Community-Based Fall Prevention Programs for Older Adults in Wisconsin

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ABSTRACT
Falls prevention and intervention programs are important strategies to reduce the considerable morbidity and mortality from falls in older adults in Wisconsin.

This article attempts to dispel the common misperception that falls are a normal part of the aging process, to provide examples of prevention programs in Wisconsin targeted specifically to community-dwelling older adults, and to provide prevention messages for older adults and the health care and social or human services professionals that serve them.

INTRODUCTION
In Wisconsin, falls among older adults carry great burdens in terms of morbidity, mortality, and financial impact. Wisconsin’s death rate due to falls among adults 65 years and older is ranked in the top 5 nationwide. In 2002, the national death rate due to falls was 36 per 100,000, compared with Wisconsin’s falls death rate of 91.2 per 100,000.1 National data for 2003 are not yet available, but Wisconsin’s falls death rate continues to increase slightly to 92 per 100,000 population.2 In addition, the financial burden of falls among older adults is considerable. In 2002, the average charge per hospital admission for a falls-related injury was $12,741, with an average stay of 5.5 days.2 Emergency department charges for 2002 for falls-related injuries averaged $780 per visit.3

Older adults often have the misperception that falling is a natural part of the aging process and that nothing can be done to prevent future falls. They also may be reluctant to talk with their physician about their falls for fear of losing their independence. Health education campaigns targeted to older adults should include messages that falls are preventable and that preventing falls may make them safer at home.

It is important to educate older adults about falls prevention. The Table outlines the Centers for Disease Control and Prevention (CDC) recommendations to educate older adults about falls and encourages them to talk to their health care professional about previous falls, medications, and vision.4 It is important to note that all 4 of the areas outlined in this table are important to reduce falls, but that home safety checks alone do not prevent falls.4

It is also important to educate the agencies and health care professionals that care for older adults about falls prevention. The American Geriatrics Society has published a set of practice guidelines for physicians to use in assessing and treating their older adult patients for falls.4 These guidelines provide recommendations to physicians regarding assessment of fall risk and the management of their patients who are at risk of falling or who have had a previous fall. Medical and social or human services professionals have opportunities annually to assess older adults for risk factors that contribute to falls (e.g., environmental factors, lifestyle factors, and physical factors) and to refer at-risk individuals for individualized interventions.

FALLS PREVENTION PROJECTS IN WISCONSIN
Many falls prevention programs, projects, and initiatives are currently being conducted in Wisconsin. These range from public health campaigns and brochures to home safety checks and academic-based falls prevention research. Some projects are specifically targeted at falls prevention while others incorporate falls prevention messages into wellness, nutrition, or exercise programs for older adults.

Some brief examples of the many projects and initiatives around the state are given below. The list is not all-inclusive, but these examples are intended to provide an overview of the type and range of falls prevention activities in Wisconsin.

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Statewide Falls Prevention Initiatives and Plans

Statewide Falls Prevention Initiative—During the past 3 years, the Wisconsin Divisions of Public Health (DPH) and Disability and Elder Services (DDES) have been involved in coordinating a falls and injury prevention initiative. This statewide coalition has evolved to address, in a more systematic manner, falls, falls prevention, and fear of falling.

Partners in the initiative include many regional, county, and local aging organizations; health departments; human and social service agencies; and various schools within the University of Wisconsin (UW) System (Madison, Milwaukee, La Crosse, and Superior). UW School of Medicine faculty and colleagues at the UW Health Falls Clinic (Madison) are supporting this initiative through conference presentations, development of an in-home falls assessment and intervention tool, grant writing, and participation on the statewide workgroup.

In general, the group’s mission is to reduce the number of falls and the seriousness of injuries resulting from falls, and to reduce the fear of falling and the self-imposed restrictions that stem from that fear, while integrating community-based and medical prevention methods.

At this time, the statewide initiative is working to:

• Promote healthy lifestyles among older adults as a strategy to reduce falls and limit negative consequences related to falls and fear of falling.
• Assist communities in establishing local coalitions that foster home safety and the prevention of injurious falls in local communities.
• Develop community-based programs that complement medical approaches; i.e., exercise programs to develop strength and balance, volunteer handyman projects to make homes safer, distribution of self-assessment tools to adults at-risk, and in-home assessments and interventions.
• Develop and implement strategies to reduce injury and deaths from falls among all populations in Wisconsin in conjunction with the Healthiest Wisconsin 2010 Initiative and the State Aging Plan.
• Encourage medical and social service professionals to assess older adults annually for risk factors that contribute to falls (e.g., environmental factors, lifestyle factors, and physical factors) and to refer at-risk individuals for individualized interventions.

• Promote research on preventing falls and the benefits of interventions and prevention.
• Provide technical assistance and disseminate best practice models.
• Implement research studies and evaluate the In-Home Fall Assessment and Intervention Tool.
• Develop falls prevention curricula for health care professionals and allied health care providers.
• Seek additional funding opportunities.
• Develop and pilot a screening tool to identify persons at risk of falling.

State Health Plan—The state health plan, Healthiest Wisconsin 2010, contains 11 health priorities, including a priority to reduce intentional and unintentional injury and violence. Objective #3 addresses the prevention of falls-related injury and death across the life span, and specifically addresses preventing falls among older adults as one of the outcomes.

Wisconsin State Plan for Serving Older People Through the Older Americans Act 2004-2006—a priority outcome of the plan is the implementation of activities that reduce the number of falls and fall-related deaths, and the severity of injuries related to falls. In collaboration with DPH and the Statewide Falls Prevention Initiative, this plan supports the development of training programs and dissemination of research findings for aging and community-based services system providers. Topics include information about the causes of falls, falls risk, falls prevention, fear of falling, and related assessment tools. These activities are being done through conference calls, conferences, regional meetings, listservs, Web sites, and technical assistance materials.

Wisconsin Aging Offices—Every Wisconsin county and tribe has an aging plan that describes the efforts undertaken to assist older residents and their families. The Aging Office is charged with the responsibility of advocating for older adults and helping older adults stay in their own homes. Older adults participate in the governance of the aging offices and planning of aging services. The types of services and programs offered by aging offices include information and assistance; care in the home; housing and care facilities; meals at home or at meal sites; senior centers; volunteer opportunities; caring for people with Alzheimer’s disease; support for

**Table. 4 Things You Can Do to Prevent Falls**

1. Begin a regular exercise program.
2. Make your home safer.
3. Have your health care provider review your medications.
4. Have your vision checked.

*Source: Centers for Disease Control and Prevention.*
family caregivers; health and wellness programming; transportation; benefits counseling; employment; Foster Grandparents; elder abuse, neglect, and exploitation prevention; and promoting good mental health.

**Community-Based Falls Prevention Projects**

**Portage County Falls Prevention Project**—This project utilizes a Fracture Triangle (the relationship between falls, fractures, and osteoporosis) model and incorporates a locally-designed fall risk scoring tool and educational materials to implement a collaborative, multifactorial falls prevention and intervention program to reduce the number and severity of falls occurring in Portage County.

**Milwaukee County**—Milwaukee County has developed a community-wide Wellness in Aging Network workgroup to bridge gaps between public health, health care systems, and the aging network. The project utilizes the framework for system transformation that is described in *Healthiest Wisconsin 2010* to develop the network. The project is attempting to enhance the Resource Center Prevention Team model to include the development of senior center sites as identifiable community centers for wellness for older adults.

**Marathon County: In-Home Preventive Health Care Program**—Based on a model developed at the University of California Los Angeles (UCLA) that has been shown to reduce rates of disability and use of nursing homes in community-dwelling elderly individuals 74 years and older, this project is implementing and evaluating an in-home preventive health care program for older adults. Initiated in June 2000, the project continues to be conducted in collaboration with the UW Medical School, Department of Preventive Medicine, the Center for Health Policy and Program Evaluation in Madison, and North Central Health Care in Wausau.

**Trempealeau County: Nutrition Risk Identification and Intervention**—This project trains volunteer caregivers to identify nutritional risk, provide dietetic counseling, and provide ongoing support services. The project will also evaluate the volunteer program and monitor stress and physical health of caregivers.

**Jackson County: From Seniors to Seniors**—This project targets adults 75 years of age and older receiving Meals on Wheels, Lifeline, or Telecare. Participants receive home safety evaluations, necessary home modifications, and a basic in-home daily exercise program to increase lower extremity strength and overall stability. The project, known as “From Seniors to Seniors,” matches high school seniors and healthy older people with older adults who are at risk for a fall. Volunteers are trained to monitor performance and compliance. The second part of the project provides a community-based weekly exercise and safety education program for adults 55 years of age or older living in the community who are still active and independent.

**Brown County Human Services Department**—This program expands falls prevention activities to elderly and disabled receiving or waiting to receive services through the Community Options Program (COP), COP Waiver, and Community Integration Program. The project expands a falls risk assessment into adult family homes, community-based residential facilities, and older adults at home. The project provides training to case managers and facility operators to identify risk factors for falls and to take appropriate measures to make necessary environmental adjustments and referrals to their health care provider.

**Volunteer Senior Home Repair Program**—Through a grant from the Retirement Research Foundation, Rural Housing, Inc. is able to do small repairs for older adults in 39 rural Wisconsin counties. The jobs have varied from fixing dripping faucets, to mending porch railings to adding grab bars to accessibility ramps. Many times the needed repair or modification has been identified by a home safety check.

**Retired and Senior Volunteer Program (RSVP) and TRIAD Project**—There are many TRIAD programs in Wisconsin that partner with AARP and local law enforcement to address crime and safety issues that are important to older adults. In Dane County, TRIAD volunteers through the local RSVP chapter conduct home safety checks for older adults and assist them with referrals for the appropriate remediation or modification to make their homes safer.

**Research**

**Dane County Safety Assessment for Elders (SAFE) Research Project**—Wisconsin was awarded a $2.2 million federal grant by the CDC to help prevent falls by older adults living in community settings within Dane County. The DPH and its partners, the University of Wisconsin-Madison Medical School and University of Wisconsin Hospital and Clinics, are conducting the research project. This CDC-sponsored study is entitled Wisconsin Research Study to Assess Multi-faceted Falls Prevention Intervention Strategies Among Community-Dwelling Older Adults (also called the SAFE project). It was the only falls prevention research
grant awarded by the CDC as a result of a nationwide competitive process.

Key study goals are to (1) implement and test 2 different falls prevention and home safety strategies in order to determine their effectiveness in reducing falls and improving function among high-risk older adults, and (2) build a comprehensive network of health care professionals and community organizations that will sustain the project’s impacts in Dane County beyond the grant period.

Kenosha County—The Wisconsin Department of Health and Family Services currently funds a study in Kenosha County to evaluate a multifactorial intervention for falls prevention in high-risk older adults. Results of this study will provide needed information on the efficacy of applying a multifactorial model in a community setting.

Wisconsin Partnership Program—The Wisconsin Partnership Program was created with funds from Blue Cross Blue Shield of Wisconsin’s conversion to a for-profit corporation. The Wisconsin Partnership Program plans to give grants to projects that demonstrate a community/academic partnership to address priority health issues. Funds for this purpose have been earmarked at the UW Medical School in Madison and the Medical College of Wisconsin in Milwaukee. Recently 2 planning grants related to falls prevention were funded through this initiative, one to the Wisconsin Assisted Living Foundation to support the planning of a falls prevention project targeted to cognitively-impaired adults and their caregivers, and one to the Bay Area Agency on Aging to promote a falls prevention coalition for Brown, Door, Kewaunee, and Oconto Counties, as well as the Oneida Nation.

CONCLUSIONS

Services are available in Wisconsin for older adults at risk for falls, but in order for older adults to access them their risk for a fall must be established, and individualized prevention and intervention plans must be developed. To do this effectively, health and social or human services professionals must develop systematic and consistent mechanisms for assessing risk and providing older adults with appropriate referrals.

For additional information on these or any other falls prevention programs, please call the Wisconsin Division of Public Health, Injury Prevention Program 608.266.0181.

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REFERENCES