Fall Prevention Among Older Adults: An Action Plan for Wisconsin

2010 – 2015

Wisconsin Department of Health Services
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- Local Aging Units
- Local Fall Prevention Coalitions
- Members of the Evidence-based Prevention Program Advisory Committee
- Members of the Wisconsin Fall Prevention Initiative
- Senior Centers
- The Injury Research Center at the Medical College of Wisconsin
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Summary of the planning process: The process of generating a plan took place between January and September 2010.

- Three group interviews by telephone with members of the Fall Prevention Initiative
- One five-hour, face-to-face discussion with a selected group of fifteen members of the Fall Prevention Initiative, representing a broad range of organizations
- A face-to-face meeting with the Aging Evidence-based Program Advisory Committee, whose members guide implementation of Chronic Disease Self-Management Programs and various fall prevention programs
- 15 key informant interviews
- A review of the published and unpublished literature on fall prevention
- Ongoing consultation with Injury and Violence Prevention Program staff
- An online review and comment period, inviting comments from more than 120 members of the Fall Prevention Initiative.

Foreword

Karen Timberlake

Secretary

Wisconsin Department of Health Services

For an older adult, falling can result in devastating consequences, and falls are all too common. In fact, falls are the leading cause of accidental injury and death among Wisconsin's older adults.

Designed to guide state agencies, aging service providers, public health workers, healthcare professionals, and families interested in reducing falls, this action plan outlines comprehensive steps to reduce falls in Wisconsin communities. Two messages stand out within this Action Plan:

1. We can prevent falls among older adults.
2. Falls are not a normal part of aging.

Despite this serious problem, there is good news. Through this Action Plan, Wisconsin will build on strength. A dynamic network of aging and public health services collaborated to produce this plan, reflecting a solid base for further cooperative work. We recognize the hard work those groups have done to build a solid infrastructure for fall prevention.

The Plan also calls state and local organizations across sectors to work together, helping healthcare professionals and communities learn about proven approaches to reduce fall risk. Through an underlying focus on systems change, our goal is to reduce overall costs—direct costs of fall-related healthcare as well as the enormous personal costs that Wisconsin families incur because of falls.

Because we recognize that communities shape expectations for healthy aging, the plan calls for partnership with groups promoting physical activity and good nutrition across the lifespan. In other words, falling is a public health issue requiring comprehensive, evidence-based approaches that articulate clear, measurable long-term goals.

Finally, we invite older adults to help us design community interventions, track what works, improve programs, and model ways to become agents of change in community health. Working together, we can prevent falls and promote healthy aging.

Executive Summary

If an older adult in Wisconsin dies because of accidental injuries, chances are he or she died because of a fall. In the last five years, falls outpaced automobile accidents as the leading cause of accidental death among Wisconsinites 65 or older.

The consequences of a fall can change lives and devastate families. There is a very good chance that an elder who has a serious fall will spend considerable time in a hospital, only to be transferred to a nursing home, losing independence and incurring costs of care that can grow exponentially by the day.

Clearly, falls place a high burden on Wisconsin's families. But there are at least two reasons to be encouraged. Evidence-based programs already exist to reduce risk among older adults. Falls have also become a national public health priority.

The 2010 Annual Status Report from the National Prevention, Health Promotion and Public Health Council highlights key opportunities for prevention, and falls rank high on the list.[1] The framework suggested by the Council includes five focus areas for public health strategies: policy, systems change, environment, communications and media, and program and service delivery.

The goals of this action plan cover four of these areas:

Goal 1: Shape systems and policies to support fall prevention.
Goal 2: Increase public awareness about fall prevention.
Goal 3: Improve fall prevention where people live.
Goal 4: Improve fall prevention in healthcare settings.

This plan outlines a framework for action—action that requires a comprehensive approach to a complex public health problem. The plan calls for deliberate actions to build local collaborative capacity for fall prevention. It also calls for efforts to prioritize policy and systems changes that produce the biggest returns on investment, especially given the current context of healthcare reform, incentives for Medicare innovation, payment reform initiatives, and investment in chronic disease management and community-based collaborative public health initiatives.

The plan deliberately leaves room for local groups to determine actions that fit their community needs and assets. It's clear that a statewide plan can only become so prescriptive before it stifles creativity. And the challenge of preventing falls among older adults will certainly require creative action over the long term.

[1] 2010 Annual Status Report of the National Prevention, Health Promotion and Public Health Council. Accessed August 30, 2010

Introduction

Falling is the leading cause of accidental death among Wisconsinites 65 or older.[2] Each year, more people 65 or older in Wisconsin die from falls than in motor vehicle crashes. Almost 40% of all injuries in the U.S. treated by medical personnel from 2004-2007 resulted from falls.[3]

Why do so many older people fall?

A fall often results from multiple factors. These include general loss of strength or balance, medications that make people dizzy or impair reaction time, alcohol use (including overuse or medication/alcohol interactions), impaired vision, or hazards in the home.

Often, those at greater risk are frail or experiencing limited "activities of daily living," or ADLs. Dementia, or problems with thinking, can also contribute to falls. People with chronic health conditions may exercise less, take more medications, and experience complications including high blood pressure, low blood pressure, or chronic pain. The fear of falling, which typically causes people to limit their activities, can start a cycle of deconditioning that further limits activity, making a person more prone to falls.

The way healthcare is delivered and financed can also pose challenges to fall prevention. Because of how healthcare providers are reimbursed for their services, there aren't

Advanced age, a history of falling, and difficulty with balance or gait all increase the risk of falling.*

Intrinsic risk factors

- Gait and balance impairment
- Peripheral neuropathy (nerve problems)
- Vestibular dysfunction (balance problems)
- Muscle weakness
- Vision impairment
- Medical illness
- Advanced age
- Impaired ADLs (activities of daily living)
- Alcohol use or alcohol/ medication interactions
- Orthostasis ("head rush" or dizzy spell)
- Dementia (mild thinking problems)
- Medications, including psychotropic drugs (which affect the mind, emotions or behavior)

Extrinsic Risk Factors

- Environmental hazards
- Poor footwear
- Restraints

* Tinetti ME, Kumar C. The patient who falls: "It's always a trade-off." JAMA. 2010 Jan 20;303(3):258-66.
* Guideline for the prevention of falls in older persons, American Geriatrics Society, 2010. Accessed May 5, 2010.
* Guse CE, Porinsky R. Risk factors associated with hospitalization for unintentional falls: Wisconsin hospital discharge data for patients aged 65 and over. Wisconsin Medical Journal. 2003;102(4):37-42.

[2] Injury and Violence Prevention Program, Wisconsin Department of Health Services. *The Burden of Falls in Wisconsin*. August 2010.
[3] US Centers for Disease Control and Prevention. *Morbidity & Mortality Weekly Report*, Feb 19, 2010.

The burden of falls in Wisconsin

These statistics refer to people living in Wisconsin, 2008.

Accidental death

Falls are the **leading cause of accidental death** among people 65 or older in Wisconsin.

In 2008, **918** people died because of **injuries sustained in falls.** That year, **571** people died because of injuries sustained in **motor vehicle crashes.**

Almost 90% of people who die from falling are **65 or older.**

Over half of falls resulting in death occur **in the home.**

29% of falls resulting in death occur in a **nursing home or assisted living facility**.

Loss of Independence and quality of life

Seven in 10 people **hospitalized** in Wisconsin because of a fall were 65 or older.

20% of people admitted to nursing homes had a **fall in the 30 days prior** to admission.

More than one in 10 people admitted to nursing homes had a fall that resulted in a **long-term stay**.

Nearly two-thirds of people 65 or older, admitted to a hospital because of a fall, are **discharged afterward to nursing homes**.

Healthcare costs

In 2008, charges from fall-related hospitalizations and emergency department visits for Wisconsinites ages 65 and older totaled **$496 million.**

Government-sponsored insurance programs **covered 93% of those charges.**

Sources: Injury and Violence Prevention Program, Wisconsin Department of Health Services. The Burden of Falls in Wisconsin. August 2010.

Deandrea S, Lucenteforte E, Bravi F, Foschi R, La Vecchia C, Negri E. Risk Factors for Falls in Community-dwelling Older People: A Systematic Review and Meta-analysis. Epidemiology. 2010 Sep;21(5):658-68.

incentives for practitioners to focus on preventing falls.[4] Research also shows that without appropriate training, some healthcare providers think falling is a normal part of aging or that they can't do much to prevent falls.[5]

In the U.S. healthcare system, coordinating care among all the health professionals who might work with one patient can be difficult. Ensuring that fall risk is communicated across the healthcare continuum requires time and effort from professionals providing care at home, in outpatient clinics, hospitals, rehabilitation centers, eye care facilities, foot care offices, specialty care clinics, emergency departments and long-term care facilities. The ability to share fall risk information with other professionals through, for example, the use of electronic medical records assumes that fall risk is assessed and recorded in ways meaningful to other professionals.

Most outpatient clinics have few incentives or built-in mechanisms, such as automated medication review, to routinely screen for fall risk and apply the appropriate interventions. Many hospitals prevent falls while someone is an inpatient, but discharge planning for patients to return home or transfer to a long-term care or rehabilitation facility might not include a plan to prevent falls.[6] The complexity and interaction of fall risks have posed challenges for long-term care facilities, for example, to identify "best practices" for fall prevention.[7] As a result, many patients fall repeatedly and suffer increasingly severe consequences.

The good news and what can be done

There is hope. Many falls among older adults are preventable. Evidence-based programs designed to address a complex range of risks have indeed reduced falls. Mounting evidence suggests that evidence-based fall prevention programs can also reduce healthcare costs.[8,9]

In addition, falling does not have to be part of aging. By reducing their risk for falls, older adults gain independence and improve quality of life. Wisconsin continues to build a strong base of local activity and

[4] American Occupational Therapy Association. Analysis of Medicare Policy in Relation to Preventing Falls among Older Adults. June 7, 2010.

[5] Wenger WC, Tinetti ME, King MB. Perceptions of physicians on the barriers and facilitators to integrating fall risk evaluation and management into practice. Journal of General Internal Medicine 2006;21:117–122.

[6] Jweinat JJ. Journal of Healthcare Management. Hospital readmissions under the spotlight. 2010 Jul-Aug;55(4):252-64.

[7] Quigley P, Bulat T, Kurtzman E, Olney R, Powell-Cope G, Rubenstein L. Fall prevention and injury protection for nursing home residents. Journal of the American Medical Directors Association. 2010 May;11(4):284-93.

[8] Frick KD, Kung JY, Parrish JM, Narrett MJ. Evaluating the cost-effectiveness of fall prevention programs that reduce fall-related hip fractures in older adults. Journal of the American Geriatric Society. 2010 Jan;58(1):136-41.

[9] Gillespie LD, Robertson MC, Gillespie WJ, Lamb SE, Gates S, Cumming RG, Rowe BH. Interventions for preventing falls in older people living in the community. Cochrane Database Systematic Reviews. 2009 Apr 15;(2):CD007146.

Wisconsin's Statewide Fall Prevention Initiative has garnered active participation across sectors and disciplines.

The initiative has 67 active members from across the state, including staff from Aging Disability Resource Centers, public health departments, health plans, local coalitions, non-profits, senior centers, and hospitals.

Research initiatives also support this program growth. Research programs managed by the Department of Geriatrics at the University of Wisconsin School of Medicine and Public Health, as well as the Injury Research Center at the Medical College of Wisconsin, have cultivated local experience and momentum, while also providing guidance statewide and nationally. Innovative research internationally also continues to inform community-based approaches to fall prevention.[10]

Local availability of evidence-based programs to improve balance and prevent falls is growing. In Wisconsin, there are 149 leaders and 37 peer leaders (peer leaders have already participated in the program) trained and implementing Stepping On courses for adults living in the community. These take place in 39 Wisconsin counties.

One of the challenges of addressing payment and policy issues to promote fall prevention is that fall prevention is not a singular service. Fall prevention is a *process* and a set of services or activities which depend on the specific fall risk profile of the individual. This requires both ongoing monitoring and change to accommodate new circumstances in health, mobility and living situation.

American Occupational Therapy Association. Analysis of Medicare Policy in Relation to Preventing Falls among Older Adults. June 7, 2010. Accessed August 20, 2010.

[See the Appendix for a list of evidence-based interventions currently available in Wisconsin.]

Evidence-based programs that support active, informed self-management of chronic disease use many of the same approaches that fall prevention programs use. A statewide network of chronic disease self-management programs is growing (CDSMPs in Wisconsin are called "Living Well with Chronic Conditions"). There are 259 Lay Leaders in 51 Wisconsin counties implementing *Living Well with Chronic Conditions* programs.

[10] Granacher U, Muehlbauer T, Gollhofer A, Kressig RW, Zahner L. An Intergenerational Approach in the Promotion of Balance and Strength for Fall Prevention - A Mini-Review. Gerontology. September 2010 (E publication ahead of print, Aug 19).

Healthiest Wisconsin 2020,[11] the state's blueprint for improving public health, incorporates injury prevention and identifies fall prevention as a priority. By 2020, the plan calls for a reduction in the leading causes of injury (falls, motor vehicle crashes, suicide/self harm, poisoning and homicide/assault) and violence through policies and programs that create safe environments and practices. It also calls for an increase in access to primary, secondary and tertiary prevention initiatives and services that address mental and physical injury and violence.

Everyone has a role in preventing falls. Fall prevention can take place:

- In families, where adult children can help older adults reduce risk
- In the community, through organizations who provide or provide in-kind or financial support for evidence-based programs (eg, Stepping On, Otago, Sure Step) addressing the complex range of risks for falls
- In primary care clinics, pharmacies, rehabilitation clinics, vision care facilities, foot care clinics, and emergency departments
- In hospitals
- In assisted living facilities
- In nursing homes
- In transitions between hospitals and home or residential care facilities
- Through system changes that support and align prevention across the continuum of care

Other initiatives in Wisconsin could prove promising for fall prevention. The Patient Centered Medical Home, an initiative supported by the Wisconsin Academy of Family Physicians, is an effort to reorganize the way health care services are delivered and financed, with a particular focus on improving prevention and helping patients effectively manage chronic disease. Medical home models of care also emphasize efficient use of non-physician professionals as patient educators and coaches, proactively providing valuable referrals and information. Because the medical home model emphasizes planned care, care coordination and family-centered approaches, it is worth investigating fall prevention efforts in that context.

Medicare and Medicaid programs bear the biggest burden of healthcare costs associated with falls. State and national payment reform initiatives could change how healthcare providers are paid. [12] New incentives could promote innovation in providing quality care for Medicare and Medicaid populations.[13] Fall prevention could accrue cost savings under these initiatives.

Clearly Wisconsin has a strong base on which to build comprehensive fall prevention. The challenges, however, suggest that effective strategies will require a creative, long-term vision.

[11] Wisconsin Department of Health Services. Heatlhiest Wisconsin 2020. http://www.dhs.wisconsin.gov/hw2020/report2010.htm

[12] Network for Regional Healthcare Improvement and the Robert Wood Johnson Foundation. From Volume to Value: Better Ways to Pay for Health Care. 2008. Accessed July 15, 2010.

[13] Guterman S, Davis K, Stremikis K, Drake H. Innovation in Medicare and Medicaid will be central to health reform's success. Health Affairs. 2010 Jun;29(6):1188-93.

Factors influencing fall prevention in various settings

Most falls occur at home. Risk factors are complex, but there are ways to help.

- Families often play key roles in finding programs for their loved ones, modifying homes after recommendations from a home visit, investigating information resources and encouraging safe behaviors to reduce risk, and talking with healthcare professionals about how to prevent falls and increase mobility.
- Alcohol use affects balance, and alcohol/drug interactions can increase risk for falls.
- Evidence-based programs can reduce fall risk among older adults. These include interventions that address multiple risk factors, including balance and exercise programs and home safety inspections when combined with other strategies.
- Many older adults without support from family or friends rely on community resources. Churches, senior centers, neighborhood organizations and other organizations can reduce fall risk for this population.
- Chronic Disease Self-Management programs (called "Living Well with Chronic Conditions" in Wisconsin) can help to identify people at higher fall risk and refer them to appropriate resources.

Healthcare practitioners need to know that many falls are preventable.

Steps to prevent falls include:

- Gait and balance assessment and referral
- Medication review and management
- Efforts to coordinate care, particularly for older adults with chronic conditions
- Referral to evidence-based programs in the community

- Primary care practices can code for Medicare reimbursement for fall prevention.
- Vision care clinics can step up efforts to refer patients who are at risk to other resources in the community.
- In rural or underserved communities, it may not be cost-effective for healthcare organizations to provide fall prevention services.
- Electronic medical records in inpatient settings usually include measures to prevent falls during hospital stays. Few applications have been developed for outpatient or nursing home settings.

Hospitals are paying more attention to preventing falls, and they can offer valuable lessons.

- The Joint Commission (responsible for hospital accreditation) has placed a priority on preventing falls among patients in hospital settings.
- Hospitals have invested significant resources to reduce falls. Other groups can learn from their lessons.
- Patients with chronic disease, multiple medications, cognitive impairment, or dementia are often at increased fall risk. Initiatives in population health management and "patient coaching" can use existing efforts to incorporate fall risk assessment and prevention.
- To maintain tax-exempt status, non-profit hospitals must now demonstrate to the IRS steps toward conducting and acting on Community Health Assessments. This provides local public health coalitions opportunities to partner with them.
- Most Wisconsin hospitals are part of integrated delivery systems—healthcare systems that include hospitals and physician groups, as well as other care facilities and insurance products. This arrangement can sometimes increase financial incentives for hospitals to help coordinate care across the continuum.

Nursing homes and assisted living facilities can play a role in reducing fall risk.

- The acuity of patients living in assisted living facilities grows each year.
- Family Care, Wisconsin's managed care program providing long-term care options for more than 15,000 frail older adults—over two thirds of whom have more than five diagnoses—supports increasing numbers of patients at risk of falling.
- Assisted living managers face challenges securing resources to encourage visits by healthcare professionals, including home healthcare providers.
- Innovative programs that support visits to nursing homes and assisted living facilities by other providers, such as pharmacists, foot care specialists, mental health/AODA and vision care providers, may benefit groups of residents.

The challenges

Falls are common. Nearly one in three older adults falls each year, losing independence and experiencing significant decreases in quality of life. As a result, falls exact a significant toll on entire families and communities.

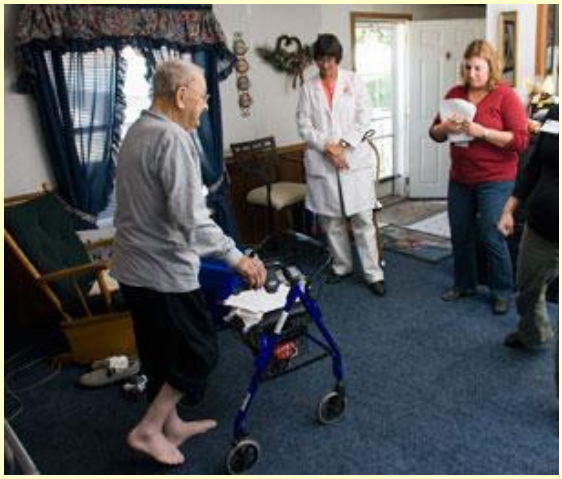
Our population is aging. As people age, the risks and consequences of falls increase dramatically. People 85 or older face a higher risk of suffering major injuries and spending time in long-term care facilities; many die because of fall-related injuries.

Some healthcare practitioners believe falling is part of aging.[14] Despite the availability of evidence-based programs, as well as clear clinical guidelines[15] to assess fall risk and refer to appropriate programs,[16] many healthcare practitioners fail to ask patients about falls, assess risk, provide medical interventions, or refer patients to evidence-based or community-based programs to reduce fall risk.

[14]Wenger WC, Tinetti ME, King MB. Perceptions of physicians on the barriers and facilitators to integrating fall risk evaluation and management into practice. Journal of General Internal Medicine 2006;21:117–122.

[15] Guideline for the prevention of falls in older persons, American Geriatrics Society, 2010. Accessed May 5, 2010.

[16] Card RO. Providers: How to Conduct a "Welcome to Medicare" Visit. Family Practice Management. 2005; 12(4):13-4. Accessed June 10, 2010.



Sure Step is a program designed by Jane Mahoney, MD, and Terry Shea, PT (University of Wisconsin) to evaluate fall risk and tailor an intervention for older adults living at home.

Prevention requires an individualized approach that addresses multiple risk factors.[17] A person's age, health and functional status, and fall risk help health providers recommend the most appropriate strategy to prevent falling. For example, programs targeting people at higher risk, such as those who are frail or living in a residential care facility, differ markedly from those designed for people at low or moderate risk living at home. An individualized approach

[17] Decullier E, Couris CM, Beauchet O, Zamora A, Annweiler C, Dargent Molina P, Schott AM. Falls' and fallers' profiles. Journal of Nutrition in Health and Aging. 2010;14(7):602-8.

addressing a complex risk profile requires training and incentives for healthcare practitioners to improve quality.

In healthcare, prevention is sometimes not financially rewarded. Healthcare providers are often poorly reimbursed, if at all, for fall prevention activities. Until financial incentives in healthcare reflect an emphasis on prevention, risk assessment and referral to evidence-based programs will not happen often enough.

> "The injury part is certainly horrendous, but to me an even bigger problem is the decline I see in people (after they fall). They stop their social activities, they stop going out and about. Their quality of life seems to go downhill, all because they're afraid of falling."
>
> Terry Shea, PT
> University of Wisconsin
> Hospital and Clinics

Preventing falls among higher risk older adults requires individualized approaches to risk assessment, follow-up and ongoing prevention. These approaches most often require time from a healthcare practitioner—time often not covered by insurance. In addition, provider organizations sometimes fail to "code" visits properly to obtain Medicare or Medicaid reimbursement for fall prevention activities.

Rural areas are underserved. In many rural areas, community fall prevention programs are not available. Long travel times and inadequate access to health and aging services pose challenges to older adults living in the community. Healthcare organizations interested in supporting fall prevention outreach in rural areas indicate that Medicare reimbursement rates do not cover the combined costs of outreach and clinical services.

Little evidence is available for prevention approaches among people with cognitive impairment. Dementia doubles the risk for falls among older adults.[2] Some emerging approaches, such as Sure Step (see Appendix), are emerging, but there is currently little evidence available to guide practitioners in reducing fall risk among people with thinking problems.

Clearly the challenges are complex, but creative, evidence-based strategies can help many older adults reduce their risk of serious injury from falls. Many healthcare systems, nursing homes, assisted living facilities and emergency responders are ready to partner with local aging, social service and public health agencies to

develop strong, community-wide interventions to prevent falls.

In that spirit, the principles on the following page are meant to guide a collaborative effort to implement a comprehensive fall prevention plan in Wisconsin.

The **goals, objectives and ideas for action** on pages 14 – 18 reflect a planning process that identified the following priorities:

- Building capacity for local collaboration around fall prevention;
- Increasing public and healthcare/aging services provider awareness and skills;
- Shaping policies and systems to reduce the risk of falls among older adults.

Rather than being more prescriptive, the plan presents ideas for action, recognizing that leadership by the Fall Prevention Initiative will itself generate creative strategies.

Guiding principles, on the following page, will provide common language for those implementing pieces of the plan. It will become increasingly important to work collaboratively, involve families in program design and implementation, approach fall prevention using evidence-based programs, and leverage existing resources in our communities.

Local healthcare and aging services providers train to become leaders of *Stepping On,* a program shown to reduce falls among older adults. In recent years, trainings like these have allowed the program to expand, now reaching older adults in over half of Wisconsin's seventy-two counties.

Implementing the plan: Guiding principles

Involve older adults and families in fall prevention. Older adults should help design community interventions, track what works, learn from lessons, and model ways to become agents of change in community health.

Use approaches likely to succeed, based on existing evidence. A comprehensive approach to fall prevention requires interventions that involve diverse stakeholders to address systemic, population-wide issues that influence fall risk among a significant and growing proportion of Wisconsin's population.

Leverage existing resources, both public and private, to prevent falls. Wisconsin has a strong network of state and community resources to support older adults and populations living with disability. Competing healthcare systems in Wisconsin have a history of collaboration around significant health and safety issues. Capitalize on opportunities to maximize the collective impact of these precedents.

Coordinate efforts. Foster a climate of collaboration, identifying shared interests to identify innovative approaches to reduce fall risk. Build on the strengths of community efforts, public health and aging resources, and healthcare system reform opportunities, incorporating all to improve fall prevention efforts.

Recognize the influence of short-term interests, but act in the interest of future generations. Preventing falls can produce significant immediate payoffs for families and organizations serving them. However, a comprehensive, population-based approach to fall prevention should build our community health infrastructure to prevent falls over the lifespan.

Recognize and reward innovative strategies that broadly decrease fall risk. Create incentives to improve the quality of fall prevention strategies through informal gestures and formal programs that reward the bold and the practical, the inspiring and the foundational.

Wisconsin Fall Prevention Action Plan: Overview

An evaluation framework appears on page 19

Action Steps

Formalize structure and secure resources to support the Wisconsin Fall Prevention Initiative

Build capacity for local collaboration. Training and assistance topics:

- Evidence-based program design and evaluation
- Coalition development
- Collaborative leadership
- Policy advocacy
- Systems change
- Using social media and marketing

Engage statewide professional and trade associations to build fall prevention into existing professional development and policy initiatives

Prioritize policies and systems change efforts to support fall prevention

Identify key opportunities to create incentives and shape systems to pay for and implement effective fall prevention strategies

Provide training for "Community practitioners" in fall risk reduction strategies:

"Formal sector"

- Aging services
- Local public health departments
- Senior and community centers
- Assisted living facilities and nursing homes

"Informal sector"

- Support groups
- Caregiver groups
- Churches
- Volunteer groups

Develop materials and strategies to "make the case" for fall prevention among diverse stakeholders:

- Community service agencies
- Aging services
- Local public health departments
- Health systems
- Public and private purchasers of health insurance coverage
- Healthcare practitioners
- Assisted living facilities and nursing homes
- Older adults

Train healthcare providers to:

- Recognize fall risks and screen for falls
- Work with patients and other professionals to reduce fall risk
- Refer to or facilitate evidence-based programs

Provide training for:

- Professionals-in-training (degree programs)
- Practicing professionals (CME, CEU offerings)

Results

Local organizations report new partnerships developing for fall prevention

Community coalitions report increased collaboration and capacity to address issues

Increase in number of evidence-based programs and strategies to reduce falls among older adults

More health systems, as well as nursing homes and assisted living facilities, actively participate in local fall prevention efforts

Community coalitions include diverse stakeholders taking population health management approaches to reduce falls

Increase in number of healthcare professionals who: Screen and assess patients for risk, refer at-risk patients to evidence-based interventions and community resources, and find creative ways to finance fall prevention efforts

More healthcare and aging service professionals believe many falls are preventable and that normal aging does not include falling

Evaluation and research integrated into overall plan and used for ongoing program improvement

Goal 1: Shape policies and systems to support fall prevention.

Goal 2: Increase public awareness about fall prevention.

Goal 3: Improve fall prevention where people live.

Goal 4: Improve fall prevention in healthcare settings.

Wisconsin will:

- Reduce falls
- Reduce fall-related health problems
- Reduce fall-related deaths

Goals, objectives and ideas for action

Goals and objectives	Ideas for action
Goal 1: Shape systems and policies to support fall prevention. **Objective 1.1** Formalize structure and secure resources to support the Wisconsin Fall Prevention Initiative **Objective 1.2** Prioritize policies and systems-change efforts to support fall prevention. Identify key opportunities to create incentives and shape systems to pay for and implement effective fall prevention strategies. **Objective 1.3** Develop materials and strategies to "make the case" for fall prevention among diverse stakeholders, including community service agencies, aging services, local public health departments, healthcare systems, public and private purchasers of health insurance coverage, healthcare practitioners, assisted living facilities and nursing homes, and older adults and their families. **Objective 1.4** Engage statewide professional and trade associations to build fall prevention into existing policy initiatives	Formalize a governance structure for the Falls Prevention Initiative and establish bylaws. Pursue legislative or grant support for coalition staffing. **Form a Local Collaboration Work Group to:** • "Map" existing statewide collaborative efforts in fall prevention. • Identify new potential partners for collaboration. • Collaborate to form a user-generated database of fall prevention resources, creating a plan to share these connections with points of service in communities. **Form a Policy Work Group to:** • Review and prioritize recommendations included in *Falls Free: Advancing and Sustaining a State-Based Fall Prevention Agenda: The Role of Legislation, Policy, and Regulation*. National Coalition on Aging. 2009. • Advocate for policy and systems changes in healthcare and social services. Examples include • insurance coverage for evidence-based fall prevention programs and reimbursement policies affecting assisted living facilities and nursing homes. • Determine action to remediate the negative effects of the Medicare "Improvement Standard." • Investigate how automated medication review and management can improve fall prevention within health systems and in the Medicaid program. • Incorporating fall prevention into the electronic patient records systems and the new State Health Information Exchange. • Work with the Wisconsin Collaborative for Healthcare Quality to investigate and recommend appropriate fall prevention quality measures for healthcare services provided in outpatient settings. **Commission a white paper** for purchasers of healthcare insurance and healthcare provider organizations outlining "The Case for Fall Prevention in Wisconsin." Contents might include: • Potential direct and indirect cost savings of fall prevention in Wisconsin. • Evidence from other initiatives suggesting how to reduce the incidence of falls and associated costs through comprehensive public health strategies. • Specific ways health care provider organizations can adopt fall prevention as part of population health management strategies. • Organizations to include fall prevention in electronic health information and population health management systems

Goals, objectives and ideas for action

Goals and objectives	Ideas for action
Goal 2: Increase public awareness about fall prevention. • Examine successful social marketing campaigns for fall prevention, adapting and adopting appropriate strategies in Wisconsin • Determine messages that resonate with specific high-risk groups • Document lessons and opportunities from Annual Fall Prevention Awareness Day/Week	Using approaches from other states, and by focusing on messages that have been shown effective in changing attitudes and actions regarding other public health issues,* the Fall Prevention Initiative can strategically build public awareness. Building on the momentum of Fall Prevention Awareness Month and Fall Prevention Day activities, the Fall Prevention Initiative can take informed steps to expand efforts and learn from past lessons. One step in making this process happen is to evaluate results of Fall Prevention Awareness Month/Day Activities. This information would inform development of a new public awareness campaign around fall prevention.

Goals, objectives and ideas for action

Goals and objectives	Ideas for action
Goal 3: Improve fall prevention where people live. **Objective 3.1** Build capacity for local collaboration. **Objective 3.2** Provide training for "Community practitioners" in fall risk reduction strategies including: **"Formal sector"** • Aging services • Local public health departments • Senior and community centers • Assisted living facilities and nursing homes **"Informal sector"** • Support groups • Caregiver groups • Churches • Volunteer groups	Training and assistance topics: • Engage diverse local stakeholders in fall prevention efforts. Including older adults through formal and informal channels (formal: Agency or organization employees; Informal: Retired volunteers, faith-based community members). • Articulate shared vision and interests. • Apply evidence-based research to develop local fall prevention action plans with clear, measurable results. • Promote awareness among healthcare practitioners and community service providers that falls are not a normal part of aging. Training and capacity building could include the following topics: • How to implement evidence-based risk reduction programs that address multiple types of risk. • Create networking opportunities for healthcare and social service providers and volunteers to share approaches, create trusted referral networks, and coordinate resources. • Engage local healthcare systems, insurers and purchasers to include evidence-based fall prevention programs in population health management and wellness initiatives. • Empower and educate local community fall prevention leaders to advocate for policy change. • Apply social media strategies to change consumer and provider perspectives around falls.

Goals, objectives and ideas for action

Goals and objectives	Ideas for action
Goal 4: Improve fall prevention in healthcare settings. **Objective 4.1** Develop and implement a social marketing and education strategy to increase awareness among healthcare and social service practitioners that *aging does not have to include falling*. **Objective 4.2** Engage statewide healthcare professional associations to build fall prevention into existing professional development initiatives. **Objective 4.3** Train existing and new healthcare professionals to: • Recognize fall risks and screen for falls • Work with patients and other professionals to reduce fall risk • Refer to or facilitate evidence-based programs	Form an Education and Training Work Group to prioritize actions. When possible, engage occupational and physical therapy providers to guide efforts. Training and capacity building might include: • How to implement evidence-based fall prevention programs that address multiple risk factors across distinct settings. • Engaging diverse local stakeholders in fall prevention efforts. Including older adults through formal and informal channels (formal: Agency or organization employees; Informal: Retired volunteers, faith-based community members). • How to create networking opportunities for healthcare and social service providers and volunteers to share approaches, create trusted referral networks, and coordinate resources. • Apply social media strategies to change perspectives among consumers and service providers that many falls can be prevented and that normal aging does not include falling. • Engaging local healthcare systems, insurers and purchasers to include evidence-based fall prevention programs in population health management and wellness initiatives. • Empower and educate local community fall prevention leaders to advocate for policy change. Convene an *ad hoc* work group to examine ways to coordinate fall prevention **across the continuum of care, highlighting** opportunities for improving coordination of care, both within healthcare systems and between those systems and community organizations, to integrate assessment and intervention efforts, particularly for high-risk groups. Produce a summary and recommendations for distribution among members of the Fall Prevention Initiative.

Evaluation Framework: Indicators and Timeline

Goals and objectives	Indicator(s)	2011	2012	2013	2014	2015
Goal 1: Shape systems and policies to support fall prevention.						
Objective 1.1 By December 31, 2010, formalize the structure of and secure resources to support the Wisconsin Fall Prevention Initiative.	The Wisconsin Fall Prevention Initiative will have a formal governance structure and bylaws, and will follow clear procedures for decision making.	○				
Objective 1.2 By July 31, 2011, prioritize policies and systems change efforts to support fall prevention. By December 31, 2011, identify key opportunities to create incentives and shape systems to pay for and implement evidence-based programs and promising fall prevention strategies.	The Wisconsin Fall Prevention Initiative will produce a list of the top three policy and system change priorities to support fall prevention. By July 1, the group will lay out a strategy to approach those priorities.		○			
Objective 1.3 By October 1, 2011, develop materials and strategies to "make the case" for fall prevention among diverse stakeholders, including community service agencies, aging services, local public health departments, healthcare systems, public and private purchasers of health insurance coverage, healthcare practitioners, assisted living facilities and nursing homes, and older adults and their families. As coalitions develop, use materials to engage locally.	Extent to which the Wisconsin Fall Prevention Initiative secures resources and produces compelling materials and strategies for engaging diverse stakeholders in fall prevention. More health systems, as well as nursing homes and assisted living facilities, actively participate in local fall prevention efforts.		○	→	→	→
Objective 1.4 By May 31, 2013, engage at least three statewide professional and trade associations to build fall prevention into existing initiatives.	Three statewide professional or trade associations will have built fall prevention into existing initiatives.			○		
Goal 2: Increase public awareness about fall prevention.						
By May 1, 2011, examine successful social marketing campaigns for fall prevention, adapting and adopting appropriate strategies in Wisconsin, including messages that resonate with high-risk groups.	By May 1, 2011, the Fall Prevention Initiative will have identified a short list of key social marketing strategies for increasing public awareness about fall prevention in Wisconsin.	○				

Goals and objectives	Indicator(s)	2011	2012	2013	2014	2015
By December 31, 2010, document results and lessons from annual Fall Prevention Awareness Day / Month.	The Fall Prevention Initiative will produce a written summary of the results of Fall Prevention Awareness Month/Day Activities, identifying strategies to build on and expand efforts and learn from past lessons. Statewide members of the Fall Prevention Initiative determine whether and how to expand public awareness campaign around fall prevention.	○	○ →			
Goal 3: Improve fall prevention where people live.						
Objective 3.1 By June 2013, build capacity for local collaboration.	By June 2013, local organizations report new partnerships developing for fall prevention. Community coalitions report increased collaboration and capacity to address issues. Increase in number of evidence-based programs and strategies to reduce falls among older adults. Community coalitions include diverse stakeholders taking population health management approaches to reduce falls.			○		
Objective 3.2 By June 2012, provide training for "community practitioners" in fall risk reduction strategies.	By June 2012, training participation includes a broader range of community organizations than 2009-2010 community surveys indicate are involved. Training outcomes indicate immediate learning and learning incorporated over time into practice. Increased capacity leads to new community partnerships.		○			

Goals and objectives	Indicator(s)	2011	2012	2013	2014	2015
Goal 4: Improve fall prevention in healthcare settings.						
Objective 4.1 By June 30, 2013, develop and implement a social marketing and education strategy to increase awareness among healthcare and aging/social service practitioners that *aging does not have to include falling*.	By June 30, 2013, selected healthcare practitioners report change in attitude toward fall prevention and increased awareness of fall prevention strategies.			○		
Objective 4.2 By June 30, 2013, engage three major statewide healthcare professional associations to build fall prevention into existing professional development initiatives.	Three major statewide healthcare professional associations have included fall prevention in professional development initiatives.			○		
Objective 4.3 By June, 2015, train 50% of existing and 80% of new healthcare professionals and paraprofessionals to: • Recognize fall risks and screen for falls • Work with patients and other professionals to reduce fall risk • Refer to or facilitate evidence-based programs	Increase in number of healthcare professionals who: Screen and assess patients for risk, refer at-risk patients to evidence-based interventions and community resources, and find creative ways to finance fall prevention efforts.					○
Overall goals: **Reduce falls.** **Reduce fall-related health problems.** **Reduce fall-related deaths.**	Data Sources: • Emergency department data • Hospital discharge data • Vital statistics • BRFSS • Elderly Nutrition Program Survey • County-specific surveillance data and needs assessments	○	○	○	○	○

Selected Evidence-based Interventions

to reduce fall risk among older adults.
These programs are currently available in some Wisconsin communities.

Stepping On

Stepping On is a program that empowers older adults to carry out health behaviors that reduce the risk of falls, improve self management, and increase quality of life. It has been shown to reduce falls by 31%. It is a community-based workshop offered once a week for seven weeks using adult education and self efficacy principles. Older adults develop specific knowledge and skills to prevent falls in community settings. Participants include those who are at risk of falling, have a fear of falling, or have fallen one or more times. Workshops are facilitated by two trained leaders, one health professional and one peer leader. To learn more about Stepping On or to get involved with the Stepping On program please visit the Health Promotion section at www.gwaar.org.

Otago

The Otago Exercise Program (OEP) is an individually tailored exercise program that is delivered in the home by a trained nurse or physical therapist. It has been shown to reduce falls by 35%. The OEP was designed by the Falls Prevention Research Group at the University of Otago Medical School. It consists of a series of leg-strengthening and balance-retraining exercises that become progressively more difficult as the participant gets stronger. For more information, please visit: www.acc.co.nz/preventing-injuries/at-home/older-people/information-for-older-people/otago-exercise-programme/index.htm

Sure Step

Sure Step is a multi-factorial, one-on-one intervention conducted by a physical therapist, occupational therapist, or registered nurse. It is the result of research conducted by Jane Mahoney, MD, and Terry Shea, PT, in a randomized trial in Kenosha County, and was found to be effective in reducing falls in a subset of high risk older adults. Results to date show a 68% reduction in falls in the six months after the start of the intervention compared to the six months prior.

Web resources: Fall prevention

Wisconsin Department of Health Services: http://www.dhs.wisconsin.gov/
Wisconsin Injury and Violence Prevention Program:
http://www.dhs.wisconsin.gov/health/injuryprevention/index.htm

For people working to prevent falls in the community

Centers for Disease Control and Prevention. Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults, 2008.

Model Programs - Center for Healthy Aging - NCOA This section of the Center for Healthy Aging web site provides examples of model programs in health promotion/disease prevention for older adults.

National Council on Aging Fall Prevention Resources
http://www.healthyagingprograms.com/content.asp?sectionid=69

Center for Medicare Advocacy www.medicaradvocacy.org

A compendium of fall prevention resources from Canada:
http://www.injuryresearch.bc.ca/categorypages.aspx?catid=1&subcatid=7

Social Marketing Resources: http://www.stopfalls.org/social_marketing/index.shtml

Interventions for preventing falls in older people living in the community Gillespie LD, Robertson MC, Gillespie WJ, Lamb SE, Gates S, Cumming RG, Rowe BH. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub2

National Council on Aging, Center for Healthy Aging:
http://www.healthyagingprograms.org/content.asp?sectionid=102&ElementID=593

For consumers

Fall prevention: 6 ways to reduce your falling risk - MayoClinic.com Follow these six fall-prevention measures to stay safe and maintain your independence.

National Institutes of Health Senior Health Information on Fall Prevention:
http://nihseniorhealth.gov/falls/toc.html

National Center for Injury Prevention, Centers for Disease Control and Prevention (CDC):
http://www.cdc.gov/ncipc/duip/spotlite/falls.htm

Learn Not to Fall (includes a fall risk review exercise) http://www.learnnottofall.com
Note: (funded by Philips Healthcare)

Aging: What to expect as you get older - MayoClinic.com Explore the natural changes that are part of the normal aging process.

What is Family Care? (Wisconsin's long-term care program)
http://www.dhs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm

How to get more information about Family Care:
http://www.dhs.wisconsin.gov/LTCare/help.htm

The Coalition of Wisconsin Aging Groups www.cwag.org

State of Wisconsin - Board on Aging & Long Term Care. The Wisconsin Board on Aging and Long-term Care advocates for clients' interests, informs consumers of their rights and educates the public at large about health care systems and long term care. http://longtermcare.wi.gov

For healthcare practitioners

General

CDC - Falls - Older Adults

Minnesota Fall Prevention efforts:
http://www.mnfallsprevention.org/professional/riskfactors.html

Guideline for the prevention of falls in older persons, American Geriatrics Society, 2010. Accessed May 5, 2010. http://www.medcats.com/FALLS/frameset.htm

Fall Prevention Center of Excellence - Resources For Service Providers This is the official website of the Fall Prevention Center of Excellence. Its mission is to identify best practices in fall prevention and to help communities offer fall prevention programs to older people who are at risk of falling.

Card RO. Providers: How to Conduct a "Welcome to Medicare" Visit. Family Practice Management. April 2005, Vol. 12, No. 4, pages 13-4. Accessed June 10, 2010.

How to quantify risk of falls and act accordingly. (PPT) S1100A_K_Milisen.pdf

Inpatient hospital care

Minnesota Hospital Association Safe from Falls Initiative:
http://www.mnhospitals.org/index/tools-app/tool.362

Assisted living and long-term care

What is Family Care? (Wisconsin's long-term care program)
http://www.dhs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm

The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities Manual designed to assist nursing facilities in providing individualized, person-centered care and improving their fall care processes and outcomes through educational and quality improvement tools. Fallsrestraints_litereview_II.pdf (application/pdf Object)

The Center for Excellence in Assisted Living http://www.theceal.org/

Assisted living vs. Nursing homes
http://www.theceal.org/downloads/CEAL_1251460520.pdf

Assisted living provider associations in Wisconsin:
http://dhs.wisconsin.gov/rl_DSL/RelatedSites/provassoc.htm

State of Assisted Living in Wisconsin:
http://dhs.wisconsin.gov/bqaconsumer/AssistedLiving/alTrends09.pdf

Article about Wisconsin's regulatory environment for assisted living:
http://www.governing.com/poy/kevin-coughlin.html

Medication Management initiative, Bureau of Assisted Living:
http://dhs.wisconsin.gov/rl_dsl/MedManagement/asstlvgMMI.htm

"Preparing More Care of Elderly" in *The New York Times*
http://www.nytimes.com/2010/06/29/health/29geri.html?_r=1

Cameron ID, Murray GR, Gillespie LD, Robertson MC, Hill KD, Cumming RG, Kerse N. Interventions for preventing falls in older people in nursing care facilities and hospitals. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005465.

Center for Medicare Advocacy www.medicaradvocacy.org

State of Wisconsin Board on Aging and Long Term Care, Ombudsman Program
http://longtermcare.wi.gov