MENDOCINO & LAKE COUNTIES

FALL PREVENTION STRATEGIC PLAN
2008 – 2011

October 2008

Mendocino-Lake Fall Prevention

Coordinated by the:
Lake & Mendocino County Area Agency on Aging PSA26
Mendocino County Health & Human Services Agency
Adult & Older Adult System of Care
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Background and Introduction

Falls are a serious threat to the well-being and quality of life among the older adult population. Most falls can be prevented. This report describes the strategic effort of Lake and Mendocino counties, with 22,906 residents over the age of 65 combined, to reduce the rate of falls and injuries from falls among the older adult population in the bi-county area.

Falls Among Older Adults Are A Serious Community Health Issue

More than one-third of adults aged 65 and older fall each year. According to the California Department of Public Health, falls are the leading cause of non-fatal hospitalized injuries. In 2004, almost 80,000 older Californians were hospitalized due to fall-related injuries; a 43% increase since 1991. Locally, during the same time period, 3,089 Mendocino County and 2,757 Lake County residents over the age of 60 were hospitalized because of injuries sustained during a fall.

Twenty to thirty percent of older adults who fall suffer moderate to severe injuries that reduce mobility as well as independence, and increase the risk of premature death. Only 24% of older Californians went home after being hospitalized with a fall injury, whereas 48% were discharged to a long-term care setting, i.e., a skilled nursing or intermediate care facility. Those who return home may have difficulty recovering and may also experience that routine tasks are difficult and painful.

Many older adults will restrict their physical and social activities as a result, which makes another fall and fall-related injuries more likely.

As our population ages, more older adults will suffer from falls and related injuries. With the average cost of hospitalization estimated at $40,000 per incident, falls are costly for individuals, families and communities.

Best Practices For Fall Prevention

Although the risk for falls increases dramatically with age, falls are not an inevitable part of aging. Falls can be prevented by targeting at-risk older adults.

The risk of falling depends on a variety of factors. These factors include a history of falling (and fall-related injuries), mobility impairment, problems with balance, low physical activity, and unsafe living environments. Researchers have identified that the most effective fall prevention programs include the following components: balance...
and mobility, environmental (home and community) risk assessment and modification, nutrition, medication management and drug/alcohol control.

By establishing fall prevention as a key community health priority, creating effective and sustainable fall-prevention programs, and building a comprehensive fall-prevention infrastructure, as many as 50% of falls can be prevented.

Local Efforts

In late 2007, the Mendocino County Health & Human Services Agency received a planning grant for Fall Prevention from the Archstone Foundation. Subsequently, the Mendocino-Lake Fall Prevention Partnership (MLFPP) was formed. Composed of representatives from senior centers, hospitals, residential housing facilities, fire departments, emergency services, adult protective services, skilled nursing facilities, senior companion programs, county health services and county social services, the MLFPP met on a monthly basis, alternating meetings between Lake and Mendocino counties to facilitate broad participation from key stakeholder groups.

As a result of these meetings, a community assessment was completed in May 2008 and the work of developing the Fall Prevention Strategic Plan began.

Methodology for Developing the Fall Prevention Strategic Plan

The 8-month planning process included the following:

- Compiling available statistics on the rate of falls and injuries from falls, direct costs of falls, and preventive approaches;
- Designing, administering and analyzing the results of two community surveys: one targeting Physicians, Nurses and Physician’s Assistants; a second targeting community-based Service Providers;
- Developing a mission for fall prevention;
- Developing a 3-year implementation plan; and
- Defining actions necessary to sustain fall prevention efforts beyond the implementation period or in the event a separate funding stream is not available.

Community Outreach

Over the course of developing the Fall Prevention Strategic Plan, broad participation in the planning process was solicited from a variety of care providers, care givers and community members. As a result, over 50 individuals representing existing and potential partner entities participated in these meetings to inform the development of the Fall Prevention Plan.
Priority Areas For Fall Prevention

The mission of the Mendocino-Lake Fall Prevention Partnership is to educate, train and implement best practice interventions for fall prevention. To these ends, the MLFPP and other partner-agency members defined the following four areas as priorities for fall prevention for older adults living in Lake and Mendocino counties:

Priority 1: An increase in community awareness and knowledge of risk factors, fall prevention strategies and resources;

Priority 2: An increase in environmental safety;

Priority 3: An increase in senior mobility; and

Priority 4: Sustainable fall prevention coordination, education and activities.

The MLFPP Logic Model (Figure 1 below) provides a graphical depiction of MLFPP long- and intermediate-term outcomes vis-à-vis the resources needed and the activities defined to reduce the rate of falls among the older adult population. The activities and short-term outcomes are described further in the following pages.

Figure 1. Mendocino Lake Fall Prevention Partnership Logic Model.
PRIORITY AREA #1

AN INCREASE IN COMMUNITY AWARENESS AND KNOWLEDGE OF RISK FACTORS, FALL PREVENTION STRATEGIES AND RESOURCES

The first step in preventing falls is enlightening care providers, care givers, older-adult serving organizations and the community in general about the significance of falls and injuries due to falls for the older adult population. Critical information to share includes risk factors, individual and home assessment tools, strategies to prevent falls at home and in the community, and available local, state and national resources.

What follows is a description of what we will do and how we will measure success.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>SHORT-TERM OUTCOMES</th>
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<tbody>
<tr>
<td>♦ Establish local statistics for the rate of older adult falls and injuries from falls in Lake and Mendocino counties to be used during Fall Prevention Campaign and for comparative purposes (e.g., pre/post activities).</td>
<td>♦ A baseline rate of the number of falls and injuries from falls among the most-frail older adults living at home in Lake and Mendocino counties will be determined for whole populations or a target population (by December 2008).</td>
</tr>
<tr>
<td>◊ Alternately, for a target population, e.g., IHSS or Meals-On-Wheels clients.</td>
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<tr>
<td>♦ Conduct an annual Fall Prevention Campaign (a total of 3) to include conveying the significance of the issue, the importance of reducing injury and death, and information on nutrition, balance, exercise, medication, alcohol use, home/self-assessment, other screening tools, safety, footwear, available services, etc.</td>
<td>♦ At least 100 participants annually will be trained in “state of the art” fall prevention techniques. Participants will include care providers (e.g., physicians, nurses, physical therapists, In-Home Support Services, Home Health, Adult Protective Services, Community Care, Meals-On-Wheels, senior peer counselors, and other senior service providers), care givers (e.g., spouse, adult children, etc.) and seniors. Annual trainings will occur in February 2009, February 2010 and February 2011.</td>
</tr>
<tr>
<td>◊ Establish a referral number for people to get more information.</td>
<td></td>
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<tr>
<td>◊ Compile and distribute state-of-the-art fall prevention resource materials (i.e., fall prevention at home, through physical activity and through medicine management; screening tools and available resources for fall prevention), as well as local resources.</td>
<td></td>
</tr>
<tr>
<td>◊ Develop a presentation to educate elected officials, i.e., Lake /Mendocino County Boards of Supervisors and proclamations to declare local “Fall Prevention Week.”</td>
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<tr>
<td>◊ Develop and submit 4 annual Public Service Announcements (PSA’s) for local print and radio media.</td>
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Priorit Area #1

An Increase in Community Awareness and Knowledge of Risk Factors, Fall Prevention Strategies and Resources

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<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>♦ Conduct an annual Fall Prevention Campaign <em>(continued from the previous page)</em></td>
<td>♦ 80% of training participants will demonstrate an understanding of fall prevention risk factors, strategies and resources by scoring at least 80% on a post-training test.</td>
</tr>
<tr>
<td>◊ Solicit sponsors from among local foundations, the business community and senior providers to help alleviate the costs of the trainings and educational materials.</td>
<td>♦ At least 4,000 various educational materials combined (e.g., flyers, brochures, posters, assessment tools, etc.) will be distributed annually to seniors, care providers and care givers.</td>
</tr>
<tr>
<td>◊ Conduct annual trainings (a total of 3) for caregivers, senior care providers and senior volunteers on state-of-the-art techniques for fall prevention at home, through activity/strengthening exercises and through medicine management; distribute information on local resources, assessment tools, etc.</td>
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<tr>
<td>◊ Coordinate at least 4 educational booth displays annually at local events such as health fairs, Cinco de Mayo, etc. and disseminate Fall Prevention resource materials.</td>
<td></td>
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<tr>
<td>♦ Recruit and train 45 volunteers (15/year) to assist with disseminating materials and promoting fall prevention program at senior centers, mobile home parks, senior apartments and/or presenting fall prevention classes and seminars at these locations.</td>
<td>♦ At least 15 volunteers per year will be recruited and trained.</td>
</tr>
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* * * * *
FALL PREVENTION

PRIORITY AREA #2
AN INCREASE IN ENVIRONMENTAL SAFETY

For seniors, falls in and around the home are the most frequently occurring accident. Dangerous situations for older adults include slippery floors, poor lighting, lack of support in bath/shower, loose rugs, raised thresholds and clutter. Identifying unsafe conditions and making home modifications are two of the most important strategies for fall prevention at home.

What follows is a description of what we will do and how we will measure success.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>SHORT-TERM OUTCOMES</th>
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| ♦ Educate seniors, caregivers and care providers on environmental hazards, the availability of home assessments and local resources.  
  ◊ Include a home assessment resources listing in each Lake & Mendocino counties Senior Resource Directory.  
  ◊ Develop a brochure specific to home assessments and distribute through senior centers, Meals-On-Wheels, IHSS workers, Home Health, Care Management, etc.  
  ◊ Develop a resource list of electricians, contractors, and handyman-type services to provide to seniors needing home adaptations.  
  ◊ Develop and distribute 4 PSAs per year regarding the availability of home assessments and local resources.  
  ◊ Place an annual announcement in the newsletters of all senior centers regarding the availability of home assessments. | ♦ At least 4,000 various educational materials combined (e.g., flyers, brochures, posters, assessment tools, etc.) will be distributed annually to seniors, care providers and caregivers. |
| ♦ Conduct 1,000 home environment safety assessments over three years in Lake and Mendocino counties for at-risk older adults and make recommendations for adaptations.  
  ◊ Select/develop a Standard Home Safety Assessment tool.  
  ◊ Identify older adults that are most at-risk of falls in each community (e.g., older adults that use canes, walkers, wheelchairs, shower/potty seats and as evidenced by those loaned out by senior centers, or through IHSS, Meals-On-Wheels or concerned neighbors, caregivers, senior center outreach departments, etc.). | ♦ 1,000 home environment safety assessments will be conducted. |
| ♦ Develop funding resources and in-kind support for home repairs and/or adaptations (estimated need: 800 homes x $1,000/repair on the average = $800,000 over 3 years).  
  ◊ Solicit sponsors such as local foundations, local funds, businesses, home improvement centers and other sponsors to provide funding and/or supplies for home adaptations.  
  ◊ Solicit electricians, contractors, and handyman-type services for reduced fees or in-kind support.  
  ◊ Coordinate with family members and other resources. | ♦ 80% of the home assessments will result in modification/adaptation of identified unsafe home conditions, including unsafe clothing and footwear. |
**FALL PREVENTION**

**Priority Area #3**

**An Increase in Senior Mobility**

Risk of falling increases for seniors that have muscle weakness, difficulty balancing, and difficulty walking. Other factors that contribute to lower mobility are medications, alcohol consumption and poor nutrition. A risk assessment is key to developing an individualized plan to increase balance and mobility, and the quality of life for older adults.

*What follows is a description of what we will do and how we will measure success.*

<table>
<thead>
<tr>
<th>Activities</th>
<th>Short-Term Outcomes</th>
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<tr>
<td>♦ Promote balance and mobility programs for seniors at high risk for injury from falling.</td>
<td>♦ At least 4,000 various educational materials combined (e.g., flyers, brochures, posters, assessment tools, etc.) will be distributed annually to seniors, care providers and care givers.</td>
</tr>
<tr>
<td>◇ Develop and disseminate a resource list of all physical activity programs, particularly activities at the senior centers, through media, care givers, care providers and senior centers.</td>
<td>♦ A 15% increase in the number of at-risk seniors participating in physical activity programs at the senior centers.</td>
</tr>
<tr>
<td>◇ Establish a baseline level of participation in physical activity/exercise classes at the senior centers.</td>
<td></td>
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<tr>
<td>◇ Develop/adapt a flyer specific to physical activity and distribute 4,000/year through senior centers, Meals-On-Wheels, IHSS workers, Home Health, Care Management, etc.</td>
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<tr>
<td>◇ Develop and distribute 4 PSAs regarding the screening events and local resources, and to promote senior center activities.</td>
<td></td>
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<tr>
<td>◇ Place an announcement in the newsletters of all senior centers regarding the availability of screenings and a referral number to get more information.</td>
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<tr>
<td>◇ Research and disseminate video exercise programs to identified seniors.</td>
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<tr>
<td>♦ Conduct annual Fall Prevention Screening/Assessment Events at each of the area senior centers, to assess at-risk seniors for gait and balance, medicine, alcohol use, nutrition and home safety.</td>
<td>♦ At least 400 at-risk seniors are assessed annually at screening events.</td>
</tr>
<tr>
<td>◇ Coordinate each fall prevention screening event with local senior center.</td>
<td>♦ At least 75% of the at-risk seniors assessed report in a 1-month follow-up that, as a result of their fall-risk assessment, they are doing exercises, have had medications modified, are eating more nutritious foods, are drinking less alcohol and/or have made changes to their home environment to reduce the risk of falling.</td>
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<tr>
<td>◇ Identify local physical/occupational therapists, pharmacists and MDs willing to donate time to conduct the assessments.</td>
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<tr>
<td>◇ Identify at-risk seniors through senior center outreach departments.</td>
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<td>◇ Arrange/ensure transportation for seniors in wheelchairs, etc.</td>
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<tr>
<td>◇ Disseminate to participating seniors a resource list of all physical activity programs, activities at the senior centers, a do-at home exercise sheet and/or video program.</td>
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<tr>
<td>♦ Collaborate with existing fall-prevention providers and potential providers to enhance or expand the variety and/or number of exercise classes and physical activity resources available for older adults.</td>
<td>♦ An increase in the number and variety of exercise classes and physical activity venues for older adults.</td>
</tr>
<tr>
<td>◇ Evaluate resource list of all physical activity programs developed above, and analyze for number and variety of programs available.</td>
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<tr>
<td>◇ Define gaps, if any, and strategies for expanding the number and type of physical activity programs provided.</td>
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Sustainability is an organization’s capacity to continue providing program coordination, activities and services over time. Declining or ending sources of funding, increasing costs and competing priorities are ongoing issues for organizations. Nonetheless, actions can be taken to incorporate fall-prevention activities that are applicable to individual organizations and affordable.

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<tr>
<td>♦ Promote policy adoption/change that will sustain falls-prevention services in Lake and Mendocino counties such as ongoing distribution of materials, annual training, screenings, home safety assessments, etc.</td>
<td>♦ By October 2011, at least 4 senior services programs in each Lake and Mendocino County will adopt and subsequently implement policies to maintain fall prevention activities.</td>
</tr>
<tr>
<td>◊ Identify existing organizational structures to incorporate fall prevention activities and services. These include, but are not limited to: home-delivered meals program, In-Home Support Services, home evaluation, senior centers, public health, etc.</td>
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<tr>
<td>◊ Advocate for policy adoption/change among the identified structures. Possibilities include: Physicians incorporate routine fall-risk assessments for older adults into regular practice; the Area Agency on Agency to make fall prevention activities and services a requirement of contractors; the Health &amp; Human Services Agency, and other community-based organizations make home environment assessments a responsibility of IHSS and care management staff, respectively.</td>
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<tr>
<td>◊ Provide technical assistance and support to ensure a seamless transition.</td>
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<tr>
<td>♦ Advocate for policy change among planning departments, developers and contractors.</td>
<td>♦ An increase in the number and variety of exercise classes and physical activity venues for older adults.</td>
</tr>
<tr>
<td>◊ Customize the universal design brochure for Lake and Mendocino counties and distribute to planning departments.</td>
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Funding and Financing

As previously indicated, an 18-month planning grant from the Archstone Foundation was received in late 2007. Included in the grant budget is an allocation for conducting the first care giver and care provider training defined in the implementation plan for priority area #1 on page 5. This training will occur by February 2009.

Further implementation efforts will necessitate a combined approach that includes securing grant funding, sponsorships, donations and in-kind support from partner agencies, businesses and the community, in general. Specific steps to securing implementation funding will occur during the preliminary phase of implementing the Fall Prevention Plan in Lake and Mendocino counties.

Immediate Next Steps

Next steps in the implementation process include disseminating the plan and engaging other stakeholders and potential partners; recruiting volunteers; and defining task forces to carry out the plan activities.

Implementing Lake and Mendocino County’s Fall Prevention Plan is the next major phase of providing activities and resources for older adults and older-adult serving organizations. While funding is not currently secured for the 3-year implementation plan, the Mendocino-Lake Fall Prevention Partnership is committed to reducing the rate of falls and injuries from falls among the older adult population.
For more information, contact:

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