Findings from the Kentucky Communities to Support Older Adult Falls Programs Assessment

Kentucky Violence and Injury Prevention Program

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Background

Falls are the leading preventable cause of morbidity and mortality for adults aged 65 and older. In 2021, there were 44,659 fall-related visits to Kentucky emergency departments and 8,694 fall-related inpatient hospitalizations for Kentucky residents aged 65 and older; the 2021 numbers were increases over the prior year.

As a result, the Kentucky Violence and Injury Prevention Program administered an assessment to learn about the current fall prevention infrastructure across Kentucky. Participants completed an e-survey voluntarily and anonymously from December 2022 through Spring 2023. Information was collected on the current organizations working to prevent older adult falls and their funding support, programming, and capacity. This report's findings will allow those working in fall prevention and general injury prevention to better understand and identify opportunities to support fall prevention work across the Commonwealth.

Participant Overview

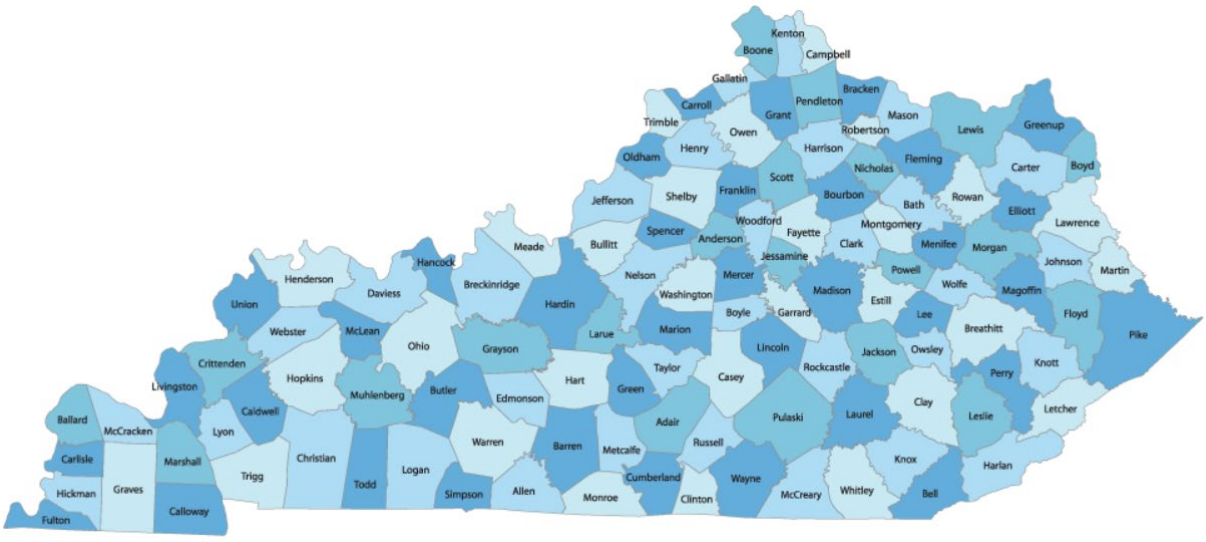
Most surveys were completed by representatives of Area Development Districts (ADDs) (e.g., Area Agencies on Aging) (34.2%), hospital/health care community outreach (23.7%), and academia (universities/colleges) (23.7%). Other representatives included the state health department, senior centers, community-based/nonprofits, and other organizations.

The majority of the organizational representatives worked as senior management (director or co-director) (45%), mid-management (13%), and program coordinators (8%). The remaining worked in the roles of nurse, social worker, professor, physical/occupational therapist, administrative assistant, physician, community outreach/health worker, safety director, researcher, and other. No local or district health departments participated in the survey.

Forty-four percent of representatives reported serving the entire state (all Kentucky counties). Of the 15 Kentucky ADDs, representatives that took part were from the Purchase, Pennyrile, Green River, Big Sandy, Cumberland Valley, Barren River, Kentucky River, Lincoln Trail, Buffalo Trace, Northern Kentucky,

Lake Cumberland, Gateway, and Kentuckiana Regional Planning and Development Agency ADDs.

When asked which counties each organization serviced, the representatives reported serving the following counties: Ballard, Barren, Boyle, Bracken, Breckinridge, Bullitt, Calloway, Carlisle, Carroll, Casey, Christian, Clay, Crittenden, Daviess, Edmonson, Estill, Fayette, Fleming, Franklin, Garrard, Graves, Grayson, Greenup, Hancock, Hardin, Henry, Hopkins, Jackson, Jefferson, Knox, Laurel, Lewis, Lincoln, Livingston, Madison, Marion, Marshall, Mason, McCracken, McCreary, McLean, Meade, Muhlenberg, Nelson, Ohio, Oldham, Pulaski, Robertson, Rockcastle, Shelby, Simpson, Spencer, Taylor, Union, Washington, Wayne, and Whitley.



Priority-Setting

Seventy-one percent of respondents strongly agree that older adult fall prevention is a high priority for their organization and 29% neither agreed nor disagreed (n=31). Reasons given for older fall prevention being a high organizational priority included: fall prevention helps prevent more long-term and critical health issues, fall prevention is key to supporting independence and quality of life while aging safely at home, fall prevention allows us to serve clients better, and fall prevention helps to prevent disability and premature death. Additional reasons included: fall prevention is supported by our organization and/or leadership, fall prevention helps us toward being an age-friendly organization, fall prevention has a funding source, and fall prevention is needed according to the current data and statistics.

Representatives were asked if there is a need to focus on fall prevention in their representative service area. Among those that responded (n=8), 63% reported that fall prevention is needed in their area.

Eighty percent of all participants reported that their organization works to create awareness among older adults about fall risk and/or offers fall prevention programs (n=40). Among the organizations reporting (n=30), 76% focused their fall prevention programs on those aged 60 to 64 years old, 100% focused on those aged 65 to 74 years old, 90% focused on those aged 75 to 84 years old, and 87% focused on those aged 85 years and older.

Resources

Participants were asked about the funding source for their fall prevention program. Among the 32 participants that responded, 34% reported having only one funding source (federal government funds, state government funds, local government funds, or community funds), 31% reported no funding source, and 25% reported having two or more funding sources. The specific funding sources described included Older Americans Act Title IIID Evidence-Based Health Promotion funds, pro bono student-led programs, hospital trauma programs, senior centers, and SNAP-Ed.

Personnel time dedicated to fall prevention programs among participants varied by agency/organization size and service area. Forty-six percent reported personnel spent 1–5 hours a week on fall prevention work, 33% reported that hours vary, 13% reported 6–10 hours a week, and 8% reported unknown. Additionally, representatives cited that the top resources they use other than personnel for fall prevention work were social media (n=2); website, online meeting platforms, newsletter articles, printing/copying materials/handouts (n=10); meeting/facility space (n=10); audio/electric equipment (n=4); public relations/media (n=1); financial support for annual Falls Summit (n=1); staff/volunteer training (n=1), and promotional giveaways (n=1).

Activities

Engagement of older adults is necessary for older adult fall prevention. Many organizations reported engaging via training events (e.g., fall prevention programs, health fairs, social events) (43%), home visits (20%), and newspaper or other print media (e.g., newsletters) (10%) (n=40). Other modes of

engagement included dialogue during visits with and screenings by health professionals (e.g., hospitals, clinics, and primary care), social media, email, website, radio and/or television, and direct work with senior groups.

The internet is a common means of delivering information on fall prevention programming. When asked about reaching older adults without access to the internet or a smartphone, representatives mentioned other modes including mail, telephone, community bulletin board posts, posted flyers, and face-to-face activities.

Organizations reported that the top two risk factors for older adult falls that they identify in their community were home hazards and mobility issues (n=26). Home hazards included rugs, stairs, clutter, other trip hazards, and a lack of grab bars. Mobility issues included strength limitations (e.g., lower extremity weakness and frailty), balance and gait limitations, and a lack of mobility devices.

Organizations were asked about what their programs screen or assess. Representatives were able to select multiple options (n=31). Seventy-one percent screened for and/or assessed chronic conditions related to increased fall risk (e.g., depression, diabetes), 71% screened for fall history, 61% screened for home hazards (fall risks), and 58% screened for nutrition. Additional responses included balance limitations (48%), medication review (45%), hearing problems (36%), vision problems (30%), strength limitations (29%), gait analysis (29%), orthostatic hypotension (23%), and osteoporosis (7%).

Fifty-five percent of representatives reported that injury data related to falls is used to support prevention planning, agenda setting, and programming (n=31). Those who reported not using fall injury data mentioned that local and Kentucky injury data would be useful. A link to state and county injury data on the KSPAN (Kentucky Safety and Prevention Alignment Network website (www.safekentucky.org) was provided to all participants.

The top barriers faced in implementing older adult fall prevention were: a lack of funding (contributing to minimal to no staff, resources, and time); the engagement of older adults; management and organizational support; the perception of the importance of fall prevention among older adults; a lack of interest among older adults in fall prevention; a lack of transportation for older adults; and poor awareness of the importance of fall prevention by medical professionals.

Consistent with the top barriers faced, representatives reported that more funding would improve their ability to be more effective in reducing falls, as would ideas and incentives to encourage participation among older adults, more partners and

coordinated efforts locally and statewide, more resources (time, staff, etc.), improved public awareness about falls, and more prevention efforts among primary care. As stated by one representative, “A more consistent effort across disciplines working on fall prevention across the state” was needed.

Evidence-based and -informed programs

Older adult fall prevention programs primarily were described as community-based group exercise and fall prevention (55%), clinical (39%), and/or educational programs and collaborations (10%) (n=25). Participants specifically mentioned the evidence-based and -informed programs Walk With Ease, Tai Chi for Arthritis, Bingocize, HomeMeds, Tai Chi, A Matter of Balance, Chronic Disease Self-Management, the Centers for Disease Control and Prevention’s (CDC’s) Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Initiative, Health Risk Assessment, Falls Risk Assessment and Education during Home Visits, Arthritis Exercise Foundation Program, Moving Target Screen, FlourishCare, and Strive to Thrive.

Partnerships appeared critical to the delivery of fall prevention programming for respondents, as they were able to offer other exercise programs (via partners such as Area Development Districts, health departments, hospitals, and extension offices), to contract with a senior center to provide programs, to work with rehabilitation centers and physical therapy clinics for fall prevention education, and to utilize nonprofit, health care and university partners to offer older adult wellness screenings, programs, and follow-up visits from community events. Education and community outreach were the hallmarks of some organizations’ fall prevention efforts, as they offered tabling at health fairs and related events to distribute fall prevention education materials. A few respondents did not specifically mention a fall program but stated, “We integrate this [fall prevention] into all that we do.”

Besides working in fall prevention, organizations also reported providing general injury prevention and well-being education. Injury prevention areas specifically described by participants included suicide and self-harm awareness, traumatic brain injury and concussion management, motor vehicle crash prevention, disaster preparedness, transportation safety (motor vehicle, motorcycle, bicycle, ATV, and pedestrian), and interpersonal violence prevention.

Evidence-based programs are often effective low-cost means to address priority focus areas such as older adult falls. Representatives were asked if they implement any National Council on Aging (NCOA) evidence-based programs.

Seventeen participants reporting implementing the following NCOA programs: A Matter of Balance (41%), Bingocize (94%), Stay Active and Independent for Life (6%), and Tai Chi for Arthritis and Falls Prevention (59%). Twelve of the representatives reporting implementing more than one NCOA evidence-based program.

Representatives were asked if they implement any CDC evidence-based programs. Five representatives reporting implementing the following CDC programs: Tai Chi: Moving for Better Balance (60%), Simplified Tai Chi (20%), and the Otago Exercise Program (20%).

The CDC STEADI Initiative is a set of clinical practice guidelines to prevent falls. Representatives were asked if their organization works with clinical partners to support STEADI in their setting. Among the 31 participants, only 10% incorporate STEADI in their work. They described their STEADI programming as working with independent living facilities, regional health fairs, senior centers, and clientele to provide fall screenings and educational presentations on STEADI.

Partnerships

Representatives were asked about their key partners for fall prevention work (n=25). Key partners included (in alphabetical order): Area Agencies on Aging, Bon Secours Mercy Health, Community Action Councils, County Extension offices, fall prevention coalitions, Frazier Rehabilitation, home health agencies, hospital trauma centers, Kentucky Department of Aging and Independent Living, Kentucky Injury Prevention and Research Center, Kentucky Safe Aging Coalition, Kentucky Safety and Prevention Alignment Network, Lake Cumberland Area Development District, local health departments, McCracken County Health Department, Mercy Housing, nursing homes, Owensboro Health, Pennyrile Allied Community Service, physical therapists, Republic Bank Optimal Aging Clinic, senior centers, the Thrive Center, University of Kentucky Cooperative Extension Service, University of Kentucky, University of Louisville Physicians Outpatient Therapy Services, University of Louisville Traeger Institute, West Kentucky Vocational and Technical College, and Western Kentucky University.

Only 22% of all participants reported belonging to a falls coalition. The coalitions included: Kentucky Safe Aging Coalition (KSPAN's Fall Committee), Green River Safe Aging Coalition, Louisville Metro TRIAD, and Safe Communities Committee (part of County Coalition).

Conclusions and Next Steps

This survey was the first attempt to assess fall prevention capacity across the state. Emails were sent to partners, state agencies (e.g., health departments, departments for aging and independent living), KSPAN, and Kentucky Safe Aging Coalition members asking for assistance in completing the survey and sharing the link with partners working in the field. Information regarding the survey was provided at the Kentucky Public Health Association annual meeting. This survey provides a baseline of the older adult fall prevention and safe aging activities and programs across the state.

Efforts to prevent older adult falls remain necessary in Kentucky. Representatives completing this survey believe in the importance of fall prevention for older adults within their organization as they work to improve awareness about the topic to Kentuckians 60 years and older. Engagement of older adults in related programs and events continues to be a struggle for those working in the field. There is a need to improve awareness about the increased risk for falls as we age and that most falls can be prevented among our older adult population, in our communities, and within the health care setting.

Most participants reported that their funding comes from federal and/or state funding sources. Financial stability is a leading concern among respondents, as it allows for the hiring of more staff, the ability to provide outreach to engage those most at risk, and the purchase of resources, training, and materials. There continues to be a need for more funding sources and opportunities. Despite funding limitations, activities such as evidence-based and -informed programs and screening for chronic conditions and fall history/risks often are made possible through partnerships. Partnerships and coordination of efforts remain critical to raising awareness about fall prevention and the related programs occurring throughout the state.

Acknowledgments

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Notes

If you are interested in joining the Kentucky Safe Aging Coalition, please sign up at https://redcap.uky.edu/redcap/surveys/?s=HHAA9HFYXC. Emails include information on funding opportunities, training events, and relevant literature and research findings.