Did you know... (Use Data)

- Falls are the leading cause of injury-related emergency department visits, hospitalizations and deaths for Ohioans age 65 and older.

- On average in Ohio, an older adult falls every 2 minutes resulting in a fall-related emergency department visit every 8 minutes, two fall-related hospitalizations per hour and 3 fatal falls per day.

- From 2000 to 2011, Ohioans aged 65 and older experienced a 163 percent increase in the number of fatal falls.
Falls Are Costly

Cost to Ohio: $327,000,000 per year

Cost per Ohio resident: $28
Depts. of Aging and Health jointly distribute a toolkit:

- Governor's Proclamation
- Ohio Falls Data Sheet
- Local News Release
- Intervention Factsheets:
  - Tai Chi: Moving for Better Balance Fact Sheet
  - Matter of Balance Fact Sheet
  - Home Modifications Fact Sheet
  - CDC's STEADI Tool Kit
Governor Kasich and ODA/state initiative to promote falls among older adults
STEADY U Initiative

Preventing Falls... One Step at a Time

What you can do
- Individuals & Families
- Businesses
- Service Providers
- Nursing Homes
- Community

Resources

Contact Us

Did you know...?

30 percent of adults age 65 and older living in the community

Click for Halloween tips

Steady U Ohio Tip of the Day

Drink 6-8 glasses of non-alcoholic liquids each day to prevent low blood pressure, fatigue and confusion, which can lead to a fall.

Add this to your website

STEADY U Ohio Promotional Toolkit

Falls Prevention In the News
Many older adults experience concerns about falling and restrict their activities. A Matter of Balance is an award-winning program designed to manage falls and increase activity levels.

A Matter of Balance can help you if:

- You are age 60 or older;
- You have fallen in the past;
- You don’t do some things you enjoy because you fear falling; or
- You would like to be more flexible, stronger and have better balance.

Find A Matter of Balance near you

Counties shaded in blue have active A Matter of Balance programs. All Ohio counties will soon offer the workshop. Please check back as the program expands. Click your county in the map or find your county in the list below for contact information.
VIPP’s role has been largely to promote CDC’s STEADI Tool kit. Falls are the leading cause of injury-related deaths and the most common cause of hospital admissions for trauma in older Ohioans. Health care providers, like doctors, nurses, physical therapist, pharmacists and others, are uniquely positioned to actively assess their patients’ risk and teach them prevention strategies.

Older adults account for a disproportionate share of fall-related injuries. While Ohioans age 65 and older are 13.7 percent of our population, they account for more than 80 percent of fatal falls.

For about 1 in 3 older Ohioans, falls lead to injuries that result in a doctor visit or restricted activity.

Most fractures among older adults are...
Promotion of CDC’s STEADI Tool Kit

- Ohio VIPP printed 2,500 hard copy STEADI Toolkits using CDC files.
- Created STEADI Promotional Tool kit containing:
  - Introductory letter
  - Website Content
  - Newsletter Article
  - Sample Press Release
  - Facebook Posts
- Sent notice through Ohio Older Adult Falls Prevention Coalition members (over 100 members).
- Director of Health coordinated a meeting to introduce STEADI and brainstorm avenues to promote it with our health care partners.
• Health care partners (including the following) promoted STEADI by including in list serve communications, newsletters, e-alerts, etc.
  – Ohio Board of Nursing
  – Ohio State Medical Association
  – State Medical Board
  – Ohio Association Family Physicians
  – Patient Centered Medical Home Provider
  – Ohio Hospital Association
  – Ohio Osteopathic Assn.
  – Ohio Trauma List Serve

• The State Medical Board - sent out an email blast to all of their members resulting in a large number of requests.

• Disseminated more than 375 to date.
Promotion of CDC’s STEADI Tool Kit

Developed Introductory Video featuring Director of Health, Ted Wymyslo, MD

STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit

Did you know that one out of three people 65 and older fall each year?

Prevent Falls with the STEADI toolkit for health...

Healthcare providers play a critical role in the prevention of falls. Integration of simple screenings into your practice can help identify patients at-risk for a fall. By identifying these patients, clinicians can address risk factors such as lower body weakness, difficulties with gait and balance, postural hypotension, medication use, vision problems and home hazards. By addressing these risk factors or referring patients to community programs or specialists who can, healthcare providers can significantly reduce their patients' chances of falling and suffering serious injuries such as hip fractures.
Ohio VIPP created factsheets to facilitate health care providers’ use of falls risk assessment screening into their practices.

- Included in hard copy tool kit with letter from Director of Health

*Not a part of the official CDC STEADI Tool kit.*
Promotion of CDC’s STEADI Tool Kit

*Reimbursement Options for Falls Risk Assessment Screening*

- Ohio VIPP created factsheets to facilitate health care providers’ use of falls risk assessment screening into their practices.
- Included in hard copy tool kit with letter from Director of Health

*Not a part of the official CDC STEADI Tool kit.*
Examples of How to Change a Practice

• Include fall risk assessment routinely in Medicare annual wellness visit

• Ask every older patient if they fell in the last 12 months

• Adapt electronic medical record (EMR) to record fall risk factors
Promotion of Local OAFP Programs

• In 2012, conducted 2 *Tai Chi: Moving for Better Balance* trainings resulting in approximately 30 instructors.

• Support 3 local, evidence-based fall prevention programs with PHHSBG funds. Programs are required to implement EB programs.
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christy.beeghly@odh.ohio.gov

www.healthyohioprogram.org/vipp/falls/STEADI
Translation of an Evidence-Based Fall Prevention Program into Rural West Virginia Churches

“The Moving For Better Balance Initiative”

Dina L. Jones, PT, PhD
Associate Professor of Orthopaedics & Physical Therapy
WVU School of Medicine
Outline

• Risk factors for falls
• Evidence supporting Tai Chi
• Church-based health promotion
• Moving For Better Balance Initiative:
  – Church recruitment strategies
  – Challenges & solutions

Supported by Grant Number: 1R49CE002109 from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, to the West Virginia University Injury Control Research Center. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.
Unintentional Falls

• Leading cause of fatal & non-fatal injuries:
  – Adults ≥ age 65 years
  – United States
  – West Virginia

(CDC WISQARS; WV Healthy People 2010)
Risk Factors for Falls

Rural
- 2nd Most Rural

Medically Underserved
- 92% of Counties

Age
- 2nd Oldest

Inactivity
- 1st Physical Inactivity

Chronic Conditions
- 1st Arthritis & 2nd Diabetes

Leading cause of death in older adults in WV
Physical Activity Interventions

• Physical activity can decrease fall-risk 30% (Carlson SA 2006)
• Exercise interventions alone 5x more effective in reducing falls than multi-factorial programs (Petridou ET 2009)
• Evidence for Tai Chi:
  – Randomized controlled trials
  – Cochrane systematic review (Gillespie LD 2010)
• CDC Compendium (2nd edition):
  – Tai Chi: Moving for Better Balance (Li)
  – Simplified Tai Chi (Wolf)
Tai Chi

- Chinese exercise program with slow, continuous, rhythmical movements:
  - Balance
  - Strengthening
- Self-paced
- Sufficient intensity (moderate)
- Can practice at home
- No equipment

(Li F 2004)
Translate evidence-based, fall-prevention exercise program into new setting:

- Program → Tai Chi: Moving for Better Balance (MFBB)
- Setting → Churches

Focus:
- Process vs. outcomes
Role of Religion in Rural Health

• Serves central role in rural older adult lives:
  – Strong cultural value placed on religion
  – Positive effect on health outcomes
  – Church attendance increases with age

Churches may be efficient, effective, & low-cost venues to deliver fall-prevention programming to rural older adults

(Arcury 200; Cornwell 2008; Coruh 2005; Chida 2009)
Church-Based Health Promotion

Definition:

• Large-scale effort by church community to improve members’ health through (Ransdell LB 1996):
  – Education
  – Screening
  – Referral
  – Treatment
  – Group support

• Church-based programs improve health outcomes (DeHaven et al. 2004)

Studies:

• High cholesterol
• Hypertension
• Poor nutrition
• Physical inactivity
• Smoking
• Obesity
• Diabetes
• Cancer
• Mental health
## Church-Based Physical Activity Promotion

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention</th>
<th>Sample</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart &amp; Soul (Peterson JA 2010)</td>
<td>Group exercise, education, &amp; support</td>
<td>African American urban church (Missouri)</td>
<td>Increased physical activity at 6 wks</td>
</tr>
<tr>
<td>Sisters in Motion (Duru OK 2010)</td>
<td>Group scripture readings, prayer, goal-setting, &amp; walking</td>
<td>3 African American churches (Los Angeles)</td>
<td>Increased walking &amp; decreased blood pressure at 6 mos</td>
</tr>
<tr>
<td>Delta Body &amp; Soul (Tussing-Humphreys L 2011)</td>
<td>Group education, activities, &amp; self-directed walking</td>
<td>10 African American churches (Mississippi)</td>
<td>Increased aerobic activity, strength, &amp; flexibility at 6 mos</td>
</tr>
<tr>
<td>Health-e-AME (Wilcox S 2007)</td>
<td>Messaging, group exercise, walking programs, &amp; education</td>
<td>African Methodist Episcopal churches (South Carolina)</td>
<td>No change in activity at 1 or 2 yrs; awareness associated with meeting activity recommendations</td>
</tr>
</tbody>
</table>

No known church-based studies on fall prevention
CDC-Funded Research

Moving For Better Balance Initiative

Recruit Churches & Instructors:
- 20 rural churches
- 20 exercise instructors

Forum:
- Barriers & facilitators
- Adapt:
  - Program
  - Materials

Recruit Participants:
- 300 people
- Community members
- ≥ 65 years old
- Membership not required

Intervention:
- 1 hour
- Twice weekly
- 16 weeks
- Data:
  - Baseline
  - 16 weeks
  - 32 weeks

Forum:
- Satisfaction:
  - Churches
  - Participants
  - Leaders
  - Sustainability

West Virginia University
Injury Control Research Center
Moving For Better Balance Initiative

- **Reach:**
  - Reach of MFBB into target population of older adults

- **Effectiveness:**
  - Outcomes of 16-week MFBB intervention

- **Adoption:**
  - Proportion of churches that adopt MFBB

- **Implementation:**
  - Extent to which MFBB delivered as intended by its developer

- **Maintenance:**
  - Long-term maintenance by participants and churches

(CDC-Funded Research Glasgow R 1999)
• 3 Northern counties:
  • Rural = 34 of 55
  • \( \leq 20 \text{ people/mile}^2 = 20 \)
    • High fall injury death rates
    • Close to University

• 6 Southern counties:
  • Southern WV Lifestyles Project
  • Health promotion in communities:
    • Included churches
Identification of Churches

- Purchased mailing lists
- Verification:
  - Telephone calls
  - Internet searches
  - Chambers of Commerce
  - Extension agents
  - WVU Prevention Research Center
  - Religious consultant
  - Telephone books
  - Newspapers
  - Senior center directors
  - Local health departments
  - Ministerial Associations

- Campbell et al. (2004):
  - Multi-stage purposeful random sampling
    - Randomly selected 50 of 147 churches
    - Representative sample:
      - Denomination
      - Size
      - County
    - Purposely sampled 5 churches to increase diversity in size & denomination
  - Sample = 55 churches
Non-probability sampling strategy:

- Chain-referral → ask others to refer you to others ... who know others ... who know others etc... who can help us gain access to the churches

- Useful with hard to reach populations
**Snowball Sampling**

- **Contacted:**
  - Clergy
  - Congregants
  - Health Departments
  - Fitness centers
  - Ministerial Associations
  - Senior centers
  - Extension agents
  - Physical therapists
  - Local civic leaders
  - Health clinics
  - Newspaper reporters

- **Community Liaisons:**
  - Health Department staff
  - Congregants

- **Events:**
  - Prayer group meeting
  - Hosted a project informational session
  - Calhoun Days
  - Volunteered:
    - Potluck dinner
    - Food pantry
Two Recruitment Strategies

- **Scientific Sampling:**
  - 280 recruitment mailings
  - 3 rounds of press releases:
    - 6 newspapers
    - 1 radio station
    - 7 TV stations

- **Snowball Sampling:**
  - 4 months:
    - 11 trips
    - > 4000 miles
    - 51 meetings
    - 26 personal letters
    - 44 e-mails
    - 98 telephone calls
    - 100’s of brochures hand-delivered to 48 locations

2 CHURCHES

7 CHURCHES
Challenges

- **Transportation & geography:**
  - Roads without lines
  - No road signs
    - Locals rely on word-of-mouth to locate neighboring congregations
  - Long distances between communities
  - Winter months:
    - Hazardous mountain roads
    - Sun sets early

- **Older adults:**
  - Limited physical function:
    - Getting out of house once a week for church may be their limit
  - Financial difficulties → gas expenses
Challenges

- **Church infrastructure:**
  - High turnover rate of clergy
  - No office staff to answer phone
  - Post office boxes not routinely checked

- **Communications infrastructure:**
  - Local phone books not exhaustive
  - Few church websites
  - Mobile phone service non-existent

- **Reluctance to consider new program:**
  - Lack of cultural value placed on health promotion
  - Communities unwilling to adopt new programs
  - Limited resources (financial & human)
Challenges

- **Congregation size:**
  - Too small to recruit 15 participants ≥ 65 years

- **Religiocultural issues:**
  - Limits the combining of congregations
    - Independent congregations in Appalachia:
      - Division over religiosocial disagreements
      - Few Ministerial Associations:
        - Existing Associations are small:
          » Example: 12% of churches in 1 county in an Association
        - Disproportionate representation of denominations:
          » Example: 2 of 3 encountered run through Catholic church
        - Lack of influence

CDC-Funded Research

West Virginia University
Injury Control Research Center
Solutions

- Scientific approach ➔ snowball sampling
- Expanded definition of church to include faith-based organizations
- Eliminated criterion for churches to be ≥ 10 miles apart
- Will consider class sizes < 15 participants
- Will consider enrolling participants aged 50-64
Conclusion

- Fall prevention in older adults is a public health priority in WV
- Translate evidence-based fall-prevention program into church setting
- Program delivery model for reaching underserved older adults in rural areas
Questions?

THANK YOU!
Falls Free in Pennsylvania

Carol E. Thornton, MPA
Violence & Injury Prevention Program
Section Chief
October 31, 2013
Funding

• CDC Core Violence and Injury Prevention Program
  - Injury Community Planning Group

• CDC Preventive Health and Health Services Block Grant
  - Intervention strategies
Falls Prevention among Older Adults

- Inform health care providers about falls prevention, falls risk assessment, and referral for individual interventions.
- Educate older adults on falls prevention through best practice and evidence-based strategies.
- Raise awareness.
Inform Health Care Providers

STEADI
Stopping Elderly Accidents, Deaths & Injuries
The PA Academy of Family Physicians (PAFP) hosted CME webinar.

Learning Objectives:
- Increased knowledge of the AGS/BGS practice guidelines
- Increased confidence in ability to conduct fall risk assessments and implement interventions
- Increased planned frequency of use of strategies to prevent falls including CDC's STEADI toolkit and outcome data collection and review
CME Webinar Highlights

CMS: Physician Quality Reporting System (PQRS)

- Falls: Risk Assessment (CPT 2 Code 3288F) [PQRS #154]
  - Falls occurring?
    - Yes: 2 or more / 1 fall with injury (Code 1100F)
    - No or 1 fall without injury: (Code 1101F)
  - If Yes, you need to document that you have done a Falls Risk Assessment.
  - Work with your group and EMR vendor on details of that documentation.
  - The CME - PQRS program may have specific expectations for this documentation; they may vary by region / CMS intermediary.

- Falls: Plan of Care " (CPT 2 Code 0588F) [PQRS #155]
  - Referral
    - PT / OT
    - Medical specialist
    - Community physical activity program
    - Home safety evaluation
  - Evaluate need for assistive device
  - You need to document that you have done a Falls Risk Assessment.
  - Work with your group and EMR vendor on details of that documentation.
  - The CME - PQRS program may have specific expectations for this documentation; they may vary by region / CMS intermediary.
Five local health departments received support to print a supply of STEADI toolkits to complement the efforts of the CME webinar.

Each can devise a locally-driven plan for implementing STEADI with health care providers.

PAFP will assist with making connections between local health departments and local practices.
Educate Older Adults

A Matter of Balance Program

• View falls as controllable
• Set goals for increasing activity
• Make changes to reduce fall risk at home
• Exercise to increase strength and balance
Implementation

• The same five local health departments receive support to be Master Trainers for A Matter of Balance.

• As funds are available, more master trainings are made available.

• Trained coaches may be based with another organization to increase local capacity and sustainability.
2013 Falls Prevention Awareness Day
On Paper

- Governor’s Proclamation for third year in a row
- House Resolution for second year in a row
Logistics

• Picked a morning of second day back in session (9/24).
• Utilized House and Senate Health Committees to extend invitations.
• Obtained funding from non-profits and local health system.
• Provided packets with maps and fact sheet.
Legislative Breakfast

Pennsylvania FACTS

**THE REALITY**

- The number of Americans age 65 and older is expected to double in the next 25 years due to increased life expectancy and aging of the baby boomer population.
- Nationally, falls are responsible for more than 2.4 million unintentional injuries to people 65 and older each year. This accounts for nearly two-thirds of unintentional injuries.
- In Pennsylvania, falls are the leading cause of injury-related hospitalizations and deaths for persons age 65 and older. An average of 5.6 Falls-related hospitalizations occurred per hour in 2011.
- Between 2007 and 2011, annual medical charges for fall-related hospitalizations in Pennsylvania totaled $3.4 billion or $291 for every resident. Medicare was the payer for 70 percent of all fall-related hospital charges for all ages.
- Fear of falling among older adults often leads to dependence and increasing immobility, followed by functional defaults and a greater risk of falling.

**STATE PROGRAMS IN ACTION**

At the Pennsylvania Department of Health, the Violence and Injury Prevention Program collaborates with the Pa. Injury Community Planning Group (ICPG) to prevent fall injuries and deaths among older adults. The ICPG Falls Prevention Workgroup is comprised of representatives from the Department of Aging, county health departments, local Area Agencies on Aging, trauma centers, Pennsylvania Academy of Family Physicians, and healthcare providers. This workgroup is also recognized as a member coalition of the National Falls Free Initiative.

At the Pennsylvania Department of Health, the Violence and Injury Prevention Program collaborates with the Pa. Injury Community Planning Group (ICPG) to prevent fall injuries and deaths among older adults. The ICPG Falls Prevention Workgroup is comprised of representatives from the Department of Aging, county health departments, local Area Agencies on Aging, trauma centers, Pennsylvania Academy of Family Physicians, and healthcare providers. This workgroup is also recognized as a member coalition of the National Falls Free Initiative.

Utilizing the Preventive Health and Health Services Block Grant, support is provided to five local county/municipal health departments to implement the *A Matter of Balance* fear-of-falling prevention program. Efforts are underway to also conduct outreach to healthcare providers with a tool kit on screening and referral for older adults at risk for falling.

**FACT ACT**

Currently, Pennsylvania is the fourth "oldest" state in the nation, with nearly 2.7 million individuals aged 60 and older and more than 300,000 individuals aged 85 and older. By the year 2030, it is estimated that more than 4.6 million Pennsylvanians will be aged 60 and older.

**WHAT CAN YOU DO? CAN YOU DO?**

Older adults can take several steps to reduce their risk of falling. They can:
- Exercise regularly, exercise programs that increase strength and improve balance are especially great.
- Ask their doctor or pharmacist to review their medicines—both prescription and over the counter—to reduce side effects and interactions that may increase the risk of falls.
- Have their vision checked by an eye doctor at least once a year.
- Improve the lighting in their home.
- Reduce hazards in their home that can lead to falls (e.g., messy carpet, use non-slippery bare to keep small area from slipping, etc.).
Legislative Breakfast

What we learned?

• Start planning early and expect last minute hiccups.
• With pre-approval, we can email and call with legislative offices.
• Maps were a hit.
• Don’t do your own photography.
Map – Population by Legislative District

Adult Population Age 65 and Older by House Legislative District, 2010

Percent of Adult Population Age 65 and Older
- 5.7 - 13.6
- 13.7 - 16.0
- 16.1 - 17.7
- 17.8 - 21.0

Statewide Statistics:
Total Population: 12,702,379
Percent Age 65 and Older: 15.42%

Note: All district boundaries and population data are based on the 2010 State House Legislative District boundaries and 2010 census data.

Source: Census data, 2010
Author: Bureau of Health Promotion & Risk Reduction
Date: August 2013

pennsylvania DEPARTMENT OF HEALTH
Highlights