Policy Change to Advance Falls Prevention: Training, Examples, and Resources

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Ellen Caylor Schneider, University of North Carolina at Chapel Hill

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Joining this webinar


- **Emily Nabors**, MSG, Program Coordinator and Evaluator, Fall Prevention Center of Excellence, Andrus Gerontology Center, University of Southern California.

- **Stanley J. Michaels.** Hawaii State Department of Health, Emergency Medical Services Injury Prevention Systems Branch.

- **Scott K. Proescholdbell**, MPH, Head, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, NC Division of Public Health.
NCOA - National Council on Aging

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.
Overview

The Growing Impact of Older Adult Falls

Why a Fall Prevention Policy Toolkit?

State Policy Toolkit for Advancing Fall Prevention

Resources

Next Steps

Q&A
Leading Causes of Nonfatal Injuries Among People 65+, 2010

Total = 3.7 Million Injuries

- Falls: 2.3 million falls
- Struck by/Against
- Motor Vehicle-Occupant
- Cut/Pierce
- Poisoning
- Bite/Sting
- Other

NCHS, WISQARS

Number of Injuries
Leading Causes of Death from Injuries Among People 65+, 2007

Total = 38,300 deaths

- Falls: 18,300 fall deaths
- Suffocation
- Motor Vehicle
- Fire/Burn
- Poisoning
- Drowning
- Other
- Unspecified

Number of Deaths
Percent of U.S. Population Age 65+, 2010

Data source: U.S. Census Bureau, State Level, 2010
Percent of U.S. Population Age 65+, 2030

Color Legend
- < 15%
- 15% - 19.9%
- ≥ 20%

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“I challenge state health leaders to study the data, assess their state, and consider adopting at least one policy strategy this year that could lessen the burden of preventable injury and death within their home state.”

Paul Halverson, DrPH, Director, Arkansas Department of Public Health and State Health Officer; President, Association of State and Territorial Health Officials (Safe States Alliance, 2011)
What is Policy

- **Policy:** establish and enforce evidence-based laws, regulations and standard institutional practices that promote prevention, create healthy environments and foster healthy behaviors

- **Systems Change:** establish procedures and protocols within institutions and networks that promote prevention, create healthy environments and foster healthy behaviors
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
To effect change: organize and maximize community assets and resources and institutionalize innovative policies and practices within states, communities, and organizations

**State Policy Toolkit for Advancing Falls Prevention**
http://www.ncoa.org/FallsPolicy

Designed to give state and local coalitions the strategies, tools, and resources to make that happen. It offers a rich compendium of suggested policy changes to advance falls prevention, including opportunities, strategies, and examples of what is possible through education and engagement of key stakeholders.
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The Impact of Older Adult Falls

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Q&A
State Policy Toolkit for Advancing Fall Prevention

• Toolkit
  – 8 Overarching Goals, each featuring:
    • Policy and Practice Options
    • Strategies
    • Select Examples
• Suggested Indicators
• Select Resources
Goal: Increase awareness of the issue and effective prevention strategies among stakeholders

**Policy Initiative:** Create a statewide awareness campaign

**Strategy:** Leverage NCOA Falls Prevention Awareness: Findings and Lessons Learned From State Coalitions on Fall Prevention and other readily available documents

**Strategy:** Obtain Governor’s and local leader proclamations
Governor of Kentucky Promotes FP!

Public Service Announcements available at:
https://kspan.egnyte.com/h-s/20130226/12e6001371c84452
https://kspan.egnyte.com/h-s/20130226/623d8b3a4d404e09

Also see the No Falls Kentucky website:
http://nofalls.org/
Goal: Increase provider participation in fall prevention practices

Policy Initiative: State and local health departments collaborate with clinical delivery systems to promote FP referrals and services.

Strategy: Older adults who present to the emergency room for fall-related injuries but are not admitted will be scheduled for a home visit.

Example: MaineHealth
• Title V Block Grant/State General Funds fund 13 primary health care centers in the state plus two homeless contracts.

• Put into clinical contracts as scope of service, “Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.”

• Training since 2008, partnership with Northern New England Geriatric Education Center
Follow up with clinical chart reviews on site visits

*Importance of geriatric template
*Indicator as part of ACO
*Provider champion
*Part of QI
*2014, making falls screening a quality indicator

Rhonda Siegel, New Hampshire Department of Health and Human Services
rsiegel@dhhs.state.nh.us
EMS FP Programs

Nevada County FP Coalition

- EMS fax form to Public Health
- Connect older fallers not brought to ER to FP services
- Public Health nurse contacts individual to arrange assessment
- Medical outreach coordinator now partnering with EMS

FP Connect, FPCE

- Developed EMS assessment tool
  - Assess where fall occurred
  - Provides safety recommendations
  - FP service contact information
- EMS identify fall risks, leave tool
- Connect older adults to community services
- Reduce repeat falls
- Decrease use of limited EMS resources
- In pilot phase

Emily Nabors, CA Fall Prevention Center of Excellence
emily.nabors@usc.edu
Goal: Educate potential funders on the importance of supporting falls prevention programs and activities

Policy Initiative: All State Departments’ budget requests for aging services will incorporate FP activities.

Strategy: SUA will require AAA budgets to include FP programs and activities.

Strategy: DPH will require local PH budgets to include FP programs and activities.
MD Department of Health and Mental Hygiene—funding Tai Chi and Stepping On

Several evidence-based fall prevention programs are eligible for Title IID funding:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIDD/index.aspx
The Importance of Data

“No one strategy will ensure adequate support for (injury) prevention programs. But without data to demonstrate the severity of the problem, there is no hope of gaining local, state, or national support."

--Jim Crawford, Retired Deputy Chief and Fire Marshall, Vancouver, WA Fire Department
Goal: Enhance data surveillance collection, analysis and system linkages

Policy Initiative: Create an easy to read, annual falls report for the legislature.

Strategy: Assess available data sets and develop a template for an annual report.

Example: Florida Department of Public Health falls data: Florida Injury Facts: Unintentional Falls: Seniors
The Problem: Fall injury data not very specific (fall, unspecified)

- CDC Core Injury: Surveillance Quality Improvement (SQI) program
  - 4 states participating (NC, MA, CO & UT)
  - All projects focus on improving injury data in their states and recommendations
  - Completeness of ecoding in NC project (Hosp and ED)
  - Future multi-state, consensus injury project?

For more information: scott.proescholdbell@dhhs.nc.gov
NC State Advisory Council (SAC) on Injury

Data Goal Team Project

• Data Inventory and YouTube data videos

• Goal: provide partners in state with series of updates on injury data and how to use data sources

• Search YouTube: Injury Free NC

For more information:

scott.proescholdbell@dhhs.nc.gov
Goal: Increase the availability and accessibility of community programs and services

**Policy Initiative**: State leadership in PH and aging will identify array of essential FP programs, services, and resources.

Strategy: Promote and champion local and regional coalitions to extend the reach of the state coalition.

Strategy: Identify and catalog current community fall prevention resources, programs and services.

Example: Western NC Falls Prevention Coalition
# Building Better Balance in Buncombe County – Fall Prevention Resource List

## Screening Services

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<tr>
<th>Organization</th>
<th>Description of Services</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Mission Hospital Outpatient Rehab</td>
<td>Free, individual fall risk screening</td>
<td>Asheville, (828) 213-0850; Weaverville, (828) 645-6925</td>
</tr>
<tr>
<td>UNCA Balance Laboratory</td>
<td>Free comprehensive balance evaluations</td>
<td>Jason Wingert, PhD, UNCA, (828) 250 - 2341</td>
</tr>
<tr>
<td>UNCA Healthy Active Aging Program</td>
<td>Field and Computerized Screenings, free</td>
<td>Kathie Garbe, PhD, UNCA (828)251-6514</td>
</tr>
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## Physical Therapy Services*

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<tr>
<th>Organization</th>
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<tr>
<td>Asheville Physical Therapy</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>76 Peachtree Rd, Suite 204, Asheville (828) 277-7547</td>
</tr>
<tr>
<td>CarePartners Outpatient – Main, North and East Clinics</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>Main location, central number will refer to North, South and East clinics: 68 Sweeten Creek Road, Asheville (828) 274-6179</td>
</tr>
<tr>
<td>Cntr. for Orthopedic Physical Therapy</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>5B Doctors Park, 417 Biltmore Ave, Asheville, (828) 255-4567</td>
</tr>
<tr>
<td>Gentiva Home Health- Safe Strides</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>9 Olde Eastwood Village Drive, Asheville (828) 298-1370</td>
</tr>
<tr>
<td>Mission Outpatient Rehab Clinic</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>534 Biltmore Avenue, Asheville (828) 213-0850</td>
</tr>
<tr>
<td>Mobile Rehab, LLC</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>Jennifer L. Liis MS PT OCS, 828-367-7645</td>
</tr>
<tr>
<td>Skyland Physical Therapy</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>1201 Bleachery Blvd., Ste. 201, Asheville (828) 277-5763</td>
</tr>
<tr>
<td>UHS-Pruitt Corporation</td>
<td>Physical Therapists, certified in Vestibular training</td>
<td>Allison Fender, North Carolina State Veterans Home, 62 Lake Eden Road, Black Mountain 828-257-6800</td>
</tr>
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*For insurance coverage of physical therapy services, physician prescription is needed. For Example “Physical Therapy Evaluation and Treatment for Balance Deficit and/or Gait Deficit and/or Dizziness and/or Vertigo” (as appropriate).*

## Home Safety

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<td>CarePartners Home Health</td>
<td>Home assessments physician referral, homebound</td>
<td>68 Sweeten Creek Road, Asheville, (828) 277-4722</td>
</tr>
<tr>
<td>Council on Aging of Buncombe County</td>
<td>Home fall risk assessments</td>
<td>46 Sheffield Cr., Asheville, (828) 277-8288</td>
</tr>
<tr>
<td>Home Instead Senior Care</td>
<td>Home safety assessments, fall prevention services</td>
<td>1293 Hendersonville Rd., Asheville, (828) 274-4406</td>
</tr>
<tr>
<td>Park Ridge Hospital Home Health</td>
<td>Home assessments physician referral, homebound</td>
<td>100 Hospital Dr., Hendersonville, (828) 280-0119</td>
</tr>
<tr>
<td>Slip Free Flooring</td>
<td>Fee-based service for individuals and organizations</td>
<td>Dave Conlin, Owner, (828) 367-1201</td>
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Revised on December 10, 2012
Goal: Increase the availability and accessibility of community programs and services

Strategy: Recognize the contributions of a healthy life style as promoted through other evidence-based programs and promote fall prevention by offering a menu of programs and services
Goal: Increase the availability and accessibility of community programs and services

Policy initiative: Community planners and others will consider environmental impacts of falls on funding and infrastructure decisions.

Strategy: Activate partner network and volunteers to conduct walkability audits.

Photo courtesy of the News and Observer
Goal: Build and leverage an integrated, sustainable fall prevention network

Policy Change: The State Coalition leadership will set a priority to build and sustain a statewide fall prevention network.

Strategy: The State Coalition seeks out opportunities to partner with other coalitions and organizations.

Strategy: The State Coalition develops a targeted partnership and stakeholder engagement working group.

Strategy: The State Coalition encourages the development of local and regional coalitions.
Goal: Improve fall prevention activities in places where older adults reside

Policy Change: Fall prevention is viewed as a priority across the continuum of care and in all transition activities.

Strategy: Partner with the state affiliate of the National Association of Professional Geriatric Care Managers, the state hospital association, the state nursing home association and other long term care associations.
Goal: Improve fall prevention activities in places where older adults reside (cont.)

Policy Change: Nursing homes under state license or accepting State Funding will routinely include Vitamin D supplements for residents.

Strategy: Leverage U.S. Preventive Services Task Force (USPSTF) report on the efficacy of Vitamin D in fall prevention.  
Goal: Institute ongoing evaluation of state efforts and outcomes

**Policy Change:** Department of Public Health/Injury Prevention Section develops, implements and monitors an evaluation of the overall efforts as an expanded function of its activities.

**Strategy:** Collaborate with the State Coalition’s Evaluation Initiative to measure impact; look to the Evaluation Guidelines for additional information. 
[www.ncoa.org/fallsevaluation](http://www.ncoa.org/fallsevaluation)
Goal: Institute ongoing evaluation of state efforts and outcomes (cont.)

Policy Initiative: DPH briefs the legislature or relevant committee on an annual basis on the issue of falls in the state.

Strategy: Target coalition partners and activities to identify a legislator or staff to champion the issue.

MA State Senator Harriette Chandler

Photo courtesy of MA Falls Prevention Coalition
FP Legislative Options

National Conference of State Legislatures--

Elderly Falls Injury Prevention Legislation and Statutes

Hawaii Fall Prevention Policy with Aloha..!

Stan Michaels
Emergency Medical Services and Injury Prevention
Hawaii Department of Health
Hawaii Fall Injury Policy–5 years and counting

- 2009 Started as a Senate Resolution - failed
- 3 years all Bills & Resos failed…however we were building support and growing the Consortium.
- 2012 Failed again…but Task Force was convened and followed recommendations of The HIPP (Hawaii Injury Prevention Plan) created by independent IPAC.
- 2012-13 Task Force work created 1st ever State Plan
- State Plan published by EOA and distributed to all Legislators. SB 105 Approved - to date! It calls for the creation of a State program & person

Not holding our breath. State plan is now #1 priority of State Consortium. 107 members/47 agencies & orgs.
Policy Change: State Health and Aging Plans include fall prevention as a priority area and acknowledge interdependency.

Suggested indicators:

Year 1: Memorandum of Understanding between the SUA and DPH

Year 2-3: Conduct annual progress review and apply quality improvement process to the implementation of the state plans

Years 4-5: Appropriate revisions of state plans enfold priorities and successes, and map out strategies for addressing shortfalls.
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• Medicare and Reimbursement for Falls-Related Services
• Community Fall Prevention is a Good Investment
• Inviting Physical Therapists to Join Us in Preventing Older Adult Falls
• Inviting Occupational Therapists to Join Us in Preventing Older Adult Falls
More Resources

• More than 20 other resources to assist in your falls prevention efforts!

http://www.ncoa.org/FallsPolicy
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Next Steps

• Review the toolkit
• Create a FP Coalition committee to focus on policy
• Select 3-5 policy changes to implement Consider:
  – Advantages
  – Disadvantages

Send us your policy ideas, initiatives, systems changes:

fallsfree@ncoa.org
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