

2008 Pennsylvania Falls Prevention Summit

Executive Summary:

The Pennsylvania Department of Health's (PA DOH) Violence and Injury Prevention Program (VIIPP) is responsible for reducing the incidence of unintentional injuries and violence in the Commonwealth, while raising awareness of injury risks and encouraging behavioral, environmental, and policy changes to prevent further injury. Falls represent one such focus of the VIIPP. Injuries related to falls are the leading cause of hospitalizations in Pennsylvania. The hospital discharge rate for fall-related injuries demonstrates an 8.5% increase between 2002 and 2006. This results in a large number of hospital charges with government sources funding approximately 80% of these charges. Of most concern regarding falls are adults ages 65 and older and children ages 14 and younger, with over 80% of the fall-related deaths occurring in the elderly. Falls are also the leading cause of injury-related hospitalizations, ahead of poisonings and motor-vehicle accidents in children. Injuries of all types, including fall-related, are predictable and preventable.

The PA DOH has received a five-year grant from the Center for Disease Control and Prevention (CDC) to prevent and control injuries and injury-related deaths in Pennsylvania. These CDC funds will assist the PA DOH to: assess the social and economic burden of injuries in the Commonwealth; assemble a statewide injury community planning group; hold annual injury prevention symposia; develop a comprehensive injury prevention and control plan for Pennsylvania; and prepare an annual injury data report.

The 2008 Falls Prevention Summit represented a key area of focus for injury prevention among the residents of Pennsylvania. Through evaluation of current falls data and focused discussion groups, strategies and processes by which falls prevention initiatives can be strengthened within the Commonwealth were developed.

Summit Goals

The goals of the Falls Prevention Summit:

1. Provide in-depth state-specific data with regards to the burden of falls.
2. Provide programmatic information on current fall prevention strategies.
3. Build consensus on the development and evaluation of interventions to reduce fall-related injuries across the lifespan.
4. Formulate a plan to update the *Pennsylvania Injury Prevention and Control Plan*.

Participants

The 2008 Falls Prevention Summit drew 73 attendees from 49 different public health, state, community, health care, private, and civic organizations.

Over the span of the two-day summit, 70 were in attendance on Day 1 and 69 were in attendance on Day 2.

Summit Agenda

April 16, 2008

- 11:30 am Welcome Luncheon
Leslie Best, Director, Bureau of Health Promotion & Risk Reduction
- 12:00 pm Data Presentation
Nathan James, Statistician, Bureau of Health Statistics & Research
Nathan McWilliams, MIS Director, PA Trauma Systems Foundation
Ronald Tringali, PhD, RN, Epidemiologist, Bureau of Epidemiology
- 1:15 pm Adult Falls Panel
Juanita Pless, PrimeTime Coordinator, PA Department of Aging
Roberta Newton, PT, PhD, Physical Therapist, Temple University
Julia Rowbotham, BS, Program Manager, Montgomery County Health Department
Pat Donnelly, Injury Prevention Educator, Chester County Health Department
Mary Jo Baldino, RN, Outreach Coordinator, Neighborhood Health Agencies
- 2:25 pm Break
- 2:40 pm Childhood Falls Panel
Anne Franchak, Director, Safe Kids PA
Kim Everett, VIPP, Bucks County Health Department
Jim Carlisle, Injury Prevention Manager, Allentown Bureau of Health
- 3:50 pm Collaborative Programs Panel
Cyndi Malinen, Physical Activity Program Manager, PA Department of Health
Becky Kishbaugh, Osteoporosis Program Manager, PA Department of Health
Susan Reed, Nursing Services Consultant, PA Department of Health
- 4:30 pm Close of Day

April 17, 2008

- 8:00 am Breakfast/Keynote Speaker
Bonita Lynn Beattie, PT, MPT, MHA
Vice President, Injury Prevention
Center for Healthy Aging
National Council on Aging
Falls Free Coalition
- 9:00 am Breakout Sessions
Interventions – Childhood Falls Prevention
Interventions – Elder Adults Fall Prevention
Interventions – Funding for Falls Prevention
Interventions – Collaborative Efforts on Falls Prevention
- 10:45 am Break

11:00 am Summary and Closing Remarks

Carol Thornton, MPA, Section Chief, VIPP, PA Department of Health

In a welcome, Leslie Best, Director of the Pennsylvania Department of Health Bureau of Health Promotion and Risk Reduction, offered a brief introduction on the background and purpose of the Falls Prevention Summit along with statistics demonstrating the burden of falls within the state of Pennsylvania.

In order to provide the attendees with more detailed information with regards to the burden of falls within the Commonwealth, the first session was used to present data. The first data session presented information pertaining to fall incidence, death rate, and hospitalization rate from information collected from 2001-2005 PA death certificates, 2006 PA Health Care Cost Containment Council (PHC4), 2006 EMS patient care records, and 2006 Behavioral Risk Factor Surveillance System (BRSS). The second data session provided further information collected from the PA trauma registry; whereas, the third data session presented data pertaining to traumatic brain injuries (TBIs) due to falls based on 2000-2005 PHC4.

The remainder of Day 1 of the Summit consisted of panel presentations addressing different age groups and areas of focus for prevention strategies. The first panel session focused on Adult Falls with speakers from a variety of organizations, including the Healthy Steps for Older Adults program, implementing research into community practice, the Balance Moves program, home safety inspection and evaluations, and Senior HealthLink. The second panel discussion focused on Childhood Falls, which supplemented information pertaining to home safety and inspections, playground safety and inspections, and the Kids Can't Fly campaign. The final panel session to close Day 1 of the Summit was directed at Collaborative Programs which provided information from programs where falls prevention can be conjoined, such as nutrition and physical activity, osteoporosis, and community health.

Day 2 opened with a plenary session led by Bonita Lynn Beattie, PT, MPT, MHA, Vice-President of Injury Prevention within the National Council on Aging who provided a summative lecture on "Fostering State and Community Collaboration to Prevent Falls in Older Adults." After the plenary session, the attendees were then divided into groups to build consensus and formulate a plan for the next step in the prevention process. Each of these groups had a particular focus including: adult falls prevention, childhood falls prevention, collaborative/integrative efforts in falls prevention, and funding for falls prevention.

At the close of the conference, each workgroup presented a summary of information discussed at their sessions to set the pace and future direction for the VIPP to update their Statewide Injury Prevention and Control Plan.

Future Directions and Development of Falls Prevention

Adult Falls Prevention (Ages 65 years and older)

Throughout the discussion process, six key goals were identified to further guide the development of a statewide falls prevention program targeted at the adult population.

- ✓ Identify advocates who will champion adult falls prevention education and interventions.
- ✓ Develop targeted messages that are positive, simple, doable, repeatable, and sustainable.
- ✓ Identify community resources to participate in planning, education, and intervention.
- ✓ Identify and educate the public and adults living at home who have not traditionally participated in community injury prevention programs.
- ✓ Maintain program sensitivity, both cultural and generational.
- ✓ Create a fall prevention program where a person who falls or is at risk of falling is never left without knowing what the next step is in the system.

These six goals represent overarching themes and create an outline for more targeted areas of prevention within each of them.

Identify Advocates	<p>Key Players</p> <ul style="list-style-type: none"> ➤ The individual should: <ul style="list-style-type: none"> Become educated on falls and his/her risks Identify and alter risk factors Be active ➤ Involve elder adults by: <ul style="list-style-type: none"> Soliciting volunteer elder adults in the process Providing a supportive environment Further recruitment ➤ Family involvement through: <ul style="list-style-type: none"> Education Risk factor identification and modification Inspector detectors (grandchildren) – make a “game” out of the process ➤ Health care providers including: <ul style="list-style-type: none"> Certified Registered Nurse Practitioners Physician’s Assistants-Certified Physicians Physical Therapists Occupational Therapists Pharmacists Ophthalmologists/Optomotrists ➤ Nurses participating in: <ul style="list-style-type: none"> Home health nursing Home inspections ➤ Health Educators <ul style="list-style-type: none"> Trained as teachers with specific qualifications ➤ Community organizations can assist with: <ul style="list-style-type: none"> Health fairs Activity programs
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	<ul style="list-style-type: none"> ➤ State and Local PA DOH participate with: <ul style="list-style-type: none"> Education and awareness Activity programs Providing a source of available resources for Referral
Messaging	<ul style="list-style-type: none"> ➤ Keep messaging positive <ul style="list-style-type: none"> Avoid <ul style="list-style-type: none"> “Falls Prevention” “Exercise” Messages focused on avoiding a negative ➤ Reach out with <ul style="list-style-type: none"> “Maintain Independence” “Maintain Agility” “Healthy Aging” “Living during Aging” ➤ Consistent ➤ Simple ➤ Doable ➤ Repeatable ➤ Targeted <ul style="list-style-type: none"> Avoid <ul style="list-style-type: none"> Large billboard type ads ➤ Reach out with <ul style="list-style-type: none"> Many small messages
Community Resources	<ul style="list-style-type: none"> ➤ Need to be sustainable <ul style="list-style-type: none"> Cannot limit participation to one time only Must be an ongoing project/effort Part of keeping consistency for elderly ➤ High schools <ul style="list-style-type: none"> Often require senior service projects “Adopt a Pop” Programs – serve as another source ➤ Vocational/technical schools <ul style="list-style-type: none"> Participate in projects (cost-sensitive) Building ramps Home modifications ➤ Colleges/universities <ul style="list-style-type: none"> Service projects Tap into campus organizations Experience for students interested in health care ➤ Health professions schools <ul style="list-style-type: none"> Tap into campus organizations Requirements within curriculum – home visits ➤ Churches <ul style="list-style-type: none"> Perfect location for elder adults meeting groups Often have parish nurses group ➤ Community groups

	<p>Are familiar voice in community Senior housing recreation directors organizations Perfect locations for elder adults meeting groups American Legion Lion's Club Kiwanis Senior Centers Recreational Centers (YMCA, YWCA)</p>
Educating individuals that enter the home	<ul style="list-style-type: none"> ➤ What was it like in the home? Safety issues? Health and sanitation status? Emergency medical services personnel Meals on Wheels representative Fire department Mail personnel or delivery crews Representatives from churches – visiting “shut-ins”
Program Sensitivity	<ul style="list-style-type: none"> ➤ Cultural Have educational resources and information available in multiple languages Reach out to community ethnic-specific organizations ➤ Generational Two types of elder adults Go to bed at 7 pm, awake at 5 am Go to bed at 2 am, awake at 12 pm Programming aware and adjusted
Seamless Fall Prevention Program	<ul style="list-style-type: none"> ➤ Create an environment where a person who falls or is at risk of falling <u>never</u> is left without knowing what the next step is. ➤ Do not let individuals “fall” through the cracks within the system.

Childhood Falls Prevention (Ages 14 years and younger)

After analyzing the current mechanisms at the state and local level as well as identifying key individuals or areas that are not being addressed with the current childhood falls prevention system, the key focus and future direction must be based on:

- ✓ Education
- ✓ Enforcement
- ✓ Engineering

Each of these areas attempts to meet the current needs within the falls prevention plan. Although this represents a focus for the statewide prevention plan, these focus points will increase utility if used within the context of individual community needs and salient strategies to address those needs.

Education	<ul style="list-style-type: none"> ➤ Create a more solid database <ul style="list-style-type: none"> Most of childhood fall data too generic Gather and evaluate school nurse data (currently goes to PA DOH) Behavioral Risk Survey for children 18 and under Ambulatory data (pediatricians and family physicians) Large hospital systems ➤ Develop falls-focused education packet ➤ Restaurants <ul style="list-style-type: none"> Ads or specific placemats Children’s meals – partner with organizations ➤ Grocery stores <ul style="list-style-type: none"> Flyers in bags Flyers/signs in children’s foods aisles ➤ Sporting events <ul style="list-style-type: none"> Education/awareness for coaches and referees ➤ School <ul style="list-style-type: none"> Opportunities at back-to-school night Specific programming – create Inspector Detector <ul style="list-style-type: none"> Facilitated by health care organizations/students Facilitated by pre-health students ➤ Real estate <ul style="list-style-type: none"> Awareness of home safety information Place for flyers/educational information ➤ Home builders <ul style="list-style-type: none"> Trade show exhibits on home safety issues ➤ Website development <ul style="list-style-type: none"> Educational source with tabs for different groups <ul style="list-style-type: none"> Parents Health care providers Schools Playground personnel Home builders Real estate agents ➤ Landlords <ul style="list-style-type: none"> Rental units Section 8 housing
Enforcement	<ul style="list-style-type: none"> ➤ Involve law enforcement groups <ul style="list-style-type: none"> Bike helmet laws – raise standards ➤ Review/update statewide playground standards ➤ Playground inspection <ul style="list-style-type: none"> Certification process exists Can we acquire a list of all playgrounds in state? Statewide report on current status of playgrounds in the Commonwealth – involve

	Legislators/committees Policy level – requiring schools and towns/boroughs with playgrounds to have staffer with certification
Engineering	<ul style="list-style-type: none"> ➤ Involve playground equipment manufacturers in process ➤ Involve car seat manufacturers or distributors ➤ Involve furniture manufacturers and/or furniture store chains in process <ul style="list-style-type: none"> Evaluate current furniture safety standards Is safety information available upon purchasing? ➤ Home Builders Association <ul style="list-style-type: none"> Incentives – offering child gates

Integrating Systems and Collaboration on Falls Prevention

There are a large number of organizations and groups addressing falls prevention within the Commonwealth. A need that was identified is the development of a diagram or portrayal of the current infrastructure of falls prevention within the state identifying the key players. This infrastructure will attempt to be all inclusive and will need to be updated regularly in an attempt to have a list of all organizations and groups involved that can be used by community members as a referral or resource base.

Despite this large number, there remain a great number of resources available that can assist in falls prevention, which incidentally are represented in the above recommendations. Integrating systems can be based on a four-point prevention plan that includes:

- ✓ Taking charge of your health
- ✓ Healthy lifestyle choices
- ✓ Physical activity
- ✓ Nutrition

Based on this prevention strategy, the following organizations and/or groups were identified as possibilities for collaborative ventures:

- American Association of Retired Persons (AARP) – elder hostels
- National Council on Aging
- Home Safety Council
- American Automobile Association (AAA) – can tie in driver safety with regards to risk factors related to falls (i.e. vision, polypharmacy, arthritis)
- Department of Transportation (PENN DOT)- addressing cross walks, time allotted to ambulate across streets with traffic signals
- Insurance (health insurance companies, home owner’s insurance)
- Department of Public Welfare (DPW)
- Department of Community and Economic Development (DCED)
- Arthritis Association - activity programs
- Osteoporosis programming – nutrition, activity programs

- Meals on Wheels – nutrition, home inspection and evaluation
- Kiwanis – outreach group
- Lion’s Club – outreach group
- American Legion – outreach group
- Rotary Clubs – outreach group
- Rehabilitation facilities – educational source
- Grocery stores
- Shopping malls
- Restaurants/diners (social clubs, coffee clubs) – outreach group
- Employers
- Hospitals
- Home health agencies
- Gyms – incentives with discounts, targeted classes
- Hardware stores – addressing equipment needs, availability, and safety
- Churches – parish nurses association
- Fire companies – home inspection and evaluation
- Emergency medical services – home inspection and evaluation
- Boy Scouts – service projects, outreach
- Girl Scouts – service projects, outreach
- High schools/vocational-technical schools – service projects, outreach, construction (cost sensitive)
- Colleges/universities – service projects, outreach, tie in with student groups
- Health professions schools – service projects, outreach, tie in with student groups and/or curriculum requirements
- Medical associations
- Society for the Prevention of Cruelty to Animals (SPCA/Humane Society) – falls related to pets
- Chambers of Commerce
- Realtor Association – rental units

This list does not represent a comprehensive list of all possible collaborative organizations; however, it does reflect a majority of those identified in the falls prevention strategies targeted towards specific populations. Although each need not consist of the integral work group, they can be recruited for particular areas of concern. Additionally, they can be compiled on the list of resources that can be made available to the general public, health care providers, and community groups as a referral base.

Funding and Infrastructure

Since a broad base of preventive strategies currently exists in the falls prevention project, it is recommended that the PA DOH adapt its existing evidence-based prevention strategies.

Infrastructure

- The development of a Falls Prevention Subgroup as part of the Injury Community Planning Group (ICPG) would provide an infrastructure to begin to address some of the issues discussed above.
- Within this subgroup, a life-span approach would be addressed as childhood falls prevention would be well represented by SafeKids and the PA Area Agency on Aging (AAA) or another organization may step up to the plate as a “SafeAdults” program.
 - The “SafeAdults” program may also be collaborative between the AAA and other organizations directed at adult falls prevention.
- Another consideration is the development of a Pennsylvania Falls Free Coalition
- Other previously existing falls prevention/research programs.
 - PA Department of Public Welfare
 - PA Department of Aging
 - Temple University Fall Prevention Project
 - University of Pittsburgh Center for Healthy Aging

Recommendations for the infrastructure are to study current projects in other states with regards to design and implementation and to develop partnerships with the organizations identified above as key players and collaborative partners.

Funding

Funding will be required in the implementation of programs that address risk factors for falls. In the ICPG’s evaluation of other state programs, there would be great value in determining how their programs are funded. Although the following does not represent an all-inclusive list of funding sources, these groups along with other collaborative partners mentioned above are possible sources.

ICPG, Subgroup	Has funds set aside for an initial pilot and to get the workgroup off the ground
Licensing Facilities for Hospitals, Home Health Agencies, Rehabilitation Facilities	Unlikely that the licensing fees can be tapped into as additional source of funding.
Pennsylvania Department of Transportation	SafeKids License Plates Falls License Plates Identify conjoint risk factors for licensing and roadway safety (i.e. crosswalk signal timing, traffic signals and signs) Vision Polypharmacy Arthritis Balance/Coordination
Pennsylvania Lottery (funded by Department of Aging)	“Benefits Older Pennsylvanians”
Insurance Companies	Health Insurance – incentives? Silver Sneakers Program
Hardware Stores	Equipment sales and discounts

AARP	Will need to market as larger cause than simply falls Identify larger risk factors Use collaborative groups for support
Pennsylvania Department of Community and Economic Development	Collaborative with tourist attractions and bus trips Opportunities for messaging
Federal Health and Human Services Center for Disease Control Health Resources and Services Admin. National Assoc. of County and City Health Officials National Center for Injury Prevention and Control Preventive Health and Health Services Block	Recruit for proposals: Retired physicians Retired public health professionals Retired physical therapists Retired occupational therapists Retired grant writers
Medical Associations	PA Medical Society PA Osteopathic Medical Association PA Academy of Family Physicians PA Academy of Pediatricians PA American College of Physicians PA Academy of Emergency Physicians American Geriatrics Society – PA Chapter?
Private	Robert Wood Johnson Foundation W.K. Kellogg Foundation Other foundations?
Casinos	Funds targeted for property tax relief Are other opportunities available?

Incidentally, the next symposium that will be sponsored by the PA DOH's Violence and Injury Prevention Program will focus on Accidental Poisonings with Legal Drugs. In planning this symposium, the issue of polypharmacy will be addressed and therefore, there is the potential for overlapping or linking funding opportunities between falls prevention and the prevention of accidental poisoning from legal drugs.

Further Directions

In terms of filling in holes and developing future directions, the ICPG meeting held immediately following the Falls Prevention Summit provided some summative comments and reflections.

Although the data sources are not comprehensive, there is additional information available and statisticians and epidemiologists are willing to provide services for any additional questions that might need answered (i.e. occupational falls in the middle-aged population). Evaluating cross

combinations of different variables related to falls is also a possibility. This can be a valuable tool in identifying additional collaborative partners in the promotion of falls prevention.

The possibility of acquiring ambulatory data from Family Medicine, Internal Medicine, and Pediatrics offices was considered; however, further evaluation of how that data can be collected and evaluated from different electronic medical records sources must be performed. As suggested above, data from school nurses regarding injuries is currently sent to the PA DOH; however, the quality and specifics of this data is unknown.

The other piece that was not completely addressed at the Summit is that of public policy. The ICPG, along with collaborative partners such as the Department of Public Welfare and the Area Agencies on Aging must work to bring awareness to state legislators. This can be accomplished through reaching out to policy offices at other state government departments.

The ICPG is in the process of compiling an addendum to the Statewide Injury Prevention and Control Plan. This report will be used to draft the addendum regarding the need for infrastructure, data, public policy, interventions, and training and technical assistance. Specifically, the ICPG will consider the development of a falls prevention workgroup to translate the summit findings into an action plan to support the *Pennsylvania Injury Prevention and Control Plan*.

Conference Evaluation

The Falls Prevention Summit closed with a great deal of energy and excitement about future directions that the Commonwealth might take in advancing fall prevention strategies. Conference attendees were, on the whole, pleased with the information provided to them and felt that the experience was a valuable one.