

2010 – 2014 Plan

Ohio Injury Prevention Partnership

**OHIO OLDER ADULT FALLS PREVENTION COALITION
STATE PLAN**





OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

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Dear Partner in Injury Prevention,

The Ohio Department of Health, Violence and Injury Prevention Program (VIPP), is pleased to present: *Preventing Falls among Older Adults*. Falls represent a serious threat to public health and safety. They are particularly harmful to older adults as the likelihood of falling and the consequences of a fall increase dramatically with age.

Falls are the leading cause of injury-related ER visits, hospitalizations and deaths for Ohioans aged 65 and older. According to the VIPP's *Burden of Injury from Unintentional Falls in Ohio*, falls among Ohioans 65 years and older accounted for \$4.2 billion, more than two-thirds (68 percent), of the total annual cost of nonfatal, hospital-admitted falls. In 2008, this group accounted for more than 80 percent of fall-related deaths while they represent only 14 percent of the population.

Through a Centers for Disease Control and Prevention Core Injury grant, the Ohio VIPP established the Ohio Injury Prevention Partnership (OIPP) in November of 2007. The purpose of the OIPP is to bring together a group of multi-disciplinary professionals from across the state to identify priority injury issues and develop strategies to address them. Falls among older adults are one of the OIPP's priorities and the members recommended the formation of a specific group to address the issue. In November of 2009 the *Ohio Older Adults Falls Prevention Coalition* was formed and a statewide partnership worked together to complete this state plan.

The five year plan addresses falls among older adults from a multi-faceted approach to include: education/awareness, infrastructure, policy, interventions/risk assessment and monitoring trends, prevention, management, rehabilitation and long-term care. Implementation of this plan will require collaboration with a wide range of partners and agencies including public health, aging networks and health care professionals that endeavor to reduce falls and fall-related injuries for older Ohioans.

I wish to express my gratitude to the coalition members who devoted their time toward the completion of this important document. I wish to particularly acknowledge our partner, the Ohio Department of Aging, for their expertise and resources in addressing falls among older adults. I also thank the Ohio Public Health Association and the Delaware County General Health District for their outstanding contributions to the completion of the plan.

Falls are not a normal part of aging. This myth must be dispelled so older Ohioans can live strong, independent, productive and healthy lives. We consider this blue print an important "*Call to Action*" in addressing this issue in a coordinated, systematic and evidence-based manner at the state level and hope that you will join with us to implement the plan.

Sincerely,

Alvin D. Jackson, M.D.
Director, Ohio Department of Health

Ohio Department of Health Violence and Injury Prevention Program

The VIPP at ODH is developing a comprehensive injury prevention program for the State of Ohio. The VIPP strives:

- To coordinate surveillance systems that collect injury data.
- To assess the burden of injuries and violence, and communicate information for the purpose of action.
- To promote evidence-based injury prevention interventions for at- risk populations.
- To coordinate and collaborate with partners in building program infrastructure.
- To encourage the adoption of policies and programs that lead to the prevention of injuries.
- To provide technical support and training as needed.
- *Ultimately, to make Ohio a safer place to live, work and play by reducing death and disability associated with intentional and unintentional injury.*

VIPP Initiatives:

For more details on these activities, please visit our website at:

<http://www.odh.ohio.gov/odhPrograms/hpr/injprev/ovipp.aspx>

- Ohio Injury Prevention Partnership and Associated Action Groups
- Local Injury Prevention Grant Program
- Child Passenger Safety (CPS) Program
- Injury Surveillance Activities
 - General Injury Surveillance
 - Census of Fatal Occupational Injuries (CFOI)
 - Ohio Violent Death Reporting System (OH-VDRS)

Public Health Injury Surveillance and Prevention Program Grant

ODH presently receives funding from the CDC for the Public Health Injury Surveillance and Prevention Program. The goal of the program is to establish and sustain a solid infrastructure for injury prevention that includes statewide injury surveillance to inform and evaluate public policy, as well as comprehensive injury prevention and control programs.

This funding is used to:

- Strengthen the infrastructure for injury prevention in Ohio.
- Improve injury surveillance.
- Influence and evaluate policy relative to the prevention of injuries.
- Increase collaboration in the field of injury prevention.

ODH has received funding from the CDC for core injury surveillance and prevention activities since 2000.

Ohio Injury Prevention Partnership (OIPP)

The OIPP is a group of professionals representing a broad range of agencies and organizations concerned with building Ohio's capacity to address the prevention of injury. Led by the Ohio Department of Health (ODH), Violence and Injury Prevention Program (VIPP) with funds from the CDC, the OIPP improves statewide collaboration related to injury prevention, and assists ODH with establishing priorities and future directions for injury and violence prevention in Ohio. Current priority areas include child/youth injury, drug poisoning, violence and falls among older adults.

Mission: To prevent injuries in Ohio using data and collaborative partnerships.

Vision: Working together to create a safe and injury free Ohio.



Ohio Older Adult Falls Prevention Coalition

With support from the CDC's Preventive Health and Health Services Block Grant and the Core Injury Grant, and in close collaboration with ODH and the OIPP, the Ohio Older Adult Falls Prevention Coalition was formed in November 2009. The coalition is comprised of professionals from a wide range of multi-disciplinary agencies and organizations throughout Ohio. The function of the coalition is to identify statewide priorities related to the prevention of falls among older adults which can lead communities to address areas of greatest need for their populations; determine broad focus areas, goals, objectives and activities to guide communities and the state in addressing these issues; and to monitor progress in each of five priority areas. The priority areas are education/awareness, infrastructure, policy, interventions/risk assessment and evaluation/monitoring trends.

Mission: The mission of the Ohio Older Adult Falls Prevention Coalition is to reduce the risk of falls through partnerships, education and policy.

Vision: Older Ohioans will have fewer falls and fall-related injuries, maximizing their independence and quality of life.

Falls Among Older Ohioans - Ages 65 and Older

Taken from ODH report: *Burden of Injury From Unintentional Falls in Ohio, 2002-05 and Fall-Related Injury Among Older Adults in Ohio Factsheet, 2010*

Falls are particularly harmful to older adults. Falls and fall-related injuries seriously affect older adults' quality of life and present a substantial burden to the Ohio health-care system. They easily surpass all other mechanisms of injury as a cause of ER visits, hospitalization and death. Important findings related to falls among older adults include:

Falls among older adults have reached epidemic proportions and rates continue to rise.

- From 2000 to 2008, Ohioans aged 65 and older experienced a 141 percent increase in the number of fatal falls and 132 percent increase in the fall death rate. On average, 2.4 older Ohioans suffered fatal falls each day in 2008.¹
- In 2007, there were nearly four (3.7) fall-related ER visits for every 100 Ohio older adults (*data not shown*) and nearly 11 (10.6) fall-related hospitalizations for every 1,000 Ohio older adults. Fall-related ER visit and hospitalization rates also increased 61 percent and 57 percent respectively from 2002 to 2007.²

Older adults account for a disproportionate share of fall-related injury.

- Falls are the leading cause of injury-related ER visits, hospitalizations and deaths for Ohioans aged 65 and older.^{1,2} Fall-related ER visit and hospitalization rates for Ohioans 65 years and older are higher than rates for all other injuries combined.¹
- Ohioans 65 and older accounted for approximately 82 percent of fatal falls in 2008; while they represent only 14 percent of the population.¹

The likelihood of falling and the severity of fall-related injury increases with age, and therefore the risk for hospitalization and death also rise with age.

- Average age increases when comparing fall-related ER visits (38 years), inpatient hospitalizations (70 years) and deaths (76 years). Younger Ohioans are more likely to be treated in an ER for fall-related injuries and not to require an overnight stay in the hospital.^{1,2}
- Average length of stay in days also increases with age.²
- More than 90 percent of fall-related hip fractures occur among those 65 years and older, and nearly half (48.7 percent) of fall-related inpatient hospitalizations among those 65 and older involved a hip fracture.²

Age and gender play a large role in determining risk for type of fall.

- From ages 65 and older, female risk for fall-related injury skyrockets, with the disparity between male and female rates widening with advancing age. In numbers of fall-related hospitalizations, there were two women treated for every man among 65-74-year-olds and there was a 4:1 female/male ratio for those aged 85 years and older.²

Older adults with poor health status and those who are isolated are at greater risk of falling.

- The number of health problems and the risk of falling increase proportionately. Behavioral Risk Factor Surveillance Survey (BRFSS) respondents with diabetes, eye disease, obesity, heart disease or stroke had a higher prevalence of falls in the past three months than those without.³
- Social isolation is a risk factor for fatal falls. Married elders are significantly less likely to die from a fall than the unmarried.¹

Fatal and medically-treated falls represent only a proportion of all falls among older adults.

- As reported in the 2006 BRFSS results, 14.3 percent of Ohio respondents aged 65 and older indicated that they fell during the previous three months, projecting to a total of approximately 215,000 persons who suffered at least one fall.³
- Nearly one-third of those who fell (31.6 percent), or an estimated 67,500 older Ohioans, reported sustaining an injury that resulted in a doctor visit or restricted activity.³

Falls among older adults are costly.

- On average annually in Ohio, direct treatment charges for fall-related hospitalizations total \$298.5 million. These charges represent nearly half (45 percent) of the \$650 million in charges for all leading causes of injury combined.⁴
- Direct medical costs represent only a fraction (8 percent) of the total cost of falls among older adults in Ohio - \$4.2 billion in 2003.⁴

Despite these staggering statistics, falls are not a normal part of aging. There are evidence-based strategies designed to reduce the risk of falling. This plan is an attempt to promote these strategies systematically throughout Ohio.

Introduction

Fall-related injury is a significant public health problem among older adults because of its frequency, the morbidity associated with falls and the costs of the resulting health care.⁵ CDC reports that in the US, 30 percent of older adults aged 65 or older living in the community and more than 50 percent of those living in residential care facilities or nursing homes fall every year. This rate rises with age, with functional impairment and disability being highest in those older than 90 years. Among older adults, falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions for trauma. In 2000, CDC found that traumatic brain injury accounted for 46 percent of fatal falls among older adults. Most fractures among older adults are caused by falls. The most common fractures are of the spine, hip, forearm, leg, ankle, pelvis, upper arm and hand. And astonishingly, in 2000, direct medical costs totaled \$179 million for fatal falls and \$19 billion for nonfatal fall injuries.



ODH reports that falls among older adults in Ohio have reached epidemic proportions, and account for a disproportionate share of fall-related injuries.⁶ In 2008, older adults accounted for 20 percent of all fall-related ER visits, and 71 percent of fall-related inpatient discharges and 82 percent of deaths, while they only represented 14 percent of the overall Ohio population.⁶

From 2002-2007, there were approximately 78,300 inpatient hospitalizations coded for fall-related injury among adults aged 65 and older in Ohio. When examining non-medically-treated falls, this number increases to more than 215,000 according to the 2006 Ohio BRFSS. Of survey respondents aged 65 and older, 14.3 percent indicated that they had fallen in the previous three months. Nearly one third, 31.6 percent (69,217), of those who fell reported that they had sustained an injury that resulted in a doctor visit or restricted activity during the previous three months. For both males and females, the estimated prevalence of falling for ages 65-74 was lower than ages 75 and older (11.4 percent versus 17.2 percent overall.)⁶

Many studies have agreed that the risk of falling and incurring an injury from a fall is greater in older adults with poor health status. And as the number of health issues increases so does the likelihood of falling. Older adults with chronic conditions that lead to altered sensory or motor systems are particularly vulnerable to falls.⁶ Other fall-related risks include prescription drug interactions, impaired cognitive function, use of alcohol, history of falls and reduced visual cues, among others.

Falls and fall-related injuries cause significant mortality, disability, direct and indirect costs, including loss of independence and quality-of-life.⁷ Many people who fall, even those who are not injured, develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and physical fitness, therefore increasing their actual risk of a future fall. These injuries impose an enormous burden on individuals, society and the nation's health care system. Falls among older adults are extremely costly. The total medical costs for nonfatal, hospital-admitted falls for older adults aged 65 or older in Ohio was \$327.3 million in 2003.⁶

The topic of fall prevention is especially important at this time because Ohio, like the rest of the US, is aging and the impact of these injuries will continue to increase. The Administration on Aging reports in the Profile of Older Americans 2008 that the older population--persons 65 years or older--numbered 37.9 million in 2007, will increase to 40 million by the end of 2010 (a 15 percent increase) and then to 55 million in 2020 (a 36 percent increase for that decade). By 2030, there will be about 72.1 million older persons, almost twice their number in 2007.

Ohio Older Adult Falls Prevention Action Group

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Goal 1: Education/Awareness for Older Adult Falls Prevention

1. To improve the fall prevention knowledge and behaviors among seniors and caregivers through community education and awareness efforts.

Objectives	Activities	Implementation Timeframe	Expected Outcomes	Partners	Funding Implications
1.1 To increase the knowledge of risk factors, prevalence, consequences, and prevention strategies among community members and seniors.	1.1.1 Develop Web content for ODH's injury prevention Web site that provides tools for risk assessment and prevention tips.	From 2010-2011	Material will be recommended for ODH website and posted on OPHA website	ODH, OPHA, coalition member organizations	May need additional funding to add a Fall Prevention-specific page to the OPHA website
	1.1.2. Link with partnered organizations and agencies' Web sites.	Ongoing 2010-2014	Organizational partner websites will be listed on OPHA and ODH websites	All coalition member organizations	Current funding or in-kind resources
	1.1.3. Offer 4-5 regional conferences on fall risk factors and prevention strategies.	From 2011-2012	Conferences will be held and evaluations summarized	All coalition member organizations and others as identified	Additional funding will be needed to support these conferences
	1.1.4 Identify and engage state and local health/aging organizations and agencies to discuss and integrate fall prevention awareness, risk assessment and intervention strategies based on the venue where older Ohioans reside.	From 2010-2014	Additional agencies/ organizations will participate in state or local Fall Prevention Coalitions	All coalition member organizations	Current funding

1.2 To increase the knowledge of fall risk factors and prevention strategies among caregivers and health care providers.	1.2.1. Identify county champions representing each of Ohio's counties.	From 2010-2014	List of champions will be available and posted to Web sites, including counties represented	All coalition member organizations and local partners	Current funding and in-kind resources from existing network
	1.2.2 Provide awareness, risk assessment and intervention information to "2-1-1" information centers" across the state through county champions.	From 2010 - 2014	Information will be disseminated; feedback data on Web site "hits" or places shared will be requested	United Way agencies and AIRS information systems; all coalition member organizations	Additional funding may be needed to collect and summarize these data
	1.2.3 Develop a toolkit/press kit for use throughout Ohio and link to it online.	From 2010-2014	Toolkit will be developed and posted online; can be shared by e-mail	All coalition member organizations, ODH, ODA	Current funding and in-kind resources; some additional funding may be needed to print some toolkit items for those without Internet access and to address multiple languages

1.3 To increase knowledge of risk factors and prevention strategies among policy makers.	1.3.1. Hold legislative fall prevention educational event at the statehouse.	From 2011-2014	Fall Prevention Awareness Day event will take place at the statehouse annually	All coalition member organizations	Funding will be needed to support this activity
	1.3.2 Obtain proclamation from Governor declaring Fall Prevention Awareness Week/Day.	From 2010-2014	Proclamations/resolutions will be obtained and shared on Web sites, via e-mail and through the media	ODH/ODA/OPHA	Current funding
1.4 Identify systems that have health/aging association meetings.	1.4.1 Engage state associations to distribute fall prevention information.	From 2010-2014	Lists of potential organizations/associations will be developed; letters of commitment to be sent/returned	All coalition member organizations, other associations as identified	May require additional funding to coordinate this effort and produce summary

Goal 2. Infrastructure

1. To create a sustainable system which identifies needs, existing resources and gaps.

Objectives	Activities	Implementation Timeframe	Expected Outcomes	Partners	Funding Implications
1.1 To perform system-level needs assessment and review available data.	1.1.1 Identify or develop valid, reliable needs assessment tool at state and local levels.	From 2010 - 2011	A tool is identified and a process is developed to use it.	ODA/ODH/ selected coalition members	Current funding and in-kind efforts of Coalition members
	1.1.2 Identify existing assessment data.	From 2010 - 2011	Data sets identified and listed	ODA/ODH/ selected coalition members	Current funding and in-kind efforts of Coalition members
	1.1.3 Review resulting assessment of the needs of professionals, older adults and caregivers to gather their points of views.	From 2011 - 2012	Report on needs identified is produced and shared	ODA/ODH/ selected coalition members	Current funding and in-kind efforts of Coalition members
	1.1.4 Identify both real and perceived, quantitative and qualitative needs as determined by key stakeholders in the community.	From 2011 - 2012	Stakeholder input is obtained, considered and included in report	All coalition member organizations and others to be identified.	Additional funding may be needed

1.2 To perform resources assessment by identifying risk factors and related state resources.	1.2.1 Determine how the data are to be gathered; who will gather the data; and analyze the validity of the data.	From 2010-2011	Assessment tool developed and process identified to collect/analyze data	Key informants/ coalition member organizations, hospitals, etc.	Current funding
	1.2.2 Identify and list resources focused on medication management, fear of falling, sensory impairments, etc.	From 2010-2011	Resource list compiled and shared	Pharmacy, medical, vision, speech and hearing and other health professionals and organizations	Current funding
	1.2.3. Identify and list resources focused on physical activity/mobility and environment.	From 2010-2011	Resource list compiled and shared	State and local public health, PT/OT orgs, universities, researchers, YM/WCAs, and other coalition members, builders associations, city planners and county commissioners	Current funding

2. To develop strategies to fill the gaps in order to reduce the number of falls and fall-related injuries.

2.1 Identify gaps and connect them with resources.	2.1.1 Develop resource guides of who is doing what and where (e.g. Central Ohio - see Web site example).	From 2011-2013	Resource guides developed and shared – online preferred	Coalition member organizations, information and referral organizations (ADRCs and 211 systems)	Additional funding may be needed to collect and update the guide
	2.1.2 Share and update resource information with colleagues in education/awareness capacities (to meet Alliance of Information and Referral Systems standards)	From 2011-2014	Web resource “go-to” site developed, updated and promoted	Coalition member organizations and other identified organizations	Funding will be needed to monitor quality of resources listed and to provide frequent updates; can link to Admin on Aging Funding already in place
2.2 Facilitate sustainability by identifying local champions for this work.	2.2.1 Identify point people for fall prevention at each Area Agency on Aging Region.	December 2010	List of point persons will be provided and shared	ODA and AAAs	Current funding and in-kind
	2.2.2 Identify county-specific champions for fall prevention efforts.	December 2010	List of champions will be provided and shared	ODH, AAAs, EMAs, local coalitions, local senior centers and others	Current funding and in-kind

2.2.3 Institutionalize funding mechanisms for maintaining efforts to support fall prevention efforts at the state and local level.

From 2010-2014

Funding committee to be formed; grant applications will be submitted; legislative funding will be considered

Coalition member organizations and other organizations identified

Additional funding will be needed in various venues and for various populations and partner efforts

Goal 3: Policy

1. To provide information to organizational, local and state leaders resulting in legislation, regulations, and policies that address falls prevention interventions.

Objectives	Activities	Implementation Timeframe	Expected Outcomes	Partners	Funding Implications
1.1 Develop falls prevention agenda.	1.1.1. Assemble falls advocacy group.	From 2010 – 2011	Advocacy group identified	Selected coalition member organizations	Current funding
	1.1.2. Identify and prioritize falls issues annually that could be addressed by policy initiatives.	From 2010 – 2014	Propose policy initiatives and/or support them	All coalition member organizations and others to be identified	Current funding to propose, possible additional funding to implement
	1.1.3 Identify local champions.	From 2010 – 2011	List of local champions we can contact for support	All coalition member organizations and others to be identified	Current funding
	1.1.4 Charge falls policy advocacy group participants with advocating through his/her agency/organization, etc.	From 2010 – 2014	Log of phone calls, e-mails, releases pertaining to policy advocacy	All coalition member organizations and others to be identified	Current funding or software update funds

	1.1.5 Draft annual policy advocacy agenda in the form of a “white paper” in conjunction with needs and resource assessments and overall OIPP policy initiatives.	From 2010 - 2014	Annual white papers are produced and shared	Coalition work groups and other constituents	Current funding
1.2 Annually compile federal, state and local statutes, etc.	1.2.1 Identify current rules, regulations, ordinances, etc. that support or are contrary to falls prevention tenets.	From 2010 – 2014	Key legislation identified and addressed through action steps	All coalition member organizations and Policy Advocacy Group	Funding needed to staff this activity and perform follow-up
	1.2.2 Identify proposed legislation currently being considered.	From 2010 – 2014	Proposed legislation identified; coalition involved in review and recommends action steps	All coalition member organizations and Policy Advocacy Group	Funding needed to staff this activity and perform follow-up
	1.2.3 Identify key legislation for consideration in Ohio.	From 2010 - 2014	Proposed legislation identified; coalition involved in review and recommends action steps	All coalition member organizations and Policy Advocacy Group	Funding needed to staff this activity and perform follow-up
1.3 Develop strategies for approaching legislators and other stakeholders.	1.3.1 Identify stakeholders at federal, state and local levels.	From 2010 – 2014	List of stakeholders and legislators to be contacted	ODH, ODA, OPHA, other coalition member organizations	Current funding

1.3.2 Identify supporters/adversaries of mandates.	From 2010 – 2014	Supporters identified and detractors educated	ODH, ODA, OPHA, other coalition member organizations	Current funding
1.3.3 Develop key messages regarding falls to address legislators/policy makers.	From 2010 – 2014	Educational materials and data developed for policy use	ODH, ODA, OPHA, other coalition member organizations	Funding needed to staff activity to develop materials and keep them current and locally pertinent
1.3.4. Provide/develop recommendations to legislators/policy makers.	From 2010 – 2014	Recommendations included in annual white papers are included in state and local policies	ODH, ODA, OPHA, other coalition member organizations	Funding needed to staff this activity and to monitor outcomes
1.3.5 Meet with stakeholders on their own turf, etc. to discuss falls prevention.	From 2010 – 2014	At least six meetings or contacts are held per year	Policy Advocacy group members, coalition member organizations and identified champions	Funding to support travel expenses and possibly staff
1.3.6 Create messages that public can use to advocate with stakeholders.	From 2010 - 2014	Advocacy messages and materials developed and updated annually	Policy Advocacy Group and other coalition member organizations	Current funding

1.4 Educate public sector, key organizations and stakeholders about falls.	1.4.1. Develop public relations program that incorporates social marketing concepts/principles.	From 2010 – 2014	Media materials will be developed and shared	ODA, ODH, OPHA	Funding to produce media materials and public education items
	1.4.2 Conduct trainings at appropriate public/private clubs, organizations, etc.	From 2010 – 2014	Conduct a minimum of 10 events per year	Policy Advocacy Group and/or other coalition member organizations, ODH, ODA, OPHA	Funding needed to support travel expenses, material development, etc.
	1.4.3 Invite legislators/stakeholders to regional falls prevention education events.	From 2011 - 2014	List of legislators and other stakeholders invited and attending various coalition events	Policy Advocacy Group and/or other coalition members, ODH, ODA, OPHA	Funding needed for space/logistics and materials and speaker fees for these events
1.5 Promote state wide advocacy initiatives driven by falls state advocacy group.	1.5.1 Create framework for local/community organizations.	From 2010 – 2014	Number of local communities that adopted some fall initiatives as recommended by advocacy group	Advocacy Group and other coalition member organizations; engage public relations offices of ODA/ODH	Funding needed for media time and advertising

	1.5.2 Act as a resource for local/community organizations.	From 2010 - 2014	Maintain online toolkit materials and log contacts from local organization and/or public;	Policy Advocacy Group	Current funding
1.6 Propose at least one fall prevention related legislation policy to be considered for adoption.	1.6.1 Identify potential policy issues that could be addressed by legislation.	By 12/31/2014	Proposed legislation is assigned a Senate or House Bill number with bipartisan sponsorship	Policy Advocacy Group, OPHA	Current funding to support promotion of legislation

Goal 4: Interventions/Risk Assessment

1. To create an easy and accessible tool box for health care providers, older adults and caregivers to utilize in order to reduce the risk of falls.

Objectives	Activities	Implementation Timeframe	Expected Outcomes	Partners	Funding Implications
1. 1 Provide information for health care providers.	1.1.1 Develop or identify risk assessment and intervention tools.	From 2010-2011	Tool kit of various risk assessment screening items will be available	All coalition member organizations and other identified associations	Current funding and in-kind resources
	1.1.2 Develop or identify resource guide of intervention and risk assessment tools.	From 2011-2012	Guides will be available with information specific to various areas of the state	All coalition member organizations and others as identified	Current funding and in-kind resources
	1.1.3 Provide information on training opportunities for best practices.	From 2010- 2014	Training and continuing education opportunities will be included in organization's annual meetings, announced in newsletters and journals, posted on Web site calendars	All coalition member organizations and others as identified	Funding may be required to provide some trainings by the coalition

1.2 Provide information for Client/Caregivers.	1.2.1. Develop or identify and distribute self-use risk assessments such as home and medicine assessments; as well as intervention services.	From 2010-2013	Materials identified and disseminated, posted to Web sites, printed as needed	All coalition member organizations and others as identified	Current funding and in-kind resources
	1.2.2. Identify places/businesses that can assist in distributing these items, in addition to Web resources.	From 2010-2013	Business partners identified, promoted and recognized; items posted to Web sites	All coalition member organizations & businesses identified	Current funding and in-kind resources
	1.2.3. Develop or identify and distribute risk and intervention resource guide for public use.	From 2010-2014	Guides developed including information specific to various areas of the state, posted to Web sites, shared with business partners	All coalition member organizations and other partners as identified	Funding may be needed to print materials for public use
1.3 Provide information for the general public.	1.3.1 Assure that risk assessment and intervention resources are included in public education. Campaign materials to be developed.	From 2011-2014	Risk assessment and intervention resources will be included in public education and social marketing campaign materials	All Coalition member organizations, media partners and other partners as identified	Funding will be needed or leveraged to fully implement this activity

Goal 5. Monitoring Trends for Fall-Related Data

1.To capture quality falls-related data in order to monitor trends.

Objectives	Activities	Implementation Timeline	Expected Outcomes	Partners	Funding Implications
1.1 Partner to assess the quality of existing data sources and opportunities for linkage, etc.	1.1.1 Inventory current sources of injury data in Ohio (death, risk factor, fatality review, ED and inpatient hospital, EMS, Trauma, crime, traffic crash, poison control, brain injury, etc.) for reporting information about injuries from falls and fall risk factors.	From 2010 – 2011	Fall data sources will be identified and published	ODH Injury Program, ODA, OIPP Data Action Group	Current Funding
	1.1.2 Produce recommendations about the inclusion in injury-related or fall-related questions on behavior risk surveys, hospital/nursing home/assisted living forms, physician office intake forms and EMS guidance documents, etc.	From 2011 – 2012	Printed list of recommended questions to be included in patient assessments	ODH Injury Program, ODH Division of Quality, coalition member organizations, local coalition members, county champions	Current Funding

	1.1.3 Identify methods to determine the impact of injuries on high-risk groups and communities (e.g., YPLL, costs, outcomes).	From 2011 - 2012	Improved quality of falls data from various reporting sources	OIPP Data Action Group, ODH Injury Program, coalition member organizations, local coalitions, CDC data sources	Current Funding
	1.1.4 Monitor the implementation of fall prevention reporting recommendations.	From 2011 and ongoing through 2014	Improved quality of falls data from various reporting sources	ODH Injury Program, ODH Quality Division, other coalition member organizations responsible for data collection, nursing homes, etc.	Current Funding
1.2 Identify gaps in data/ information and work to fill them.	1.2.1 Survey stakeholders/ partners to identify additional data elements needed to better evaluate trends in falls and fall-related injuries and fatalities.	From 2010 – 2011	Additional data elements will be determined and a summary of the survey will be produced	Coalition member organizations, local health departments/ coalitions, ODH BRFSS, Division of Quality and Injury Program	Current Funding

	1.2.2 Determine or develop ways to obtain additional data elements.	From 2011 – 2012	Guidance document will be produced, new partners or data sources identified	ODH Injury Program and Division of Quality, other partners as appropriate	Current Funding
1.3 Establish baselines.	1.3.1 Review the existing data and establish baselines for added measures (HP 2020).	From 2011 -1 2012	Baselines will be established and published for existing and added measures	ODH Injury Program, ODH Quality Division, OIPP Data Action Group, local coalitions and other data source partners as identified	Current Funding
1.4 Partner to improve the quality of external cause of injury coding (e-coding) in hospital and discharge data.	1.4.1 Implement recommendations from the MMWR report to improve e-coding in Ohio hospital data.	Throughout 2011	Guidance document or position paper will be produced to encourage improved use of e-coding	Coalition member organizations, ODH Injury Program and local coalitions	Current funding, may require additional funding for training on e-coding related to fall data
	1.4.2 Provide procedure guidelines for continuous quality improvement once e-coding is in place.	From 2011-2013	Guidance document will be produced for distribution	OHA, Hospital RHIT Association, ODH Injury Program, ODPS, OIPP Data Work Group	Current funding, may require additional funding for training

1.4.3 Provide data, standards and training to clinicians, coders and administrators for improving the recording of injury circumstance information in medical records.	From 2013-2014	Increase the proportion of injury discharges that are e-coded	Ohio Hospital Association, Hospital RHIT Association, ODH Injury Program, ODPS, OIPP Data Work Group	Additional funding may be required for training
1.4.4 Produce reports for clinicians and coders to demonstrate the value of their efforts.	2014 and ongoing	Increase the proportion of injury discharges that are e-coded	Ohio Hospital Association, Hospital RHIT Association, ODH Injury Program, ODPS, OIPP Data Work Group	Current funding, may require additional funding for distribution

2. Develop mechanisms to make the data more accessible and user friendly.

2.1 Increase the availability of statewide and community-specific data for planning, surveillance and evaluation.	2.1.1 Produce reports/fact sheets on the injury and fall priority areas.	From 2011 and ongoing	Reports/Fact sheets produced annually	All coalition member organizations	Current and in-kind funding
	2.1.2 Develop multiple methods of dissemination to enhance the timeliness and accessibility.	From 2011 and ongoing	Amount and method of dissemination is captured in database	All coalition member organizations	Current funding
	2.1.3. Explore ways to promote access to Web based data resources, especially to underserved communities.	From 2010 and ongoing	Proposal for web-based data resource is produced and list of potential funding sources produced	All coalition member organizations	In-kind with pursuit of additional funding
2.2 Review data and report trends every five years.	2.2.1 Updated burden of falls report produced.	By 2013	Report is produced and publicized	All coalition member organizations	Additional funding may be required

Evidence-based Interventions and Resources

Prevention of Falls Among Older Adults – Multi-Factorial Interventions

Effective fall prevention programs for older adults include the following components:

- Medical Management (Risk Assessment by a Health Professional)
- Balance and Mobility (Physical Activity)
- Environmental resources provide information on evidence-based fall prevention programs.

CDC Fall Prevention Activities

<http://www.cdc.gov/ncipc/duip/FallsPreventionActivity.htm>

<http://www.cdc.gov/ncipc/preventingfalls/>

Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World –

This compendium, designed for public health practitioners and community-based organizations, describes 14 Scientifically tested and proven interventions:

http://www.cdc.gov/ncipc/preventingfalls/CDCCompendium_030508.pdf

Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults

This “how-to” guide is designed for community-based organizations that are interested in developing their own effective fall prevention programs:

http://www.cdc.gov/ncipc/preventingfalls/CDC_Guide.pdf

National Council on Aging – Center for Healthy Aging – Fall Prevention

<http://www.healthyagingprograms.org/content.asp?sectionid=98>

Fall Prevention Center of Excellence

<http://www.stopfalls.org/>

Contributors

NAME	AGENCY	NAME	AGENCY
Susan Sutherland, RS	Delaware General Health District	Melinda Deacon	Ohio Assisted Living Association
Lois Hall, MS	Ohio Public Health Association	Jean Thompson	Ohio Assisted Living Association
Diane Ramey	Area Agency on Aging, Region 5	Beth Foster, RN, BA, CPHQ	Ohio Council for Home Care and Hospice
Vicky Abdella	Area Agency on Aging, Region 7	Sande Johnson	Ohio Department of Aging
Vicky Woyan	Area Agency on Aging, Region 7	Dick LeBlanc	Ohio Department of Aging
David Painter	Arthritis Foundation, Central Ohio Chapter	Cathy Stocksdale	Ohio Department of Aging, Quality Assurance /Quality Improvement
Suzanne Minnich	Brain Injury Association of Ohio	Tim Erskine	Ohio Department of Public Safety
Jane Acri, LSW	Central Ohio Area Agency on Aging	Joe Sabino	Ohio Pharmacists Association
Jeanne Grothaus	Central Ohio Diabetes Association	Jamie Weaver	Ohio Public Health Association
Dan Davis	Central Ohio Parkinson Society	Michele Stokes, PhD, MS	OhioHealth Gerlach Ctr for Senior Health
Denise Franer	Clermont County Health District	Michelle Thomas, PT, DPT	OhioHealth Neighborhood Care, Columbus
Lea Blackburn, LISW, ACSW	Community Partnerships, Columbus	Theresa Jeffers, BS, CHES	OSU Medical Center, Trauma Program
Fara Waugh, LISW-S	Council for Older Adults of Delaware County, Center for Older Adults	Ann Smith, PhD, RN, CRA, ANP	OSUMC-Trauma Clinic
Vince Caraffi	Cuyahoga County Board of Health	Julie McCarthy	Partners in Prime, Hamilton
Anne Goodman, MPH	Delaware General Health District	Kira Baldonado	Prevent Blindness
Sheila Faryman, MD	Dept. of Medical Education, John J Gerlach Ctr.	Dara Bakes, BS, EMT-P	Riverside Methodist Hospital, Columbus
Teri Moore	Franklin County Office on Aging	Elizabeth Baum, MD, CMD	SUMMA Health Systems, Akron
Amy Wermert, MPH	Grant Medical Center, Trauma Program, Columbus	Kristin Beadle, DPT	The Balance and Mobility Clinic of Columbus
Ana Rojas Moonitz	Hamilton County HD	Deanna Montanaro	The University of Toledo Medical Center
Mary Jo McGuire, MS, OTR/L, OTPP, FAOTA	Home and Community Services, The Rehabilitation and Health Center, Akron	Arvind Modawal, MD, MPH	University of Cincinnati Medical Center
Christy Beeghly, MPH	Injury Prevention Program, Ohio Dept. of Health	Kimberly Bigelow, PhD	University of Dayton
Cindy Penn	Injury Prevention Program, Ohio Dept. of Health	Ben Anders	Upper Arlington Fire Division, Office of EMS & Training
Kathy Papp, RN, MSN	LifeCare Alliance, Columbus	Lynne O'Neil	Wood County Committee on Aging
Regina Rambo	Mercy St. Vincent's Medical Center, Toledo	Lolita Haverlock	YMCA, Liberty Township, Powell
Virginia Winenger	Mt Carmel East		Alzheimer's Assn., Central Ohio Chapter

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