

# **WATCH YOUR STEP! A Coordinated Response to Falls Prevention**

Phase III Project of the Falls Prevention Initiative

Sponsored by 411 Seniors Centre

## **Phase III Final Evaluation Report**

**April, 2004**

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**Appendix: Evaluation Framework**

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### **1.0 INTRODUCTION**

#### **1.1 Project Description**

This report provides an evaluation of Phase III of *Watch Your Step! A Coordinated Response to Falls Prevention*, a project undertaken by the 411 Seniors Centre Society in Vancouver from April, 2002 to March, 2004. *Watch Your Step!* was one of 13 similar projects undertaken across Canada that were a part of the Falls Prevention Initiative (FPI), a joint venture of Health Canada (HC) and Veterans Affairs Canada (VAC).

The Vancouver project was a community based health promotion effort to identify and promote falls prevention strategies for veterans and seniors. The 411 Seniors Centre Society served as the lead agency providing management and coordination for the project. Phase I of the project took place from May to November, 2001. The Interim Phase was completed from November, 2001 to March, 2002.

Earlier phases of the project have been reported on and evaluations for each of those phases were prepared. As well, an evaluation was completed at the end of the first year of Phase III in April, 2003. These evaluations are included in the project records.

#### **1.2 Project Goals and Objectives**

The goals of the national FPI were to provide funding for community based projects to:

- Reduce the number of falls and the severity of falls for seniors and veterans;
- Advance the understanding and knowledge of effective falls prevention interventions and models directed to veterans, seniors and their caregivers using a population health approach, and
- Develop the capacity of veterans, seniors and other community organizations to develop and deliver sustainable community based health programs addressing falls prevention using the population health approach.

The overall project was divided into 3 phases: Phase I - Partnership Development, Phase II - Falls Prevention Projects and Phase III - Falls Prevention Projects for applicants funded under Phase I. Each phase of the project required individual proposal solicitations and was funded separately. The FPI was managed by HC and was funded by VAC.

The Phase III goal and objectives for *Watch Your Step!* related to each of the national goals and were as follows.

**Goal**

To facilitate change in attitudes about falls prevention and change in personal health practices to reduce fall risks in community-dwelling seniors and veterans.

**Objective 1**

To increase the capacity of active seniors, veterans and caregivers to make informed decisions and choices in order to prevent falls.

**Objective 2**

To raise the awareness of volunteer counsellors around fall risks, and to work with them to develop strategies to assist their clients in assessing and managing personal risk factors.

**Objective 3**

To raise public awareness about the seriousness of falls, risk factors for falls, and prevention of falls in the community, in support of Objectives 1 and 2.

**1.3 Project Activities**

The following is a summary of the Phase III project activities from April, 2002 to March, 2004. A detailed description of the project activities is provided in the final project report.

**1) Peer to Peer Group Education and Awareness for Active Seniors and Veterans**

A peer-driven information/awareness/prevention program was undertaken for active seniors and veterans who already attend social or recreational activities in the community.

Curriculum was developed and lessons planned for participatory education and awareness workshops. The material was translated into Chinese and Punjabi. The peer volunteers tested the curriculum materials and workshop lesson plans.

The Peer Volunteer Recruiter/Trainer was hired early in the first year. A work plan was developed and volunteer recruitment undertaken.

Volunteer candidates were screened and interviewed by the Volunteer Recruiter/Trainer. Selected volunteers undertook sixteen hours of training and practice sessions before beginning their work. Volunteer recruitment and training took place annually.

Education and awareness workshops were scheduled and conducted for a number of seniors' and veterans' groups, in English, Chinese and Punjabi. Workshops were held at community centres, senior centres, neighbourhood houses, legion halls, and other locations in the community.

## **2) Professional and Caregiver Education and Awareness Program**

An information and awareness-raising program was developed and implemented for professionals and caregivers from other community-based programs doing in-home visits and working one-to-one with isolated seniors.

Based on the education and awareness workshop material, curriculum was developed and presentation material prepared.

Workshops were scheduled and conducted with organizations that have staff and volunteers who work one to one as peer counsellors with isolated seniors and veterans.

## **3) Community Awareness Program**

Strategies were developed and implemented to raise awareness in the community about falls risks and prevention of falls. As part of this program, a public awareness poll was conducted to gauge the level of community understanding of fall risks and prevention.

A communications plan was developed. Media articles were prepared and appeared in a number of newsletters and newspapers. Special presentations were conducted for a number of seniors' and veterans' organizations, fitness instructors, community groups and several conferences. The public awareness poll was designed and implemented. The Fall and Injury Prevention Fair took place annually. The project participated in several health and seniors' fairs sponsored by other organizations in the community. The project logo and fridge magnet were designed and produced. A project poster was designed and produced ready for distribution in the community.

### **1.4 Project Organization and Partners**

The project structure was based on a coordinating committee that was responsible for overall direction of the project. The Phase III Coordinating Committee was comprised of representatives of a number of community organizations, agencies and volunteers including:

- 411 Seniors Centre,
- Royal Canadian Legion Branch #16,
- Royal Canadian Legion Branch #48,
- Royal Canadian Legion, BC/Yukon Command,
- Communications and Public Affairs Vancouver/Coastal Health Authority,
- Multicultural Health Education Program Vancouver/Coastal Health Authority,
- Seniors Population Health Advisory Committee, Vancouver/Coastal Health Authority,
- Three Bridges Community Health Centre Vancouver/Coastal Health Authority and
- Evergreen Community Health Centre Vancouver/Coastal Health Authority,

- Seniors Well Aware Program,
- Lifeline Systems and
- The City of Vancouver.

The organizations represented on the Coordinating Committee remained as project partners throughout the entire project.

Subcommittees of the Coordinating Committee were struck as work plan tasks required.

The project was coordinated and implemented by a full time project manager and a part-time volunteer recruiter/trainer/coordinator. The project manager reported to the 411 Seniors Centre Executive Director.

In the first phase of the project, a coalition was formed consisting of 46 community organizations that serve seniors and veterans. Those organizations supported the project goal of raising awareness about fall risks and prevention and were involved with the initial project planning. The project has communicated with the coalition during the project, keeping them informed of activities and updating them on its progress.

*Watch Your Step!* was initiated and coordinated by 411 Seniors Centre, and was located at that facility.

## 2.0 EVALUATION PLAN AND METHODOLOGY

### 2.1 Evaluation Objectives

As stated in the Project Proposal to Health Canada the goal of the Phase III evaluation was to work closely with the Coordinating Committee, other project committees and with staff to complete the Phase III evaluation. The approach taken to the evaluation was participatory in nature. Evaluations were undertaken at intervals throughout the project, with participants providing ideas and suggestions for modifications to ongoing work.

The objectives of the evaluation were:

- To develop a participatory model of evaluation for the project.
- To develop a framework for the project evaluation.
- To develop success indicators and their measures.
- To collect evaluation data.
- To analyze and interpret data.
- To use the results to formulate recommendations to assist in the continuing work of the project.
- To report to Health Canada and Veterans Affairs Canada and the project's coordinating committee.

A framework for the project evaluation has been developed based on the following questions. The evaluation framework is provided as an appendix to this report.

- How well did the process work in terms of bringing together seniors, those who work with seniors and seniors' organizations, particularly veterans and veterans' groups?
- How much, and in what ways, were other sectors of the community involved?
- How much of the coordinating, leadership and decision-making were under the jurisdiction of the stakeholders?
- Were roles of committees, individuals, partners, and coordinators clear and focused?
- What were the assessment tools used and were they effective in obtaining and disseminating information?
- Were new partnerships established?
- Was the project defined and doable?
- Was there good representation from all stakeholders in the process of carrying out the project?

- What were the strengths and weaknesses of the project?
- Were there any unintended or unexpected outcomes from this project?

Based on the above questions, a set of criteria were developed to evaluate Phase III activities.

- 1) Project goals and objectives were clear to all involved.
- 2) Project activities and resources were adequate to meet the objectives.
- 3) Participants learned about activities that worked or did not work.
- 4) There were changes in the community as a result of the project.
- 5) Project challenges were identified for ongoing work.
- 6) Participants understood evaluation results.

## **2.2 Data Collection**

Data collection methods and assessment tools included the following:

- Interim evaluation and final evaluation interviews with participants from all aspects of the project,
- Pre and post workshop surveys,
- Evaluations of the workshops,
- Public awareness poll,
- Evaluation of Falls Fair,
- Review of project records, reports, meeting minutes,
- Attendance at Coordinating Committee meetings,
- Attendance at education and awareness workshops and at Falls Fairs,
- Meetings with project representatives to review project findings, and
- Review of evaluation results with project representatives.

All evaluation interviews were conducted by the evaluator. The assessment tools were designed by the evaluator in consultation with the Project Manager and Volunteer Coordinator. The pre and post workshop surveys were conducted by the workshop facilitators, and the results tabulated by the evaluator. The public awareness poll was administered by project staff and the evaluator and the results were tabulated by the evaluator. The Falls Fair evaluations were administered by the project staff and the evaluator, and the results were tabulated by the evaluator. Analysis and reporting of all evaluation results was undertaken by the evaluator.

## **2.3 Analysis**

Qualitative and quantitative methods were used to analyze the data. Content analysis was used to identify key themes, issue areas and lessons learned from the interviews. Standard data analysis of survey and poll results provided total numbers and percentages of responses to basic questions. Open-ended answers to survey questions were summarized by content analysis.

The pre and post workshop surveys were intended to provide information regarding changes in awareness regarding falls risks and prevention before and after attendance at the workshop series. The surveys were initially designed to be self-administered. However, it was not possible to provide self-administered surveys due to factors such as poor vision and low literacy skills among participants. It was determined that the surveys would have to be completed as a group process with the workshop facilitators leading participants through the questions and tabulating the results for the group as a whole. As a result the data obtained from these surveys has been more qualitative than quantitative in nature.

The public awareness poll was originally designed to be administered to a sample of the target area population at the outset of the project, and then again at the end of the project. The intention was to obtain data that would help assess the effectiveness of the public awareness program. Initial sampling was undertaken through the 411 Seniors Centre membership but response was very low. A review of the objectives of this poll by the BC Injury and Prevention Unit suggested that the attempt to undertake a pre and post comparison was not that applicable to this project. The poll has since been modified as an instrument to gauge public awareness to falls risks and prevention more generally, and to determine the most common sources of information regarding falls. It was administered a second time at the 2003 Falls Fair.

## **3.0 Evaluation Results**

### **3.1 Project Delivery**

The project outputs and outcomes are described in this section according to each of the three project objectives. The findings of the evaluation are presented in Section 4 and the conclusions are provided in Section 5.

### **3.2 Peer to Peer Group Education and Awareness for Active Seniors and Veterans**

**Objective 1: To increase the capacity of active seniors, veterans and caregivers to make informed decisions and choices in order to prevent falls.**

In order to expedite this objective, a detailed work plan was put into place to develop a series of interactive, volunteer run workshops in the community. The purpose of the workshops was to provide a falls prevention education and awareness program to a particular population of seniors, veterans and their caregivers in selected areas of Vancouver. The workshops were designed to be peer delivered to seniors and veterans that were active in the community and were held in facilities such as seniors centres, community centres, Legion Halls, etc.

#### **Volunteer Recruitment and Training**

An important aspect of the workshops was that they should be facilitated by senior and veteran volunteers. Seniors and veterans that had attended focus groups in the initial phase of the project had indicated a preference for this rather than having workshop information provided to them by professionals. In addition, it would give these volunteers training and capacity building as community facilitators and increase their personal knowledge regarding falls prevention.

The recruitment and training of volunteers was a critical component of the overall project and one of its key successes. A volunteer recruiter/trainer/coordinator was hired early in Phase III and a recruitment program planned and implemented. Volunteers were recruited, screened and selected. The first round of recruitment was undertaken in July, 2002. A second recruitment began in January, 2003.

Recruitment was undertaken by the following methods:

- Initial contacts made with potential project volunteers;
- Advertisements placed in community newsletters, newspapers and websites such as the Physiotherapist Association magazine and the Retired Teachers Association magazine;
- Information and posters placed at community and seniors centres, libraries, community health centres, neighbourhood houses, Rotary and Toastmaster Clubs;

- Speaking engagements with four seniors and veterans groups and Toastmasters, an interview on the 411 radio show, an information table at Gordon Neighbourhood House Summer Festival, and
- Word of mouth with physiotherapists, nurses and other professionals was a useful technique.

The first recruitment phase was successful providing more than enough applicants. Of the 19 applications received, 12 volunteers were selected for training. Four additional volunteers applied separately as part of university nursing program practicums.

During the first year of the project, several volunteers were unable to continue to work for a variety of understandable reasons. This necessitated a second phase of recruitment in the winter of 2003. During that recruitment an additional 7 volunteers joined the project. As new volunteers were recruited, additional training sessions were conducted.

Training of the volunteer facilitators was undertaken in October, 2002. Volunteers underwent 16 hours of training and practice. A second training session for new volunteers took place in March, 2003.

A total of 23 volunteers were trained as workshop facilitators. The majority of the volunteers were over 50 years of age, two were Punjabi speaking, and of the remainder roughly half spoke Chinese as well as English.

The facilitators' training materials included:

- Lesson plans and outlines of trainee competencies,
- Principles of adult learning,
- Blocks to communication,
- Respecting confidentiality,
- Your role as a volunteer,
- Techniques for active listening,
- Co-facilitator worksheet,
- Working with your nervousness and
- Trainer's evaluation.

Samples of the training material have been submitted with the Project Reports.

Feedback was received from volunteers regarding the curriculum. Some aspects of the curriculum were modified based on their input. Volunteers were trained to work in pairs as co-facilitators of workshops.

## **Workshop Design**

Each workshop was designed to consist of three sessions. In some cases, for example with smaller groups, the workshop series were shortened to one or two sessions.

A considerable amount of time and effort was put into developing the workshop curriculum so that it would be effective in the interactive workshop setting with seniors and veterans. Because the handouts were to be used by different ethno-cultural groups these were written in simple language with graphics and photographs where possible. In some cases handout material was revised and refined based on early feedback at the workshops. The handout material was translated into Cantonese and Punjabi for use in workshops with these groups. All written material was presented verbally during the workshops as it was found that some participants had vision problems and/or low literacy skills.

The curriculum included:

- A pre- and post-survey to measure changes in attitudes, awareness and personal health practices,
- A self-assessment tool for personal and environmental risk factors,
- Information on common risk factors and ways to deal with them,
- Exercises focusing on balance and gait, and
- A workshop evaluation form.

Samples of the curriculum materials have been included with the Project's Reports.

The workshops were highly interactive in nature, engaging participants in dialogue and discussion about their own experiences and perceived fall risk factors. A set of balance exercises, called "The Kitchen Sink Exercises", had been developed by physiotherapists with the project to specifically assist with improving balance and reducing fall risks. These exercises formed an important part of the workshops and were greatly appreciated by the participants. The exercises were demonstrated by the workshop facilitators and all participants were encouraged to practise them as part of the workshops. Pre and post surveys were completed as a group under the direction of the facilitators at the first and last sessions of the workshop series. Results were recorded by the facilitators.

Workshops were presented to Chinese and Punjabi seniors as well as English participants. Workshops have been adapted rather than translated, and spoken information and graphics were the primary ways of communicating as a number of seniors and veterans attending the workshops did not read in their native language.

Workshops consisting of either two or three sessions were spread out over a number of weeks or months. The number of sessions and the time period was dependent on the individual needs of each group. For example larger groups generally required 3 sessions, while the presentation material was compressed into 2 sessions with a smaller group. The workshop was divided into several sessions to allow for repeat visits to each group. This ensured adequate time for important components to be emphasized; new material presented, and changes in behaviour and attitudes to

become established. At the first and last sessions participants were asked to complete a survey to allow the project to monitor changes in awareness and behaviour.

## Workshop Results

Workshops began in October, 2002 and continued to the end of the project in March, 2004.

A total of 52 workshop series were completed by March 31, 2004: 33 English workshops, 16 Chinese workshops and 3 Punjabi workshops. Attendance was consistently high throughout the duration of the project with approximately 1,083 participants over all the workshops: 551 attending the English workshops, 455 attending the Chinese workshops, and 77 attending the Punjabi workshops. There was an average of 20 participants at each workshop. A number of participants attended all sessions of a workshop series. It is interesting to note that almost one-third of the workshops and just under half of the participants were from the Chinese community.

A breakdown of the number of workshops and participants for each ethno-cultural group is given in the table below.

### Number of Workshops and Participants by Ethno-Cultural Group

Group	Number of Workshops	Number of Participants
English	33 (63%)	551 (51%)
Chinese	16 (31%)	455 (42%)
Punjabi	3 (6%)	77 (7%)
Total	52 (100%)	1083 (100%)

A summary of the workshops is given in the table below. The group attending each workshop, the language spoken at the workshop, and the number of participants in attendance are given. In several cases a special workshop was presented to a particular group as required. These special sessions are noted in the table.

### Summary of Workshops October, 2002 – March, 2004

Group	Language Spoken	# of Participants
Chishaun Housing Society	English	17
411 Seniors Centre	English	4
Renfrew Community Centre	English	11
Collingwood Neighbourhood House	English	20
Killarney Community Centre	English	7
Trout Lake Community Centre	English	14

Kiwassa Neighbourhood House	English	12
West End Community Centre	English	14
Kensington Community Centre	English	10
Sunset Towers	English	15
Dunbar Community Centre	English	15
Thunderbird Community Centre	English	13
South Vancouver Neighbourhood House	English	13
West End Community Centre	English	13
South Vancouver Seniors Network	English	28
South Granville Seniors Centre	English	10
Hastings Community Centre Wheels to Meals	English	15
Lions Den Wellness	English	17
Gordon Neighbourhood House	English	6
Chalmers Lodge	English	20
Parkdale Manor	English	45
Douglas Park Community Centre	English	14
Mt. Pleasant Community Centre	English	26
Jewish Seniors Alliance Jewish Community Centre	English	26
Riley Park Seniors	English	17
Mt. Pleasant Neighbourhood House	English	8
North East Mental Health Geriatric Clients	English	20
Jewish Family Services Agency	English	28
Renfrew Seniors Group	English	19
Fraser St. Seniors Group - Special Session	English	57
Vet's Manor - Special Session	English	9
BC Housing Steeves Manor - Special Session	English	8
Chishaun Housing Society	Chinese	19
Renfrew Community Centre	Chinese	43
Ray Cam Seniors Group	Chinese	53
Kensington Community Centre	Chinese	18
Strathcona Community Centre	Chinese	28
Roundhouse Community Centre	Chinese	30
Thunderbird Community Centre	Chinese	34
Strathcona Community Centre	Chinese	19
SUCCESS	Chinese	14
Hastings Community Centre Wheels to Meals	Chinese	16

Chinese Christian Mission Centre	Chinese	69
Kiwassa Neighbourhood House	Chinese	17
Downtown Eastside Residents Association	Chinese	14
Vancouver 2 <sup>nd</sup> Mile Society	Chinese	53
BC Housing Maclean Park - Special Session	Chinese	28
Sunset Community Centre Women's Group	Punjabi	11
Sunset Community Centre Men's Group	Punjabi	20
Khalsa Diwan Society	Punjabi	46
South Van Adult Day Centre	English	# not available
South Van Adult Day Centre	Chinese	# not available

The majority of workshop participants were women. Almost all respondents were over 65 years old, with a number of participants in the 86 to 95 year age range.

Of the total participants, 54 had served with the Canadian or Allied Forces during the war or on a peacekeeping mission, 5 veterans were attendees at the Punjabi workshops and the remainder from the English workshops. There were 128 participants who were married to someone who served with Canadian or Allied forces during war or on a peacekeeping mission. From the total, 37 participants were caregivers for a senior citizen or veteran who was their spouse or other family member, and 7 participants were professionals who provided health care or in home services to senior citizens or veterans.

Overall, the workshops met and, in fact, exceeded all expectations. Workshops were in great demand in the community. Although the target had been to conduct 30 workshops during the project, 52 workshops were completed and many more could have been held if time and resources had allowed. Although more English workshops were held than Chinese, the attendance at the Chinese workshops was significantly higher. Fewer workshops were held with the Punjabi community but these were very popular. The number of Punjabi workshops was limited only by access to Punjabi volunteer facilitators. Two student nurses that were Punjabi speaking were trained as facilitators during the first year. They were not available during the second year of the project and additional volunteers were not forthcoming for more Punjabi workshops.

Workshop participants were asked to complete pre and post surveys at the beginning and end of the workshop sessions. The purpose of these surveys was to gauge the effectiveness of the workshops in educating participants about the risks of falls and preventing falls, and in changing attitudes, awareness and personal health practices.

Over all the workshops, participants agreed that falling was a serious problem for them. The responses were similar at the outset of the workshops in Session 1, and at the end of the workshops in Session 2/3. When looked at separately, the majority of English workshop participants agreed this was a problem, whereas all Chinese participants felt

it was a serious problem. Response from the Punjabi workshops was more mixed regarding this issue. Participants had a high level of understanding about the risks of falls and problems regarding falls generally, even at the outset of the workshops. What they did seem to gain through the workshops was a new awareness about the changes that they could make to their environment to reduce the risk of falls.

The majority of participants at all workshops did not feel that falling was a natural result of aging. In fact many ideas were offered regarding things that could be done to avoid falling. Suggestions included:

- Using assistive devices such as canes and walkers,
- Holding onto hand rails,
- Walking more slowly and being more careful while walking,
- Being aware of one's surroundings,
- Exercising to keep strong,
- Wearing proper fitting shoes,
- Removing clutter from the home, and
- Improving lighting.

Participants in the first session of the workshops were asked if they would make any changes as a result of the workshop to reduce their risk of falling. The majority of respondents in the English, Chinese and Punjabi workshops answered yes to this question.

After attending the workshops, the majority of all participants agreed that they could avoid falling down. In the final session of the workshops, participants were asked if they had in fact made any changes as a result of the workshops. The responses to this question were mixed with slightly more participants in the English and Punjabi workshops saying that they had not made changes, while most participants in the Chinese workshops said they had made changes as result of attending the workshops.

Taken together, these results serve as an indicator of the success of the workshops. The majority of all participants indicated that they had gained an awareness of the seriousness of falls and that there were changes that they could make to reduce their risk of falls. Participants gave many varied responses regarding changes that they had made, or were planning to make as a result of the workshops. Examples of changes included:

- Being more aware and paying attention,
- Cleaning up clutter around the house,
- Doing balance and strengthening exercises,
- Adding a grab bar or railing,
- Doing exercises,
- Being more careful while walking and getting in and out of the car,
- Putting the phone within reach, and
- Fixing rugs and rearranging the furniture.

The workshops proved to be a most effective way of providing information to seniors and veterans about the risks of falls and how to go about preventing them. All participants indicated a high level of satisfaction with the workshops and there is an ongoing demand for workshops throughout Vancouver and in surrounding municipalities.

The Chinese and Punjabi communities were eager to have workshops in their locations, and were most appreciative of the effort made to have the materials translated and the workshops presented in their languages. These workshops proved to be very successful with higher than average attendance at many of them.

An important component of the workshop delivery was the recruitment and training of peer volunteers to facilitate the workshops. A great deal of effort went into this training and into the ongoing coordination of the volunteers. As a result, the volunteer facilitation was extremely successful and well received by participants. Although often a problem in projects that are reliant on volunteers, a sufficient number of individuals did volunteer and were recruited to conduct the workshops in English and Chinese. Locating Punjabi volunteers was more challenging, however two student nurses were able to participate in the project through practicum placements with the Vancouver Coastal Health Authority.

Through their work as facilitators, the volunteers played an important role in helping seniors and veterans to understand the risk of falls and how they could make changes to reduce that risk. In return, the volunteers said that they had learned a great deal about falls prevention. Whether regarding their own fall risks or those of their family and friends, they had gained an appreciation of changes that they could make.

The interactive approach taken to facilitating the workshops was very effective particularly with the Chinese and Punjabi communities as many of them were unable to read in their mother tongue. The kitchen sink exercises were always a highlight of the workshops. The handouts were popular with many participants asking for extra copies to take to friends and family.

### **3.3 Professional and Caregiver Education and Awareness Program**

**Objective 2: To raise the awareness of volunteer counsellors around fall risks, and to work with them to develop strategies to assist their clients in assessing and managing personal risk factors.**

A series of workshops was planned to present falls prevention material to people that work in the community with isolated seniors and veterans. The intention of these workshops was to provide information to those that are already working with isolated individuals that they could then share with their clients. The curriculum developed for these presentations was based on that developed for the education and awareness workshops.

A total of 4 workshops were held with the following groups:

- Marpole Peer Counselling Group,
- West End Seniors Network Peer Counsellors,
- Adult Day Centre Workers and
- Client Services Personnel, Veterans Affairs Canada.

A total of 44 people attended these workshops. The workshops were successful in raising the awareness of peer counsellors and caregivers about the risks of falls and how to prevent them. All participants realized that falling was a serious problem for their clients but that it was possible to make changes to help prevent falling. In addition they gained useful information on falls prevention and home assessment to take with them on their visits to frail, isolated seniors and veterans. The counsellors were given the handout information regarding fall risks, how to prevent falls, what to do if a person falls, and the kitchen sink exercises. Attendees were most appreciative of this material.

The majority of those in attendance at the peer counsellor workshops were female and under 65 years of age. Two attending were veterans, 5 were married to veterans and 8 were caregivers for family members.

### **3.4 Community Awareness Program**

**Objective 3: To raise public awareness about the seriousness of falls, risk factors for falls, and prevention of falls in the community, in support of Objectives 1 and 2.**

A detailed communications plan was implemented that included a number of different strategies. The goal was to provide information to the community about falls risks and ways of preventing falls. Whereas the earlier objectives had targeted seniors, veterans and caregivers in particular areas of Vancouver, these communications strategies were aimed at the community at large. The following communications activities took place during the project.

There were approximately 15 media articles in the following publications:

Newspapers:

- Vancouver Shinpo
- The Vancouver Sun
- The Seniors Choice (2 articles)
- Ming Po News
- Sing Tao Daily News

Newsletters:

- The Balance Sheet
- COSCO News
- Vancouver Tabloid
- WESN News

- Renfrew Telegraph
- New Routes
- Classical Caregivers
- 411 News & Views (several articles)

Radio:

411 Radio Show (2 times)

Television:

- Fairchild TV
- CityTV – Dr. Rhonda Low
- CBC News (English and French)

Fifteen special presentations were completed for a variety of community organizations with over 970 participants including:

- Canadian National Railway Veterans group (2 presentations)
- Changing Aging Program Instructors at UBC (2 presentations)
- BC Retired Government Employees
- BC Non-Profit Housing Association Conference (2 presentations)
- Royal Canadian Legion Branch #178
- Retired Teacher's Association
- Park Board staff working with seniors
- Veterans Manor AGM
- Seniors' Housing Information Project workshop for Building Managers
- •Workshop for Gerontology – Based Recreation Program at Kwantlen University College
- Presentation to 150 Punjabi senior men at Sunset Community Centre
- BC Projects workshop at CAG conference
- Poster presentation at CAG conference
- • North Shore seniors housing Building Managers
- North Shore Occupational Therapists and Physiotherapists

Project volunteers and staff participated at eight health and wellness events hosted by other organizations, giving information about falls prevention to approximately 5,860 people.

- 411 Health and Wellness Fair (2 years)
- Vancouver Wellness Show
- Renfrew Community Centre Health and Wellness Fair
- Collingwood House Community Fair
- Gordon Neighbourhood House Anniversary
- Ismaili Health Fair
- Display and two presentations one in Mandarin and one in Cantonese at SUCCESS Health and Wellness Fair
- Honouring Grandparents Fair, Strathcona Community Centre

A project poster was designed and produced in English, Punjabi and Chinese versions for distribution in the community and for use at conferences and fairs.

The Falls Prevention Fair was held twice throughout the duration of the Project in March, 2003 and in February, 2004. It had also been held once before in an earlier phase of the project. Attendance at the fair in 2003 was 85 and in 2004, 130. The attendance was lower in 2003 likely due to a winter storm that day. Visitors to both fairs were enthusiastic in their support for the events. More visitors to the 2003 fair were seniors and veterans, whereas the 2004 fair was attended by more health care professionals, probably as a result of the lead role taken by the Vancouver Coastal Health Authority in coordinating the event. Presentations and displays at both events were well received.

A public awareness poll was conducted during the first year of the project. The survey was designed and conducted to gauge the level of community understanding of fall risks and prevention. The survey was administered twice:

- As a mail out in the December, 2002 - 411 Seniors Centre newsletter to the 411 membership, and
- Distributed to all attendees of the March, 2003 Falls Fair.

The response from the 411 newsletter distribution was very small with only 4 respondents out of a total distribution to 800 members. The response from the 2003 Falls Fair was much higher with 60% of Fair participants completing the survey.

Results from the survey indicated that the awareness of the risk of falling was high among respondents with 67% saying that falling was a serious problem for them, and 82% indicating that they could avoid falling down. The majority of respondents (65%) had received information about preventing falls in newspapers or newsletters, and 57% had received information from other printed material such as brochures or posters. People found the information they had received in the media to be useful, and 61% indicated that they had made changes or planned to make changes as a result of the information they had received.

Of the respondents 57% were female, 12% were veterans, and 69% were over the age of 60 years.

Through the many different methods utilized, the project was able to distribute information to the broader community about the risks of falls and ways to prevent them. The techniques ranged from use of the media to direct contact with visitors to community-based fairs and educational conferences. By using this multi-faceted approach the project was able to successfully raise the profile of fall risk and prevention strategies.

The results of the public opinion poll indicated that respondents had gained useful information from the media about falls prevention. Visitors to the Falls Prevention Fair and other fairs that staff attended indicated that they were gaining new insights into the

risk of falls and ways of preventing them. As people learned about the project and received information about falls prevention, demand for workshops continued. In fact interest in the project at a community level continued to be high throughout the entire duration of Phase III.

### 3.5 Summary of Participation

The table below provides the different groups involved in the project and the number of participants in each category.

#### Number of Participants by Project Group April 2002 – March 2004

Project Group		# of Participants
Coordinating Committee	Volunteers, project staff, representatives of partnering agencies	17
Project Staff	Project Manager, Volunteer Coordinator	2
Project Volunteers	Volunteers that facilitated education and awareness workshops	23
Workshop Participants	People attending education and awareness workshops and peer counselling workshops	1,127
Special Presentation Participants	People attending special presentations	970
Falls Fair Visitors	Visitors to the Falls Fairs, March 2003 and February 2004	215
Community Health and Wellness Fairs	Visitors to community health and wellness fairs	5,860*
Project Coalition	Individuals and organizations involved in Phase I and still kept informed about the project progress.	46
<b>Total Participation</b>		<b>8,260</b>

- The number of participants attending the community health and wellness fairs is an estimate only.

## **4.0 Evaluation Findings**

### **4.1 Project Participation**

Over the two years of the project, participation was high across all the various project activities and events. The estimated total participation was 8,260. There were approximately 2,500 people directly involved in the project through the Coordinating Committee, staff, volunteers, workshop participants, special presentation participants and fair visitors. A total of roughly 5,760 people were indirectly involved through community events and the project coalition. Given that the project was of relatively short duration and limited by resources such as staff and budget, this high participation rate was one of the key successes of the project.

### **4.2 Targeted Population**

During the project-planning phase, the decision was made to focus on particular segments of the seniors and veterans population both geographically and demographically. Three particular areas of Vancouver were selected for delivery of project information and workshops. The rationale for selecting these areas was based on specific determinants of health which indicated that seniors and veterans who lived in these areas of the city were most at risk of falling. These areas had for example:

- A higher percentage of seniors with lower incomes,
- A higher percentage of seniors that live alone, and
- A higher percentage of senior women.

In addition, the project aimed to provide falls prevention information to seniors of the two dominant ethnic minority groups in Vancouver, the Chinese and Punjabi speaking communities. A high percentage of Chinese seniors lived in one of the selected areas, while another of the selected areas had a high percentage of Punjabi seniors. Two falls prevention programs in other parts of Canada had been interpreted for Chinese seniors, but there were no specific falls projects delivered to Punjabi speaking seniors, and no materials on falls prevention available in Punjabi.

The selection of a target population was important given the difficulty of delivering a project that is limited in scope and time to all seniors and veterans in a city the size of Vancouver. The method of selection and the subgroups chosen were most appropriate for this pilot project and its goals and objectives.

The targeting of the project efforts worked well in that it allowed the project to focus on people that are active now but who may be at most risk for falls in the future. Participants were reflective of the target population in that the majority were seniors and female. (For reasons of confidentiality, people were not asked their income level or if they lived alone.) Demand was high in the two sub-areas for Chinese and Punjabi workshops.

### 4.3 Involvement of Seniors and Veterans

The project objectives included a strong emphasis on the involvement of seniors and veterans in the coordination of, delivery of and participation in the project. A great deal of effort went into bringing together veterans, seniors and the organizations that serve them in the earlier phases of the project that led to the planning and implementation of Phase III. There was a high level of interest among seniors and veterans and their organizations for a project of this nature. This interest was sustained throughout Phase III.

The project was highly successful in incorporating seniors in all areas of delivery including overall coordination, participation in workshops, attendance at falls fairs and visiting other community events. The project was particularly successful in involving veterans at the overall level of project coordination. However, there was less success in encouraging veterans to attend workshops and other project events.

Both seniors and veterans were well represented at the level of project coordination, with 5 seniors and 3 veterans as members of the Coordinating Committee. Veterans' organizations were represented by 2 Legions and the BC/Yukon Command on the Coordinating Committee. Seniors, organizations were represented by 411 Seniors Centre and the Seniors Well Aware Program. Some members of the Coordinating Committee felt that there could have been more seniors organizations involved at that level.

Of the volunteer facilitators, the majority were over 50 years of age, and 9 or roughly 40%, were seniors. There were no veterans who volunteered to be facilitators.

The breakdown of attendance at workshops indicated that almost all the workshop participants were seniors and approximately 5% of the total were veterans. In addition, 12% were or had been married to a veteran, 3% were caregivers for a senior or veteran, and 1% were professionals who provided health care or in home services to seniors or veterans.

Although veteran participation in the project was less than expected, it should be pointed out that it is reasonably reflective of the overall representation of veterans in the Canadian population. For Canada as a whole, 8.3% of seniors and 1.1% of the total population are veterans. (Source: Statistics Canada and Veterans Affairs, 2003). Veterans Affairs did not have the breakdown of the percentage of veterans in British Columbia.

There have been several reasons given for the rate of veteran participation in the workshops. Workshops were held at veterans' facilities such as Legion Halls and veterans' housing developments. It was suggested that veterans attend activities at Legion Halls particularly for social reasons and do not see these facilities as places to go for educational purposes. Veterans that did attend workshops at other locations

such as senior centres and community centres did not initially identify themselves as veterans. It was pointed out that veterans are private people and do not necessarily like to draw attention to this part of their lives. At several of the workshops in Legion Halls the suggestion was made that veterans might prefer to have the balance exercises presented separately as a class rather than the full education and awareness workshop program. More research may be needed into how veterans like to receive information about falls prevention.

#### **4.4 Volunteer Participation**

Volunteer recruitment and training, and the role of volunteers in the facilitation of the education and awareness workshops has been described in some detail in Section 3 of this report. This recruitment and training and ongoing involvement of the volunteers is considered to be one of the key successes of the project. Participants at all levels of the project spoke highly of the volunteer recruitment and training. In particular, and most importantly, workshop participants were most appreciative of the abilities of the facilitators. Many volunteers that started with the project at its outset continued for the full time period, a strong indicator of their level of commitment. Volunteers were recruited for the Chinese and Punjabi as well as the English workshops.

The role of the Volunteer Recruiter/Trainer/Coordinator was critical to the ongoing success of workshops. Recruitment and training was required at intervals during the project in order to maintain an adequate number of volunteers. Overall support, scheduling and coordination was provided to the volunteers, which was much appreciated. Modifications were made to the curriculum and presentations based on feedback from the volunteers.

#### **4.5 Demand for Workshops and Special Presentations**

There was a high level of demand for the education and awareness workshops among seniors and groups that serve seniors throughout Vancouver. At the outset of the project, three specific areas within the city had been selected for delivery of the workshops. The Project Manager and Volunteer Recruiter/Trainer had to be quite focused in order to maintain this defined study area as requests were received from elsewhere. Many more workshops were conducted than had been originally planned, with time constraints and the number of volunteers being the only limiting factors. This high demand was a strong indicator of the general interest in the community of the importance of learning about the risk of falls and raising awareness about falls prevention.

In addition to the workshops, the Project Manager was asked to make a number of special presentations to groups and organizations that were not necessarily part of the project targeted population or catchment area. These presentations were made to groups such as housing managers and caregivers, veterans' associations, and physiotherapists. As well, the project took the opportunity to work with the other BC Falls Prevention projects to be profiled at a major gerontology conference. In this

manner the project displayed an ability to be adaptive and to respond to demands from outside its catchment area.

#### **4.6 Ethno-Cultural Focus**

The ethno-cultural focus was a unique aspect of this project within the national FPI. The ethno-cultural component was developed during the early phases of the project, in part due to the involvement of one of the project partners, the Vancouver Coastal Health Authority through its Multicultural Health Education Program. Through the efforts of the entire Coordinating Committee, the project was able to identify the need to reach out to the Chinese and Punjabi communities of Vancouver and deliver project information. There were significant learnings around the adaptation and translation of project materials into Chinese and Punjabi, the engagement of these communities and the communication of information to participants.

The high demand for workshops from the Chinese and Punjabi communities was not anticipated at the outset but became one of the primary successes of the project. Overall almost one third of the workshops were delivered in the Chinese Community. The demand for Punjabi workshops was equally high and the number was limited only by access to volunteer facilitators that were Punjabi speaking.

#### **4.7 Project Partnerships**

The project was clearly grounded in the premise of the importance of community partnerships. It began with the establishment of partnerships between existing organizations in the community that provide services to seniors and veterans. These partners were members of the Coordinating Committee and all maintained a strong and active role throughout the entire project, providing a great deal of time and effort toward making the project such a success. Early in the project, some partners stated that they had been able to use their individual skills and expertise further with this project than in their individual fields. In this manner, there has been mutual benefit between the project and its partnering agencies.

#### **4.8 New Partnerships**

New and enhanced partnerships came about as a result of the project. In general these partnerships evolved as a result of the planning for and coordination of education and awareness workshops and peer counselling workshops. Some examples of new partnerships include:

- 411 Seniors Centre and West End Seniors Network,
- 411 Seniors Centre and various community centres,
- 411 Seniors Centre and Royal Canadian Legion,
- 411 Seniors Centre and Vancouver Coastal Health Authority,
- 411 Seniors Centre and Lifeline Systems, and
- Vancouver Coastal Health Authority and Royal Canadian Legion.

## 5.0 Conclusions

*People said they could never know enough about this problem.*

*The engagement of seniors and veterans has been the thread through the entire project.*

*It was one of the best-managed projects that I have been involved with over the past 10 years.*

*The volunteers were the messengers to take out information about preventing falls to people in the community.*

*Our project has been unique. It is about providing culturally appropriate learnings, and contributing to the knowledge about multicultural learning.*

*This project is a legacy to pass on to others in the community; we were not just reinventing the wheel.*

Overall, *Watch Your Step!* has been an overwhelming success with many positive elements reviewed in this evaluation. The goals and objectives were clearly articulated, the project was well planned, and it was coordinated and implemented entirely as intended. In particular, the project management was highly regarded as a major contributor to the success of the project. All project outcomes were achieved positively including: the increased capacity of seniors, veterans and caregivers to prevent falls by increasing knowledge about risks and preventative measures; the increased awareness about risk factors and preventative measures; changes in attitude about falls and changes in personal health practices; and the increased capacity of seniors, veterans and caregivers to make behavioural changes in order to reduce falls.

The 411 project has contributed substantively to the national Falls Prevention Initiative in its key priority areas: partnership development, personal health practices, the physical environment and high-risk populations. Seniors and veterans were actively involved in all aspects of the project including participation on the Coordinating Committee, workshop facilitation and workshop participation. Through the work of the project more than 6,000 people were either directly or indirectly involved receiving information about the risk of falls and learning about ways to prevent falls.

The project was successful in raising the profile of falls and helping to prevent falls. Demand for the workshops was high, but through excellent project coordination, strong volunteer commitment and community participation, over 1,000 seniors and veterans were involved. This level of participation is extremely high for a pilot project of this nature. The message of falls awareness was timely, with interest at both the community

and provincial level to increase falls prevention activities. This awareness raising was picked up by the media and profiled falls prevention as an important health topic.

Volunteers made a significant contribution to the project. Through highly skilled recruitment and training, volunteers with a range of different backgrounds were brought into the project. The expectations for these volunteers were extreme, but due to their high calibre and the training that they received, they were able to take the project information out to the community most successfully. In return, the process did empower the volunteers with many of them stating that they had gained tremendously from the experience through the training, increased knowledge, relationship building and contribution to their community. For the new immigrants who had volunteered, this was particularly valued as a way to integrate into Canadian society.

The project's emphasis on including an ethno-cultural component has been a unique feature compared to the other projects nationally. There was a high level of interest in the project from the 2 targeted groups – the Punjabi and Chinese communities of Vancouver. In fact the demand for workshops from both groups far exceeded expectations and became another of the major successes of the project. All project material was translated into Punjabi and Chinese, and that material together with the methodologies involved in delivering the workshops to these ethno-cultural groups will be a lasting legacy of the project.

Because of the project there were informal and formal partnerships made between people in the community that have an interest in falls prevention. These partnerships gave a multidisciplinary perspective to the project that was important and added to its success. Whether at the level of the Coordinating Committee or in the relationships established with the 411 Seniors Centre and community centres providing the workshops, community capacity building was definitely a positive outcome of the project.

The commitment of members of the Coordinating Committee was an unexpected outcome of the project. Members came together at the outset of the project and the majority continued to its completion, a level of commitment that is unusual for this type of project. By working together, members were able to integrate their combined knowledge into the project, adding much value to the process and outcomes. Through their involvement, these individuals and the organizations they represent developed a lasting relationship.

Project weaknesses were few in number and were greatly outweighed by the successes. Some weaknesses that can be noted are: the challenges of reaching and involving veterans; the difficulties around reaching the three targeted communities equally (English, Chinese and Punjabi); the lack of project sustainability; and the difficulties of meeting the national expectation for quantitative results that could be demonstrated by evaluation.

In some respects, the difficulty of producing quantifiable results can be attributed to the time and resource limitations of the project. But in addition, it should be pointed out that changes in attitude and public awareness are difficult to measure, regardless. A clearer understanding of this limitation at the outset of the project would have been helpful for project planning. Furthermore, it would have been of some assistance at the outset of the project if there had been greater clarity at the national level as to what would constitute quantifiable evidence.

Many suggestions were received during the evaluation process regarding ways to carry forward with the work of *Watch Your Step!*, to continue to raise the awareness around falls prevention in the community. People were very disappointed that there was no ongoing funding for the project, but offered the following ideas as possible next steps.

- Put all the pieces of the project together in manual form that can be used in an ongoing way by other groups – the Project Manager has prepared a “How-To” Report.
- Take the curriculum into other locations and different ethno-cultural communities in Vancouver.
- Look at ways to reach seniors, veterans and caregivers not in community programs already accessed: for example, churches, housing complexes, caregivers in care facilities, occupational therapists and physiotherapists.
- Promote the program with the medical community.
- Continue to look at ways to reach veterans.

*Watch Your Step!* was a project that has clearly met its objective of raising awareness about the risk of falls and how to go about taking action to prevent falls among seniors and veterans. What is of even more significance is that the project has provided a lasting legacy of how to reach out to a diverse community, and help to build the capacity of the community to work together on issues around health awareness and promotion.