

EVIDENCE-BASED FALLS PREVENTION PROGRAMS IN NORTHERN VIRGINIA YEAR ONE SUMMARY

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Current Need

Falls are the leading cause of fatal and non-fatal injury among older adults.¹ In 2014, the CDC reported an estimated 29 million falls, resulting in 7 million injuries.¹ Every 11 seconds, an older adult is treated in the emergency room for a fall and every 19 minutes, an older adult dies from a fall.² Nationally, the total cost of non-fatal falls is estimated at \$34 billion annually with hospitalizations accounting for 57% (\$17.2 billion) of the total costs, most of which is paid by Medicare.³ Falls take a psychological toll as well; up to 50% of those who fear falling limit or exclude social and physical activities because of this fear.³

In Northern Virginia

In 2014, approximately 25% of the 230,000 older adults (65 years of age or older) living in Northern Virginia experienced an unintentional fall.⁴ Of these individuals, 2,326 required hospitalization and 180 died as a result of the fall. In that same year, about 3,000 emergency department visits⁴ were made to Inova Fairfax hospital alone by older adults with fall-related injuries.

The average cost for one fall-related hospitalization in Northern Virginia in 2014 was \$36,900 with an estimated total cost of nearly \$86,000,000. The average length of hospital stay following a fall-related injury was 5.3 days.⁴ If we could have prevented just 50 of the 2326 falls that resulted in hospitalization in 2012, this would have saved \$1.8 million in hospital costs in Northern Virginia alone.

In addition to direct medical costs associated with falls and fall-related injuries, many falls are associated with long-term effects and disability; increased isolation from fear of falling with self-imposed limits on community activity; lost time from work and household duties; and reduced quality of life.

Evidence-Based Solutions

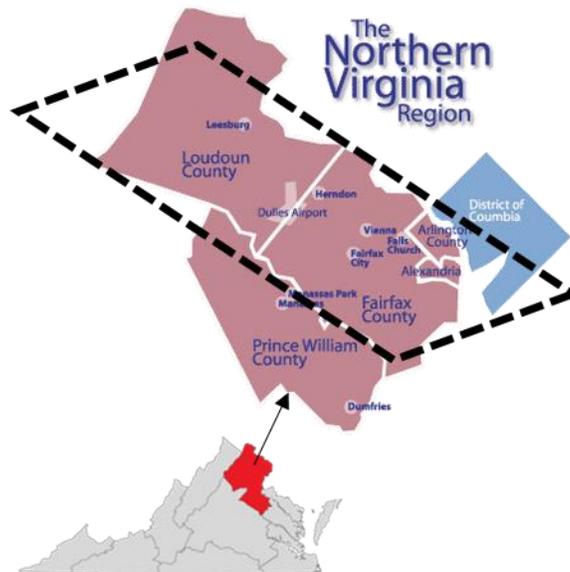
In August 2016, Marymount University, in partnership with Goodwin House, received a grant from the Administration on Community Living to increase the availability and accessibility of evidence-based falls prevention programs across northern Virginia. Two community-based falls prevention programs, A Matter of Balance and Stay Active and Independent for Life (SAIL), have been implemented. A Matter of Balance (AMOB) is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels.⁵ Stay Active and Independent for Life (SAIL) is a strength, balance, and fitness program for older adults.⁶

This brief reports on the progress to date on the implementation and dissemination of evidence-based falls prevention programs across northern Virginia.

What Was Done

In August 2016, a regional scan showed that there were no evidence-based falls prevention programs active across northern Virginia. The first initiative was to establish a Regional Training Office (RTO) at Marymount University (MU) to train community members to deliver AMOB and SAIL. Two faculty members at MU earned their certificates as Master Trainers of the programs, thus qualifying them to train interested community members to deliver the programs.

Organizations who adopted AMOB or SAIL were asked to keep accurate attendance logs and administer a baseline and post program survey to each participant. This data was collected by the RTO and inputted into a national database.



Results

Since August 2016, the Regional Training Office (RTO) at Marymount University has held eight (8) SAIL Leader workshops resulting in 152 community members earning their certificate as a SAIL Leader. The RTO has also held seven (7) AMOB Coach workshops resulting in 85 community members earning their certificate as an AMOB Coach. In sum, a total of 237 lay leaders have been trained to deliver an evidence-based falls prevention program. The first evidence-based falls prevention program was implemented at Goodwin House Bailey’s Crossroads in October 2016. Since then, 40 additional programs were implemented across the region with over 768 older adults participating in these programs. Below is a brief overview of the demographics of those who participated in these programs and a summary of the impact of the programs on falls risk as reported from baseline and post program surveys.

Demographic Profile

Age Group	N	%
Under 69	72	17%
70-79	216	43%
80-89	165	33%
90 and older	39	8%
Not reported	264	34%
Sex		
Female	414	82%
Male	91	18%
Not reported	263	34%
Race		
Asian	72	16%
Black/African American	36	8%
White	331	74%
Other	11	2%
Not reported	318	41%

Living Arrangement	N	%
Living alone	244	53%
Living with someone	214	47%
Not reported	310	40%
Chronic Conditions		
1 condition	159	37%
2 or more conditions	239	53%
None	54	12%
Not reported	317	41%
Education Level		
Less than high school	10	2%
Some high school	16	4%
High school grad or GED	43	10%
Some college	93	21%
College grad or higher	284	64%
Not reported	322	42%

Program Impact Profile

The following is an overview of program participants having a score at post survey that is better than or the same as, or worse than the score on the baseline survey. A total of 245 participants completed both a baseline and post survey.

Item	Improved or Maintained	Declined	No Answer
Self-rating of health in general	201 (86%)	33 (14%)	11 (4%)
Fear of falling	195 (81%)	48 (20%)	2 (1%)
Confidence in finding a way up if fallen	199 (82%)	43 (18%)	3 (1%)
Confidence to find a way to reduce falls	189 (79%)	50 (21%)	6 (2%)
Confidence to increase physical strength	194 (80%)	49 (20%)	2 (1%)
Confidence to become more steady on feet	190 (79%)	51 (21%)	4 (2%)
Confidence to protect self in fall	193 (81%)	45 (19%)	7 (3%)

Of those who participate in a program, 74% report a reduced fear of falling. Additionally, 95% of participants report that they feel more comfortable talking to a health care provider about their falls risk and 99% report that they plan to continue exercising. Ninety-seven (97%) percent of participants reported that they feel more satisfied with life and 98% would recommend the program to others.

Summary and Future Directions

This brief highlights the accomplishments in falls programming in northern Virginia since August 2016 and provides a summary of those who are participating in these programs. Organizations that serve older adults are encouraged to start and/or continue to embed falls programming into their operations. It is clear from the data that older adults are benefiting from these programs. However, there is a large percentage of data that is not being reported. Organizations and those who are responsible for the administration of falls programs are encouraged to report on the outcomes of these programs so that the RTO can continue to share outcomes, identify future areas to address, and seek future funding to continue efforts to implement and expand falls programming across the region.

References

- ¹Centers for Disease Control and Prevention
- ²National Council for Aging Care
- ³Virginia Online Injury Reporting System Hospitalization Data
- ⁴2014 Inova Fairfax Medical Campus Quality Report
- ⁵MaineHealth. A Matter of Balance
- ⁶Washington DOH. Stay Active and Independent for Life