

Data as Storytelling: Using DOMO and Data to Improve Leader, Workshop and Program Quality



HEALTHY AGING NC

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Collaborations

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Mission:

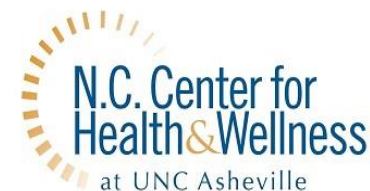
Develop equitable opportunities that lead to healthy North Carolina Communities.

NCCHW works to impact policy, build capacity, and ignite community initiatives by working through a web of cross sector relationships organized around building healthier places throughout the state.



Healthy Aging NC

- Initiative housed at UNC Asheville, NC Center for Health & Wellness.
- Goal is to create a well-informed community where people can access high quality evidence-based healthy aging programs where they live, work, play, pray
- www.healthyagingnc.com



- ▶ Offers referrals to evidence-based community programs
 - ▶ Falls Prevention
 - ▶ Chronic Disease Self-Management
- ▶ Leader training details
- ▶ Healthy aging resources
 - ▶ Data and Fact Sheets
 - ▶ Falls Prevention Awareness Day/Week
- ▶ Latest healthy aging news and information



FALLS PREVENTION RESOURCES

Fall Prevention Programs in North Carolina: Frequently Asked Questions

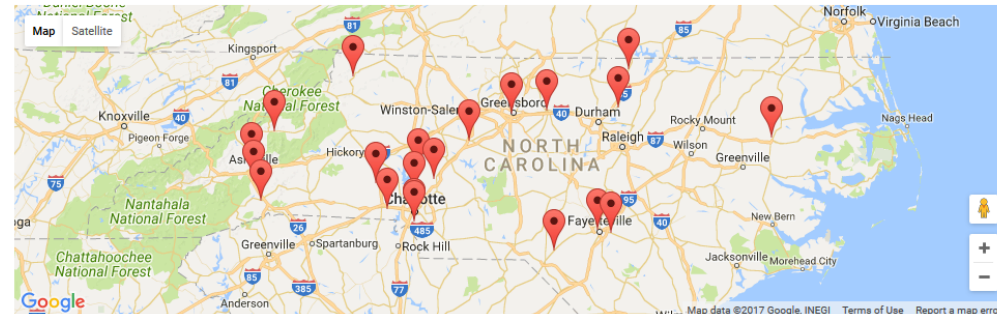
Click above for answers to some common questions about Fall Prevention Programs we support at Healthy Aging NC.

Healthy Aging NC Community Based Falls Prevention Programs

This resource will guide people to the program that is a best fit for an individual.

A MATTER OF BALANCE PROGRAMS

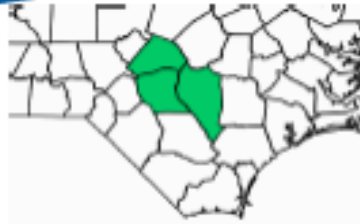
Below is a partial listing of classes available in North Carolina. For more information about class locations, please [contact us!](#)



Prioritizing Data

- Timely dissemination of data is needed to:
 - Bring attention to the issue
 - Drive decisions and funding
 - Prioritization of populations and prevention programs
- Partners can serve different roles
 - Access to data
 - Data Analysis
 - Technical Assistance
 - Link data to programs





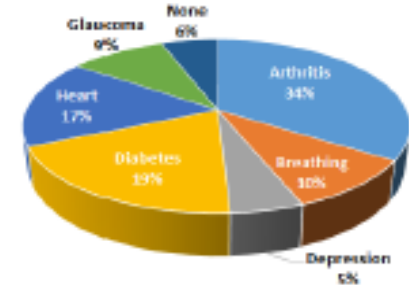
Relationship between NCCHW and evidence-based program providers (host agencies, mostly AAAs)

NCCHW accesses NCOA databases, shares regular reports

Falls Prevention

Participants	233
Completers	153 (AMOB only)
Completion Rate	83.2% (AMOB only)
# Workshops	
AMOB	12
TCA	5
Unduplicated Sites	14
% Minorities	54.9%
% Hispanic or Latino	2.1%
% Disabilities / Limitations	37.3%
Participants 60+ years	185

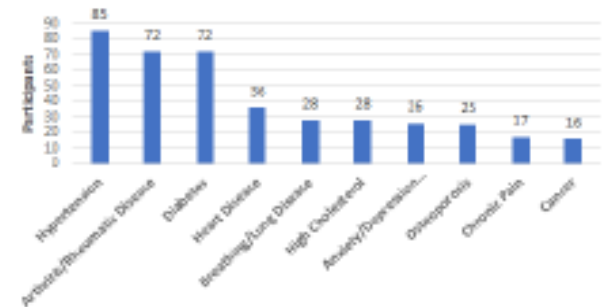
Chronic Conditions - Falls Prevention



CDSME

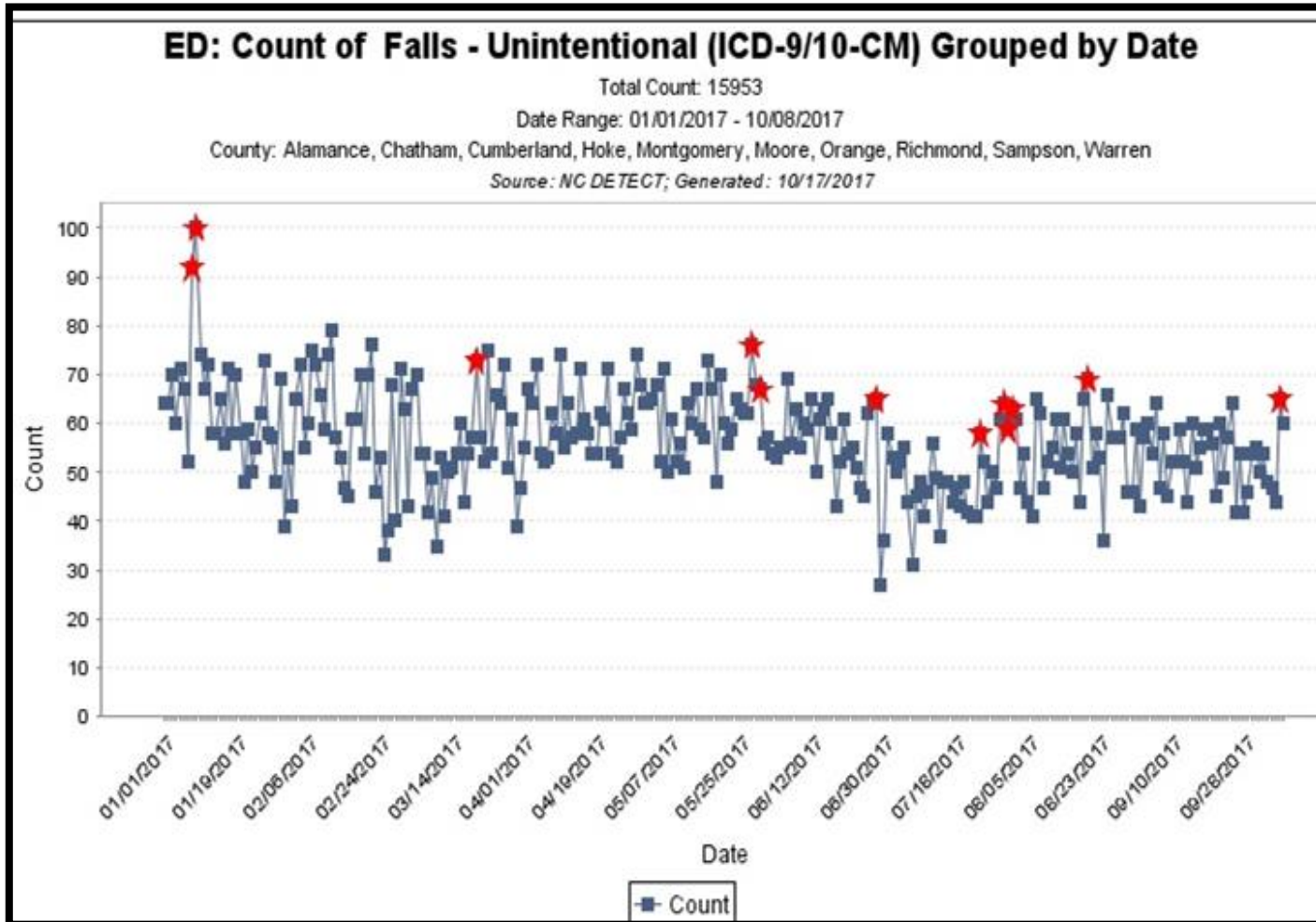
Participants	139
Completers	96
Completion Rate	69.1%
# Workshops by Program	
CDSMP	3
Diabetes	6
Chronic Pain	1
Unduplicated Sites	8
% Minorities	48.2%
% Hispanic or Latino	2.9%
Limitations / Disabilities	
(19 yes; 34 no; 86 no answer)	
Participants 60+ years	113

Chronic Conditions



NCCHW Relationships with Trauma Departments

NC DETECT: Falls in MRAC Jan 1, 2017



Relationship between NCCHW and State Health Department

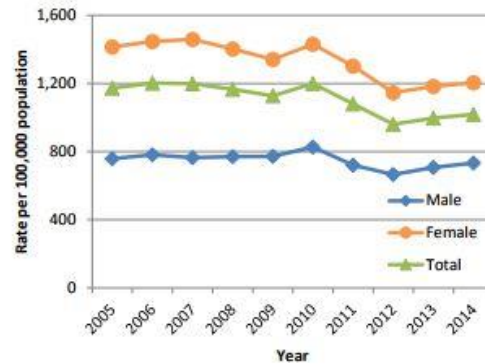
North Carolina
Injury & Violence
PREVENTION Branch



North Carolina Special Emphasis Report: Fall Injuries among Older Adults 2005-2014

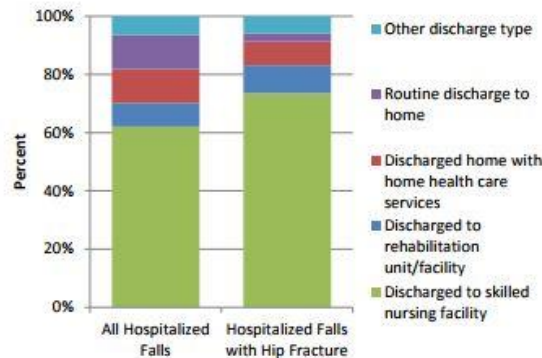
NONFATAL FALL HOSPITALIZATIONS

FIGURE 4. Age-adjusted Rate of Nonfatal Fall Hospitalizations by Sex, Ages 65 and older—North Carolina, 2005-2014



- Nonfatal fall hospitalizations remained relatively stable from 2005 to 2010. Rates decreased between 2010 and 2012, but have since begun to increase slightly.
- In 2014, rates among females are approximately 1.6 times that of males.

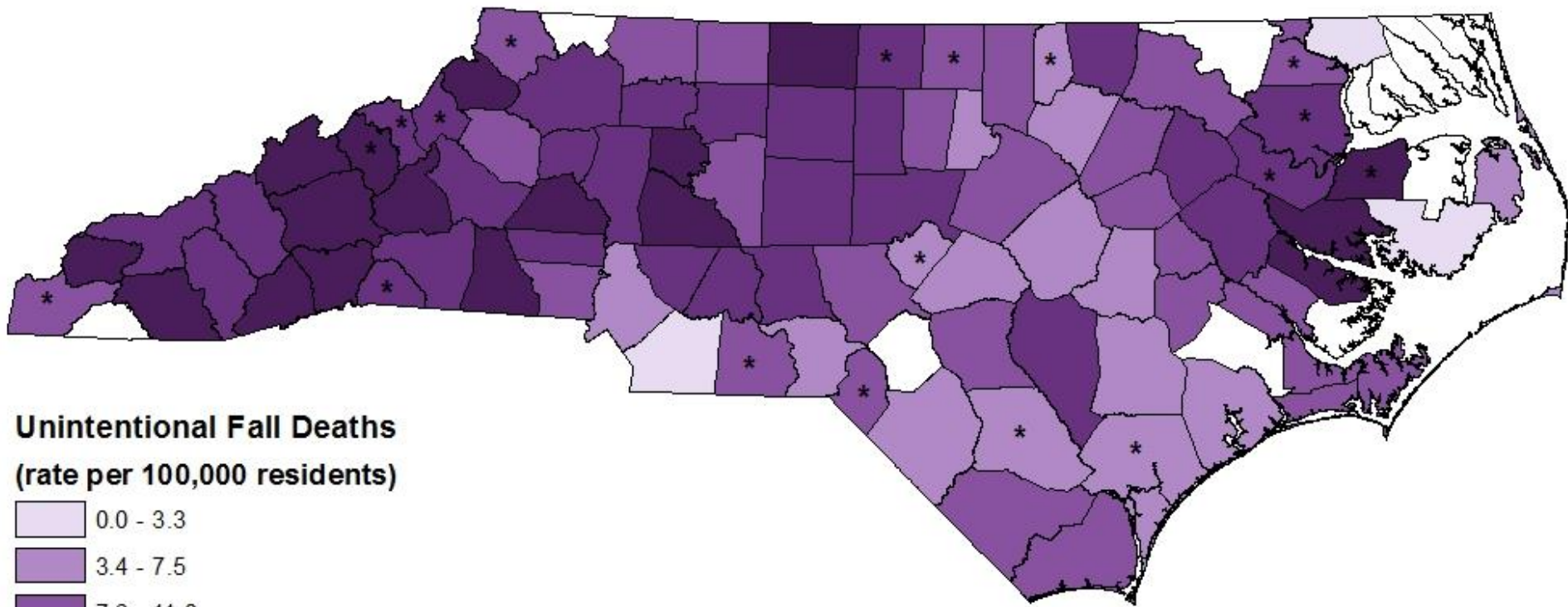
FIGURE 5. Percent of Nonfatal Fall Hospitalizations by Discharge Disposition, Ages 65 and older—North Carolina, 2014



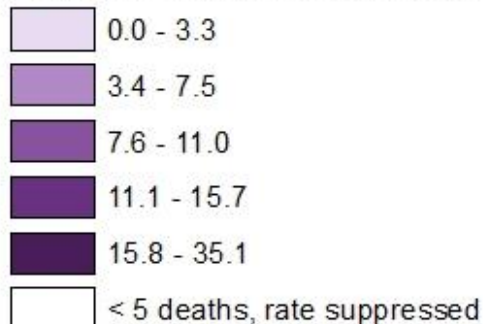
- Sixty-two percent of all fall hospitalizations were discharged to a skilled nursing facility.
- Among falls resulting in a hip fracture, 73.6% were discharged to a skilled nursing facility and 9.6% discharged to a rehabilitation facility.¹
- Among those with a hip fracture, only 2.8% had a routine discharge to home and 8.1% were discharged home with home health services.

¹Rehabilitation includes inpatient hospital rehab units as well as other outside facilities.

Unintentional Fall-related Death Rates by County: N.C. Residents, 2013-2015



Unintentional Fall Deaths (rate per 100,000 residents)



* Between 5 and 10 deaths, interpret rate with caution

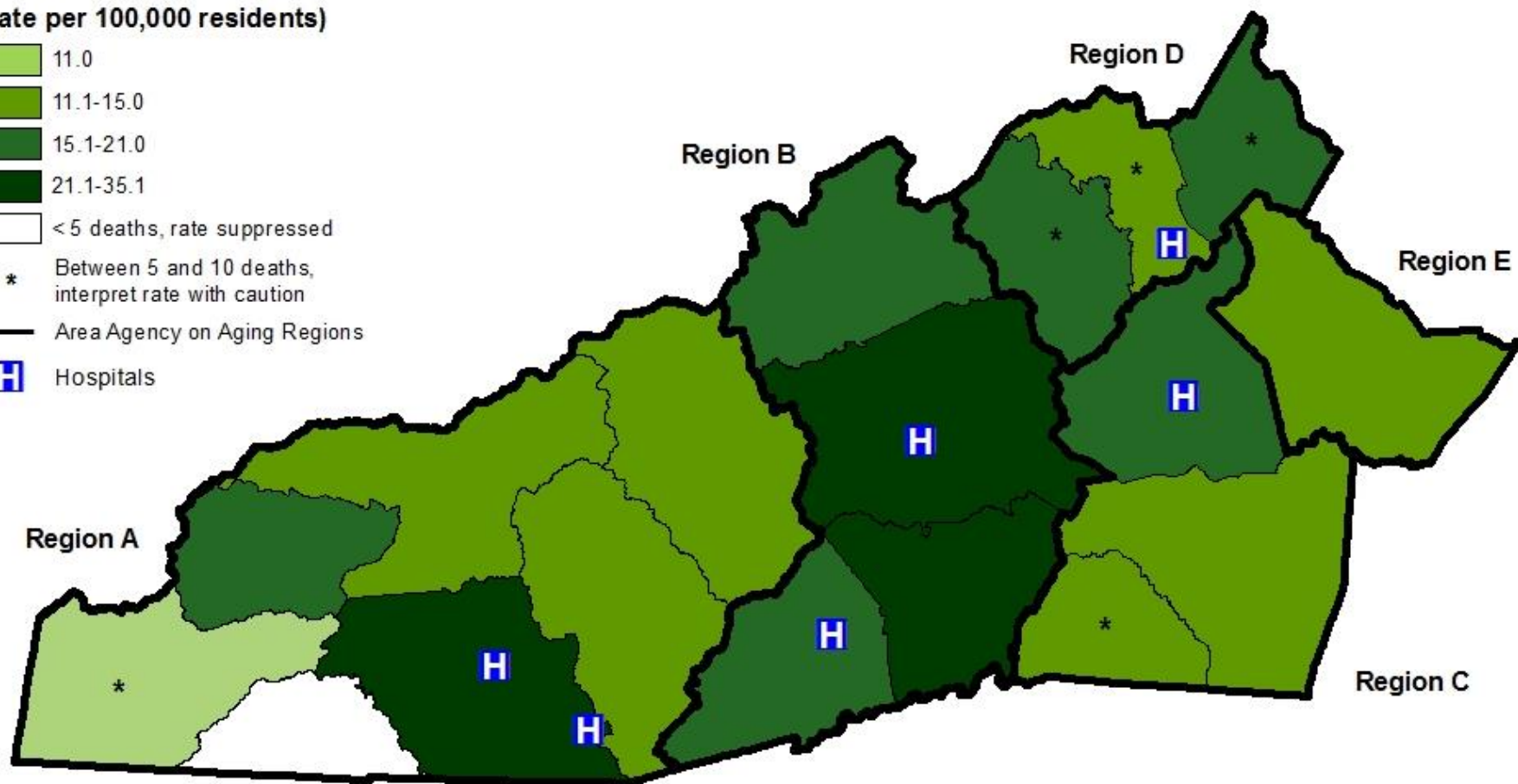
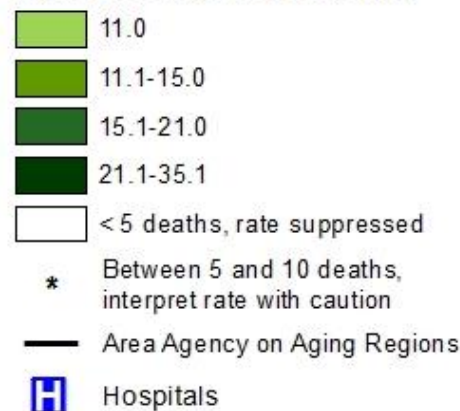
N.C. Rate 2013-2015: 10.5 per 100,000 residents

Data: N.C. Center for Health Statistics, 2013-2015
 Analysis by Injury Epidemiology & Surveillance Unit
 Unintentional Fall Deaths: Fall (W00-W19; X80; Y01; Y30)
 and Unintentional Death (V01-X59; Y85-Y86)

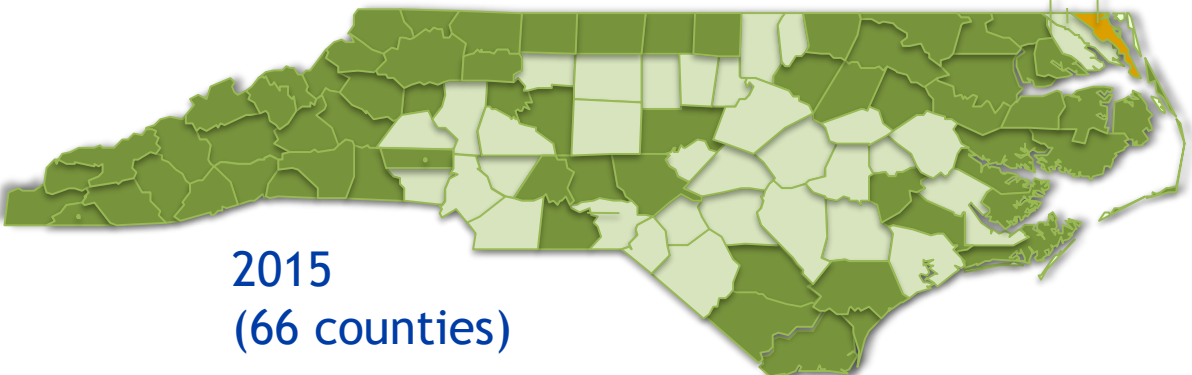
Unintentional Fall-related Death Rates in Western North Carolina: North Carolina Residents, 2013-2015

N.C. Rate 2013-2015: 10.5 per 100,000 residents

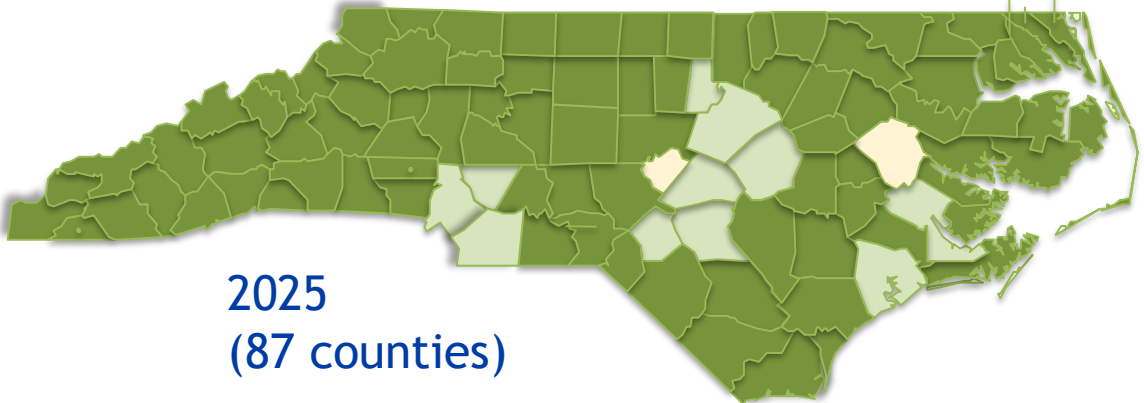
Unintentional Fall Deaths (rate per 100,000 residents)



Counties with more people age 60 and over than 0-17





2015
(66 counties)



2025
(87 counties)

Relationship
between
NCCHW and
State Unit on
Aging

-  Counties with more people ages 60+ than 0-17
-  Counties with more people ages 0-17 than 60+

By 2035, 94 counties will have more people 60 and over than under age 18. The 6 counties with more people 0-17 than 60 and over are Craven, Cumberland, Durham, Harnett, Hoke and Onslow.

Clear Impact Scorecard for NCCHW Data

2016-2018 NCCHW Scorecard

This Scorecard shares information about the North Carolina Center for Health and Wellness- our approach and major initiatives. We value accountability and transparency to our current and potential partners, funders and clients.

(Note: All data dates are calendar year.)

R	The North Carolina community is healthy, connected, and resilient with equitably and efficiently distributed resources accessible to all.	Time Period	Actual Value	Target Value
I	Average life expectancy (Comparisons at birth by racial/ethnic group)	2015	78.8	—
I	People with the basic resources they need (adults and children above the poverty level)	2011	84.6%	87.5%
I	Healthcare spending (per person/per year)	2014	\$7,264	—
R	All people (including providers and recipients of healthcare services) are aware of risks to their individual and community health and engaged in effective prevention and treatment efforts.	Time Period	Actual Value	Target Value
I	Adults reporting good, very good or excellent health	2013	80.9%	90.1%
I	Adults at a healthy weight	2011	34.9%	38.1%
I	Adults exercising regularly (meeting physical activity recommendations)	2009	46.4%	60.6%
I	Adults eating healthy fruits and vegetables (meeting nutrition recommendations)	2009	20.6%	29.3%
P	NCCHW North Carolina Center for Health and Wellness	Time Period	Actual Value	Target Value
<p>Why Is This Important?</p> <p>The North Carolina Center for Health and Wellness (NCCHW) was launched at the University of North Carolina Asheville in 2007 to support the health of people across the state. Our mission is to develop healthy North Carolina communities with equitable opportunities (Results 1, 2), with particular focus on addressing health disparities in the prevention and treatment of chronic health conditions. Health equity provides a consistent anchor for all of NCCHW work. This term conveys that everyone deserves a level playing field, no matter what their station in life, to pursue optimal health without undue burdens beyond their control.</p>				
<p>Strategy</p> <p>NCCHW champions and spearheads promising initiatives and practical evaluation methods to strengthen the health profile of communities where people live, learn, work and play.</p>				

Data Snapshot of North Carolina Falls Programs

September 1, 2014 to July 31, 2017

How much did we do?

4,391 Participants
2,924 Completers
Workshops by Program:
306 A Matter of Balance
15 Tai Chi for Arthritis
21 Otago
35 Moving for Better Balance

How well did we do it?

67% Completion rate
(75.6% AMOB)
65 counties reached
219 sites statewide
32% of participants are minorities
2% Hispanic or Latino
21% report disabilities

Is anyone better off?

Avg FOF Score, Pre	Average FOF Score, Post	Change in FOF	<i>p</i> – value
2.54	2.20	-0.34	0.000

n=1639 participants answered baseline and post-test question.

FOF = Fear of falling question is on a scale of 1 to 4, with high scores indicated greater fear.

Has this program reduced your FOF?	Number (%)
Yes	1551 (89.9)
No	174 (10.1)

n = 1725 participants answered this question

Summary and Lessons Learned

- **Strong connections between partners are crucial and can offer opportunities for collaboration**
 - Find opportunities to engage academic and state epidemiology partners
- **Data can inform programming and programming can inform data**
 - Use available data to build the case for programming
 - Use your program data to show success and opportunities