and trending to tell the story and assess the impact of our work. The impact of this learning was so profound that it pushed us to develop a more robust, data-driven program evaluation strategy for our Rural Health Network.” Onondaga reported, “We used our data to make real-time modifications and mid-course corrections to our programs that improved our results, especially in our exercise program.”

While Coalitions focused primarily on increasing capacity in falls prevention, QI methods were used by many Coalitions to identify strategies for implementation or to test newer, more effective ways to administer Step Up tools. According to faculty, “Compared to other HFWCNY Collaboratives, there was not as much overt emphasis in Step Up on QI. This is probably due to the fact that Step Up interventions are tried and true falls prevention strategies that have already been tested, and due to models and support provided by Advanced grantees in the Collaborative.” The use of QI methods focused primarily on improving strategies for implementation rather than determining how to intervene. Faculty noted that the Falls Prevention Toolkit was “... such a good roadmap” for what to implement that Coalitions focused (as needed, as they determined) on how to implement Toolkit best practices. Participant feedback revealed greater and earlier emphasis on implementation and on generating and measuring results in Step Up. Faculty also noted that many of the common measures were more suited to measuring outcomes than process improvements or small tests of change.

In the last half of the Collaborative, faculty reinforced training in use of data to guide improvement. The goal of this training was to build capacity for improvement at the same time as capacity building for falls

prevention was underway in Diffusion Counties. Learning Session 3 focused on use of data for improvement, and faculty provided individual support in this area to each Coalition. Faculty's emphasis on QI and use of data in the latter half of Step Up helped to elevate Coalitions' understanding and appreciation of measurement for improvement. At the end of the Collaborative, interviewees rated the effectiveness of Step Up in fostering QI at 8.5 on a ten point scale, and two-thirds of the Coalitions reported expansion in the use of QI methods in their organizations, and greater engagement in improvement activity among senior leaders as a result of Step Up. Also by the end of the Collaborative, Coalitions reported heavy use of data to support improvement. Overall, participants rated the extent of Coalition's use of data to support improvement in Step Up at 9.2 on a ten point scale (where a score of ten indicates Coalitions used data "a great deal").

Use of Common Metrics

Diffusion Coalitions were required to collect common measures (listed in Appendix 1) to support evaluation of project impact and spread in their Counties. Investigators at SUNY Albany developed the common measures in collaboration with Step Up faculty. All Coalitions were asked to measure and report on common measures every two months in each falls prevention domain they were working. A few Coalitions identified the burden of data collection – the repetitiveness and frequency of reporting – as challenging. All but one Coalition reported using the common metrics to measure program impact and improvement, however, some Counties found the common measures only somewhat useful for improvement. For example, Allegany reported collecting a different set of measures to support improvement. Most participants reported that the common measures worked very well for measuring impact and reasonably well for measuring improvement. The following feedback about Step Up measurement and reporting was provided:

- "Measurement and reporting in Step Up was a good reinforcer of why and how to do QI. Also, Amanda's guidance in using data was essential to our success."
- "Step Up measurement and reporting was a helpful and easy process. It helped us keep on track."
- "We liked having the common measures. It was good to have this guidance from HFWCNY. It took the guesswork out of the process."
- "We applied best practices and demonstrated them using these measures."
- "The measurement and reporting provided evidence that we had made a difference and allowed us to benchmark ourselves against other Coalitions."
- "It was challenging to obtain follow-up measurements from frail elders in the community."
- "The common measures were added after the Collaborative got started. We had to change our plans to meet this requirement...this was not data that I needed or used. Adjustments to data collection and reporting that HFWCNY will be making in Phase 2 will be positive steps."

A noted benefit of the Step Up common metrics is that Coalitions were all "on the same page", using the same set of measures. All Coalitions noted the benefit of having benchmark and comparative data from the Collaborative as a whole. This common data is also allowing HFWCNY to quantify the Collaborative-wide impact and spread of Step Up in the region.

Communication and Collaboration

Evaluation interviews provided strong evidence (in all Counties but one) that the Collaborative approach is an excellent mechanism for improving communication and collaboration in and among Counties working on falls prevention. At the end of the Collaborative, participants rated the effectiveness of Step Up in improving communication about falls prevention at 9.8 on a 10 point scale (this was the highest effectiveness rating among components of the Step Up Collaborative). As a result of Step Up, all Coalitions identified heightened awareness of the importance of prevention across agencies, better communication about falls prevention needs and resources, and broader collaboration in their Counties. Many also identified the significant use and impact of media in fostering public awareness about falls prevention. In Chautauqua County, it was lack of effective communication and

collaboration among Coalition members (and lack of common understanding about the goals, deliverables and structure of the Step Up grant) that led to significant disconnect among Coalition members and ultimately to the Coalition's demise in January 2012. However, in all other Diffusion Counties, communication and collaboration greatly improved with Step Up.

Counties reported that while many Coalition members had worked together previously, Step Up fostered a focused, collaborative approach to falls prevention that was broader in scope than previous efforts. Participants rated Step Up's effectiveness in fostering meaningful collaboration at 9.0 on a ten point scale. Many examples of new or expanded collaboration and ways in which collaboration was quantitatively or qualitatively different in the Counties as a result of Step Up were provided. Examples are illustrated in the following quotes from participants:

- "This project put falls prevention on the table across the County. Better communication and awareness of falls has been a huge focus and accomplishment."
- "There is much greater involvement now with other agencies to support falls prevention and outreach. (Step Up) strengthened these relationships in the County."
- "As a result (of Step Up) there are a lot more people and organizations involved in falls prevention in the County. We even have the Boy Scouts involved."
- "We are now more familiar with other agencies and systems in the County. This will make collaboration easier and will allow for a more regional approach to falls prevention."
- "What's different about our collaboration now is its depth and how we approach change: We look for systems change opportunities."
- Onondaga County observed, "We struggled at first, and this forced honest communication among us. With support and facilitation we figured out how to act as one, and we created a strong model for County-wide collaboration. The Coalition we created was effective and it prevented duplication of effort. Not one of our agencies could have done this alone. One of the best benefits is the relationships will continue."

A related finding is the perceived effectiveness of the Coalition structure and approach in accomplishing Step Up goals. Participants rated the effectiveness of the Coalition structure second highest among all Collaborative components: a rating of 9.7 on a ten point scale. Most interviewees described the Coalition approach as "essential" to effective, County-wide falls prevention. Many also considered the Coalition structure a major driver of the Collaborative's overall impact and success. Participants provided the following feedback:

- "A Coalition approach is essential in falls prevention. You need a team approach to work things out and split up the work. Without the Coalition this work would not have happened."
- "The Coalition is much greater than the sum of its individual parts."
- "You need to have willing partners with similar goals to achieve meaningful change and impact. A Coalition is a good way to accomplish this."
- "We already had our Coalition in place. This approach is essential, especially for a rural County like ours."
- "Working as a Coalition helped us avoid a silo'd agency approach which would not have been as effective."
- "The Coalition created more openness and dialogue across agencies in the County."
- "Effective falls prevention couldn't be done (in our County) without a Coalition."

Support from Senior Leaders

One of the ways in which Step Up differed from other HFWCNY Collaboratives was the extent of direct, hands-on involvement of senior leaders of participating organizations. Many Coalitions had participating organization senior leaders involved in the day-to-day work of the Coalition. This allowed Step Up to have a more immediate and powerful impact on Counties resulting from the influence of senior leader

knowledge and engagement. Other ways in which senior leaders supported Step Up included staying abreast of the activities of the Coalition; allowing staff time for participation in Coalition activities; implementing change in policies and procedures to support falls prevention; recognizing the work of the Coalition; providing support; and reporting on the Collaborative to Boards of Directors, County officials and other community leaders. One County observed that senior leader involvement in the day-to-day activities of the Collaborative and County Coalition required an enormous commitment of executive time (this Coalition was staffed almost entirely by two agency senior leaders). While proud of its accomplishments, this Coalition believed it would have benefited from broader staff involvement. They provided recommendations for senior leader engagement in future Collaboratives (addressed in Part IV, Recommendations for Improving the Step Up Collaborative).

Benefits of the Collaborative Structure and Process

In evaluation interviews, participants were asked how the structures and processes of the Step Up Collaborative influenced their ability to reach target audiences and impact falls-related outcomes and professional practice. Overall, participants highlighted the important role of the Collaborative in supporting Coalition efforts. At the end of the Collaborative, participants rated how much their Coalitions benefitted from specific components of the Step Up Collaborative (a rating of 10 is "highly beneficial"). Average ratings are shown below in descending order:

- | | |
|--|---------------------|
| • Information on best practices (such as the Toolkit) | Average Rating: 9.7 |
| • The Coalition approach | Average Rating: 9.6 |
| • Peer-to-peer learning | Average Rating: 9.3 |
| • Faculty coaching | Average Rating: 9.0 |
| • Use of measurement to monitor improvement | Average Rating: 9.0 |
| • A structured (Collaborative) approach to improvement | Average Rating: 8.7 |
| • Use of common metrics | Average Rating: 6.5 |

The highest ratings went to information on best practices (such as the Toolkit), and the Coalition approach (these were rated 9.7 and 9.6, respectively, on a scale where a rating of 10 is "highly beneficial"). The lowest rating (a rating of 6.5) was assigned to use of common metrics. Participants also observed how faculty was "always accessible", providing participants with "a good challenge" to support learning. Overall, high ratings indicate that participants recognized the benefits and impact of structures and processes of the Step Up Collaborative, particularly the learning resources provided and the role of the Coalitions in a County-wide approach to falls prevention. Overall, participants rated how much their Coalition benefitted from the Collaborative approach to improvement: an average rating of 8.7. Some recommendations for improving the Collaborative process were also provided (summarized in Part IV).

Collaborative Impact

In evaluation interviews, participants commented on the impact the Step Up Collaborative had on themselves, their Coalitions, their organizations (how has the organization changed?), and on the target population. Feedback on the impact of Step Up on participants included the following:

- "Step Up broadened my knowledge about falls prevention and risk, and how significant a fall can be in the life of an older adult."
- "As a Coalition leader, I learned a lot about supporting a good group process and dynamic."

- "The Collaborative encouraged us to look at our own families and at ourselves with an eye toward reducing falls risk."

The impact of Step Up on Coalitions was very powerful. Feedback included the following:

- "The Collaborative provided a focused, targeted approach to addressing falls. Also, the grant created accountability and so did the Collaborative. It forced us to stay on track and to examine our aims and strategies for falls prevention."
- "The Collaborative gave us the falls prevention Toolkit, training, networking opportunities, resources and best practice information. All of this has helped our Coalition succeed."
- "Step Up gave us funding and more resources to come together as a Coalition. Greater resources and lessons from the Collaborative led to greater learning."
- "Each member of the Coalition learned to bring a unique skill set forward for the greater good of the Coalition and the County. Step Up created greater openness and dialogue across our agencies."
- "Working with other agencies in a Coalition helped us avoid a silo'd approach."
- "The Collaborative helped us focus on specific target populations (through our aims)."
- "The Collaborative taught us about positive messaging and what a great strategy that is for connecting with seniors. Another effective method we learned and incorporated in our work was the empowerment model."
- "Greater collaboration through a Coalition creates more partners to work with, greater knowledge and more referral opportunities."
- "We have worked on falls prevention before as a County, but it did not have anywhere near the level of impact or influence that this Coalition achieved."

Many participants also reported changes in their organizations as a result of Step Up. For example, most reported that their agencies now incorporate falls prevention education, client assessment and outreach in multiple areas of County engagement with older adults. Many also reported that their agencies have implemented process or policy changes designed to help sustain the new falls prevention programs. For example: Cattaraugus County added universal falls prevention screening to all client contacts. A Falls Prevention Self-Check assessment tool was added to the County homecare assessment process and, as a result, 2,000 homecare assessments conducted in the County each year now include falls risk assessment. Also in Cattaraugus, the County Health Department added falls prevention Toolkit components to client folders. Also, competency testing in falls prevention (and documentation of testing) is now required for OT and PT professionals in the County. Other impacts in Cattaraugus and other Counties are summarized below:

- In Cattaraugus County, more volunteers were recruited and trained to support falls prevention outreach and home safety follow-up in the County. The Coalition also influenced New York State to add falls prevention questions to a surveillance tool that will allow ongoing surveillance of falls and falls interventions at the County level. Finally, according to participants, Step Up changed how the Cattaraugus' County Department of Aging views its obligation to seniors: "Even our Board is more engaged in falls prevention and educating seniors about falls prevention."
- The Genesee County Health Department and Tompkins County Office of Aging both report that falls prevention screening and outreach is now included in all patient assessments. According to Genesee County, "Falls risk assessment is now standard procedure in the Office of Aging Home Care Division and in many County programs. It's a permanent tool in our toolkit -- part of all of our assessments." Similarly, Tompkins County reported, "Home safety assessment and falls prevention are now part of our Office of Aging culture and all programs. All staff and new employees receive training in falls prevention and programming. "Falls prevention has really taken off in the County! It is now a part of our County routine."

- Lastly, Onondaga County reported how sustainability strategies and tools learned in Step Up were “a big takeaway that we have put to use already in other areas”.

The impact of Step Up on the frail elder target population was also noted by participants:

- "Among seniors in the County there is greater awareness of the importance of falls prevention and home safety, and greater awareness of opportunities available to them for prevention".
- "The home assessments we've done are creating real changes for older adults. We are adding railings, weatherization, and home improvements to prevent falls".
- "There is powerful interest in falls prevention among seniors and they welcome the resources. We feel this will only solidify through our work in Step Up Phase 2."
- "Elders love this. They appreciate seeing their homes more objectively from a safety perspective. Participant's TUG scores improved, and they now have better understanding of the keys to wellness in aging. We can see our program is having an impact."
- "The falls topic is a good door opener. It's a way to reach and empower seniors to live independently."
- "Behaviors are changing -- we are seeing impact in the short-term metrics."

In evaluation interviews, all Coalitions reported that people in their County were better off as a result of Step Up. Identified beneficiaries included Step Up participants, older adults, medical professionals (physicians, EMS, PT and OT providers) County agencies, students and caregivers. The number of people reached by Step Up efforts has been measured by participating Coalitions and reported to SUNY Albany every two months. This data includes the number of seniors participating in exercise programs, the number of home assessments performed, the size of audiences reached, and other measures listed in Appendix 1. In addition to these quantitative metrics, Coalitions also shared (in evaluation interviews) testimonials from individuals and community leaders about the benefits of new programs that have emerged in their Counties through Step Up.

Sustainability of Step Up Interventions

One of the aims of this evaluation is to assess how the structures and processes of the Step Up Collaborative helped to foster sustainable change and interventions to prevent falls in Diffusion Counties. Both faculty and participants noted that from the beginning of the Collaborative, planning for sustainability was included in Coalition process and program design. Genesee County reported, “The Collaborative process helped us focus on sustainability early on. We designed programs to be sustainable from the start. Our next area of focus will be determining how to orchestrate all of these programs at the County level.” Tompkins added, “We have been planning for sustainability from the start. As a result, our falls programs are integrated within existing, core programs and services in the County”. At the end of the Collaborative, Coalitions reported that Step Up exercise programs, education and social-based programs were the easiest to sustain, and the hardest to sustain were interventions focused on changing professional practice and home safety. Coalition members believe it is highly likely that programs and improvements begun in Step Up will be sustained.

Participants reported on the role of the Collaborative in fostering sustainability of Step Up interventions. For example, “Learning what other Coalitions were doing to promote sustainability and what’s worked in other settings has been helpful.” Many Coalitions reported that the Sustainability Tool and training provided throughout the Collaborative (particularly at Learning Session 3) was helpful preparation for creating sustainable programs. Participants from Tompkins and Onondaga Counties said they have already applied the Sustainability Tool in designing other programs in the County and to other grants. Niagara County observed, “The Collaborative brought sustainability and the need to address sustainability to the forefront.”

Several Counties noted that the Coalition structure itself fosters sustainability through multiple agencies working together toward a common set of goals. “The Coalition is a re-usable approach and structure -

- one that can include different players in the County depending on the topic.” Every Coalition also reported that its leaders are supportive of sustaining Step Up interventions.

To promote sustainability, most Coalitions (like Tompkins) have incorporated new falls prevention interventions within existing programs and funding streams so that Step Up activities and funding are less at risk than if they appear new or stand-alone. Also, a number of Coalitions (Allegany, Onondaga and others) identified system and policy changes they have made to help sustain Step Up, including new training programs, and changes in referral systems, case management, and other procedures to incorporate falls risk assessment and outreach. For example, the Onondaga County Department of Aging & Youth reported adding falls prevention training and outreach training to routine County contracts.

In evaluation interviews, participants identified steps they had taken to foster the sustainability of Step Up interventions in their County. For example:

- "This work is now part of our strategic focus."
- "Our goal is to change the culture of how we work to include falls prevention, rather than view falls prevention as a new area of activity."
- "We created a DVD and a train-the-trainer manual to support this work into the future."
- "We are hard wiring changes in our County through policy, through Coalition partnerships, and through training of medical professionals and students."
- "One way the Collaborative supports sustainability is lessons from peers about mistakes to avoid in our County. For example, we learned from the OTAGO program challenges that Erie County faced and, as a result, we are doing our OTAGO program differently here."

Coalitions also pointed to activities planned in Phase 2 as steps they will take to foster sustainability of programs from Step Up Phase 1.

A few Coalitions, including Tompkins and Genesee, perceived no barriers to sustaining Step Up interventions and activities. Most Coalitions reported at least one barrier to sustainability. Examples of identified barriers included limited staffing and staff time; limited financial resources; potential downsizing and staff time limits in the future; and the ongoing need for trained volunteers to help carry out Step Up programs in communities. Over the next year, this evaluation will continue to assess Step Up sustainability in Diffusion Counties and the role of the Collaborative in promoting improved and sustainable capacity in falls prevention.

Spread of Step Up Interventions

This evaluation also aims to assess how structures and processes of the Collaborative helped to foster the spread of Step Up interventions in Diffusion Counties. In interviews at the end of the Collaborative, five Diffusion Coalitions reported that spread of programs developed in the Collaborative had already occurred in their Counties, and they believed that the Collaborative had helped foster spread. For example, Niagara County reported adding five new partner agencies to its Stay Well outreach program; Tompkins County is using DVDs to expand the reach of its programs in the County; Allegany County pointed to consistent messaging and education about falls prevention as a spread strategy they have employed; and Genesee County noted that their HSSAT intervention is spreading because other agencies like Catholic Charities have been trained to administer it. All Coalitions noted that while spread of programs from Step Up has occurred, they also noted that spread has thus far been limited in scope. Expansion of Step Up programs in Diffusion Counties will be a major goal and purpose of Step Up Phase 2. Tompkins County noted that the Step Up Summit (November 2012) gave them a wealth of ideas for spreading and expanding falls prevention activity among health care providers in the County in Phase 2.

All Diffusion Counties reported that organization senior leaders in their Coalitions are supportive of spreading Step Up interventions. Several Counties (such as Genesee and Tompkins) provided examples of how County executives have opened doors for spread of Step Up interventions through new partnerships and participation in Long Term Care Planning and Health Planning Councils at the County and (in some cases) regional levels. For example, one County organization leader was described as "... actively looking to spread falls prevention programs by building off opportunities within the County Long Term Care Task Force which involves 15 agencies working to support seniors".

Many Coalitions reported no barriers to spread. Barriers identified focused on the limits of staff time and financial resources. Most Counties believe these barriers are best addressed by integrating Step Up activities into existing County programs and funding streams for older adult services.

Experience in the Step Up Collaborative

In end of Collaborative evaluation interviews, Diffusion Coalition members assessed their overall experience in the Step Up Collaborative as highly valuable -- rating their experience an average of 9.7 on a ten point scale, where a score of ten is "highly valuable". When asked what about the Collaborative most influenced their Coalition's success, the following example feedback was provided:

- "Learning from others' successes and failures. Learning about the pros and cons of the different approaches taken in other Counties. These transferable learnings helped us succeed and avoid mistakes.
- "The Learning Sessions (especially in the Planning Phase) influenced our success. We appreciated the networking opportunity and the ability to learn from peers about what worked well in other Counties."
- "Our own desire and commitment to improve."
- "The Collaborative schedule and the work plan kept us on track with Coalition members."
- "Help from Step Up faculty influenced our success, especially faculty's persistence in helping us align and achieve our aims."
- "The role and involvement of County agency senior leaders in the Collaborative helped solidify the imprint and impact of this work and raise the profile of falls prevention in our County."
- "The Coalition action and follow-up helped us succeed."
- "We get a lot more done with the group (the Coalition) than we could have done alone."
- Onondaga County added, "The mediation support that Gwen and HFWCNY provided really made this possible."
- "People at the table are eager to do the work - we have great engagement. Also, we are hard-wiring the changes we've made for lasting impact."

In evaluation interviews, Step Up participants reported that they could not have accomplished what they did in Step Up without the influence and support of the Collaborative. "We would not have accomplished as much without borrowing from others in the Collaborative." And, "We might have accomplished the work, but the outcome here (with the Collaborative) was so much better. It pushed us into the realm of systems change and created for us a whole new emphasis on evaluating our programs." All participants reported that as a result of Step Up they feel better equipped to address falls prevention in their Counties.

Evaluation interviews also provided insights as to the most important thing Coalition members learned in the Collaborative. The following observations were shared:

- "We learned that there is always more than can be done with falls prevention to change the culture."
- "We learned that there is power in combined reach." (power in the Coalition approach)
- "Effective use of data – we learned how to document and understand data."

- "There's always room for improvement."
- "The importance of starting small."
- "None of us can do this alone. It's a building process."
- "We learned there are lots of us in the County that are ready to support falls prevention. The Collaborative helped to reinforce this for us.", and
- "We learned how little steps can lead to big changes in falls risk reduction."

Finally, Coalition members commented on what was most innovative about the Step Up Collaborative. The most frequent response was Step Up's emphasis on shared learning. The following quotes illustrate the range of feedback provided:

- "The shared learning and peer learning was innovative - Gaining an awareness of how other Counties do this, what doesn't work, and why - This is a great way to learn."
- "What's most innovative is the bringing together of people from different areas to share best practices and strategies for implementing falls prevention. The story boards and one on one sharing were the best parts. Also, information sharing about common areas of struggle was helpful as we designed our programs."
- "The mentoring and amount of support from HFWCNY and Step Up faculty was amazing -- unique among funders. We never before got so much support from a single grant. Also unique was the ability to change course during a grant funded project."
- "We had the pieces in place before but no umbrella of falls prevention activities in the County and no Coalition of involved organizations. This Coalition and program we've developed are much better than the pieces we had in place before. An organized prevention program is more effective than just outreach."
- "The partnership and community created to address falls prevention collaboratively."
- "The benefit of intergenerational programs and interactive learning in falls prevention. These are great ways for seniors to learn."
- "All the resources made available to us in the Collaborative and the organized Learning Sessions. Also, the encouragement we had to share and borrow from others."
- "The ability to be flexible and creative in our approach to falls prevention. Creating a visual (Mave) to convey lessons and messages about falls."

Part IV. Summary Observations and Recommendations

Summarized below are observations about Step Up achievements, strengths and challenges, and recommendations for Collaborative improvement.

Step Up Achievements

Evaluation feedback revealed that Step Up's Collaborative structures and processes generated solid Coalition achievements in multiple project areas, including:

- Effective Coalition infrastructure and collaboration created in six Counties to design, implement and manage new falls prevention programs in each County.
- Each Coalition successfully engaged multiple organizations and launched multiple programs that increased falls prevention capacity in the County.
- Effective public education, media and outreach performed in each County.
- Behavior change among older adults achieved through participation in Step Up programs, and
- Behavior change among medical professionals achieved through outreach and engagement.

Achievements in Step Up are broader and more multi-disciplinary than achievements in other HFWCNY Collaboratives. By the end of Step Up, all Coalitions had accomplished more than they had planned. Three Coalitions (Tompkins, Genesee and Niagara) exceeded their goals in all areas (3-5 successful

projects in each County). Niagara County in particular accomplished more than anticipated. Three other Coalitions (Allegany, Onondaga and Cattaraugus) achieved most of their Step Up goals. According to faculty, Coalition members attribute their success to the Coalition structure, the planning period, and to personal investment and hard work. Participants also identified peer learning, best practice information from the Toolkit, agency collaboration, and faculty support as additional drivers of achievement. Strengths of the Step Up Collaborative (summarized below) fostered early implementation of falls prevention best practices in Coalitions and strong results.

Counties that struggled with Step Up goals struggled primarily with changing professional practice and, to a lesser extent, implementing home safety assessment and improvement. These two areas presented the greatest challenge to Coalitions in Phase 1. Five Diffusion Counties recently submitted proposals for Step Up Phase 2. Phase 2 aims to strengthen the current falls prevention work and spread programs more broadly within Diffusion Counties. Many of the projects proposed in this next phase will focus on improving Coalitions' falls prevention strategies for professional practice and home safety and assessment.

Achievement in Step Up Phase 1 was focused on the primary goal of building falls prevention program capacity in Diffusion Counties. A secondary goal was to increase capacity for improvement. According to faculty, "While the main focus in Step Up was on practice change, we infused QI along the way, and Coalitions learned and used QI tools to help advance their work." Faculty noted that the falls prevention best practices in Step Up are more prescriptive, less discovery-based than interventions in some other HFWCNY Collaboratives. In Step Up, QI methods were applied mostly in testing strategies for best practice implementation at the local level. Also, as a result of the falls prevention Toolkit, the Coalition structure and other strengths of the Collaborative, Coalitions advanced more rapidly to implementation in Step Up than teams have done in other HFWCNY Collaboratives.

Strengths of the Step Up Collaborative

Taking a comparative view across HFWCNY Collaboratives, Step Up is the result of years of HFWCNY experience designing, running and evaluating Collaboratives. As noted above, evaluation findings demonstrate all Diffusion Coalitions benefitted significantly from the structures and processes of the Step Up Collaborative. The Collaborative structures and support helped participants make rapid progress toward implementing multiple complex interventions to prevent falls in their Counties, and the Coalition structure created or reinforced each County's capacity to implement these programs. Participant feedback highlighted the following Collaborative structures and resources as particularly helpful in supporting achievement of Step Up goals:

- The structured, six month Planning Phase.
- Evidence-based falls prevention best practice information, tools and resources provided (such as the Falls Prevention Toolkit).
- The Coalition structure – includes a minimum of four County organizations, promotes County-wide teamwork and shared responsibility. According to participants, Coalitions generated new forms of communication and collaboration that were qualitatively and quantitatively different from previous efforts in most Counties. The Coalition structure greatly expands the footprint of Step Up and falls prevention activities, and supports sustainability and spread of these activities. Also, the Coalition structure and approach are "re-usable", able to support other County programs.
- HFWCNY's emphasis on senior leader participation in Coalitions meant that ... "the right people were at the table". Senior agency leaders were actively involved in the work.
- Faculty coaching
- Grant funding (up to \$110,000 per Coalition). Step Up grants to Coalitions were the largest Collaborative grants to participating organizations made by HFWCNY to date.
- Peer learning opportunities at Learning Sessions, across Diffusion Counties and with Advanced teams from Erie County. Every Diffusion Coalition reported that support from Advanced

grantees and other Coalitions enriched their efforts and accelerated implementation. "We found the unstructured, open exchange of ideas and guidance from peers based on their own implementation experience to be very helpful."

- Bi-monthly reporting helped keep Coalitions on track to measure and achieve goals.
- An evaluation framework kept Coalitions focused on measuring results and understanding larger Collaborative goals such as capacity building, sustainability and spread of falls prevention programs, and
- Effective use of media in Coalition outreach about falls.

Several of these components are further highlighted below.

- One of the Step Up Collaborative's strengths was the six month Planning Phase. Evaluation feedback strongly suggests that the addition of a Collaborative Planning Phase was highly beneficial. This preparation time (before the Implementation Phase) allowed Coalition members the opportunity to learn about each other, about falls prevention best practices, about the Model for Improvement and the Collaborative approach to improvement all before the work of implementing Step Up goals got underway. The Planning Phase positioned Diffusion Counties for successful Collaborative participation and more rapid implementation of falls prevention best practices.
- Peer learning opportunity was another Collaborative strength. In evaluation interviews, every Diffusion Coalition said that support from Advanced grantees enriched their efforts and accelerated implementation. For example: Consultation and support from the WNY Geriatric Center (an Advanced grantee) helped Niagara County design and implement efforts to reach out to physicians about falls. Faculty also observed that Advanced grantees learned more from the Diffusion teams than they had anticipated: "Advanced grantees got a lot from the Collaborative interaction. We are seeing two-way learning and implementation. Ideas have been exchanged across Counties." Participants reported that lessons learned from other Diffusion Counties also helped them in a variety of ways, including sharing models that have worked and lessons from past failures, generating ideas for how to increase program participation, and other implementation strategies. According to one participant, "We found the unstructured, open exchange of ideas and guidance from peers based on their own implementation experience to be very helpful." These and other observations reveal how the Collaborative structure can be highly effective in spreading successful implementation strategies across a region.
- Another significant strength of the Step Up Collaborative was the Coalition structure. The multi-agency Coalition structure helped Diffusion Counties make good use of their internal strengths and resources. Participants reported that Step Up generated in new forms of communication and collaboration that were qualitatively and quantitatively different from previous efforts in most Counties. For example, faculty observed the Onondaga Coalition (and others) as, "Moving beyond meeting to common action through new relationships and active collaboration to solve complex challenges." The Coalition structure also greatly expands the footprint of Step Up and falls prevention activities in Counties. Previous HFWCNY Collaborative evaluations found that results and impact can be at risk if Collaborative teams were small, unstable, or consisting of a single organization. With the Step Up Coalition structure, more organizations and leaders from the County are engaged in the work. The larger project footprint also provides stronger support for sustainability and spread of Step Up interventions. Many participants noted how the Coalition structure creates a re-usable team and approach for other collaborative efforts. In some Counties like Allegany, the Coalition approach has already spread to other topics beyond falls prevention.
- Another Step Up strength was Coalition leadership. Most Coalitions reported leaders from partner organizations were "at the table", actively involved in the planning and implementation process. Many Coalition members are the senior leaders of partnering agencies. According to faculty, senior leaders from participating organizations were (in general) more actively engaged

in Step Up and were stronger team leaders than in prior Collaboratives. Coalition leaders were (as a group) more seasoned professionals - they knew how to manage meetings, projects and teams, and how to plan effectively for sustainability. Other Coalition members report that leaders in their organizations were informed and supportive of the Step Up process, allowing them to make Step Up a priority. With so many partner organizations' leaders engaged in and supportive of a County-wide effort, Coalitions were well structured for successful implementation of Step Up programs. Also, all but one Coalition (Chautauqua County) experienced consistent team leadership. Chautauqua County's change in leadership was followed by major difficulties, resulting in the Coalition withdrawing from Step Up. Evaluation findings continue to highlight strong and consistent team leadership as an important determinant of team success and project impact in a Collaborative.

- Another strength of Step Up was the effective use of media for community outreach and education. Among the Coalitions there was a large emphasis on community outreach through media in a variety of forms - television, radio and print. All Coalitions reported success in their use of media to educate the public about falls prevention, personal falls risk reduction, and new program offerings available to the public through Step Up. Several Coalitions – including Onondaga and Niagara - earned media to support their intervention goals. For example, Niagara described how a cable network ran a half-hour television show called *Young at Heart* promoting the Niagara Coalitions' programs in falls prevention. This show ran 48 times in the County. Niagara participants observed, "Earned media helped to increase demand for our program, resulting in more invitations to bring the program out." In Onondaga County, an article titled, *Fear of Falling: County Program Aims to Improve Safety in the Home for Older Adults*, appeared in the *Syracuse Post Standard* on February 11, 2012. Emphasis on the use of social media in Step Up was much greater than in prior HFWCNY Collaboratives.

Step Up Challenges

Early in the Collaborative, Coalitions reported the number one challenge they encountered was keeping their project focus sufficiently narrow. All Coalitions commented on the temptation to take on too many Step Up goals and activities at once. A very positive result and impact of the Collaborative, the richness of peer exchange from Learning Sessions and other Collaborative opportunities also increased "the urge to take on great new ideas and new directions for current projects". One participant noted, "Keeping focused was hard, and the pressure to get started was significant." Faculty encouraged Coalitions to keep a "parking lot" of good ideas generated for future intervention activity.

A related challenge was the large scope of Step Up projects. Diffusion Counties took on 3-6 Step Up goals embedded in up to six different but inter-connected projects in the County, each focusing on different components of falls prevention. As a result, Step Up was a complex undertaking requiring a lot of work, resources and time in order for Coalitions to succeed. Faculty also noted that Coalition budgets were spread thin, and the grant funding was generally not enough to cover all of the planned or desired interventions and activities in most Counties.

As noted above, a challenge experienced by many Coalitions was the challenge of changing behavior. This challenge took several forms: changing professional practice, changing the behavior of frail elders, and changing organizations. Challenges related to changing professional practice included the challenge of engaging busy medical professionals (including physicians, OT, PT and EMS professionals); constraints on provider and office staff time; staff turnover and need for training; the perceived burden of Collaborative data collection; lack of time necessary for Step Up participation; plus the heavy and changing environmental demands of healthcare practice. Challenges related to changing the behavior of frail elders impacted Step Up activities most significantly in the area of home safety, and also to some extent in balance and exercise programs. Seniors were sometimes unwilling to allow project staff into their homes or unwilling to make recommended changes. One Coalition observed, "It is hard to get seniors to open up and change. Many are unwilling to participate in exercise programs, to take small steps or make small changes that could result in a significant reduction in their personal

risk of falls." Lastly, regarding organizational change, Allegany and other Counties reported, "Changing processes and systems within Counties is hard, and it takes time."

Other challenges experienced in Step Up included rural county issues (such as transportation and the need to bring programs out to seniors in rural areas); logistics and scheduling challenges (especially for large Coalitions like Onondaga County); attrition from programs (particularly exercise programs); insufficient staff time or resources for program implementation, training and outreach needed to meet the growing demand for Step Up programs.

Another challenge identified by a few Coalitions was the extent of Step Up's focus on measuring impact and the burden associated with measuring and reporting impact (previously addressed in Use of Common Metrics, on page 19). For the first time in a HFWCNY Collaborative, uniform collection of outcome measures was conducted in Step Up to quantify a comprehensive view of the impact and spread of falls prevention programs in Diffusion Counties. Many benefits of the use of common measures were noted by faculty and participants. For example, Coalition members recognize that measuring impact is important for demonstrating results, achieving sustainability, and for program evaluation. During the latter half of Step Up, a focused effort by faculty to support Coalitions in using the common measures for improvement also led to participants recognizing the role that some of the measures could play in supporting improvement.

Finally, another area where a few Diffusion Counties initially had difficulty was measuring the impact of community outreach and education programs. According to faculty, "Outreach and education is core to what the Coalitions do, but measuring the impact of these programs has not been a core activity in these Counties. They are not used to using data to improve their outreach programs and they needed support in getting to the next step of creating more effective programs." As noted above, faculty worked with Step Up participants to understand why the use of data for program improvement and demonstrating better outcomes is a more effective strategy than simple dissemination of literature or events.

County-Specific Challenges

A few Diffusion Counties had unique challenges in Step Up. A summary of County-specific challenges – how they were overcome and lessons learned -- is provided below:

- Onondaga County experienced major challenges forming a Coalition at the beginning of the Collaborative. This team was formed from the merger of three (competing) proposals submitted to HFWCNY from Onondaga County. HFWCNY requested that Onondaga County develop a single Coalition, a single proposal and a single County plan for falls prevention. HFWCNY engaged a facilitation expert to support Onondaga Coalition team building and the team leader in her role. By the end of the Collaborative, the Coalition had developed into a very large but well functioning team with strong executive leadership. Also by the end of the Collaborative, Onondaga had met many of its Step Up goals and with plans for renewed focus in Phase 2. In end of Collaborative interviews, participants reported the Coalition is now recognized by Onondaga County leaders as a model for effective collaboration in addressing multi-disciplinary topics (like falls prevention) that affect large populations of older adults in the County.
- The Chautauqua Coalition experienced a change in leadership in December 2011 that unfolded a series of events resulting in the Coalitions' formal withdrawal from Step Up in February, 2012. Change in Coalition leadership brought to the forefront significant differences among members - "a true disconnect" of agendas and expectations for project deliverables and for compensation of team member time spent working on the grant. Coalition members did not attribute the Coalition's demise to any failure on the part of the Collaborative. Rather, "The real problem was poor communication on the part of our Coalition members."

Recommendations from Chautauqua Coalition members to HFWCNY for what to do differently next time focused on making sure Coalition members are on the same page about what deliverables to achieve, how to achieve them, and how the grant budget will be managed. "We needed better guidance and oversight from HFWCNY early on in order to create clearer expectations around goals, budgets, and accountability for deliverables." Participants recommended that Collaborative faculty examine participants' perceived roles vis-a-vis grant deliverables, and encourage Coalitions to establish accountability-based compensation (based on achievement of deliverables) rather than hourly compensation. These and other recommendations for improving the Step Up Collaborative are further addressed below.

- The Niagara County Coalition initially struggled with the Collaborative process and showed a tendency to resist the Collaborative approach. Step Up faculty worked closely with Niagara to support their implementation and, by the end of the Collaborative, Niagara ultimately achieved much more than they had planned.

Recommendations for Improving the Step Up Collaborative

In evaluation interviews, participants commented whether there was anything about the Step Up Collaborative that they would recommend HFWCNY change or do differently. The feedback was overwhelmingly positive. Many had no recommendations for change. Recommendations provided are summarized below:

- A few Coalitions requested that HFWCNY communicate up front about expectations related to required common measures and measurement activities in a Collaborative so that participants can plan for the amount of work involved, and also so that "... time will not be spent on the selection and use of other measures". One Coalition reported that they had to go back and add required measures after they had already selected their own ("more meaningful") measures. Allegany County did not collect the common measures, and Coalition members were disappointed and surprised when their data was not included in the final results shared at the November 2012 Summit. "Had we known our results data would not be included we might have done things differently." Several participants also requested that HFWCNY provide the required reporting template and measures at the beginning of the Collaborative so that Coalitions can better their measures, plans and activities with the required approach.
- A few Coalitions requested that HFWCNY also communicate more clearly during the RFP stage about the amount of work, requirements and deadlines in the Collaborative, and the amount of time that will be necessary to complete these requirements. A few participants focused in on the amount of reporting that was required and recommended less frequent reporting (for example, three month reporting cycles were recommended instead of two month cycles).
- Participants acknowledged the importance of measurement for demonstrating impact, but they also identified barriers and disincentives associated with the required measurement activities. Some commented that in Step Up there was "too much focus on measurement", "too much focus on counting everything". One County added, "There wasn't enough analysis of all the data collected.... What does the data mean? What does it tell us?" Participants noted that the measurement and reporting process planned by HFWCNY in Step Up Phase 2 will improve upon the process in Phase 1.
- Another observation focused both on the benefits and drawbacks of senior leadership engagement in the day to day activities of Step Up. Coalitions (like Genesee) that were staffed primarily by senior leaders reported strong results, but also that they struggled to complete the administrative requirements and workload of the Collaborative. "Sometimes the workload of the Collaborative took time and focus away from falls prevention activity. We put the time into the Collaborative and got great results, but it felt like overload on top of our other responsibilities."

A few participants recommended that a Collaborative recognize and structure different roles and activities for program staff and senior leaders. For example, they recommended senior leader check in calls with faculty, and separate content-focused faculty calls with Coalition staff. The senior leader calls could be less frequent -- focused on effective and efficient senior leader engagement. Participants believed this is one way senior leaders' time and effort could be highly engaged but more efficiently used in a Collaborative."

- Another recommendation was to conduct the Collaborative Planning Phase separately and in advance of any grant award for the Implementation Phase. The reason for this recommendation was: "What if the Coalition and plan are already assembled based on an initial idea, but the Planning Phase takes us in a different direction or requires a different mix of participants? Depending on the outcome of the planning activity, there could be important changes in aims and partners. Also, project staffing could be better addressed after the Planning Phase." Faculty report this recommendation will be tested with new grantees in Phase 2 of the Step Up Collaborative
- A few participants commented on the challenge of attending two-day Learning Sessions and instead recommended one day Sessions. Participants recognized as a positive step that Step Up Phase 2 will have one day Learning Sessions.
- Participants also recognized the proposed use of topical conference calls in Phase 2 to support Coalitions implementing similar programs as a focused, effective approach to Collaborative learning and good addition to broader Learning Sessions.
- One Coalition recommended that Coalitions be required to design a Step Up work plan that spans the entire duration of the 18 month Collaborative (rather than just the first 3-6 months as was required in Phase 1). This same Coalition also noted the need for clearer definition of project types or themes in the Collaborative so that Coalitions can categorize and share their projects with less confusion. For example, "Better definition of what sets of activities belong under 'Education' vs. 'Marketing' was needed."
- One Coalition reported that they had needed the Step Up social marketing materials created by HFWCNY earlier in the Collaborative ("Waiting for these materials slowed us down.").
- Participants recommended that in future Collaboratives faculty maintain the very high level of access and support provided in Step Up Phase 1. Participants observed that faculty were always accessible, available and very responsive to requests for help. At the end of the Collaborative, some participants commented that they wished they had worked with/used faculty even more.
- As noted above, participants in Chautauqua County suggested that HFWCNY provide more guidance to teams and more oversight of team agreements related to grant deliverables, budgeting and disbursement of grant funds.
- A final recommendation from participants is for HFWCNY to consider supporting (funding) a project lead for HFWCNY initiatives within strategic partner organizations. Genesee County recommended this as a way to build capacity within partner agencies that could also support the continuity and spread of prior HFWCNY investments (such as the falls prevention and care transition Collaboratives, and Sharing Your Wishes). "Rather than funding agencies from project to project or grant to grant, why not support an RFP to select partner agencies that are good candidates for a 3-5 year investment in frail elder program capacity? This approach to investment could help support better project outcomes, program sustainability, and create a stronger knowledge base for ongoing work. The risk of the current approach is, what happens

when talent leaves or changes come that impact individual projects or put them at risk?" A 3-5 year approach could be a strategic long-term investment in agencies that work again and again with HFWCNY and its target populations. It might also build organizational capacity, support cumulative impact and integration opportunities across agencies participating in multiple HFWCNY grants and programs.

While these few recommendations for improvement were provided, all Step Up participants reported that the benefits of the Collaborative approach outweighed any drawbacks. "Overall, we see the many benefits and the impact of this approach."

Conclusions and Next Steps

Step Up Collaborative structures and processes were designed based on the strengths and lessons learned from prior HFWCNY Collaboratives. The Planning Phase, the Falls Prevention Plan and Toolkit, the Coalition structure, emphasis on peer learning and faculty support – all of these components were tailored in Step Up based on the multi-dimensional nature of effective falls prevention and from knowledge gained in prior HFWCNY Collaboratives about what works best in fostering participant success. While Step Up had very ambitious goals and measurement requirements across a range of interventions in each Diffusion County, evaluation findings reveal that the Collaborative provided a very high level of support and effective infrastructure for reaching Coalition goals.

Results indicate that Diffusion Counties achieved all or most of their Step Up goals. Coalitions generally met or exceeded goals in falls prevention programs involving community education and balance and exercise programs. Areas where a few Coalitions struggled to meet goals were programs designed to change professional practice and to assess and improve home safety. Even among Counties that struggled in these areas, a good baseline of program planning and activity was established. In addition, all Coalitions reported that new relationships, new ways of collaborating, and a "re-usable" Coalition structure for County health improvement efforts has emerged or been reinforced by Step Up.

End of Collaborative evaluation interviews concluded with participants' closing comments about the Collaborative experience. Examples feedback is provided below:

- "We learned a great deal about falls, our County and the target population."
- "The Collaborative provided us with tools and resources to make a difference."
- "Falls prevention is so important for the demographic we serve and such a great investment for HFWCNY!"
- "The Collaborative allowed everyone in the Coalition to take ownership and to have a shared mission, vision and responsibility."
- "We are very thankful to have been involved in the Collaborative. It greatly increased our awareness of falls prevention and our understanding of QI, group work and collaboration among our agencies."
- "The variety of County environments involved in the Collaborative made it very interesting. It was especially great to see how other counties like ours approached the work of falls prevention in rural community settings."
- "We focused first on our target population: frail elders. Next, it would be worthwhile to focus on falls prevention education and activation among caregivers who support frail elders."
- "Everything HFWCNY did - the Collaborative Learning Sessions, expectations and resources - all of it was great."
- "We work with many funders but HFWCNY is the best in providing guidance and doing their homework."
- "We would not be where we are in our falls prevention work without this Collaborative. It was a great experience!"

Beginning in January 2013, all six Diffusion Coalitions completing Step Up Phase 1 will continue their efforts in Phase 2 of the Step Up Collaborative. These Coalitions will work on expanding and spreading falls prevention programs developed in Phase 1. In addition, many will focus in on areas of challenge in Phase 1, such as home safety improvement initiatives and incorporating prevention screening and outreach into professional practice. In December 2013, this evaluation will reach out once again to Diffusion Counties to determine (one year later) the impact, sustainability and spread of work in falls prevention that began in Phase 1 of the Step Up Collaborative.

Footnotes:

1. Institute of Medicine, *Health Professions Education: A Bridge to Quality*, Ann C. Greiner, Elisa Knebel, Editors, 2004, National Academy of Sciences.

Appendix 1. STEP UP DIFFUSION GRANTEES

County	Lead Organization	Partners
Allegany	Allegany/Western Stuben Rural Health Network Inc.	Allegany County Department of Health Jones Memorial Hospital Allegany County Office for the Aging
Cattaraugus	Health Community Alliance Inc.	Cattaraugus County Department of Aging Cattaraugus County Health Department Cattaraugus Community Action
Chautauqua	Chautauqua County Office for Aging	Chautauqua Blind Association R.S.V.P./Foster Grandparent Programs Aftercare Nursing Services Secondary organizations include — Chautauqua County Health Network — Chautauqua Adult Day Care — The Resource Center
Genesee	Genesee County Office of the Aging	Batavia VA Medical Hospital & VA Health Systems United Memorial Medical Center/Summit Physical Therapy Catholic Charities Genesee Community College Nursing Program UB Center for Industrial Effectiveness
Niagara	Kaleida Health	Visiting Nursing Association of Western New York Niagara County Office for the Aging Niagara County Department of Health
Onondaga	Onondaga County Department of Aging and Youth	Aurora of Central New York the Salvation Army (Syracuse Area) Visiting Nurse Association of Central New York Secondary organizations from other proposals include — Menorah Park — Interfaith Works — Franciscan Home Care (St. Joseph) — Joslin Center- Metabolic Bone Center — St Joseph’s Health Center — PACE CNY — Loretto Health Support — St Francis Social Adult Day Care — Syracuse Orthopedic Specialists

County	Lead Organization	Partners
Tompkins	Tompkins County Human Services Coalition	<p data-bbox="764 239 1484 279">Office for the Aging of Tompkins County</p> <p data-bbox="764 279 1484 317">LifeLong</p> <p data-bbox="764 317 1484 357">Visiting Nurse Service of Ithaca and Tompkins County</p> <p data-bbox="764 357 1484 396">Secondary partners include:</p> <ul data-bbox="764 396 1484 705" style="list-style-type: none"> <li data-bbox="764 396 1484 436">— Cayuga Medical Center <li data-bbox="764 436 1484 476">— Better Housing of Tompkins County <li data-bbox="764 476 1484 516">— Finger Lakes Independence Center <li data-bbox="764 516 1484 556">— Ithaca College <li data-bbox="764 556 1484 596">— Long Term Care Services of TC <li data-bbox="764 596 1484 636">— TC Department of Emergency Response <li data-bbox="764 636 1484 705">— TC Health Department