

Ohio Falls Prevention Efforts

2013 NFPAD



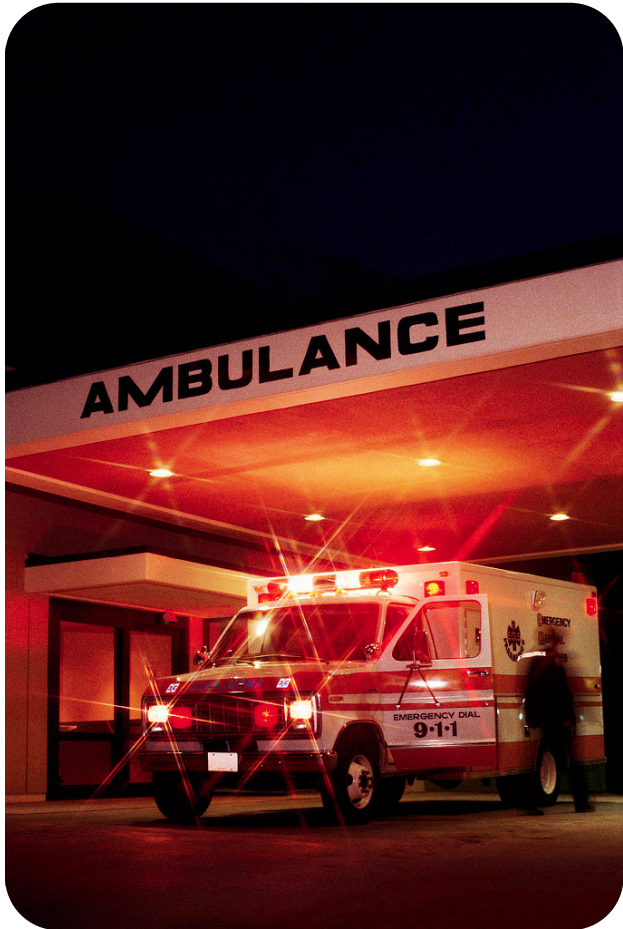
Did you know... (Use Data)

- Falls are the leading cause of injury-related emergency department visits, hospitalizations and deaths for Ohioans age 65 and older.
- On average in Ohio, an older adult falls every 2 minutes resulting in a fall-related emergency department visit every 8 minutes, two fall-related hospitalizations per hour and 3 fatal falls per day.
- From 2000 to 2011, Ohioans aged 65 and older experienced a 163 percent increase in the number of fatal falls.

Falls Are Costly

**Cost to Ohio:
\$327,000,000 per year**

**Cost per Ohio resident:
\$28**



Falls Prevention Awareness Day Toolkit



Depts. of Aging and Health jointly distribute a toolkit:

- Governor's Proclamation
- Ohio Falls Data Sheet
- Local News Release
- Intervention Factsheets:
 - Tai Chi: Moving for Better Balance Fact Sheet
 - Matter of Balance Fact Sheet
 - Home Modifications Fact Sheet
 - CDC's STEADI Tool Kit

STEADY U Initiative



**Preventing Falls...
One Step at a Time**

**Governor Kasich and ODA/state initiative
to promote falls among older adults**

STEADY U Initiative



Preventing Falls... One Step at a Time

Ohio.gov

State Agencies | Online Services



What you can do

Resources

Contact Us

Individuals & Families

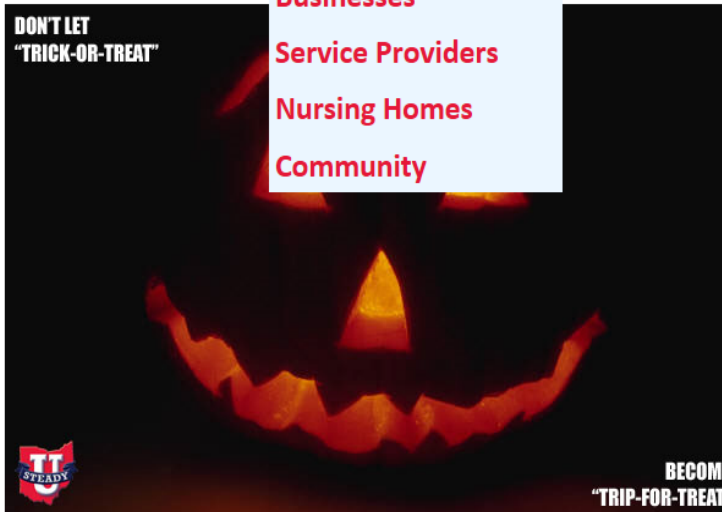
Businesses

Service Providers

Nursing Homes

Community

DON'T LET
"TRICK-OR-TREAT"




BECOME
"TRIP-FOR-TREAT"

Click for Halloween tips

Did you know...?

30 percent of adults age 65 and older living in the community

 **Steady U Ohio
Tip of the Day**

Drink 6-8 glasses of non-alcoholic liquids each day to prevent low blood pressure, fatigue and confusion, which can lead to a fall.

[Add this to your website](#)

 **STEADY U Ohio
Promotional Toolkit**

 **Falls Prevention
In the News**





Many older adults experience concerns about falling and restrict their activities. A Matter of Balance is an award-winning program designed to manage falls and increase activity levels.

- 👉 You are age 60 or older;
- 👉 You have fallen in the past;
- 👉 You don't do some things you enjoy because you fear falling; or
- 👉 You would like to be more flexible, stronger and have better balance.



Counties shaded in blue have active **A Matter of Balance** programs. All Ohio counties will soon offer the workshop. Please check back as the program expands. Click your county in the map or find your county in the **list below** for contact information.



STEADY U Initiative – STEADI



**Preventing Falls...
One Step at a Time**

VIPP's role has been largely to promote CDC's STEADI Tool kit.

How Ohio Health Care Providers Can Prevent Falls

Falls are the leading cause of injury-related deaths and the most common cause of hospital admissions for trauma in older Ohioans. Health care providers, like doctors, nurses, physical therapist, pharmacists and others, are uniquely positioned to actively assess their patients' risk and teach them prevention strategies.

Older adults account for a disproportionate share of fall-related injuries. While Ohioans age 65 and older are 13.7 percent of our population, they account for more than 80 percent of fatal falls.

- For about 1 in 3 older Ohioans, falls lead to injuries that result in a doctor visit or restricted activity.
- Most fractures among older adults are



STEADI

In clinical settings, an effective falls intervention involves assessing and addressing an individual's fall risk factors. The Ohio Department of Health and the Ohio Older Adult Falls Prevention Coalition recommend that health care providers adopt the **STEADI (Stopping Elderly Accidents, Deaths & Injuries)** toolkit. STEADI is a suite of materials created for health care providers to help assess, treat and refer older patients based on their falls risk.

STEADI
Stopping Elderly
Accidents, Deaths & Injuries

Learn more about STEADI and download materials from the Ohio Department of Health.

Falls Risk Self-assessment

Ask your patients to answer "yes" or "no" to twelve simple statements to determine their risk



Promotion of CDC's STEADI Tool Kit

- Ohio VIPP printed 2,500 hard copy STEADI Toolkits using CDC files.
- Created STEADI Promotional Tool kit containing:
 - Introductory letter
 - Website Content
 - Newsletter Article
 - Sample Press Release
 - Facebook Posts
- Sent notice through Ohio Older Adult Falls Prevention Coalition members (over 100 members).
- Director of Health coordinated a meeting to introduce STEADI and brainstorm avenues to promote it with our health care partners.





Promotion of CDC's STEADI Tool Kit

- Health care partners (including the following) promoted STEADI by including in list serve communications, newsletters, e-alerts, etc.
 - Ohio Board of Nursing
 - Ohio State Medical Association
 - State Medical Board
 - Ohio Association Family Physicians
 - Patient Centered Medical Home Provider
 - Ohio Hospital Association
 - Ohio Osteopathic Assn.
 - Ohio Trauma List Serve
- The State Medical Board - sent out an email blast to all of their members resulting in a large number of requests.
- Disseminated more than 375 to date.





Promotion of CDC's STEADI Tool Kit

Free Hotmail Suggested Sites Web Slice Gallery



Ohio.gov State Agencies Online Services

Search

Healthy Lifestyles | Prevention | Health Equity | About Us

A — Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Falls Among Older Adults

Falls Data and Publications

Falls Prevention Resources

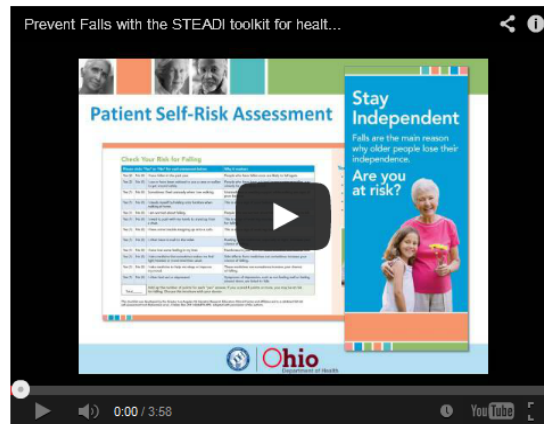
STEADI Tool Kit for Health
Care Providers

Older Adults Falls
Prevention Coalition

Violence and Injury
Prevention Program Home

STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit

Did you know that one out of three people 65 and older fall each year?



Health care providers play a critical role in the prevention of falls. Integration of simple screenings into your practice can help identify patients at-risk for a fall. By identifying these patients, clinicians can address risk factors such as lower body weakness, difficulties with gait and balance, postural hypotension, medication use, vision problems and home hazards. By addressing these risk factors or referring patients to community programs or specialists who can, health care providers can significantly reduce their patients' chances of falling and suffering serious injuries such as hip fractures.

STEADI
Stopping Elderly
Accidents, Deaths & Injuries

Developed
[Introductory
Video](#) featuring
Director of
Health, Ted
Wymyslo, MD

STEADI
Stopping Elderly
Accidents, Deaths & Injuries



Ohio
Department of Health





Promotion of CDC's STEADI Tool Kit

Reimbursement for Falls Risk Assessments

Medicare Reimbursement for Falls-Risk Assessments

Reimbursement of appropriate clinical and rehabilitative services linked to accurate ICD-9 coding for specific fall related injuries is routinely covered. While there is no single benefit, provider, or procedure for falls, clinicians treating older adults with symptoms predisposing them to falls could receive Medicare reimbursement (Welcome to Medicare Examination and the Annual Wellness Visits) and/or incentive (PQRS) payment if the services they provide are medically necessary, reasonable, and billed appropriately.

Physician Quality Reporting System (PQRS)

The Physician Quality Reporting System incentivizes certain providers to assess fall risk and to create a fall prevention plan if a risk is identified. Eligible professionals, including physicians, nurse practitioners, physician assistants, occupational and physical therapists in independent practice, and other practitioners providing services that are paid under the Medicare Physician Fee Schedule, may voluntarily report on a set of quality measures through the Medicare claims they submit. For more information visit: www.cms.hhs.gov/PQRS.

The PQRS presents an opportunity for providers to screen patients for falls risk and provide follow-up care if medically necessary and reasonable. The falls PQRS measure is a two-part measure that includes both a falls risk assessment (#154) and a falls plan of care (#155).

PQRS Measure #154 - Falls Risk Assessment

Future Fall Risk Did the patient experience 2 or more falls in the past year or any fall with injury in the past year?

NO

CPT II 1101
Patient is not eligible but screened for future fall risk

OR

CPT II 1101F - 8P
Patient is not eligible, no documented falls with modifier 8P (not performed reason not specified)

YES

CPT II 3288F - 8P
Fall documented with modifier 8P (not performed, reason not specified); **MAY CONTINUE WITH FALLS PLAN OF CARE (PQRS #155)**

CPT II 3288F - 1P
Fall documented with modifier 1P (not performed due to medical reason - i.e. wheelchair bound)

NO

Was a fall assessment completed?

YES

CPT II 3288F
Fall risk assessment documented; **MAY CONTINUE WITH FALLS PLAN OF CARE (PQRS #155)**

CPT II 1100F
Patient screened for future fall risk, documented

RECORD & CONTINUE

NOTE: A risk assessment for falls is comprised of balance/gait (such as the Timed Up & Go Test) and one or more of the following: postural blood pressure, vision, home fall hazards, and documentation on whether medications are a contributing factor or not to falls within the past 12 months. All components do not need to be completed during one patient visit, but should be documented in the medical record as having been performed within the past 12 months.

This document is intended for informational purposes only and is not considered part of the official STEADI Tool Kit. It does not reflect the views of the US Centers for Disease Control and Prevention.



Reimbursement Options for Falls Risk Assessment Screening

- Ohio VIPP created factsheets to facilitate health care providers' use of falls risk assessment screening into their practices.
- Included in hard copy tool kit with letter from Director of Health

***Not a part of the official CDC STEADI Tool kit.**





Promotion of CDC's STEADI Tool Kit

Reimbursable Fall Prevention Related Benefits

The following are some examples of reimbursable fall prevention related benefits covered by Medicare / Ohio Medicaid:

Medicare - Durable Medical Equipment

Medicare Part B covers durable medical equipment if the equipment has been deemed by a physician or treating practitioner to be medically necessary. Durable medical equipment is defined as reusable equipment and can include such items as canes, commode chairs, walkers and wheelchairs; these can help to increase mobility and/or decrease risk of falling. See <http://www.medicare.gov/Publications/Pubs/pdf/11045.pdf> for more information on durable medical equipment and Medicare coverage.

Ohio Medicaid - Home Fall Prevention Evaluation

A home fall prevention evaluation (assessment of the home) completed by a physical or occupational therapist is covered under the Ohio Medicaid Home Health Benefit (OAC 5101-3-12-01). A home fall prevention evaluation by a physical or occupational therapist can help identify and correct potential hazards to decrease the risk of falling. The following are the Ohio Medicaid Procedure codes:

Provider	Provider Type	Medicaid Procedure Coding
Occupational Therapist	41	97003 - Occupational Therapy Evaluation
Physical Therapist	39	97001 - Physical Therapy Evaluation

NOTE: Provider must be a Medicare certified home health agency or an independent physical or occupational therapist under OAC 5101:3-34-01.2.

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Sources: 1) Beattie, B.L. & Schneider, E.S. (2012). State Policy Toolkit for Advancing Falls Prevention. Washington, DC: National Council on Aging. <http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/State-Policy-Toolkit-for-Advancing-Fall-Prevention-Select-Resources.pdf>; 2) Ohio Department of Aging, Division for Community Living.



Reimbursement Options for Falls Risk Assessment Screening

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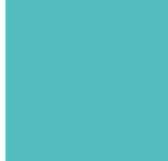
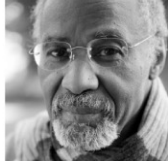
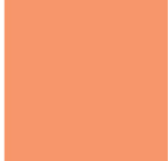




Examples of How to Change a Practice

- Include fall risk assessment routinely in Medicare annual wellness visit
- Ask every older patient if they fell in the last 12 months
- Adapt electronic medical record (EMR) to record fall risk factors





Promotion of Local OAFP Programs

- In 2012, conducted 2 *Tai Chi: Moving for Better Balance* trainings resulting in approximately 30 instructors.
- Support 3 local, evidence-based fall prevention programs with PHHSBG funds. Programs are required to implement EB programs.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

STEADI Stopping Elderly
Accidents, Deaths & Injuries



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www.healthyohioprogram.org/vipp/falls/STEADI



Translation of an Evidence-Based Fall Prevention Program into Rural West Virginia Churches

“The Moving For Better Balance Initiative”

Dina L. Jones, PT, PhD

Associate Professor of Orthopaedics & Physical Therapy
WVU School of Medicine

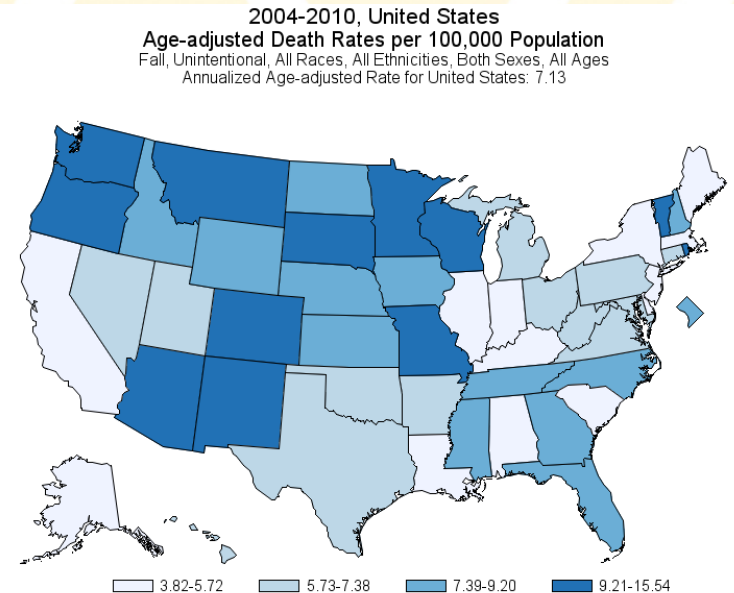
Outline

- Risk factors for falls
- Evidence supporting Tai Chi
- Church-based health promotion
- Moving For Better Balance Initiative:
 - Church recruitment strategies
 - Challenges & solutions

Supported by Grant Number: 1R49CE002109 from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, to the West Virginia University Injury Control Research Center. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Unintentional Falls

- **Leading cause of fatal & non-fatal injuries:**
 - Adults \geq age 65 years
 - United States
 - West Virginia



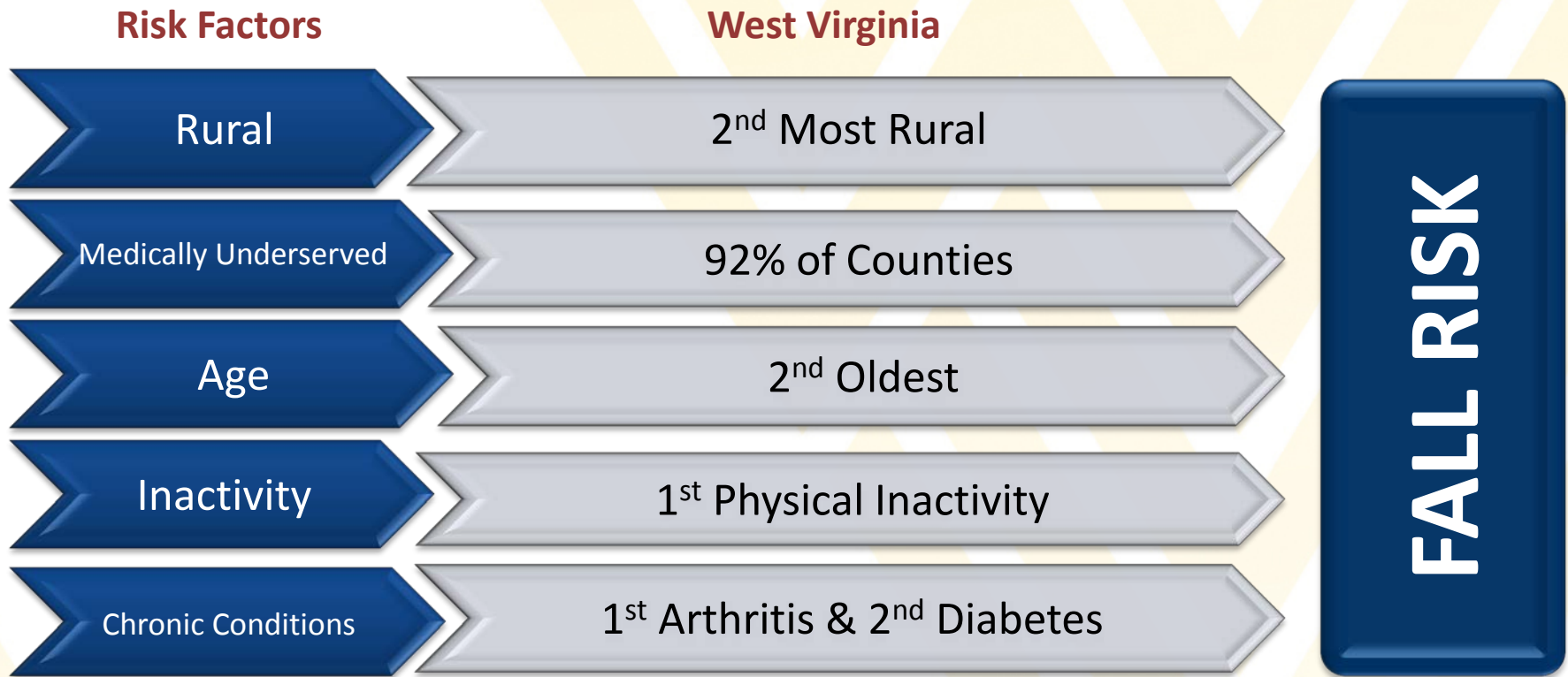
Reports for All Ages include those of unknown age.

* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk.

The standard population for age-adjustment represents the year 2000, all races, both sexes.

(CDC WISQARS; WV Healthy People 2010)

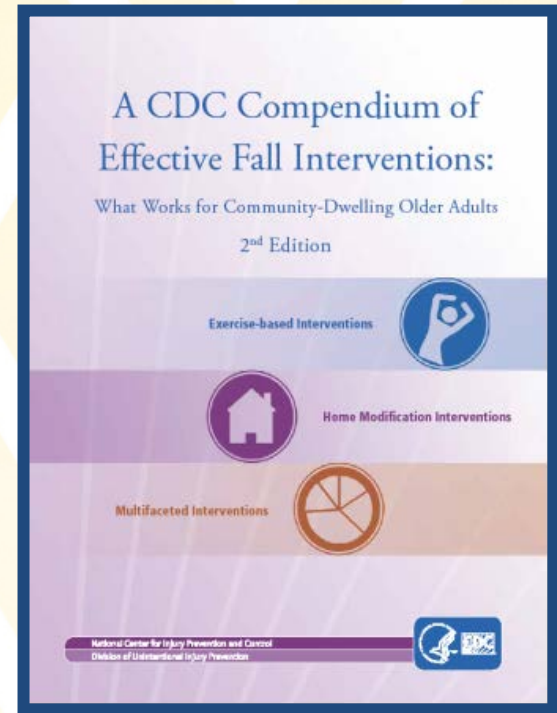
Risk Factors for Falls



Leading cause of death in older adults in WV

Physical Activity Interventions

- Physical activity can decrease fall-risk 30% (Carlson SA 2006)
- Exercise interventions alone **5x more effective** in reducing falls than multi-factorial programs (Petridou ET 2009)
- Evidence for **Tai Chi**:
 - Randomized controlled trials
 - Cochrane systematic review (Gillespie LD 2010)
- CDC Compendium (2nd edition):
 - Tai Chi: Moving for Better Balance (Li)
 - Simplified Tai Chi (Wolf)



Tai Chi

- Chinese exercise program with slow, continuous, rhythmical movements:
 - Balance
 - Strengthening
- Self-paced
- Sufficient intensity (moderate)
- Can practice at home
- No equipment



Tai Chi: Moving For Better Balance Initiative

- Translate evidence-based, fall-prevention exercise program into new setting:
 - Program → Tai Chi: Moving for Better Balance (MFBB)
 - Setting → Churches
- **Focus:**
 - Process vs. outcomes



NEW SETTING

INNOVATIVE

Role of Religion in Rural Health

- Serves central role in rural older adult lives:
 - Strong cultural value placed on religion
 - Positive effect on health outcomes
 - Church attendance increases with age

Churches may be efficient, effective, & low-cost venues to deliver fall-prevention programming to rural older adults

(Arcury 200; Cornwell 2008; Coruh 2005; Chida 2009)

Church-Based Health Promotion

Definition:

- Large-scale effort by church community to improve members' health through (Ransdell LB 1996):
 - Education
 - Screening
 - Referral
 - Treatment
 - Group support
- Church-based programs improve health outcomes (DeHaven et al. 2004)

Studies:

- High cholesterol
- Hypertension
- Poor nutrition
- Physical inactivity
- Smoking
- Obesity
- Diabetes
- Cancer
- Mental health

Church-Based Physical Activity Promotion

Study	Intervention	Sample	Results
Heart & Soul (Peterson JA 2010)	Group exercise, education, & support	African American urban church (Missouri)	Increased physical activity at 6 wks
Sisters in Motion (Duru OK 2010)	Group scripture readings, prayer, goal- setting, & walking	3 African American churches (Los Angeles)	Increased walking & decreased blood pressure at 6 mos
Delta Body & Soul (Tussing-Humphreys L 2011)	Group education, activities, & self- directed walking	10 African American churches (Mississippi)	Increased aerobic activity, strength, & flexibility at 6 mos
Health-e-AME (Wilcox S 2007)	Messaging, group exercise, walking programs, & education	African Methodist Episcopal churches (South Carolina)	No change in activity at 1 or 2 yrs; awareness associated with meeting activity recommendations

No known church-based studies on fall prevention

Moving For Better Balance Initiative



Recruit Churches & Instructors:

- 20 rural churches
- 20 exercise instructors



Forum:

- Barriers & facilitators
- Adapt:
 - Program
 - Materials



Recruit Participants:

- 300 people
- Community members
- ≥ 65 years old
- Membership not required



Intervention:

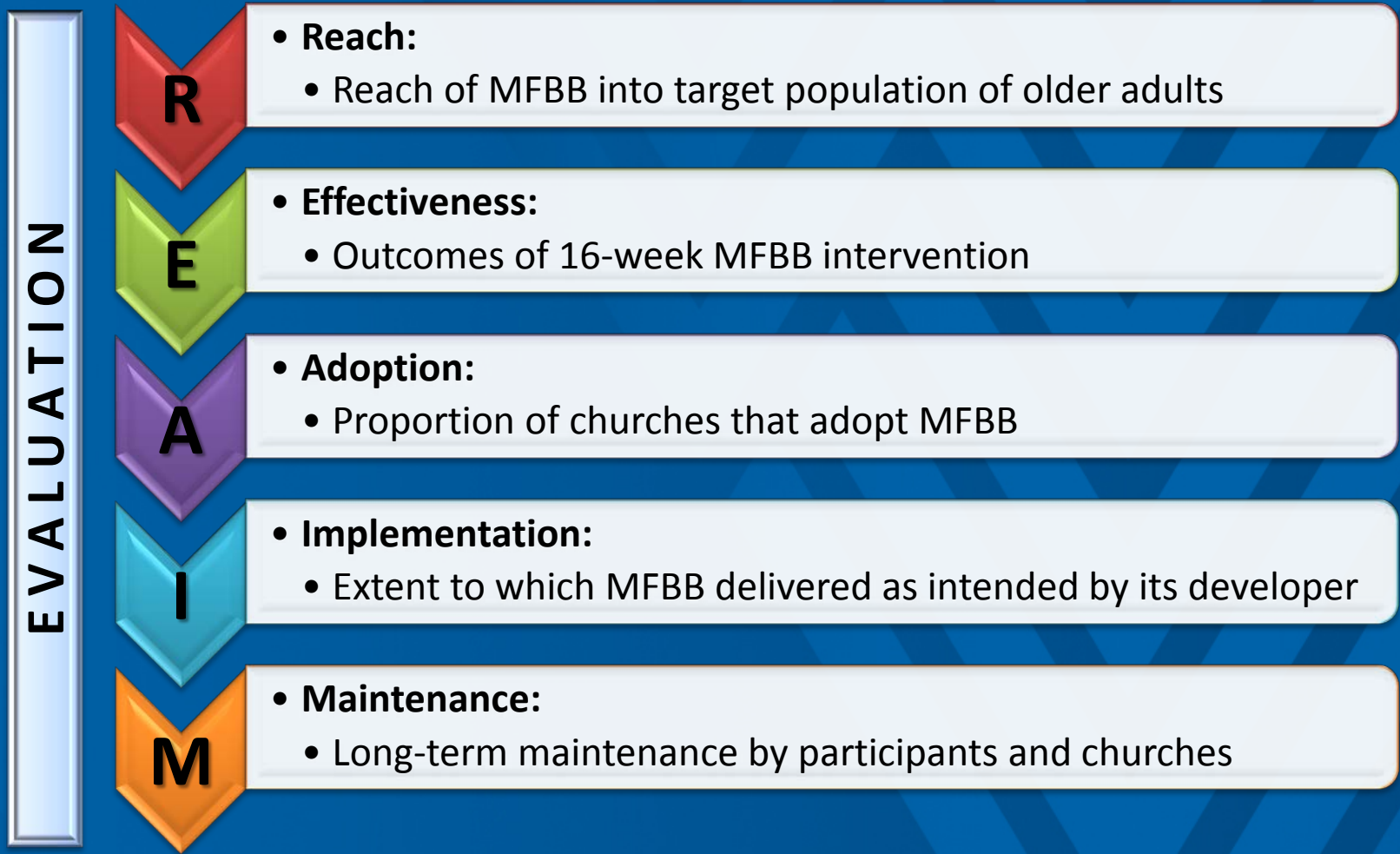
- 1 hour
- Twice weekly
- 16 weeks
- Data:
 - Baseline
 - 16 weeks
 - 32 weeks



Forum:

- Satisfaction:
 - Churches
 - Participants
 - Leaders
- Sustainability

Moving For Better Balance Initiative



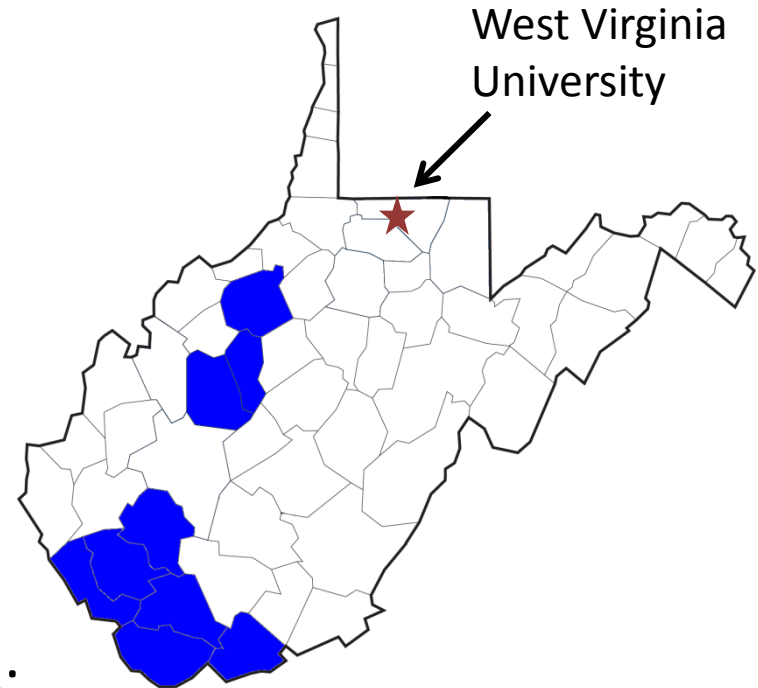
Selection of Rural Counties

- **3 Northern counties:**

- Rural = 34 of 55
- ≤ 20 people/mile² = 20
 - High fall injury death rates
 - Close to University

- **6 Southern counties:**

- Southern WV Lifestyles Project
- Health promotion in communities:
 - Included churches



9 Project Counties

Identification of Churches

- Purchased mailing lists
- Verification:
 - Telephone calls
 - Internet searches
 - Chambers of Commerce
 - Extension agents
 - WVU Prevention Research Center
 - Religious consultant
 - Telephone books
 - Newspapers
 - Senior center directors
 - Local health departments
 - Ministerial Associations
- Campbell et al. (2004):
 - **Multi-stage purposeful random sampling**
 - Randomly selected 50 of 147 churches
 - Representative sample:
 - Denomination
 - Size
 - County
 - Purposively sampled 5 churches to increase diversity in size & denomination
 - **Sample = 55 churches**

Snowball Sampling

- **Non-probability sampling strategy:**
 - Chain-referral → ask others to refer you to others ... who know others ... who know others etc... who can help us gain access to the churches
 - Useful with hard to reach populations

Snowball Sampling

- **Contacted:**

- Clergy
- Congregants
- Health Departments
- Fitness centers
- Ministerial Associations
- Senior centers
- Extension agents
- Physical therapists
- Local civic leaders
- Health clinics
- Newspaper reporters

- **Community Liaisons:**

- Health Department staff
- Congregants

- **Events:**

- Prayer group meeting
- Hosted a project informational session
- Calhoun Days
- Volunteered:
 - Potluck dinner
 - Food pantry

Two Recruitment Strategies

- **Scientific Sampling:**

- 280 recruitment mailings
- 3 rounds of press releases:
 - 6 newspapers
 - 1 radio station
 - 7 TV stations



2 CHURCHES

- **Snowball Sampling:**

- 4 months:
 - 11 trips
 - > 4000 miles
 - 51 meetings
 - 26 personal letters
 - 44 e-mails
 - 98 telephone calls
 - 100's of brochures hand-delivered to 48 locations



7 CHURCHES

Challenges

- **Transportation & geography:**
 - Roads without lines
 - No road signs
 - Locals rely on word-of-mouth to locate neighboring congregations
 - Long distances between communities
 - Winter months:
 - Hazardous mountain roads
 - Sun sets early
- **Older adults:**
 - Limited physical function:
 - Getting out of house once a week for church may be their limit
 - Financial difficulties → gas expenses



Challenges

- **Church infrastructure:**
 - High turnover rate of clergy
 - No office staff to answer phone
 - Post office boxes not routinely checked
- **Communications infrastructure:**
 - Local phone books not exhaustive
 - Few church websites
 - Mobile phone service non-existent
- **Reluctance to consider new program:**
 - Lack of cultural value placed on health promotion
 - Communities unwilling to adopt new programs
 - Limited resources (financial & human)

Challenges

- **Congregation size:**
 - Too small to recruit 15 participants \geq 65 years
- **Religiocultural issues:**
 - Limits the combining of congregations
 - Independent congregations in Appalachia:
 - Division over religiosocial disagreements
 - Few Ministerial Associations:
 - Existing Associations are small:
 - » Example: 12% of churches in 1 county in an Association
 - Disproportionate representation of denominations:
 - » Example: 2 of 3 encountered run through Catholic church
 - Lack of influence

Solutions

- Scientific approach → snowball sampling
- Expanded definition of church to include faith-based organizations
- Eliminated criterion for churches to be \geq 10 miles apart
- Will consider class sizes < 15 participants
- Will consider enrolling participants aged 50-64

Conclusion

- Fall prevention in older adults is a public health priority in WV
- Translate evidence-based fall-prevention program into church setting
- Program delivery model for reaching underserved older adults in rural areas



CDC-
Funded
Research

Questions?

THANK YOU!

This presentation was prepared for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, by the West Virginia Injury Control Research Center. The content does not necessarily represent the official views of the Centers for Disease Control and Prevention.

Falls Free in Pennsylvania

Carol E. Thornton, MPA
Violence & Injury Prevention Program
Section Chief
October 31, 2013

► Funding

- CDC Core Violence and Injury Prevention Program
 - ▣ Injury Community Planning Group
- CDC Preventive Health and Health Services Block Grant
 - ▣ Intervention strategies

► Falls Prevention among Older Adults

- Inform health care providers about falls prevention, falls risk assessment, and referral for individual interventions.
- Educate older adults on falls prevention through best practice and evidence-based strategies.
- Raise awareness.

► Inform Health Care Providers

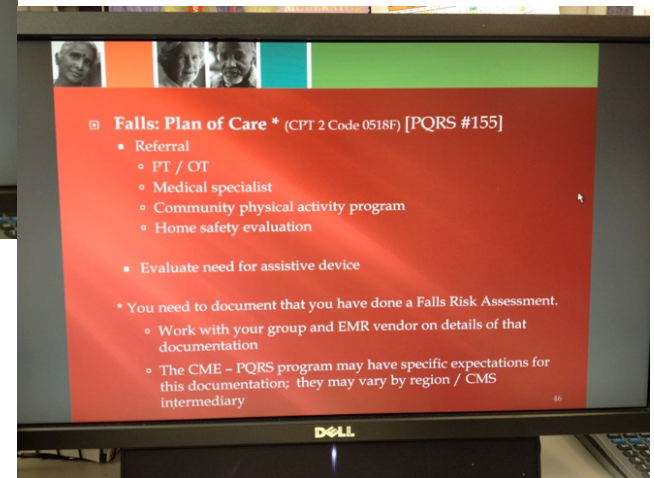
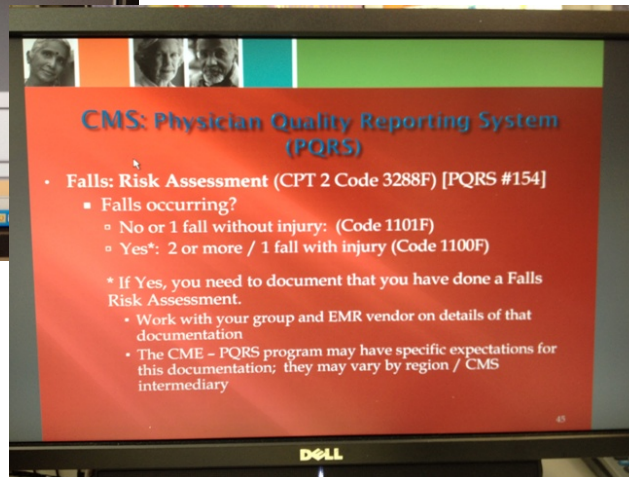
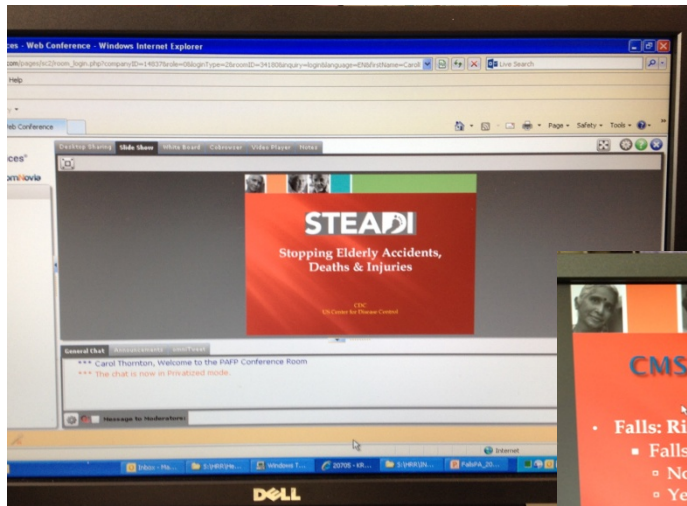
STEADI

Stopping Elderly
Accidents, Deaths & Injuries

▶ Practical Fall Risk Assessments & Interventions For Primary Care

- The PA Academy of Family Physicians (PAFP) hosted CME webinar.
- Learning Objectives:
 - ▮ Increased knowledge of the AGS/BGS practice guidelines
 - ▮ Increased confidence in ability to conduct fall risk assessments and implement interventions
 - ▮ Increased planned frequency of use of strategies to prevent falls including CDC's STEADI toolkit and outcome data collection and review

CME Webinar Highlights



Implementation

- Five local health departments received support to print a supply of STEADI toolkits to complement the efforts of the CME webinar.
- Each can devise a locally-driven plan for implementing STEADI with health care providers.
- PAFP will assist with making connections between local health departments and local practices.

➤ Educate Older Adults

A Matter of Balance Program

- View falls as controllable
- Set goals for increasing activity
- Make changes to reduce fall risk at home
- Exercise to increase strength and balance

Implementation

- The same five local health departments receive support to be Master Trainers for A Matter of Balance.
- As funds are available, more master trainings are made available.
- Trained coaches may be based with another organization to increase local capacity and sustainability.

Awareness

2013 Falls Prevention Awareness Day



➤ On Paper

- Governor's Proclamation for third year in a row
- House Resolution for second year in a row

▶ Legislative Breakfast

Logistics

- Picked a morning of second day back in session (9/24).
- Utilized House and Senate Health Committees to extend invitations.
- Obtained funding from non-profits and local health system.
- Provided packets with maps and fact sheet.

Legislative Breakfast

Pennsylvania FACTS

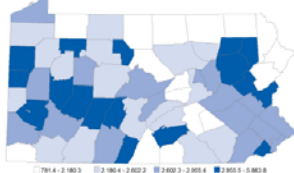
THE REALITY

- > The number of Americans age 65 and older is expected to double in the next 25 years due to increased life expectancy and aging of the baby boomer population.
- > Nationally, falls are responsible for more than 2.4 million unintentional injuries to people 65 and older each year. This accounts for nearly two-thirds of unintentional injuries.
- > In Pennsylvania, falls are the leading cause of injury-related hospitalizations and deaths for persons age 65 and older. An average of six fall-related hospitalizations occurred per hour in 2011.
- > Between 2007 and 2011, annual medical charges for fall-related hospitalizations in Pennsylvania totaled \$3.4 billion or \$269 for every resident. Medicare was the payor for 70 percent of all fall-related hospital charges for all ages.
- > Fear of falling among older adults often leads to dependence and increasing immobility, followed by functional deficits and a greater risk of falling.

FACT FACT

Currently, Pennsylvania is the fourth "oldest" state in the nation, with nearly 2.7 million individuals aged 60 and older and more than 300,000 individuals aged 85 and older. By the year 2030, it is estimated that more than 3.6 million Pennsylvanians will be aged 60 and older.

AGE-ADJUSTED UNINTENTIONAL FALL-RELATED HOSPITALIZATION RATES FOR PERSONS AGE 65+, PENNSYLVANIA (2007-2011)



preventing falls among older adults

STATE PROGRAMS IN ACTION

At the Pennsylvania Department of Health, the Violence and Injury Prevention Program collaborates with the Pa. Injury Community Planning Group (ICPG) to prevent fall injuries and deaths among older adults. The ICPG Falls Prevention Workgroup is comprised of representatives from the Department of Aging, county/municipal health departments, local Area Agencies on Aging, trauma centers, Pennsylvania Academy of Family Physicians, and healthcare providers. This workgroup is also recognized as a member coalition of the National Falls Free Initiative.

Utilizing the Preventive Health and Health Services Block Grant, support is provided to five local county/municipal health departments to implement the **A Matter of Balance** fear-of-falling prevention program. Efforts are underway to also conduct outreach to healthcare providers with a tool kit on screening and referral for older adults at-risk for falling.

The Pennsylvania Department of Aging offers the **Healthy Steps for Older Adults** falls prevention program for adults 50 years of age and older. The program is designed to raise awareness of falls, introduce steps on how to reduce falls, improve overall health, and provide referrals and resources. This program meets the minimum criteria for an evidence-based intervention funded under Disease Prevention and Health Promotion Services (OAA Title IID).

In addition, Aging also provides the **Healthy Steps in Motion Exercise Program**, which is a series of educational classes and exercises, with various levels, for adults to improve strength and balance.

WHAT CAN YOU DO? CAN YOU DO?

- Older adults can take several steps to reduce their risk of falling. They can:
- > Exercise regularly; exercise programs that increase strength and improve balance are especially good.
 - > Ask their doctor or pharmacist to review their medicines—both prescription and over-the-counter—to reduce side effects and interactions that may increase the risk of falls.
 - > Have their vision checked by an eye doctor at least once a year.
 - > Improve the lighting in their home; and
 - > Reduce hazards in their homes that can lead to falls (e.g., remove clutter, use double-sided tape to keep small rugs from slipping, etc.).



At the Pennsylvania Department of Health, the Violence and Injury Prevention Program collaborates with the Pa. Injury Community Planning Group (ICPG) to prevent fall injuries and deaths among older adults. The ICPG Falls Prevention Workgroup is comprised of representatives from the Department of Aging, county/municipal health departments, local Area Agencies on Aging, trauma centers, Pennsylvania Academy of Family Physicians, and healthcare providers. This workgroup is also recognized as a member coalition of the National Falls Free Initiative.

Utilizing the Preventive Health and Health Services Block Grant, support is provided to five local county/municipal health departments to implement the **A Matter of Balance** fear-of-falling prevention program. Efforts are underway to also conduct outreach to healthcare providers with a tool kit on screening and referral for older adults at-risk for falling.

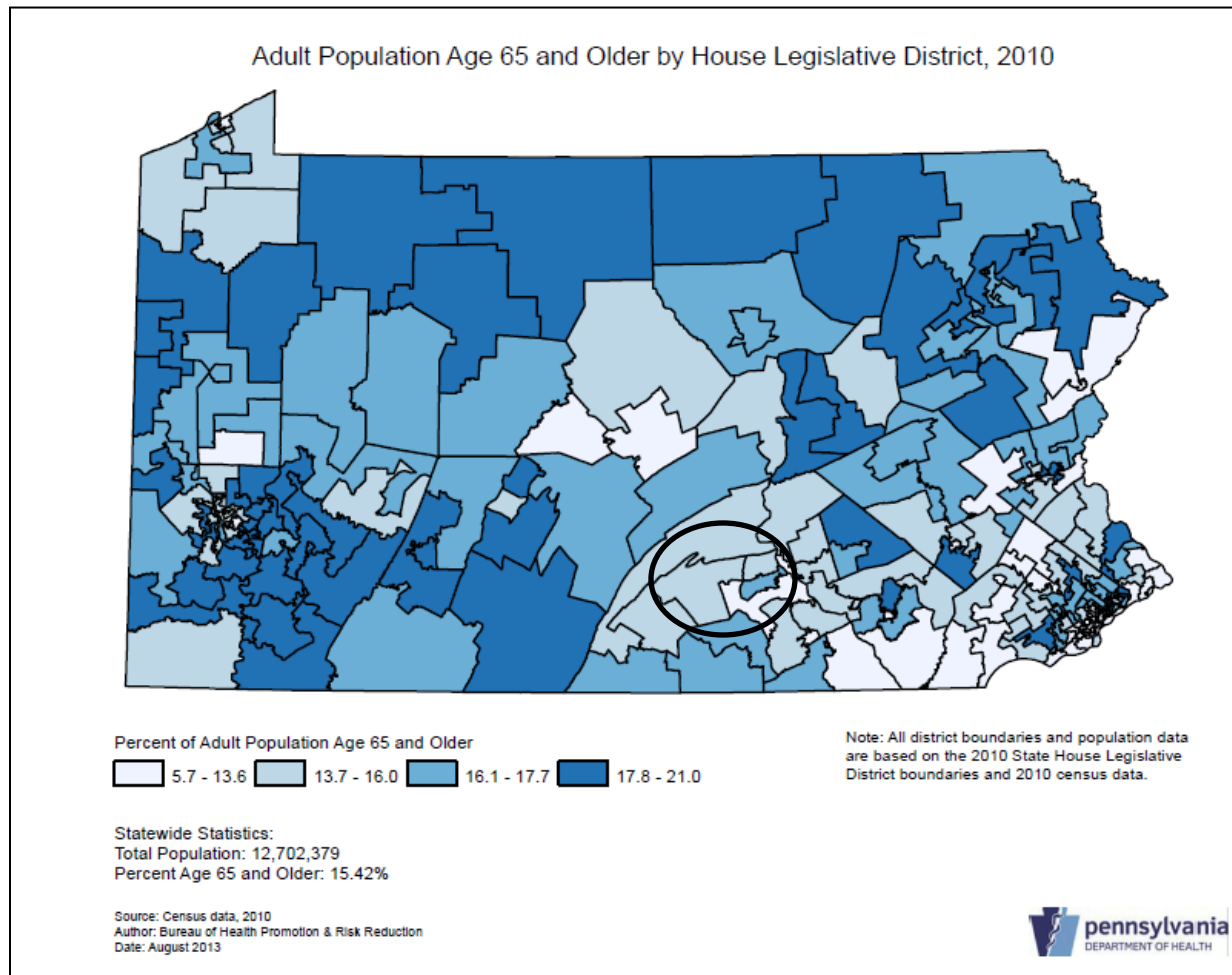


▶ Legislative Breakfast

What we learned?

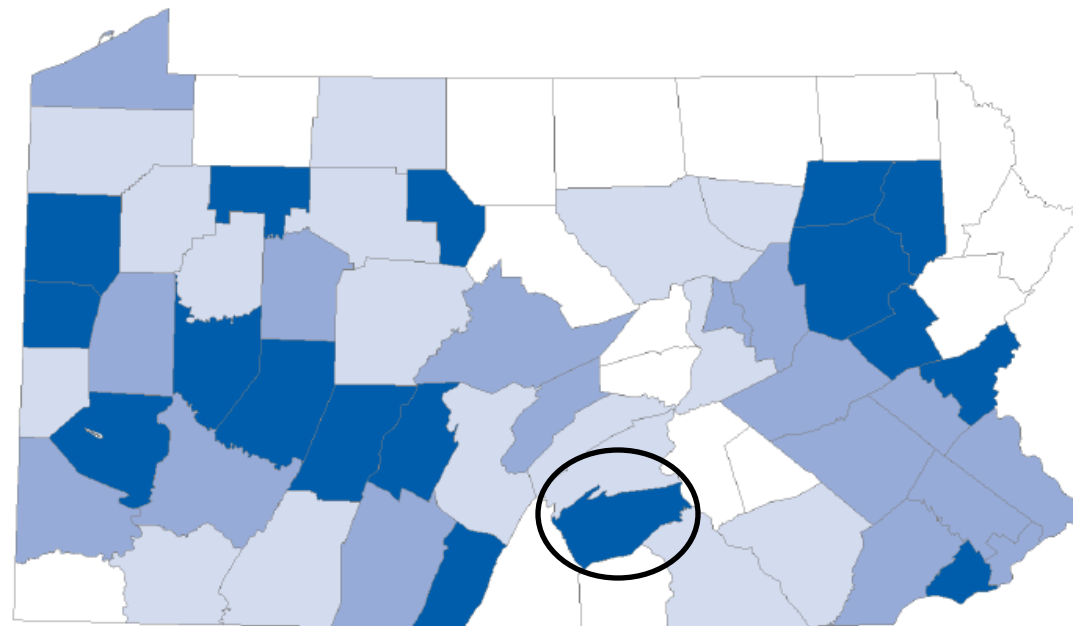
- Start planning early and expect last minute hiccups.
- With pre-approval, we can email and call with legislative offices.
- Maps were a hit.
- Don't do your own photography.

Map – Population by Legislative District



Map – Hospitalizations by County

Fall Related Hospitalization Rates Among Adults Age 65 and Older by County, 2007-2011



County Rates Per 100,000 Population
Adults Age 65 and Older

Fall Hospitalizations (Age 65+, PA, 2007-2011): 265,288
Overall State Rate: 2,738.5 per 100,000 population

781.4 – 2,180.3 2,180.4 – 2,602.2 2,602.3 – 2,955.4 2,955.5 – 5,883.8

Source: Pennsylvania Healthcare Cost Containment Council
Author: Bureau of Health Statistics and Research
Date: September 2013

Data used was provided by the Pennsylvania Health Care Cost Containment Council (PHC4). PHC4 specifically disclaims responsibility for any interpretations or conclusions.



Highlights



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