



Falls Prevention Webinar # 2
May 12, 2015

Using Go to Webinar

Once you have joined the webinar, you will see the **Attendee Control Panel** and Grab Tab. The Control Panel contains panes that can be expanded or collapsed by clicking the Plus icon or Minus icon on the left side of each pane. **Note:** Viewing the Attendee List, raising your hand and asking questions are only available if the organizer has enabled these features.

Attendee List - Displays all the participants in-session (if enabled by the organizer)

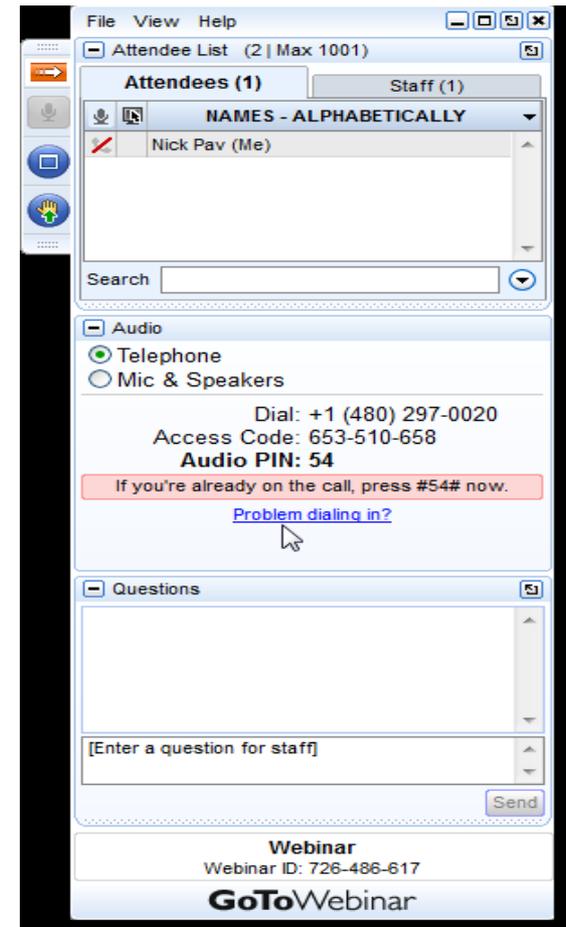
Grab Tab –Allows you to open/close the Control Panel, mute/unmute your audio (if the organizer has enabled this feature) and raise your hand

Audio pane – Displays audio format. Click **Settings** to select Mic & Speakers devices

Questions pane– Allows attendees to submit questions and review answers (if enabled by the organizer). Broadcast messages from the organizer will also appear here

Webinar details – Provides a quick reference, and the Webinar ID can be given to someone to join through www.joinwebinar.com

Note: *You can not participate by phone only, you must be logged on or have a member of group logged on to webinar.*



Department of
Developmental Disabilities

Your Role in Fall Prevention Among Older Adults

May 12, 2015

Anne Goodman, MPH

Injury Prevention Coordinator

Epidemiology

- Each year 1 in 3 adults aged 65 or older fall each year and less than half talk to their health care provider
- Falls are the most common cause for TBI
- 20-30% of falls cause moderate to severe injury
- Many people who fall develop a fear of falling and consequently limit their activity

Epidemiology

- The death rates from falls among older men and women have risen sharply over the past decade.
- Men are more likely than women to die from a fall; after taking age into account
 - Fall death rate is approximately 40% higher for men than for women.
- Older whites are 2.7 times more likely to die from falls as their black counterparts.
- Rates also differ by ethnicity.
- Older non-Hispanics have higher fatal fall rates than Hispanics

National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States – 2013

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Fall 134,229	Unintentional Fall 852,884	Unintentional Fall 624,890	Unintentional Struck By/Against 561,690	Unintentional Struck By/Against 905,659	Unintentional Fall 742,177	Unintentional Fall 704,264	Unintentional Fall 913,871	Unintentional Fall 930,521	Unintentional Fall 2,495,397	Unintentional Fall 8,771,656
2	Unintentional Struck By/Against 28,786	Unintentional Struck By/Against 336,917	Unintentional Struck By/Against 403,522	Unintentional Fall 558,177	Unintentional Fall 814,829	Unintentional Overexertion 638,745	Unintentional Overexertion 530,422	Unintentional Overexertion 461,114	Unintentional Overexertion 266,126	Unintentional Struck By/Against 281,279	Unintentional Struck By/Against 4,214,125
3	Unintentional Other Bite/Sting 12,186	Unintentional Other Bite/Sting 158,587	Unintentional Cut/Pierce 112,633	Unintentional Overexertion 294,669	Unintentional Overexertion 672,946	Unintentional Struck By/Against 599,340	Unintentional Struck By/Against 444,089	Unintentional Struck By/Against 390,931	Unintentional Struck By/Against 261,840	Unintentional Overexertion 212,293	Unintentional Overexertion 3,256,567
4	Unintentional Foreign Body 10,650	Unintentional Foreign Body 139,597	Unintentional Other Bite/Sting 107,975	Unintentional Cut/Pierce 114,285	Unintentional MV-Occupant 627,565	Unintentional MV-Occupant 526,303	Unintentional MV-Occupant 374,231	Unintentional Other Specified 385,221	Unintentional MV-Occupant 227,620	Unintentional MV-Occupant 197,646	Unintentional MV-Occupant 2,462,684
5	Unintentional Other Specified 10,511	Unintentional Cut/Pierce 83,575	Unintentional Overexertion 93,612	Unintentional Pedal Cyclist 84,732	Unintentional Cut/Pierce 431,691	Unintentional Cut/Pierce 402,197	Unintentional Other Specified 300,154	Unintentional MV-Occupant 343,470	Unintentional Other Specified 212,168	Unintentional Cut/Pierce 156,693	Unintentional Cut/Pierce 2,077,775
6	Unintentional Fire/Burn 9,816	Unintentional Overexertion 81,588	Unintentional Pedal Cyclist 74,831	Unintentional Unknown/Unspecified 84,668	Other Assault* Struck By/Against 381,522	Other Assault* Struck By/Against 342,514	Unintentional Cut/Pierce 297,769	Unintentional Cut/Pierce 282,353	Unintentional Cut/Pierce 189,440	Unintentional Poisoning 100,988	Unintentional Other Specified 1,767,630
7	Unintentional** Inhalation/Suffocation 8,294	Unintentional Other Specified 65,120	Unintentional Foreign Body 63,450	Unintentional MV-Occupant 73,692	Unintentional Other Specified 321,914	Unintentional Other Specified 336,990	Other Assault* Struck By/Against 207,287	Unintentional Poisoning 237,328	Unintentional Poisoning 153,767	Unintentional Other Bite/Sting 90,850	Other Assault* Struck By/Against 1,291,100
8	Unintentional Cut/Pierce 7,139	Unintentional Fire/Burn 52,884	Unintentional MV-Occupant 58,114	Unintentional Other Bite/Sting 64,848	Unintentional Other Bite/Sting 177,665	Unintentional Other Bite/Sting 180,922	Unintentional Poisoning 175,870	Other Assault* Struck By/Against 169,688	Unintentional Other Bite/Sting 97,474	Unintentional Other Specified 86,729	Unintentional Other Bite/Sting 1,174,267
9	Unintentional Unknown/Unspecified 5,735	Unintentional Unknown/Unspecified 41,297	Unintentional Dog Bite 43,499	Other Assault* Struck By/Against 62,829	Unintentional Unknown/Unspecified 163,923	Unintentional Poisoning 180,448	Unintentional Other Bite/Sting 138,410	Unintentional Other Bite/Sting 145,349	Other Assault* Struck By/Against 73,674	Unintentional Unknown/Unspecified 74,864	Unintentional Poisoning 1,055,960
10	Unintentional Overexertion 4,985	Unintentional Poisoning 32,443	Unintentional Unknown/Unspecified 35,303	Unintentional Other Transport 35,609	Unintentional Poisoning 152,962	Unintentional Unknown/Unspecified 129,308	Unintentional Unknown/Unspecified 106,498	Unintentional Unknown/Unspecified 110,102	Unintentional Unknown/Unspecified 67,974	Unintentional Other Transport 68,022	Unintentional Unknown/Unspecified 819,878

*The "Other Assault" category includes all assaults that are not classified as sexual assault. It represents the majority of assaults.

**Injury estimate is unstable because of small sample size.

Data Source: NEISS All Injury Program operated by the Consumer Product Safety Commission (CPSC).

Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



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Falling Risk Factors

- Biological
- Behavioral
- Environmental Factors

Special Considerations for Individuals with Developmental Delays

- Higher risk for falling at earlier age
- Degenerative changes occur earlier and last longer
- Prior history of falling
- Weakness
- Gait/balance deficits

Top Three Questions

- Have you fallen in the past year?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?

Interventions

- Specific strategies can be employed to reduce falls
 - Assessing and addressing fall risk factors
 - Identifying and treating co-morbidities
 - Participation in exercise programs aimed at improving balance, strength and flexibility

(Chang et al., 2004; Gillespie et al., 2012; Moyer 2012)

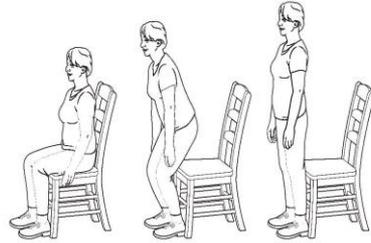
Interventions

- Healthcare providers have failed to integrate guidelines into clinical practice
 - Community physicians failed to identify falls or adequately evaluate patients who reported falling (Rubenstein, Solomon, & Roth, 2004)
 - 37% of older patients were asked about falls by their provider (Chou, Tinetti, King, Irwin & Fortinsky, 2006)
 - Only 8% of providers used guidelines to direct their care (Jones, Ghosh, Horn, Smith & Vogt, 2011)

Special Considerations

- Urinary and bowel incontinence
- Rushing to bathroom
- Sleep walking at night
- Cognitive impairments
- Poor judgment
- Dizziness

Assessments



Chair Rise Exercise

What it does: Strengthens the muscles in your thighs & buttocks.

Goal: To do this exercise without using your hands as you become stronger.

How to do it:

1. Sit toward the front of a sturdy chair with your knees bent & feet flat on the floor, shoulder-width apart.
2. Rest your hands lightly on the seat on either side of you, keeping your back & neck straight & chest slightly forward.
3. Breathe in slowly. Lean forward & feel your weight on the front of your feet.
4. Breathe out & slowly stand up, using your hands as little as possible.
5. Pause for a full breath in & out.
6. Breathe in as you slowly sit down. Do not let yourself collapse back down into the chair. Rather, control your lowering as much as possible.
7. Breathe out.

Repeat 10–15 times. If this number is too hard for you when you first start practicing this exercise, begin with fewer & work up to this number.

Rest for a minute & then do a final set of 10–15.



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Control and Prevention
National Center for Injury
Prevention and Control

Patient: _____ Date: _____ Time: _____ AM/PM

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.



Instructions to the patient:

When I say “Go,” I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word “Go” begin timing.

Stop timing after patient has sat back down and record.

Time: _____ seconds

An older adult who takes ≥ 12 seconds to complete the TUG is at high risk for falling.

Observe the patient’s postural stability, gait, stride length, and sway.

Circle all that apply: ■ Slow tentative pace ■ Loss of balance
■ Short strides ■ Little or no arm swing ■ Steadying self on walls
■ Shuffling ■ En bloc turning ■ Not using assistive device properly

Notes:

For relevant articles, go to: www.cdc.gov/injury/STEADI



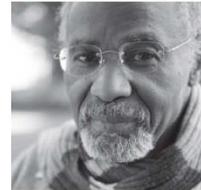
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Accidents, Deaths & Injuries

Assessments

Chair Stand—Below Average Scores

Age	Men	Women
60-64	< 14	< 12
65-69	< 12	< 11
70-74	< 12	< 10
75-79	< 11	< 10
80-84	< 10	< 9
85-89	< 8	< 8
90-94	< 7	< 4



Patient: _____ Date: _____ Time: _____ AM/PM

The 30-Second Chair Stand Test

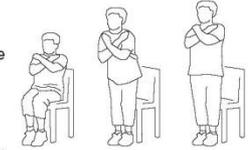
Purpose: To test leg strength and endurance

Equipment:

- A chair with a straight back without arm rests (seat 17" high)
- A stopwatch

Instructions to the patient:

1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On "Go," rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.



On "Go," begin timing.

If the patient must use his/her arms to stand, stop the test. Record "0" for the number and score.

Count the number of times the patient comes to a full standing position in 30 seconds.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.

Record the number of times the patient stands in 30 seconds.

Number: _____ **Score** _____ **See next page.**

A below average score indicates a high risk for falls.

Notes:

For relevant articles, go to: www.cdc.gov/injury/STEADI



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Accidents, Deaths & Injuries

Assessments

Patient: _____ Date: _____ Time: _____ AM/PM

The 4-Stage Balance Test

Purpose: To assess static balance

Equipment: A stopwatch

Directions: There are four progressively more challenging positions. Patients should not use an assistive device (cane or walker) and keep their eyes open.

Describe and demonstrate each position. Stand next to the patient, hold his/her arm and help them assume the correct foot position.

When the patient is steady, let go, but remain ready to catch the patient if he/she should lose their balance.

If the patient can hold a position for 10 seconds without moving his/her feet or needing support, go on to the next position. If not, stop the test.

Instructions to the patient: I'm going to show you four positions.

Try to stand in each position for 10 seconds. You can hold your arms out or move your body to help keep your balance but don't move your feet. Hold this position until I tell you to stop.

For each stage, say "**Ready, begin**" and begin timing.

After 10 seconds, say "**Stop.**"

See next page for detailed patient instructions and illustrations of the four positions.

For relevant articles, go to: www.cdc.gov/injury/STEADI



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Instructions to the patient:



1. Stand with your feet side by side.

Time: _____ seconds



2. Place the instep of one foot so it is touching the big toe of the other foot.

Time: _____ seconds



3. Place one foot in front of the other, heel touching toe.

Time: _____ seconds



4. Stand on one foot.

Time: _____ seconds

An older adult who cannot hold the tandem stance for at least 10 seconds is at increased risk of falling.

Notes:

Orthostatic Hypotension



Patient: _____ Date: _____ Time: _____ AM/PM

Measuring Orthostatic Blood Pressure



1. Have the patient lie down for 5 minutes.
2. Measure blood pressure and pulse rate.
3. Have the patient stand.
4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

A drop in bp of ≥ 20 mm Hg, or in diastolic bp of ≥ 10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	Associated Symptoms
Lying Down 	5 Minutes	BP ____ / ____ HR _____	
Standing 	1 Minutes	BP ____ / ____ HR _____	
Standing 	3 Minutes	BP ____ / ____ HR _____	

For relevant articles, go to: www.cdc.gov/injury/STEADI



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

STEADI Stopping Elderly Accidents, Deaths & Injuries

Prevention

- Exercise regularly
 - Enroll in a Matter of Balance or Stepping On
- Have a pharmacist review ALL of your medications
- Vision and hearing screenings
- Home safety evaluation
- Proper footwear

Matter of Balance



MANAGING CONCERNS ABOUT FALLS

- Evidence based to reduce fear of falling
- 8 weeks, 2 hours each class
- Anyone 60 or older, ambulatory and able to problem solve
- Interested in improving balance, flexibility and strength

Stepping On



- Evidence based to reduce the occurrence of falls
- 7 weeks, 2 hours each class
- Has had a fall in the past year, lives at home, cognitively intact
- Interested in preventing falls in home and in the community

Stepping On is CDC-Approved because it's “Multifactorial”

- Strength and Balance Exercises
- Vision
- Medication Review
- Home Modification



Community Fall Prevention Opportunities

What is Stepping On?

Stepping On is a program that has been researched and proven to **reduce** falls in older people.

It consists of a workshop that meets for two hours a week for seven weeks. Workshops are led by health professionals who are concerned about falls. In addition, local guest experts provide information on exercise, vision, safety and medications.

Site: Gerlach Center for Senior Health

Topics include:

- + Simple and fun balance and strength training
- + The role vision plays in keeping your balance
- + How medications can contribute to falls
- + Ways to keep from falling when out in your community
- + What to look for in safe footwear
- + How to eliminate falls hazards from your home

Is this workshop for you?

Stepping On is designed specifically for anyone who:

- + Be able to walk without the help of another person
- + Has had a fall in the past year
- + Does **NOT** use a walker, scooter or wheelchair most of the time outdoors
- + Lives at home
- + Cognitively intact



How can I become involved?

- + Refer patients or family members you feel meet the criteria
- + Become a host SITE for the programs
- + Become a coach for Matter of Balance, Stepping On or BOTH

Criteria for Coaches:

- + Enjoys working with older adults
- + Good communication and interpersonal skills
- + Enthusiasm
- + Dependability
- + Willingness to lead a small group
- + Ability to perform range of motion and low-level endurance exercises

DID YOU KNOW?

Stepping On was recently shown to have a 64% Return on Investment for every \$1.00 invested.

If you would like to know how you can become a coach, host a class or find out more information about these two exciting programs, please contact Anne Goodman.

Contact:

Anne Goodman, MPH
Injury Prevention Coordinator
Grant Medical Center, Trauma Services
(614) 566.9301
anne.goodman@ohiohealth.com



What is Matter of Balance?

Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels of older adults.

This program emphasizes practical strategies to manage falls.

Class meets for 2 hours a week for 8 weeks.

Sites: Westerville Parks and Recreation, Gerlach Center for Senior Health and Jewish Community Center

Participants Will Learn To:

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

Is this workshop for you?

- + Anyone concerned about falls
- + 60 years or older, ambulatory and able to problem-solve
- + Anyone interested in improving balance, flexibility and strength
- + Anyone who has fallen in the past
- + Anyone who has restricted activities because of falling concerns



Home Safety

- Lighting
- Grab bars
- Loose rugs and carpet
- Access to phone
- Reduce clutter
- Stairs, railings and steps
- Frequently used items too high or too low?

Thanks for your time!

Questions????



Preventing Falls... One Step at a Time

DODD FALLS PREVENTION WEBINAR SERIES

MAY 12, 2015



A Falls Epidemic in Ohio

Falls are the #1 cause of injuries leading to ER visits, hospitalizations and deaths for Ohioans age 65+:

- A fall every 2.5 minutes
- An injury every 5 minutes
- An emergency room visit every 8 minutes
- Two hospitalizations each hour
- Three deaths each day

Direct care costs alone = \$646 million



A Falls Epidemic in Ohio

- Ohioans age 65+ make up approximately 14% of the population, but account for more than 83% of fatal falls.
- Fatal falls among older Ohioans increased 167% from since 2000.
- 1 in 3 Ohioans age 65+ living in the community fall each year. 1 in 2 after age 79.
- More than half of older adults who live in a nursing home will fall this year.



Falls are not a normal part
of aging and most falls can
be prevented.



Introducing STEADY U

Comprehensive falls prevention initiative led by the Ohio Department of Aging and supported by Ohio government and state business partners:

- Strengthen existing falls prevention activities
- Identify opportunities for new initiatives
- Coordinate a statewide educational campaign



What Causes Falls?

Personal factors:

- Muscle strength and balance
- Nutrition and hydration
- Vision and hearing
- Judgment
- Inactivity
- **Fear of falling**





What Causes Falls?

Medical factors:

- Medications and interactions
- Urinary incontinence
- Osteoarthritis and osteoporosis
- Diabetes (neuropathy, hypo/hyperglycemia)
- Other conditions (e.g., stroke, Parkinson's)





What Causes Falls?

Environmental factors:

- Tripping hazards (e.g., thresholds, rugs, cords, clutter, uneven surfaces)
- Insufficient lighting
- Unsafe stairs
- Poor design and organization
- Slippery/shiny floors
- Pets





United We Stand...

STEADY U reaches out to:

- Older Ohioans & baby boomers
- Family members/caregivers
- Doctors, nurses & other medical staff
- Nursing home & other care facility staff & leaders
- Business owners, managers and employees
- Community leaders and groups





STEADY U Strategies

1. www.steadyu.ohio.gov
2. Promote participation in A Matter of Balance
3. Encourage primary care physicians to conduct falls risk assessments using the STEADI toolkit
4. Help stores, restaurants and other businesses become “falls-free zones”
5. Help nursing homes evaluate environmental factors and remove risks
6. Collaborate to reduce risk in people with Alzheimer’s disease, dementias and developmental disabilities
7. Make risk assessment core part of Medicaid HCBS



www.steadyu.ohio.gov

- Self-assessment
- Tip of the day
- Newsletter
- Facebook and Twitter
- Promotional toolkit
- Targeted tips and resources
- News & research

The screenshot shows the homepage of the Steady U Ohio website. At the top left is the Steady U Ohio logo. To its right is the main heading "Preventing Falls... One Step at a Time" with a search bar and social media icons for Facebook and Twitter. Below this is a red navigation bar with links for "What you can do", "Resources", and "Contact Us". The main content area is titled "About STEADY U Ohio" and features a video player with the title "Introducing Steady U Ohio". Below the video player is a large Steady U Ohio logo with a play button. To the right of the video player is a sidebar with several widgets: "Steady U Ohio Tip of the Day" with a tip about a well-balanced diet, "Steady U Ohio Promotional Toolkit", "Falls Prevention In the News", and "Join our Mailing List". At the bottom of the page is a section titled "Did you know...?".

Ohio.gov State Agencies | Online Services

Search

What you can do Resources Contact Us

About STEADY U Ohio

Introducing Steady U Ohio YouTube

Steady U Ohio Tip of the Day

Eat a well-balanced diet with a variety of vegetables and calcium-rich foods like yogurt, cheese, milk, orange juice and fortified cereals to ward off falls and injury.

Add this to your website

STEADY U Ohio Promotional Toolkit

NEWS Falls Prevention In the News

Join our Mailing List

Subscribe to receive tips and resources that can help you reduce the risk of falls for yourself or a loved one. Enter your email address below or text "STEADYUOHIO" to 22828 to subscribe using your smart phone.

Did you know...?



A Matter of Balance

- Free, community-based and lay-led small-group workshops that help participants:
 - View falls as controllable
 - Increase activity levels
 - Remove risks in the home
 - Exercise to increase strength & balance



- Evidence-based
- Available in all 88 Ohio counties



Engaging Physicians

- Doctors ask their older patients about falls in only 37% of cases
- Only 8% of physicians use clinical guidelines on falls prevention

STEADI

Stopping Elderly
Accidents, Deaths & Injuries

STEADI helps primary care physicians:

- Make prevention part of the practice
- Access background info on falls
- Read case studies
- Use validated assessment tools
- Make referrals
- Encourage and empower



Falls-free Businesses

- Reduce falls risks for employees and customers/visitors
- Resources include:
 - Tip lists
 - Sample incident reports
 - Hazard checklist
 - Sample prevention policy





Nursing Homes

- Make research findings more available to staff and administration
- Identify funding opportunities
- Provide technical assistance and training for environmental change
- Provide guidelines for resident assessment
- Prevent staff injuries





At-Risk Populations

- Elders with Alzheimer's disease and other dementias are three times more likely to suffer hip fractures
- Also more likely to die from injury
- Falls could be an early sign of Alzheimer's
- STEADY U will support Alz. Assn. and DODD efforts





Risk Assessment in Medicaid

- PASSPORT Medicaid Waiver includes falls assessment as part of intake process
- Falls prevention strategies are included in care plans
- Referral to community resources
- Expanding to other Medicaid home care programs





Partners

Ohio Government

- Bureau of Workers Compensation
- Department of Aging
- Department of Developmental Disabilities
- Department of Health
- Department of Medicaid
- Department of Public Safety
- Governor's Office of Health Transformation

Business Partners

- State Falls Prevention Coalition
- Area Agencies on Aging
- Alzheimer's Association
- AARP Ohio
- Senior Centers
- Council of Retail Merchants
- Medical Associations
- LTC Trade Associations
- Colleges & Universities
- MORE!



What will you do?

What are some things you can do to help the people you serve understand that falls are preventable and take action?



Connect with STEADY U

www.steadyu.ohio.gov

steadyuohio@age.ohio.gov

www.facebook.com/steadyuohio

www.twitter.com/steadyuohio

Tia Gulley

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