Maximizing Your Influence for Fall Prevention Awareness Day: The Role of Creative Partnerships

Your speakers today:

Bonita Lynn Beattie
VP, Injury Prevention
National Council on Aging

Ellen Schneider, MBA
Research Scientist
University of North Carolina, Chapel Hill

Lisa Shields
Senior Falls Prevention Program Coordinator
Injury & Violence Prevention Program – Oregon

Mindy Oxman Renfro, PhD, DPT, GCS, CPH
School of Physical Therapy & Rehabilitation Sciences
University of Montana, Missoula

Elizabeth Peterson, PhD, OTR/L, FAOTA
Clinical Professor, Department of Occupational Therapy
University of Illinois at Chicago

Thank you for joining us, we will get started shortly!
Maximizing Your Influence for Fall Prevention Awareness Day: The Role of Creative Partnerships

Bonita Lynn Beattie, PT, MPT, MHA
Vice President, Injury Prevention,
National Falls Free© Initiative
National Council on Aging
bonita.beattie@ncoa.org

August 22, 2013
NCOA is a nonprofit service and advocacy organization.

Our mission is to improve the lives of millions of older adults, especially those who are vulnerable and disadvantaged.
Speakers

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  Research Scientist
  University of North Carolina, Chapel Hill

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Older Adult Falls, Falls Related Injuries and Deaths

Every 29 minutes, an older adult dies from a fall; every 15 seconds an older adult is treated in an ED for a fall-related injury

- Common
- Predictable
- Preventable

Everyone has a role to play and can make a difference within their own sphere of influence
Falls are Common

- In 2009, more than 20,000 older Americans died from injuries related to unintentional falls. CDC reports the death rate from falls among older adults has increased by 42% from 2000 to 2006.

- In 2010, over 2.3 million older Americans were treated in emergency departments for nonfatal injuries from falls and more than 650,000 were hospitalized.

- The total cost of fall injuries for older Americans was estimated to be $30 billion (in 2010 dollars). By 2020, the annual direct and indirect cost of fall injuries is expected to reach $54.9 billion.

Find out how falls affect your state:
http://www.ncoa.org/Fallsstateprofiles
What Does that Difference Look Like?

Local, state and national collaboration that brings:

- Broad awareness to the issue – falls are not an inevitable part of aging
- Training and education to providers
- Evidence-based programs, services and resources to older adults targeting prevention through risk reduction – must be accessible to those at most risk
- Provide seamless transitions to community programs from health care and vice versa

Broad Community Engagement
State Falls Prevention Coalition Logic Model

The logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your coalition, the activities you plan to do, and the outcomes and impact you hope to achieve. This is a framework to help you get started; feel free to add or delete information to make the logic model as useful as possible for your own coalition.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>We Will Engage in These ACTIVITIES (examples)</th>
<th>And Produce These PRODUCTS</th>
<th>To REACH</th>
<th>Which Yield These Short-Term OUTCOMES</th>
<th>And These Medium-Term OUTCOMES</th>
<th>With These Ultimate Long-Term OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td>Gather and analyze falls surveillance and cost data</td>
<td>Summary of data</td>
<td>Adults 65+</td>
<td>Improved surveillance, analysis, and reporting of data</td>
<td>Improved integration of program and cost data in decision-making</td>
<td>Demonstration of positive return on investments</td>
</tr>
<tr>
<td>• Injury</td>
<td>• Incorporate unified falls prevention (FP) messaging</td>
<td>PSAs, videos, brochures, presentations, flyers, toolkits, training, webinars</td>
<td>Consumers</td>
<td>Increased public and stakeholder (e.g., policymakers) awareness and appreciation of FP and EB programs and services</td>
<td>Increased/new fall prevention policy within different sectors</td>
<td>Recognition (paradigm shift) that falls are preventable and are not a normal part of aging</td>
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<tr>
<td>• Death</td>
<td>• Discuss evidence-based (EB) programs</td>
<td>Compendium of products, EB programs, and services available in the community</td>
<td>Health care providers</td>
<td>Increased organizational capacity to provide EB programs and services</td>
<td>Increased participation in EB FP programs</td>
<td>Incorporation of FP into organizational, health care, and community plans/policies/practices</td>
</tr>
<tr>
<td>• Hospitalization</td>
<td>• Develop statewide awareness campaign</td>
<td>Policy briefs, fact sheets, etc., for appropriate audience</td>
<td>Children of parents in the 65+</td>
<td>Increased health care provider knowledge of falls risks and appropriate EB programs and services</td>
<td>Increased numbers of older adults and caregivers making appropriate behavior changes</td>
<td>Provision and use of a wide range of FP programs and services in most counties</td>
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<tr>
<td>• ED</td>
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<td>Community Caregivers</td>
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<td>Increased engagement of policymakers</td>
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<td>• EMS</td>
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<td>Community service providers</td>
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<td>Increased numbers of older adults screened for falls risks and referred to appropriate EB programs and services</td>
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<td>• Program costs</td>
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<td>Policymakers</td>
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<td>Increase in life expectancy, independence, and quality of life</td>
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<td>• Health care costs</td>
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<td>State Coalition Members</td>
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<td>Partnerships</td>
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<td>• Exercise programs</td>
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<td>• Health care reimbursement</td>
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Evaluation

- Decrease in falls, fall-related injuries, and fall-related deaths
- Increase in life expectancy, independence, and quality of life
Promoting Awareness/Education

6th Annual US Senate Resolution: Fall Prevention Awareness Day
September 22, 2013

Preventing Falls—One Step at a Time

www.ncoa.org/FPAD
Falls Prevention Awareness Day
SHARE: Print

The 6th annual National Falls Prevention Awareness Day (FPAD) will be observed September 22, 2013 to promote and increase public awareness about how to prevent and reduce falls among older adults. This year’s theme, Preventing Falls—One Step at a Time, seeks to unite professionals, older adults, caregivers, and family members to play a part in raising awareness and preventing falls.

We’re planning a webinar on creative partnerships, updating our media toolkit, and more. Watch your email for details!

Planning for 2013
Use these resources to plan and promote a successful Falls Prevention Awareness Day event in your community.

Note: If you adapt any of the materials posted, please credit the state author or NCOA.

State Proclamation Samples
• North Carolina Proclamation
• Florida Proclamation
• Illinois Proclamation
More >>

Contact your
Find a State Falls Coalition
Brochures and Posters Available

www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html
Stay Independent Self Assessment Tool

To Put a Face on the Numbers...the New 90

2011: the US Census estimated there were 50 million adults age 65+ in the population with 1.9 million aged 90+ (nonagenarians)

- Continuum of risk
  - Multiple chronic conditions
  - Medications
  - Functional losses
  - Attitude/engagement
  - Level of cognition

The growing need for caregivers and family support offers many new opportunities to partner
Falls are Preventable: What Works

- LARGELY

Clinical assessment, treatment & referral

Exercise for strength and balance

Maximize vision

Improve home & community safety

Participation in evidence-based programs

Opportunities to partner
New National Partners: Audiology

- New Research: **Hearing Loss Linked to Three-Fold Risk of Falling**

- Promoting partnering at state and local levels
Leveraging National Partners: International Council on Active Aging

• Linking to Active Aging Week
• Promoting partnering at state and local levels

http://www.icaa.cc/
FPAD/The Role of EMS and Falls

Ellen C. Schneider
Research Scientist
UNC Center for Health Promotion and Disease Prevention
UNC School of Medicine, Carolina Geriatric Education Center
Objectives

• Discuss Falls Prevention Awareness Day growth and select activities
• Understand the role of EMS and falls and review select models
Falls Prevention Awareness Day

In 2007, 4 States observed FP Awareness Day
In 2008, 11 States
In 2009, 22 States
In 2010: 34 States
In 2011: 43 States and D.C.
In 2012: 46 states and D.C.
In 2013: 47 states and D.C.!!!
Creative FPAD Activities Across the Country

- FL: Falls prevention webinar
- IA: Tai Chi on the Capitol steps
- HI: FP info at Senior Expo (23,000 attendees in 3 days)
- MA: Major FP event at State House
- MD: Door-to-door FP education through AmeriCorps
- NC: “Dance to Elvis for Your Wellness!”
- NM: Legislative “Memorial,” FP activities at State Fair
- OH: Legislative breakfast
Why EMS and Falls?

• Older adult falls can account for a significant percentage of EMS calls
• “Pick up with no transport” calls:
  – Divert resources
  – Are costly
  – Provide an opportunity
• EMS is trusted

"EMS explaining risks and action steps has a greater impact than hearing the same message from family members."

James Weber, EMT, Manheim Township, PA EMS
Satellite Beach Fire Department, FL

• 15% of calls were fall-related
• Education and skills on falls risk screening for first responders
• FP materials and calls for all older adults, regardless of reason for call
• Initially focused on environmental factors, but found that medication changes were involved with more falls
• Public awareness and education campaign
• Based on their data, lowered suspected hip fractures by 73%

http://www.satellitebeachfire.com/Pages/FallPrevention.aspx
20% of calls are fall-related
EMS contacts patient, patient requests visit
EMS/Rescue performs safety inspections, performs a fall assessment
EMS evaluates the need for any additional services that are provided by partners and makes the necessary referrals

http://www.rescue8.org/fallprevention/
Orange County EMS, NC

• 10% of calls fall-related
• “Stay Up and Active” program a partnership between Orange County EMS, Dept. on Aging, and Carolina Geriatric Education Center
• EMS provides educational material to all 60+ patients
• If suspected falls risk, EMT conducts falls screening
• At-risk patients are entered into database and receive follow-up contact from senior EMT within 72 hours
• Patient is connected to DOA services as appropriate
• DOA makes referral, opens case or conducts home visits as indicated
• DOA follows up with EMS
Resources

Maine EMS training on falls prevention:  
http://connect.maine.edu/p9q7szcceat/

Satellite Beach EMS training and materials:  
http://www.satellitebeachfire.com/Pages/FallPublicEducation.aspx

New Jersey EMS FP Training/Info:  
http://www.state.nj.us/health/ems/documents/spotlight_fall11.pdf
Ellen C. Schneider
University of North Carolina at Chapel Hill
ecschnei@email.unc.edu

Preventing Falls—One Step at a Time!
Oregon Partnerships for Falls Prevention

Lisa Shields
Senior Falls Prevention Program Coordinator
Injury & Violence Prevention Program

August 22, 2013
State Fall Prevention Program

Policy Change Strategies

Changes in clinical care

Tai Chi: Moving for Better Balance

Stepping On Fall Prevention Program

Otago Exercise Program

5-year program
3 state health departments

Technical Assistance and Evaluation
State Fall Prevention Program

Policy Change Strategies

Changes in clinical care

Tai Chi: Moving for Better Balance

Stepping On Fall Prevention Program

Otago Exercise Program

5-year program
3 state health departments

Technical Assistance and Evaluation
Oregon falls prevention plan 2011-2016

- Leverage health care transformation
- Health system collaboration
- Health plan coverage
- Clinician education and referrals (STEADI)
- Community health workers and volunteers
- Aging services and professional organizations
- Public awareness
Coordinated Care Organizations (CCOs)

• Networks of physical, mental, and dental health care providers for Oregon Health Plan (Medicaid)
• 15 CCOs in operation, serving about 90% of Oregon Health Plan members
• Focus on prevention
• Responsive to community

OHA provides

• Fall prevention recommendations for CCOs to meet the Ambulatory Care/ED Utilization incentive measure
• Staff training in STEADI or Tai Chi: Moving for Better Balance (TCMBB)

Barriers

• Falls prevention not a specific Incentive Measure
• Dual eligibles are small group
• Early stage - still planning
• CCOs are community-driven and independent
Health system collaboration

Find the right champions

Geriatrics, Primary Care, QI, Rehab, Inpatient falls prevention, Trauma

Work together to tailor programs that align with their business model
Our health system partners

**Oregon Health & Science University**
Includes Oregon Geriatric Education Center, Rural Practice-Based Research Network, Area Health Education Center, Prevention Research Center, and ThinkFirst Oregon

**Providence Health & Services**
5 states, includes 32 hospitals, 350 clinics, senior services, supported housing, health plan

**Portland VA Medical Center**
8 community clinics in OR and large campuses in Portland and Vancouver WA

**Legacy Health System**
6 hospitals and 50 primary care clinics in OR and Vancouver WA

**Kaiser Permanente**
Medicare 5 star advantage plan, hospital, 27 outpatient clinics, 16 dental offices
### Details
- Director of OGEC is on Injury Community Planning Group (ICPG) and Falls advisory board
- OHSU-VA researcher is on ICPG
- STEADI
- EHR referral to Matter Of Balance classes and Otago agency

### OHA provides
- TCMBB instructor trainings in rural areas for OGEC
- Staff FTE for STEADI (intern)
- Minor supplies
- Tai chi class listings
- Participation in research group
- Data for reports and proposals

### Barriers
- IRB submission held up project for 6 months
Portland VA Medical Center

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<thead>
<tr>
<th>Details</th>
<th>OHA provides</th>
<th>Barriers</th>
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<tr>
<td>• Champions: Primary Care and inpatient falls prevention team. OHSU-VA researcher is on ICPG</td>
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<td>• VA hospital and clinics located next to OHSU</td>
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<td>• Stepping On classes in pilot phase, with plans to expand to multiple sites</td>
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<td>• EHR flags eligible vets to receive class brochure to self-enroll</td>
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<tr>
<td>• Travel for two staff members (Primary Care LPNs) to Wisconsin for Stepping On leader training</td>
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<td>• Start-up funds to cover supplies and Stepping On leader FTE during pilot phase</td>
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<td>• Complicated approval process</td>
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<td>• Difficulty transferring funds</td>
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<td>• Co-pays for veterans to take classes</td>
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Providence Health & Services

Details

- Champions: Outpatient rehab manager is on falls advisory board
- Stepping On classes in 4 locations, with plans to expand system-wide
- Providence Health Plan will fully subsidize classes by 2016
- Exploring offering Otago through Home Health

OHA provides

- Travel for four staff members (PTs, PT assistant, activities coordinator) to Wisconsin for Stepping On leader training
- Start-up funds to cover supplies and Stepping On leader FTE during pilot phase
- Assistance connecting tai chi leaders to Silver Sneakers FLEX program
- TCMBB instructor training for ElderPlace staff

Barriers

- Enthusiastic rehab champions but slow to gain administrative support
- Large health system and slow to roll out changes
- Just switched EHR vendor and can’t change anything for now
<table>
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<tr>
<th>Details</th>
<th>OHA provides</th>
<th>Barriers</th>
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<tr>
<td>• Champions: Medicare 5-star, Frail Seniors</td>
<td>• Travel for one staff members (PT Frail Seniors manager) to Wisconsin for <em>Stepping On</em> leader training</td>
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<tr>
<td>• Working with Silver &amp; Fit to establish enough classes to accommodate referrals</td>
<td>• Tai Chi: Moving for Better Balance training for 60 Silver &amp; Fit fitness instructors from OR and WA</td>
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<tr>
<td>• Patients flagged during annual fall screen will receive follow up call from health coach to enroll in tai chi classes</td>
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<td>• Prefer to use proprietary material rather than CDC publications</td>
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<tr>
<td>• Exploring offering Otago through Home Health</td>
<td></td>
<td>• QI initiatives are region-wide and timeline doesn’t always align with ours</td>
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</tbody>
</table>
Legacy Health System

Details
- Champions: Trauma Services director is on ICPG
- *Stepping On* pilot at one location
- Research collaboration with Trauma Registry investigating surface type on injury severity

OHA provides
- Travel for two staff members (PTs, outreach coordinator) to Wisconsin for *Stepping On* leader training
- Start-up funds to cover supplies and *Stepping On* leader FTE during pilot phase
- Assistance with Trauma Registry data

Barriers
- Enthusiastic rehab and trauma champions but slow to gain administrative support
- No support yet for primary care referrals
Partnering with health systems: overall lessons

- Champions are crucial!
- Focus on how you can help them as a business
- Be patient; each health system is unique
- Expect and accept different motivation levels and timelines
- There are many different paths to collaboration
# STEADl toolkit

## Primary Care
- OHSU Internal Medicine clinic
- Oregon Geriatric Education Center
- Oregon Rural Practice-based Research Network

## Physical Therapy
- Therapeutic Associates Physical Therapy Gresham and Sherwood Clinics

## OHA provides
- Print material
- Minor supplies: vision chart, wall clock
- Assistance with staff training and implementation planning
# Health plan coverage

## Medicare beneficiary fitness programs

<table>
<thead>
<tr>
<th>Silver &amp; Fit</th>
<th>Silver Sneakers</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>Providence Health Plan, Blue Cross-Blue Shield, Humana, AARP by United Health Care</td>
<td>Fitness centers reluctant to try TCMBB because it isn’t “exciting”</td>
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<tr>
<td>TCMBB is approved</td>
<td>TCMBB is approved FLEX programming</td>
<td>Class size limit smaller than typical fitness classes</td>
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<td>programming</td>
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<td>Classes tend to be drop-in or month to month</td>
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Fitness centers are reluctant to try TCMBB because it isn’t “exciting.” Class size limit is smaller than typical fitness classes, and classes tend to be drop-in or month to month.
Community Health Workers and volunteers

- Tai Chi: Moving for Better Balance training
- STEADI material
- Trainings, presentations, and event tables

Community Health Workers

NW Parish Nurse Ministries
Promotores de Salud (Parish Health Promoters)
Self-management leaders
Oregon Community Health Workers Association
CCO staff

Volunteer programs

RSVP: Metropolitan Family Service
Elders in Action
VIEWS: Cascadia Behavioral Health
OHA provides:

- Policy workgroup collaboration
- Instructor FTE for Portland Parks and Recreation pilot classes
- TCMBB instructor training
- Website partner listing
- Presentations, trainings, exhibit tables at events

Aging services and professional organizations

- Oregon DHS - Aging & People with Disabilities
- Multnomah County Aging & Disability Services
- Oregon Physical Therapy Association
- Oregon Geriatrics Society
- Oregon Gerontological Association
- Oregon Primary Care Association
- Oregon Community Health Workers Association
- Portland Parks and Recreation
- Oregon Recreation & Parks Association
Public Awareness

Healthoregon.org/fallprevention

- Program info, class listings, instructor resources, data, news

www.adrcoforegon.org

- State Aging and Disability Resource Connection website
- Falls program listing searchable by county

Falls Prevention Awareness Day 2013

- Tai chi “flash mob” downtown Portland
- Press release
- Public Health Twitter and FaceBook
- Governor’s and county proclamations
- Presentations and screenings at senior centers throughout September
Contact Information

Lisa Shields

Lisa.m.shields@state.or.us
THE UNIVERSITY AS A FALL PREVENTION HUB
Maximizing your Influence:
The role of creative partnerships

Mindy Renfro, PT, PhD, GCS, CPH
Locating your Community’s Stakeholders:
Is there a local college or university?

- College or University
- Your Area Agency on Aging
- DPHHS: State, county, local
- Coalition on Aging: Check NCOA website
- Retirement centers, assisted living communities, CCRC's
- Professional Organizations: State chapters of national organizations
- Geriatric Education Center
WHAT DOES THE UNIVERSITY OFFER?

- Student projects
- Meeting rooms
- Research support
- Marketing
- Technology know-how
Student Projects: Need More Workers?

Coursework projects

- Community work that supports the objectives of one course
  - Health promotion projects
  - Interacting with older adults: geriatrics, gerontology, chronic disease
  - Interdisciplinary opportunities

Independent Study

- Designed to meet one student’s needs/interests
  - Higher level courses (400+ numbers)
  - May take more effort to design with student and faculty member
  - Student may have more time to give to project
MEETING ROOMS: NEED A BIGGER SPACE?

- Space may be available at no or little cost
- Usually need to advance book
- You will be asked:
  - Purpose
  - Number of people
  - Technology needs
  - Configuration:
    - Lecture
    - Tables
    - Labs
Support for Research: Need More Experience?

- Researchers are often looking for subjects and you may be able to work together.
- Universities often have Institutional Review Boards (IRBs) to oversee human-subject research.
- Collaboration of community projects and research is a win-win-win situation.
- Would you like to publish what you measure or accomplish?
Marketing: Reach More People

Universities offer:

- Websites with community events listed
- Email blast ability
- Bulletin boards to post events
- Classes engaging your target population
TechKnowHow: Where Better to Find Geeks?

Students can be hired for:
- Website design and support
- Email blasts
- Connectivity through the internet
- Flyer designs
- Desktop publishing
Positive Approach to Working with the University

1. Identify the best processes/model
2. Acknowledge the differences
3. Develop relationships
4. Acknowledge and honor different partner's "agendas"
5. Consider multi-disciplinary approaches
6. Use evaluation strategies that are consistent with the overall approach
7. Be aware of partnership maturation
   (Baker, 1999)
What Else Lives On-Campus?
Is there an OLLI program?

- Osher Lifelong Learning Institutes promote non-credit education for older adults on 117 college campuses
- You can find the OLLI closest to you: [http://www.usm.maine.edu/olli/national/map.html](http://www.usm.maine.edu/olli/national/map.html)
- OLLI is a great partner for outreach:
  - offering health fairs
  - fall risk screenings
  - teaching evidence-based fall prevention (EBFP) programs
Is There a Geriatric Education Center (GEC) on Campus?

- GEC’s support health care providers in meeting the needs of older adults.
- Currently funded GEC’s are listed at: http://ersrs.hrsa.gov/ReportServer/Pages/ReportViewer.aspx?/HGDW_Reports/FindGrants/GRANT_FIND&ACTIVITY=UB4&rs:Format=HTML4.0
- GEC’s help with:
  - marketing your event to health professionals
  - education
  - dissemination and/or communication
Is there an AHEC? 
Area Health Education Center

- AHECs may
  - Make health care education available in underserved communities
  - Provide continuing education programs and other support to clinicians
  - Expose youth to health care careers.
- Your AHEC may be able to help you reach health professionals, students, and rural medical centers
- Currently funded AHEC’s are listed here:
WRAPPING UP
OUTREACH REQUIRES WORKERS

- Contact the university’s financial aid office to hire students through work-study
- Channel student independent study projects and community service requirements into FPAD efforts.
- Locate professors requiring community service.
WHAT OUTCOMES DO WE SEE?

- Including health care students during training will improve “buy in” from these young professionals.
- Student labor is free and/or inexpensive and benefits all parties.
- Federal work-study funding can further community health efforts.
- Students graduate, but the pool is constantly refilled!
**Coalitions offering FPAD events**

- “It takes a village…”
- Coordinated efforts between enthusiastic champions produce results and sustainability.
- With limited funding & time, many FPAD programs are still possible!
  - Distribute CDC pamphlets
  - Print placemats from [www.ncoa.org/fpad](http://www.ncoa.org/fpad)
  - Visit [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)

---

Distribute CDC pamphlets

Print placemats from [www.ncoa.org/fpad](http://www.ncoa.org/fpad)

Hand-out *Stay Independent* brochure for self-assessment of fall risk.

Visit [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)
Please Be Sure to Share your FPAD Events!

- What was your FPAD event?
- How many older adults did you serve at your event?
- Was there any publicity?
- If you have photo releases, please share some of your photos and stories with us.
- Go to www.ncoa.org/fpad, find the state map and email your state’s coalition lead.
FOR MORE INFORMATION:
Mindy Renfro, PT, PhD, GCS, CPH
U. Montana School of PT & Rehab
Email: mindy.renfro@umontana.edu
Maximizing Your Influence for Fall Prevention Awareness Day: The Role of Creative Partnerships in Evaluation

Elizabeth W. Peterson, PhD, OTR/L, FAOTA
University of Illinois at Chicago, Dept. of Occupational Therapy
epeterso@uic.edu

August 26, 2013
Objectives

1. Identify partnerships and resources to help you evaluate the reach & effectiveness of your Fall Prevention Awareness Day efforts.

2. Explain the potential relationship between FDAP activities and long-term state coalition outcomes.

3. Describe NCOA’s efforts to collect information about each state’s FPAD activities, and how you can support those efforts.
Main Message

Plan ahead to decide:

a) what kind of data you would like to collect/report to your state fall coalition & the NCOA; &

b) partners who can help.
## State Falls Prevention Coalition Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Using These RESOURCES</strong></td>
<td><strong>We Will Engage in These ACTIVITIES (examples)</strong></td>
<td><strong>And Produce These PRODUCTS</strong></td>
</tr>
<tr>
<td>Data  ● Injury  ● Death  ● Hospitalization  ● ED  ● EMS  ● Program costs  ● Health care costs  Partnerships  ● Public health  ● Aging  ● Health care  Programs and Services  ● Exercise programs  ● Medication reviews  ● Vision screening  ● Home assessments  ● PT and OT  Funding  ● Core injury  ● Title III D  ● Foundations  ● Grants  ● Health care reimbursement</td>
<td>Gather and analyze falls surveillance and cost data  Develop statewide awareness campaign  ● Incorporate unified falls prevention (FP) messaging  ● Discuss evidence-based (EB) programs  Train stakeholders on advocacy, policy changes, and community planning</td>
<td>Summary of data  PSAs, videos, brochures, presentations, flyers, toolkits, training, webinars  Compendium of products, EB programs, and services available in the community  Policy briefs, fact sheets, etc., for appropriate audience</td>
</tr>
<tr>
<td>Adults 65+  Consumers  Health care providers  Children of parents in the 65+  Community Caregivers  Community service providers  Policymakers  State Coalition Members</td>
<td>Improved surveillance, analysis, and reporting of data  Increased public and stakeholder (e.g., policymakers) awareness and appreciation of FP and EB programs and services  Increased organizational capacity to provide EB programs and services  Increased health care provider knowledge of falls risks and appropriate EB programs and services</td>
<td>Improved integration of program and cost data in decision-making  Improved integration of program and cost data in decision-making  Increased/new fall prevention policy within different sectors  Increased participation in EB FP programs  Increased numbers of older adults and caregivers making appropriate behavior changes  Increased engagement of policymakers</td>
</tr>
<tr>
<td><strong>To REACH</strong></td>
<td><strong>Which Yield These Short-Term OUTCOMES</strong></td>
<td><strong>And These Medium-Term OUTCOMES</strong></td>
</tr>
<tr>
<td>Adults 65+  Consumers  Health care providers  Children of parents in the 65+  Community Caregivers  Community service providers  Policymakers  State Coalition Members</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation**

- **With These Ultimate Long-Term OUTCOMES**
  - Demonstration of positive return on investments
  - Recognition (paradigm shift) that falls are preventable and are not a normal part of aging
  - Incorporation of FP into organizational, health care, and community plans/policies/practices
  - Provision and use of a wide range of FP programs and services in most counties

- **Decrease in falls, fall-related injuries, and fall-related deaths**
- **Increase in life expectancy, independence, and quality of life**
### “Outputs” vs. “Outcomes”

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Outputs are program activities that actually take place &amp; services delivered.</td>
</tr>
</tbody>
</table>
# State Falls Prevention Coalition Logic Model

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<td><strong>We Will Engage in These ACTIVITIES (examples)</strong></td>
<td><strong>Which Yield These Short-Term OUTCOMES</strong></td>
</tr>
<tr>
<td>Data</td>
<td>Gather and analyze falls surveillance and cost data</td>
<td>Improved surveillance, analysis, and reporting of data</td>
</tr>
<tr>
<td>Injury</td>
<td>Develop statewide awareness campaign</td>
<td>Increased public and stakeholder (e.g., policymakers) awareness and appreciation of falls prevention (FP) and EB programs and services</td>
</tr>
<tr>
<td>Death</td>
<td>Incorporate unified falls prevention (FP) messaging</td>
<td>Increased participation in EB FP programs</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Discuss evidence-based (EB) programs</td>
<td>Increased numbers of older adults and caregivers making appropriate behavior changes</td>
</tr>
<tr>
<td>ED</td>
<td>Train stakeholders on advocacy, policy changes, and community planning</td>
<td>Increased engagement of policymakers</td>
</tr>
<tr>
<td>EMS</td>
<td>Policy briefs, fact sheets, etc., for appropriate audience</td>
<td>Increased numbers of older adults screened for falls risks and referred to appropriate EB programs and services</td>
</tr>
<tr>
<td>Program costs</td>
<td>Train stakeholders on FP, EB programs and services</td>
<td>Increased health care provider knowledge of falls risks and appropriate EB programs and services</td>
</tr>
<tr>
<td>Health care costs</td>
<td>Review/adopt EB interventions</td>
<td>Compendium of products, EB programs, and services available in the community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>And Produce These PRODUCTS</strong></th>
<th><strong>To REACH</strong></th>
<th><strong>And These Medium-Term OUTCOMES</strong></th>
<th><strong>With These Ultimate Long-Term OUTCOMES</strong></th>
</tr>
</thead>
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<tr>
<td>Adults 65+</td>
<td>Adults 65+</td>
<td>Improved integration of program and cost data in decision-making</td>
<td>Demonstration of positive return on investments</td>
</tr>
<tr>
<td>Consumers</td>
<td>Consumers</td>
<td>Comprehensive healthcare provider awareness of falls risks and appropriate EB programs and services</td>
<td>Recognition (paradigm shift) that falls are preventable and are not a normal part of aging</td>
</tr>
<tr>
<td>Health care providers</td>
<td>Health care providers</td>
<td>Increased participation in EB FP programs</td>
<td>Incorporation of FP into organizational, health care, and community plans/policies/practices</td>
</tr>
<tr>
<td>Children of parents in the 65+</td>
<td>Children of parents in the 65+</td>
<td>Increased numbers of older adults and caregivers making appropriate behavior changes</td>
<td>Provision and use of a wide range of FP programs and services in most counties</td>
</tr>
<tr>
<td>Community Caregivers</td>
<td>Community Caregivers</td>
<td>Increased participation in EB FP programs</td>
<td></td>
</tr>
<tr>
<td>Community service providers</td>
<td>Community service providers</td>
<td>Increased numbers of older adults and caregivers making appropriate behavior changes</td>
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<tr>
<td>Policymakers</td>
<td>Policymakers</td>
<td>Increased engagement of policymakers</td>
<td></td>
</tr>
<tr>
<td>State Coalition Members</td>
<td>State Coalition Members</td>
<td>Increased numbers of older adults screened for falls risks and referred to appropriate EB programs and services</td>
<td></td>
</tr>
</tbody>
</table>

**Data in Injury, Death, Hospitalization, ED, EMS, Program costs, Health care costs**

**Partnerships in Public health, Aging, Health care**

**Programs and Services in Exercise programs, Medication reviews, Vision screening, Home assessments, PT and OT**

**Funding in Core injury, Title IIID, Foundations, Grants, Health care reimbursement**

**Decrease in falls, fall-related injuries, and fall-related deaths**

**Increase in life expectancy, independence, and quality of life**
Fall Prevention Awareness Day “Outputs”

- Activities
- Products
- Reach
# Evaluation of Outputs vs. Outcomes

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Evaluation</strong></td>
<td>Process Evaluation</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td>The process of assessing the adequacy of program process: program activities that actually take place &amp; services delivered.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td><strong>Service utilization</strong>: How many people received service? <strong>Program operation</strong>: Is staffing sufficient?</td>
</tr>
</tbody>
</table>
## Evaluating FPAD “Outputs” - Example 1:3

<table>
<thead>
<tr>
<th>FPAD Activity Undertaken</th>
<th>Process Evaluation Goal #1</th>
<th>Evaluation Task</th>
<th>Evaluation Partners &amp; Example of a Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing fall risk screenings</td>
<td>Determine # of older adults who received fall risk screenings on FPAD.</td>
<td>Count # of older adults screened.</td>
<td>Physical therapy students who administered &amp; counted screenings at the different sites.</td>
</tr>
</tbody>
</table>
## Evaluating Fall Prevention Awareness Day “Outputs” - Example 2:3

<table>
<thead>
<tr>
<th>FPAD Activity Undertaken</th>
<th>Process Evaluation Goal</th>
<th>Evaluation Task</th>
<th>Evaluation Partners &amp; Example of a Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing &amp; submitting an article for a local newspaper to disseminate info. about evidence-based fall prevention strategies and local fall prevention resources.</td>
<td>Determine the size of the audience reached by the article.</td>
<td>Draw from information provided by the newspaper’s website or publisher to determine the newspaper’s circulation.</td>
<td>Local newspaper/publisher</td>
</tr>
</tbody>
</table>
## Evaluating Fall Prevention Awareness Day “Outputs” - Example 3:3 (Process eval task #1)

<table>
<thead>
<tr>
<th>FPAD Activity Undertaken</th>
<th>Process Evaluation Goal</th>
<th>Evaluation Task</th>
<th>Evaluation Partners &amp; Example of a Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaving flyers at OT, PT, MD &amp; ophthalmology outpatient clinics to share information</td>
<td>Determine # flyers</td>
<td>Count # of flyers distributed.</td>
<td>N/A for eval (person delivering flyers can count, however you do need permission to leave the flyers in the clinics)</td>
</tr>
<tr>
<td>with health care providers about 2 programs (specifically <em>Tai Chi: Moving for Better</em></td>
<td>distributed.</td>
<td></td>
<td><strong>EXAMPLE FINDING</strong>: As a result of the dissemination effort, 200 flyers were distributed across 5 different health care clinics.</td>
</tr>
<tr>
<td><em>Balance &amp; Matter of Balance</em>) available in a community &amp; how to refer people to those programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Evaluating Fall Prevention Awareness Day “Outputs”- Example 3:3 (Process eval example #2)

<table>
<thead>
<tr>
<th><strong>FPAD Activity Undertaken</strong></th>
<th><strong>Process Evaluation Goal #2</strong></th>
<th><strong>Evaluation Task</strong></th>
<th><strong>Evaluation Partners &amp; Example of a Finding</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave flyers at OT, PT, MD &amp; ophthalmology outpatient clinics to share information with health care providers about 2 programs (specifically <em>Tai Chi: Moving for Better Balance &amp; Matter of Balance</em>) available in a community &amp; how to refer people to those programs.</td>
<td>Determine # of people who joined JCMBB &amp; MOB in the months immediately following the FPAD –related effort.</td>
<td>Count # of people who joined in the 2 months following the FPAD effort.</td>
<td>Agencies offering evidence-based programs. <strong>EXAMPLE FINDING:</strong> As a result of the dissemination effort, a total of 20 older adults joined <em>MOB</em> &amp; 25 older adults joined the <em>TBMBB</em> program.</td>
</tr>
</tbody>
</table>
## State Falls Prevention Coalition Logic Model

### Inputs

**Using These **

**RESOURCES**

<table>
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<tr>
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<td>Program costs</td>
</tr>
<tr>
<td>Health care costs</td>
</tr>
</tbody>
</table>

**Partnerships**

| Public health |
| Aging |
| Health care |

**Programs and Services**

| Exercise programs |
| Medication reviews |
| Vision screening |
| Home assessments |
| PT and OT |

**Funding**

| Core injury |
| Title IIID |
| Foundations |
| Grants |
| Health care reimbursement |

### Outputs

**We Will Engage in These **

**ACTIVITIES (examples)**

| Gather and analyze falls surveillance and cost data |
| Develop statewide awareness campaign |
| Incorporate unified falls prevention (FP) messaging |
| Discuss evidence-based (EB) programs |
| Train stakeholders on advocacy, policy changes, and community planning |
| Review/adopt EB interventions |

### To REACH

**And Produce These PRODUCTS**

| Summary of data |
| PSAs, videos, brochures, presentations, flyers, toolkits, training, webinars |
| Compendium of products, EB programs, and services available in the community |
| Policy briefs, fact sheets, etc., for appropriate audience |

### Which Yield These Short-Term OUTCOMES

**Adults 65+**

| Improved surveillance, analysis, and reporting of data |
| Increased public and stakeholder (e.g., policymakers) awareness and appreciation of FP and EB programs and services |
| Increased organizational capacity to provide EB programs and services |
| Increased health care provider knowledge of falls risks and appropriate EB programs and services |

**Consumers**

| Improved integration of program and cost data in decision-making |
| Increased/new fall prevention policy within different sectors |
| Increased participation in EB FP programs |
| Increased numbers of older adults and caregivers making appropriate behavior changes |

**Health care providers**

| Demonstrated positive return on investments |
| Recognition (paradigm shift) that falls are preventable and are not a normal part of aging |
| Incorporation of FP into organizational, health care, and community plans/policies/practices |

**Children of parents in the 65+**

| Provision and use of a wide range of FP programs and services in most counties |

**Community Caregivers**

| Decrease in falls, fall-related injuries, and fall-related deaths |

**Community service providers**

| Increase in life expectancy, independence, and quality of life |

**Policymakers**

| State Coalition Members |

### With These Ultimate Long-Term OUTCOMES

**Outcomes**

| Improved integration of program and cost data in decision-making |
| Increased/new fall prevention policy within different sectors |
| Increased participation in EB FP programs |
| Increased numbers of older adults and caregivers making appropriate behavior changes |
| Increased engagement of policymakers |
| Increased numbers of older adults screened for falls risks and referred to appropriate EB programs and services |

**Decrease in falls, fall-related injuries, and fall-related deaths**
FPAD Activities Can Support Fall Prevention Coalition “Outcomes”

• Short-term
• Mid-term
• Long-term
Evaluation Guidelines for State & Local Fall Prevention Coalitions

• Evaluation Guidelines
  Homepage
• Link to sections and appendices

**Table of Contents**

1. Introduction
2. What Do I Need to Get Started?
3. Falls Free© Logic Model
4. Standard Set of Survey Questions
5. Next Steps
6. Appendix
Vision: To estimate the reach and impact of 47 states participating in the 6th annual national FPAD
Who completes it? One representative from your state’s Fall Prevention Coalition.

Refer to http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/state-coalitions-map/ to find out names of the people leading your coalition.)
Examples of survey items:

- Did you conduct Awareness and Education activities as part of your Falls Prevention Awareness 2013 efforts?
  - If so, which of the following Awareness and Education activities? (Examples of response options follow)
    - Wrote and distributed a press release
    - Distributed falls prevention information
    - Participated in health fair
    - Other

- Did you promote or kick off an evidence based program or fall prevention workshop as part of your FPAD 2013 efforts?
  - If so, which of the following programs?
    - A Matter of Balance
    - Tai Chi: Moving for Better Balance
    - Tai Chi-other
    - Stepping On
    - Other
Examples of survey items:

- Did you conduct fall risk screenings as part of your Falls Prevention Awareness 2013 efforts?
  - If so, which of the following fall risk screenings?
    - Balance screening
    - Vision screening
    - Medication screening
    - Multifactorial screening

- Estimate the number of people reached through each type of activity:
  1) Awareness and Education; 2) Programs; 3) Fall risk Screening; 4) Advocacy; and/or 5) Other
Examples of survey items:

- Describe any sponsorships or creative partnerships your coalition secured for FPAD 2013.
- Did you engage professional students in the awareness activities? Select all that apply.
- Challenges Use the space provided below to describe challenges from FPAD 2013 and lessons learned.
Summary

- Thank you for planning ahead to identify partnerships and resources to help you evaluate the reach & effectiveness of your Fall Prevention Awareness Day efforts.
- The FDAP activities that you undertake contribute to your state’s long-term coalition outcomes.
- The NCOA is eager to collect information about each state’s FPAD activities.
- You have an important role in helping your state coalition collect the information needed to create a comprehensive report to the NCOA.
Liz Peterson
epeterso@uic.edu
Special Thanks

CDC/National Center for Injury Prevention and Control

www.cdc.gov/injury

Administration on Aging (AoA)

www.aoa.gov

(Administration for Community Living)

And to the thousands of fall prevention champions across the country working to make a difference
To Wrap Up: Everyone has a role to play and can make a difference within their own sphere of influence.

Falls are:

- Common
- Predictable
- Largely Preventable

“It takes a village of stakeholders working together to prevent falls and reduce falls risk, tasks that no one stakeholder can accomplish alone”

Wrap-Up and Q&A

Other questions?
Contact fallsfree@ncoa.org