OLDER ADULT FALLS PREVENTION: Vision and Progress

CDC Perspective

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Falls: A Public Health Concern

- The leading cause of injury deaths among older adults.
- 25,000 older adults die each year from a fall – 1 every 20 minutes.
- Every 13 seconds, an older adult is treated in an ED for a fall.
- $34 billion is spent on direct medical costs related to falls.
- Among people who fall, less than half talk to their healthcare provider about it.
Modifiable Risk Factors

**Biological**
- Leg weakness
- Mobility problems
- Problems w/ balance
- Poor vision

**Environmental**
- Clutter & tripping hazards
- No stair railings or grab bars
- Poor lighting

**Behavioral**
- Psychoactive meds
- 4+ medications
- Risky behaviors
- Inactivity
CDC’s Strategies to Address Older Adult Falls
CDC Strategic Directions

Improve health security at home and around the world

Better prevent the leading causes of illness, injury, disability, and death

Strengthen public health & health care collaboration
About 25,000 older adults die each year from a fall. That’s one person every 20 minutes.

Direct medical costs for falls amount to about $34 billion each year.

Using 3 steps in CDC’s STEADI initiative can help you protect your patients age 65 and older from falls — SAVING LIVES AND COSTS.

ASK

Your patients if they have fallen in the last year, feel unsteady, or worry about falling.

1

REVIEW

Your patient’s medications & stop, switch, or reduce the dose of prescriptions that increase the risk for falls.

2

RECOMMEND

Vitamin D supplements for your patients of at least 800 IU/day with calcium.

3

CDC’s STEADI initiative can help your older patients stay healthy, active, and independent longer.
Algorithm for Fall Risk Assessment & Interventions

Patient completes Stay Independent brochure

Screen for falls and/or fall risk
Patient answers YES to any key question:
- Fell in past year? If YES ask,
  - How many times? and,
  - Were you injured?
- Feels unsteady when standing or walking?
- Worries about falling?

YES to any key question

Evaluate gait, strength & balance
- Timed Up & Go (recommended)
- 30 Second Chair Stand (optional)
- 4 Stage Balance Test (optional)

Gait, strength or balance problem

≥ 2 falls
Injury

Conduct multifactorial risk assessment
- Review Stay Independent brochure
- Falls history
- Physical exam including:
  - Postural dizziness/ postural hypotension
  - Medication review
  - Cognitive screen
  - Feet & footwear
  - Use of mobility aids
  - Visual acuity check

LOW RISK
Individualized fall interventions
- Educate patient
- Vitamin D +/- calcium
- Refer for strength & balance exercise (community exercise or fall prevention program)

Moderate Risk
Moderate Risk

1 fall
No injury

MODERATE RISK
Individualized fall interventions
- Educate patient
- Review & modify medications
- Vitamin D +/- calcium
- Refer to PT to improve gait, strength & balance or refer to a community fall prevention program

≥ 0 falls

HIGH RISK
Individualized fall interventions
- Educate patient
- Vitamin D +/- calcium
- Refer to PT to enhance functional mobility & improve strength & balance
- Manage & monitor hypotension
- Modify medications
- Address foot problems
- Optimize vision
- Optimize home safety

Follow up with HIGH RISK patient within 30 days
- Review care plan
- Assess & encourage fall risk reduction behaviors
- Discuss & address barriers to adherence
- Transition to maintenance exercise program when patient is ready

*For these patients, consider additional risk assessment (e.g., medication review, cognitive screen, syncope)
Are You Asking Older Adult Patients the Right Questions?

- Have you fallen in the past year?
- Do you feel unsteady when walking?
- Do you worry about falling?

FREE Video
Two Important Clinical Interventions

Vitamin D

Medication Review
Upcoming CDC Releases

Online continuing education courses to incorporate STEADI in clinical practice

Clinical decision support modules for Electronic Health Records
A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults
PREVENTING FALLS: A Guide to Implementing Effective Community-Based Fall Prevention Programs
Older Adult Fall Prevention

- New special edition of Frontiers in Public Health that highlights evidence-based fall prevention programs for older adults.

- CDC authors contributed to this special edition. In total there are 25 commentaries and 35 peer-reviewed articles dedicated to evidence-based programs.

- Available as an e-book in May 2015 and can be accessed free of charge at today at: http://journal.frontiersin.org/researchtopic/evidence-based-programming-for-older-adults
Core Violence and Injury Prevention Program

Map showing states participating in the program with core states marked in blue and older adult fall supplement states marked with an asterisk.
Colorado

- Colorado partnered with Denver based trauma centers to create a sustainable system to deliver Stepping On.
- 14 new classes offered in 2015.
- Launching new website to connect older adults with fall prevention programs.
New York

- United Health Services integrating STEADI into its primary care practices.
- Modified EHR to incorporate the STEADI algorithm and provide point-of-care clinical decision support.

Early Successes

- 17 primary care practices using the EHR-based tools.
- 70% of patients aged 65+ were screened for falls.
- 76% of those screened received assessments.
Oregon

- Tai Chi classes in every county in the state.
- Collaboration with Oregon Health Sciences University to integrate STEADI into the internal medicine practice.
- Launching STEADI as a standardized fall risk screen to be included in all Medicare Annual Wellness Visits.
- Working with VA System and Providence Health Care to offer Stepping On as a member benefit.
Older Adult Mobility

CDC is working to:

- Advance the understanding of mobility transitions for older adults (e.g., between driving and non-driving).
- Identify strategies that help older adults remain safe and independent.
Learn more about older adult fall prevention:
www.cdc.gov/Injury/STEADI