



# **Older Adult Fall Prevention Guiding Principles 2017-2022**

Fall Prevention Partnership

Solano County



## Vision

### The Fall Prevention Partnership...

is dedicated to supporting older adults of Solano County to reduce and prevent injuries from falls through environmental design, medication management, strength & balance education, and physical activity.

## Mission

Foster partnerships to increase awareness of fall risk factors, advance access to fall prevention interventions, increase empowerment among older adults and their families to understand and actively prevent falls, and decrease the risk and incidence of falls among older adults

# Who We Are

The Fall Prevention Partnership of Solano County is a fast growing network of organizations dedicated to changing the future of older adults in our communities. We envision the risk of falls for older adults of all races, income levels and abilities to be reduced or non-existent and where health does not depend on your zip code or income level.

The strategic plan was developed over the past 6 months as we engaged stakeholders and partners at all levels both inside and outside our organization. We asked the tough questions and had several group and one-on-one discussions about what was and was not working, what was achievable and where new areas of opportunity and interest lay. We are optimistic that we have identified stretch goals in this plan but also considered what is realistic and achievable given our capacity and the ever-changing world around us.

This Strategic Plan 2017-2022 is organized into four strategic focus areas that will guide our overarching work as a group and provide alignment with our vision and that of the National Falls Prevention Action Plan. Within the four strategic focus areas we have defined long term goals that stretch well beyond the timeframe of the plan, along with goals that will span the life of the five-year plan. The strategies included in the plan represent the specific activities we will take on to achieve our goals.

These strategies will generally stay the same but may also be edited as necessary to adjust for internal or external changes in the environment in which we operate. The tactics supporting the strategies that will guide our work from year to year will be developed as part of our operational planning processes. This plan is a living document that serves as a guide to help us reach our goals and work on behalf of our vision while also allowing for emergent strategies to be included, giving us the ability to operate in a flexible and dynamic way.

# Our Core Objectives



01 Comprehensive Fall Risk Assessment



02 Medication Management



03

### Universal Design and Built Environment



04

### Wellness Programs



**Goal A:** Improve clinical care to older adults for falls prevention.

### Strategy1:

Support initiatives, including implementation of the CDC STEADI Toolkit, to train health care providers to conduct fall risk screenings to address risk factors such as balance, medications, vision.

#### Action Steps

1. Develop a PowerPoint and/or “packet” to demonstrate efficacy and cost analysis data to support initiatives and to present to health care professionals.
2. Advocate for improved clinical systems, such as Electronic Medical Record adaptation of STEADI or other falls risk screening.
3. Conduct an assessment of and report to stakeholder’s annual fall risk screenings to determine demographics/results.
4. Implore Physicians to become advocates in petitioning boards and policy makers to make injury prevention policy a priority on the agenda of health issues.
5. Risk indicators should be included in a patient’s medical records
6. To do this, there is a need for intersectoral cooperation between the medical and allied health professions. Health care providers should work together to reduce falls injury.
  - a. The first point of contact is usually general practitioners.
  - b. Physicians should support the coordination and continuity of care in all settings.
  - c. Stakeholders should be involved in program development, implementation and evaluation.
7. Employ home-hazard checklists that can be used by the caregiver or health agency personnel (e.g., a visiting nurse or home health aide) to help persons identify fall hazards and to suggest corrective action (e.g., eliminating potential tripping hazards such as clutter and throw rugs, adding stair railings, improving lighting, adding nonslip floor surfaces, and installing grab bars in bathrooms).
8. Checklists can be given to residents to help them assess personal and environmental risks and take preventive action, including behavioral changes (3). Interventions can be divided into single and multi-factorial.



9. 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.
10. Engage local healthcare professional associations to build fall prevention into existing professional development initiatives.
11. Train existing and new healthcare professionals to:
  - a. Recognize fall risks and screen for falls
  - b. Work with patients and other professionals to reduce fall risk
  - c. Refer to or facilitate evidence-based programs.
12. Utilize existing resources to keep well informed of policy issues and other initiatives.
13. Increase in funding for injury prevention projects can be targeted.
14. Physicians can lead the medical community in promoting prevention of and/or reducing falls related injury in older persons.



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## Medication Management

**Goal A:** All older adults will become aware that falling is a common adverse effect of some prescription and nonprescription medications and discuss these effects with their health care provider.

### Strategy 1

Increase the numbers of adults who have a medication review conducted by a qualified health care provider, such as a pharmacist, at least on an annual basis, and insure this review includes an adequate focus on falls and fall-related injury prevention, with the goal of reducing, altering, or eliminating medications that increase falls risk.

#### Action Steps

1. Encourage consumers to ask pharmacists, nurses or doctors about falls risks associated with medications and which medications might be reduced, eliminated or switched to safer alternatives.
2. Educate and encourage healthcare providers to review medications and to stop, switch, or reduce the dosage of medications that increase fall risk.
3. Develop clinical decision support for electronic health record systems that assists providers in optimizing their patients' medications to reduce fall risk.
4. Work with health systems to collect data and conduct cost-benefit analyses to determine the cost-effectiveness of optimizing patients' medications to reduce fall risk.
5. Identify best practices regarding pharmacist medication reconciliation at points of care transitions and disseminate best practices to health care systems for replication.

## Strategy 2

Conduct a strategically planned consumer education campaign to increase awareness of falls risks associated with medication use (prescription and nonprescription medications).

### Action Steps

1. Create a public education plan to inform older adults and caregivers about the risk of side effects from medications and the need for at least an annual review and modification of medications by qualified health care providers.
2. Leverage opportunities with the National Council on Patient Information and Education related to public education and an annual medication review for older adults.
3. Utilize appropriate media channels to communicate the falls risk of medications to consumers.
4. Involve pharmacists, nurses, physicians and older consumers in market research to identify effective messaging and to discern what would help older adults take medications appropriately.
5. Utilize interaction with pharmacists to provide consumers with information on falls risk associated with medication, as well as potential benefits of some medications in reducing fall-related injury risk.

## Strategy 3

Assure that falls self-management programs include a component on medications use and falls risk.

### Action Steps

1. Disseminate information about consumer technology to help consumers more effectively manage their medications, e.g., easy to use apps and adherence devices.
2. Add a falls awareness component to existing patient education efforts.
3. Collaborate with groups, agencies, and projects that focus on medications management and engage them as consumer advocates for medication management.



## Strategy 4

Develop strategies to empower older adults and family members to take responsibility for medications management.

### Action Steps

1. Educate consumers on how to more effectively communicate with their health care providers, including a focus on the types of questions they should ask.
2. Encourage older adults to identify an individual health care professional to help them manage their medications.
3. Incorporate information related to evaluation of medications and falls risk on health care organizations' consumer websites.
4. Disseminate existing self-assessment tools related to medications that older adults can complete and take to their health care providers.
5. Provide support and tools to family caregivers so they better understand medication management related to falls and fall-related injuries.



**Goal B:** Health care providers will be aware that falling is a common adverse effect of some prescription and nonprescription medications, and therefore will adopt a standard of care that balances the benefits and harms of older adult medication use.

### Strategy 1

Support health care provider efforts in the implementation of periodic medication review and modifications prior to each new prescription that is written for an older adult.

#### Action Steps

1. Improve communication between pharmacists and prescribing healthcare providers.
2. Review current tools and existing efforts for health care provider medication review and modification and identify best practices.
3. Assess the emphasis on falls and make adaptations as appropriate.
4. Involve home care providers in the front-line assessment of adverse medication effects through the use of simple medication risk assessment tools.
5. Develop and disseminate strategies for incorporating medication review and management into multifactorial fall risk assessment and management interventions.
6. Disseminate multifactorial fall risk assessment and management strategies, such as CDC's STEADI Tool Kit, to health care providers that includes medication review and reduction.

### Strategy 2

Improve the education of health care professionals regarding the adverse effects of some medications in relation to increased fall risks among older adults, and about the correct use of medications that can reduce the risks of fractures due to falls for older adults.

#### Action Steps

1. Develop communication strategies to provide information to all health care providers on different uses of medications and why people take them. Include information about how different medications relate to different falls risk, as well as information on medications that are related to falls and fall-related injury prevention.
2. Identify and analyze the current medication management tools related to falls management.
3. Educate healthcare providers and pharmacists on CDC's STEADI Tool Kit materials that address ways to optimize older adults' medications to reduce fall risk.
4. Develop a plan for health care providers to monitor and report fall-related adverse effects, e.g., postural hypotension and drowsiness.
  - a. Develop education materials on falls risks associated with medications, and outline non-pharmaceutical options that health care providers can consider for treatment of older adults, in order to reduce falls risk.
  - b. Identify and disseminate information related to reimbursement opportunities for prescription review



**Goal A:** All older adults will have access to community environments that lower the risk of falls and facilitate full participation, mobility, and independent functioning.

### Strategy 1

Promote the wider use of risk identification, reporting tools, and other mechanisms for reporting and data collection.

#### Action Steps

1. Identify current risk identification and reporting tools.
2. Work to develop and incorporate tools into local practice, looking at delivery channels such as local emergency medical systems, and community and neighborhood councils, etc.
3. Generate pilot programs on how to integrate risk identification and reporting tools.

### Strategy 2

Develop a social marketing campaign to increase the demand for senior-friendly communities.

#### Action Steps

1. Research key messages to motivate public action.
2. Identify venues such as mobility hotlines, RideShare programs, “Eldercare Locator” and others that can include falls prevention information.
3. Utilize key messages and new tools to create advocates among caregivers, faith leaders, and others on the importance of designing or enhancing communities that are elder friendly.
4. Target senior residential communities (senior housing, assisted living, independent living communities) with falls prevention information.
5. Raise awareness of universal design strategies to increase community accessibility and safety, including benefits of ADA requirement compliance for public spaces, and the design of new housing with universal design features (e.g., curb less showers).



### Strategy 3

Identify the most important research gaps related to understanding the role of the environment on falls and on the effectiveness of environment-based falls prevention interventions.

#### Action Steps

1. Improve information collection related to risk and risk reduction, identify existing data sets, and fill in the gaps.
2. Advocate for funding of research to address community design and to identify safe environmental features related to falls prevention.

### Strategy 4

Identify best practice information about effective strategies to reduce falls outside the home.

#### Action Steps

1. Identify existing best practice programs to reduce falls outside the home, and develop processes for dissemination of information about these programs.
2. Identify processes and resources to support wider implementation of best practices and evidence-based environmental safety programs.



**Goal B:** Public officials such as community and transportation planners, community service providers, and those responsible for maintenance and repairs, will be aware of and actively promote community environments that lower the risk of falls.

### Strategy 1

Improve information gathering and comprehensive assessment of community hazards.

#### Action Steps

1. Develop and disseminate tools to help community leaders and others assess and address environmental falls risks.
2. Create pilot projects to identify implementation strategies.
3. Establish hotlines for community reporting, and provide a mechanism for individuals to identify significant risks in the community. Include information on how to take corrective action.
4. Develop community-level assessment tools. Use Americans with Disabilities Act tools as models.

5. Provide an action plan targeted at policy makers, in response to the recommendations from the 2015 National Falls Prevention Action Plan.

## Strategy 2

Increase the awareness among local, state, and federal policy makers and regulatory officials of the scope and nature of the impact of falls, fall-related injuries, and death among older adults.



### Action Steps

1. Implement a falls-prevention letter writing campaign targeted to federal, state, and local policy makers and community leaders.
2. Increase awareness among state and local public officials and transportation and other types of planners about the role the environment plays in falls and falls prevention. Focus on the business case or cost effectiveness of providing safe environments (e.g., the cost of falls in comparison to cost of prevention measures).
3. Educate and build awareness among public officials (e.g., city planners, traffic planners) of their roles and responsibilities regarding the problem of falls and effective prevention strategies, specifically surrounding the built environment.
4. Develop a template related to falls prevention advocacy for use at the local level.
5. Advocate for accessible and supportive housing options for the aging population that include falls prevention features.

## Strategy 3

Provide tools to targeted populations and their caregivers to empower them to make changes within their communities.

### Action Steps

1. Advocate for emerging strategies such as universal design and visit-ability codes that can make new housing more accessible and reduce fall-related hazards.
2. Recruit informed community advisory groups, organizations, and key leaders to engage building code councils and planning groups in falls prevention issues.
3. Research best and promising practices of community action. Establish a committee to develop and launch community recognition programs and secure corporate support.
4. Educate community leaders on processes for changing their communities, including how to be advocates. Develop advocacy toolkits for local use.

## Strategy 4

Focus on sidewalk safety with a clear priority of public environmental safety for older adults.

### Action Steps

1. Identify activities of communities that have been successful in the implementation of sidewalk safety initiatives (e.g., communities involved with the Robert Wood Johnson Foundation-supported Active Living programs) and promote dissemination of successful community-based action steps.

2. Get sidewalk safety on the agendas of organizations, committees or councils responsible for community planning and sidewalk design and maintenance (e.g., the American Planners Association, National Association of Community Officials, county and municipal groups, and transportation planners).

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## Wellness Programs

**Goal A:** all older adults will have knowledge of, and access to, effective programs and services that preserve or improve their physical mobility and lower the risk of falls.

### Strategy 1

Develop mechanisms for recognizing and disseminating evidence-based mobility programs.

#### Action Steps

1. Refine and disseminate criteria for determining appropriateness of programs across different levels of falls risk.
2. Disseminate criteria and procedures for recognizing new evidence-based programs.
3. Address program cost issues by identifying effective quality, free or low cost programs or activities and or self-directed, home-based programs.



### Strategy 2

Develop culturally sensitive community-based resource directories and guidelines that direct older adults to physical mobility programs and services that match their abilities and needs.

#### Action steps

1. Develop a common template for the communication of program information.
2. Develop a web-based dissemination plan for directories and guidelines. Expand the definition and availability of low cost or reimbursable transportation such as Uber or Lyft so that older adults who can no longer drive or have no transportation can more readily attend evidence-based programs.



### Strategy 3

Expand the reach of programs across diverse populations and stakeholders.

#### Action steps

1. Emphasize a lifespan/intergenerational approach.
2. Review fall risk parameters for diverse populations
3. Develop and adapt programs for a new generation of baby boomers/older adults.

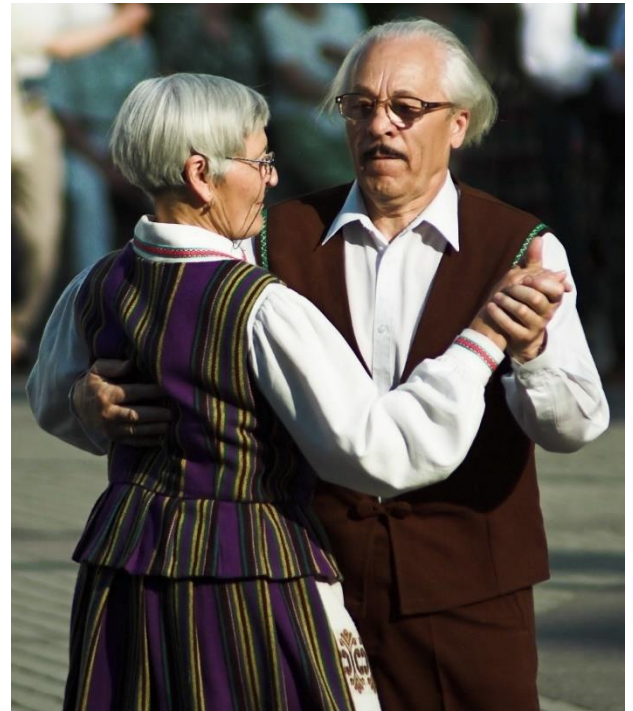
**Goal B:** Expansion of Evidence-Based Programs Goal: Expand the availability of evidence-based falls prevention programs.

### Strategy 1

Expand the falls prevention evidence-based program infrastructure.

#### Action Steps

1. Create a coordinated system for referrals.
2. Expand the falls prevention evidence-based program provider base to include more instructors/trainers, training opportunities, and program availability in underserved areas.
3. Link resources on national association websites to local/state agencies.
4. Modify grant structures to allow for time and resources to build infrastructure and develop sustainability.
5. Identify sources of support for additional demonstration projects and to translate research into practice.
6. Encourage and facilitate the development of online websites or other databases to locate local evidence-based falls prevention programs and physical activity programs, as well as age-friendly fitness and wellness facilities in the community.
7. Establish evaluation criteria for expanding the falls prevention evidence-based infrastructure, including the implementation of clinical-community connections such as the number of referrals from health care providers to community-based programs.
8. Evaluate expansion efforts based on the established evaluation criteria.
9. Create options for new payment models of service delivery; diversify funding streams.
10. Provide incentives for older adults to participate in evidence-based programs (e.g., insurance incentives).
11. Integrate evidence-based program training into inter-professional education of health care professionals.



## **Appendix**

- A. Executive Summary of NCOA Falls Free 2015 National Action Plan
- B. New Mexico New Mexico Adult Falls Prevention Coalition 2016-2020 Strategic Plan for Falls Prevention