PREVENTING FALLS:

A Guide to Implementing Effective Community-Based Fall Prevention Programs

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2nd Edition

This document is a publication of the
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Introduction

Falls are the leading cause of fatal and nonfatal injuries among adults 65 and older and 10,000 people in the United States turn 65 every day. Community-based organizations (CBOs) play an important role in promoting the health and well-being of the residents in their community. Many of the services provided by CBOs like yours help people of all ages maintain healthy lifestyles and improve their quality of life. This includes expanding efforts to reduce falls among older adults.

CBOs who want to prevent falls recognize that they must offer effective evidence-based fall prevention programs. However, choosing a fall prevention program that is appropriate for clients, readily available with training and tools in place, and affordable can be a daunting task.

The purpose of this guide is to provide information to help CBOs choose and implement evidence-based fall prevention programs based on their organization's goals and clients' needs. It also describes the organizational resources and partners needed to support and sustain the program.

This guide addresses questions that are important to CBOs when implementing fall prevention programs such as:

- How do we find a fall prevention program that best meets the needs of our clients?

- How can we know that this program works and will achieve the desired results?

- What resources will be needed to support it?

- What partners should we consider to help us offer the program?

- How can we support and sustain the program into the future?

This revision of the 2008 publication, *Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults,* will improve your organization's ability to reach out to the older members of your community as well as enhance your capacity to implement and maintain effective fall prevention programs.

Please note: The interventions and programs discussed in this guide are not designed for hospital patients, assisted living or nursing home residents, or patients with dementia or Alzheimer's disease. These persons require programs and interventions that are specifically designed for their increased frailty and fall risk.

Why fall prevention is important

Falls are a major threat to the health and independence of older adults. Each year, one in three older adults aged 65 and older experiences a fall, and people who fall once are two to three times more likely to fall again.

Falls can be devastating. Falls are the leading cause of nonfatal injuries among older adults. One out of ten falls causes a serious injury, such as a hip fracture or head injury, which requires hospitalization. In addition to the physical and emotional pain, many people need to spend at least a year recovering in a long-term care facility. Some are never able to live independently again.

Falls can be deadly. Among older adults, falls are the leading cause of fatal injuries. Each year, at least 25,000 older adults die as a result of falls. And the rate of fall-related deaths among older adults in the United States has been rising steadily over the past decade.

Falls are preventable. People are living longer and falls will increase unless we make a serious commitment to providing effective fall prevention programs. Fortunately, the opportunity to help reduce falls among older adults has never been better, because research has demonstrated that falls can be prevented.

Today, there are effective fall prevention programs that can be used in community settings. By offering these programs in our communities, we can reduce falls and help older adults maintain their health and independence.

Understanding fall risk factors

Falls are not an inevitable consequence of aging. However, falls do occur more often among older adults because fall risk factors increase with age. A fall risk factor is something that increases a person's chances of falling. This may be a biological characteristic, a behavior, or an aspect of the environment. These risk factors include:

Biological risk factors
- Muscle weakness or balance problems
- Medication side effects and/or interactions
- Chronic health conditions such as arthritis and stroke
- Vision changes and vision loss
- Loss of sensation in feet

Behavioral risk factors
- Inactivity
- Risky behaviors such as standing on a chair in place of a step stool
- Alcohol use

Environmental risk factors
- Clutter and tripping hazards
- Poor lighting
- Lack of stair railings
- Lack of grab bars inside and outside the tub or shower
- Poorly designed public spaces

Usually two or more risk factors interact to cause a fall (such as poor balance and low vision) (Rubenstein and Josephson 2006). The more risk factors a person has, the greater their chances of falling (Tinetti et al., 1986).

Home or environmental risk factors play a role in about half of all falls (Bergen et al., 2008).

Understanding these risk factors is the first step to reducing older adult falls. Over the past two decades, researchers around the world have identified fall risk factors and used randomized controlled trials (RCT), to test fall interventions. RCTs are considered the "gold standard" for evaluating an intervention's effectiveness. The results of these studies show that reducing fall risk factors significantly reduces falls among community-dwelling older adults—that is, people living independently in the community.

Many older adults, as well as their family members and caregivers, are unaware of factors or behaviors that put them at risk of falling. They are also unaware of actions they can take to reduce their risk. Fall risk factor assessment is rarely part of an older adult's routine health care, even if they have had a fall or fall injury. All older adults should be encouraged to seek an individual fall risk assessment from their health care providers, especially older adults with a history of falls and/or with mobility or balance problems

Effective interventions can prevent older adult falls

CDC has identified community-based fall prevention interventions that have strong scientific evidence of effectiveness. All were found to be effective in randomized controlled trials. These interventions have been summarized and compiled in *A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults*, the companion publication to this document. CDC would like to help CBOs translate and implement these proven fall interventions.

> The *CDC Compendium* is available at: www.cdc.gov/STEADI.

The Administration for Community Living's Administration on Aging has also identified evidence-based community programs that reduce falls or falls risks. A list of these programs is available at: www.ncoa.org

Purpose of this guide

CDC developed this guide to help communities and CBOs identify appropriate evidence-based fall prevention programs that can be implemented in the community. It also describes the resources needed to implement and sustain these fall prevention programs.

The main purposes of this guide are to:

- Promote an integrated, collaborative approach to fall prevention
- Provide guidelines for selecting an appropriate fall prevention program

who are at highest risk for falls. A fall risk assessment is covered in the annual Medicare Wellness Visit.

To help older adults better understand their fall risk, the Centers for Disease Control and Prevention's (CDC) Injury Center helped develop the *Stay Independent* brochure. This is a validated fall risk self-assessment tool that can be used in clinical or community settings to raise awareness about fall risks as well as help older adults begin to discuss this sensitive topic with their health care providers.

The *Stay Independent* brochure is shown in Appendix A and is available at: www.cdc.gov/STEADI.

- Provide strategies for developing partnerships
- Provide information on building the infrastructure needed to implement effective programs
- Suggest approaches to improving program implementation
- Provide methods for evaluating programs
- Suggest ways to promote programs
- Provide resources and strategies to increase sustainability

This guide is intended for CBO decision makers, program managers and partners in organizations that serve older adults living independently in the community such as:

- Area Agencies on Aging
- Emergency medical services
- Faith-based and parish nurse services and programs
- Health care organizations that provide individual health care, individual or group community programs, and home-based services
- Home-based services (e.g., home health, meal-delivery services, chore services)
- Hospital outpatient and community programs
- Independent/retirement living, residential, and senior housing facilities and/ or settings for older adults who live independently
- Nonprofit organizations that provide direct services to older adults
- Parks and recreation organizations

- Public health departments
- Senior and community centers
- State Medicaid agencies
- Universities and/or community colleges that offer programs for older adults living in the community.

References

Bergen G, Chen LH, Warner M, Fingerhut LA. Injury in the United States: 2007 Chartbook. Hyattsville: National Center for Health Statistics, 2008.

Rubenstein, L.Z. & Josephson, K.R. (2006). Falls and their prevention in elderly people: what does the evidence show? Med Clin North Am, 90(5), 807–824.

Tinetti, M.E., Williams, T.F. & Mayewski, R. (1986). Fall risk index for elderly patients based on number of chronic disabilities. Am J Med, 80, 429–434.

Planning for a Fall Prevention Program

Follow these important steps when planning your fall prevention program.

Determine your community's needs

Before deciding what fall prevention program to implement, answer the following questions to determine your community's needs and identify appropriate resources.

- What information or data do you have about the burden of falls in your community? (Sources may include community hospitals, emergency medical services, and local and/or state public health departments.)

- How much support for starting a fall prevention program is there at all levels of your organization— from the board and director, to the staff, volunteers, and older adult clients?

- What are your organization's current and future goals and resources for providing services to older adults in your community?

- What related programs or services are currently being offered by your or other organizations in your area?

- What existing community resources could provide services to address or support older adult fall prevention programs?

- What organizations or community champions would join in planning to implement this program?

Identify resources

There may be community resources and programs already in place that can help support your fall prevention efforts.

- The Kansas University Community Toolbox offers strategies for identifying resources. The chapter, *Assessing Community Needs and Resources*, offers strategies to help users organize their approach. It is available at: ctb.ku.edu/en

- Additional resources can found in *A Practical Guide to State Coalition Building to Address a Growing Public Health Issue*. It is available at: www.ncoa.org

Determine your organization's readiness

Determine your organization's readiness to implement an evidence-based fall prevention program by addressing these key questions:

- Is there buy-in from leadership?

- Is initial funding available to implement the program?

- Is our agency/partnership committed to implementing an evidence-based program with fidelity?

- Are trained personnel available to offer the program?

- Do we know how we'll sustain the program going forward by embedding it into existing operations?

- Have we thought through potential long-term financing strategies including public and private funding?

- Can we leverage existing models for delivering a fall prevention program?

Hawaii's Fall Prevention Consortium

To elevate fall prevention as a priority issue, the Hawaii Department of Health established a Fall Prevention Consortium consisting of groups interested in aging issues. Members included key stakeholders from health and social service organizations, state and county agencies, and academic institutions.

Using the *Hawaii Injury Prevention Plan* 2012–2017 as a guide, the Consortium developed an action plan for reducing older adult falls. The plan's primary strategies included 1) raising awareness about fall prevention among older adults, 2) increasing the availability of fall prevention services, and 3) engaging professional and community members in fall prevention activities. The Consortium is currently working with member organizations to implement and evaluate this action plan.

Adapted from the Core VIPP (2011–2016) Falls Prevention Activities fact sheet

Selected web resources

Falls Free: A National Falls Prevention Action Plan

Hawai'i Injury Prevention Plan 2012–2017
www.health.hawaii.gov/injuryprevention/
files/2013/09/Hawaii_Injury_Prevention_
Plan_2012_to_2017_4mb.pdf

Overview of the Falls Injury Prevention Program in Queensland, Australia
www.health.qld.gov.au/stayonyourfeet/
documents/overview.pdf

Washington State Dept. of Health Report— Falls Among Older Adults: Strategies for Prevention
www.doh.wa.gov/Portals/1/Documents/
2900/FallsAmongOlderAdults.pdf
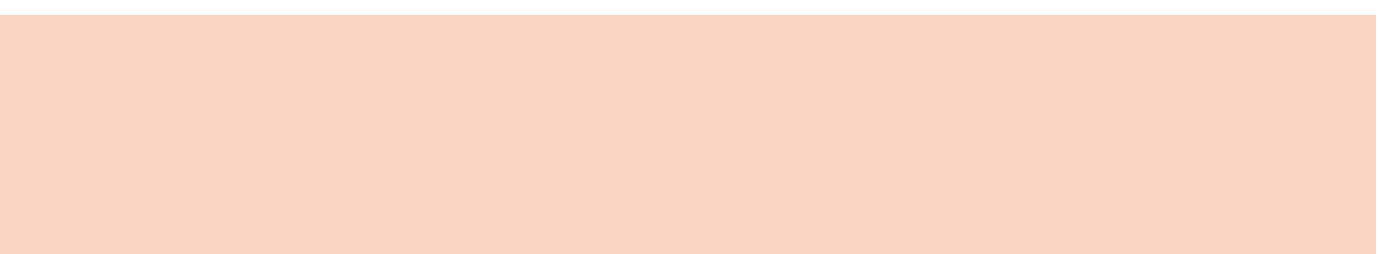
The Important Role of Partnerships

It may be difficult for your organization, on its own, to implement a fall prevention program. By collaborating with other community organizations and professionals that specialize in different types of services for older adults, such as health care, exercise, home safety assessments, and education, you can make your program more comprehensive, effective, and possibly less costly. For example, a public health or health care organization may partner with a senior services or parks and recreation organization to offer a Tai Chi program.

Collaborating with other CBOs can provide additional resources, outreach channels, or referral sources for your program. Because of its many benefits, collaboration can be essential to implementing your program and sustaining it over time.

Developing partnerships

Assess your current situation. Planning your fall prevention program involves a careful analysis of your organization's resources and needs, including staff, funding, facilities, technology, and expertise. This information clarifies when a potential partnership with another organization can support your program goals.

Identify potential partners. Partnerships should be mutually beneficial. Identify organizations that share your mission of improving health and safety for older adults or that have a vested interest in reducing falls among older adults. Determine how collaboration will support short- and long-term goals.

Develop your "pitch" for partnership.
After strategically selecting potential partners, develop your "pitch," or selling points, for partnership. These will vary based on the resources, needs, and priorities of each organization. Showcase the benefits for your potential partners.

Create your messages and materials.
Develop message points—short, concise statements that reflect your main messages. These are useful for internal and external communications as well as for presentations to partners.

For these messages:

- Develop themes or adapt materials that will engage your potential partners.

- Produce materials (presentations, flyers, etc.) that will effectively convey your messages.

- Pretest your materials among potential partners.

- Develop a method for tracking partnerships and other outreach efforts.

Make contact. Whenever possible, deliver your partnership proposal in person. Consider bringing at least one other person, because different communication styles and dispositions can influence an encounter. Sharing the workload and presentation delivery reduces the pressure of thinking on your feet. However, prepare carefully in advance to make sure that your team speaks with one voice based on the messages you develop. Delivering mixed messages creates confusion and weakens your credibility.

Seal the deal. Being credible and offering incentives are important but these may not be enough to seal the deal. Use your passion to make potential partners recognize they should be involved.

- Describe how your programs and services can make a difference.

- Share information about the burden of falls and fall injuries.

- Underscore how your community will benefit from your efforts and how others are getting involved.

Maintaining partnerships

Relationships need to be maintained. While commitment is important, so is continuing to review your resources, needs, and expectations as the program evolves. Involving local organizations will be an ongoing effort, so remember to engage as many facets of your community as you can, including:

- Hospitals and health care organizations

- Local and state government officials and offices

- Faith-based organizations

- Civic organizations

- Senior citizen groups

- Commercial establishments serving older adults

- Clubs that may have a large older adult membership (such as the Veterans of Foreign Wars)

- Universities or colleges that offer academic programs or services for older adults

It is important to remind potential partners of their strengths and how even seemingly small contributions can help prevent injury and death. Confirm how the proposed

partnership will be mutually beneficial, be specific about what you are asking them to contribute and do.

Never forget the power of the phrase "thank you." Acknowledge partnership agreements promptly. Look for creative ways to convey your gratitude to partners often and thank them publicly.

Building an infrastructure

Develop relationships with key organizations in your area to create robust communication channels. Reach out to government, nonprofit, religious and other leaders who can help you reach their constituents or members.

Create a database of prospects:

- Enter the name and contact information of each person who calls or looks for information about a program.
- Keep building this list and sending messages, either by e-mail, phone, or mail.

Develop a list of key media outlets in your area—TV, radio, and newspapers, as well as social media,—especially those that are popular with your target audience.

Budget adequate resources

Although this work takes time and resources, it is critical to the ultimate success of your program. Based on the recruitment plan, it is important to set aside adequate resources.

YMCA Partners with Senior Centers to Expand the Reach of Tai Chi

The YMCA's *Moving for Better Balance (Y-MFBB)* is a fall prevention Tai Chi exercise program. It was based on the *Tai Chi: Moving for Better Balance program* and adapted by Y-USA to fit the YMCA training system. In addition to offering *Y-MFBB* at YMCA facilities, some local Ys have collaborated with senior centers and adult living centers to offer the program in more accessible community settings.

The YMCA of Long Island was interested in building community partnerships. They reached out to the Gurwin Assisted Living Center—the largest assisted living center in the area—to see if the Center would be interested in having the Y offer a free program to their residents. The Center's community relations coordinator was enthusiastic because she had been planning to promote the Y's programs to community seniors.

The *Y-MFBB* program was a perfect fit for both organizations. It provided an opportunity to engage in community relations, offer healthy living programs, and help reduce the risk of falls. Classes were held at the Gurwin Assisted Living Center and were available to seniors in the community as well as current residents. When the Suffolk County Department of Health later received funding to increase the availability of community fall prevention programs, the county was able to build on the YMCA model by offering *Y-MFBB* at other senior centers and by promoting Y-MFBB classes at the local YMCA.

Source: YWCA of the USA, Heather Hodges, personal communication

Selected web resources for developing partnerships

Community Toolbox for Public Health Partnerships ctb.ku.edu/en

Medicine and Public Health Partnerships www.escholarship.org/uc/item/2ff6c545

Overview of the Falls Injury Prevention Program in Queensland, Australia www.health.qld.gov.au/stayonyourfeet/documents/overview.pdf

Partnership Self-Assessment Tool www.depts.washington.edu/ccph/pdf_files/project%20site%20final.pdf

The National Council on Aging State Policy Toolkit for Advancing Falls Prevention www.ncoa.org

The National Council on Aging's Partnering to Promote Healthy Aging: Creative Best Practice Community Partnerships www.ncoa.org

Washington State Dept. of Health Report—Falls Among Older Adults: Strategies for Prevention www.doh.wa.gov/Portals/1/Documents/2900/FallsAmongOlderAdults.pdf

Selecting an Evidence-Based Fall Prevention Program

What is an evidence-based program?

An *evidence-based* fall prevention intervention is one that has been tested using a rigorous research design and shown to reduce falls in older adults. The intervention is then translated into a program before it is implemented in a community setting.

However, to remain effective, an evidence-based program **must maintain fidelity** to the original intervention—that is, it must retain the key elements that made the intervention effective—while being adapted to fit the requirements of the implementation setting, such as a senior center or community center.

Community fall prevention programs

CDC supports evidence-based community fall prevention programs such as those translated from the interventions included in the *CDC Compendium of Effective Fall Interventions*. (See Selected web resources at the end of this chapter for more information about the *CDC Compendium*). Below are examples of programs communities have implemented successfully.

- **Stepping On**

  Program focus: *Stepping On* is a group program that helps older adults reduce their fall risk and improve their quality of life.

  Duration: Participants attend two-hour workshops that are facilitated by two trained leaders once a week for seven weeks.
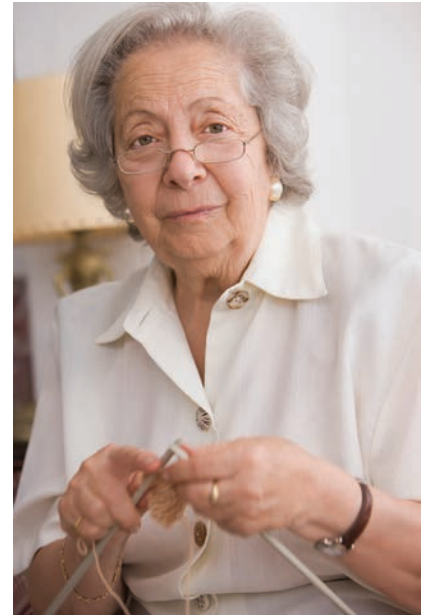
Who can benefit: Older adults at moderate risk of falling. That is, people who have fallen in the past, are worried about falling, or feel unsteady when walking.

Cost benefit: *Stepping On* has a return on investment (ROI) of 64%. That means, for every dollar invested in this program, there's a net benefit of $1.64.

Health effect: In the original study, the fall rate among participants was 30% lower than for people who did not attend this program.

Information about this program can be found at: www.cdc.gov/STEADI/compendium.html.

- **Otago Exercise Program**

Program focus: *Otago* is an in-home exercise program delivered by physical therapists. It incorporates an individually tailored balance and strength program of progressive exercises along with a walking plan. The program includes at least seven home visits and seven phone calls over a 12 month period.

Who can benefit: The *Otago Exercise Program* is especially suited to somewhat frail older adults and is especially beneficial for people aged 80 and older.

Health effect: In the original study, the fall rate among participants was 35% lower than among people who did not take part in this program.

Cost benefit: For all people aged 65 and older, the return on investment (ROI) was 36%. However, for people aged 80 and older, the ROI was 127%.
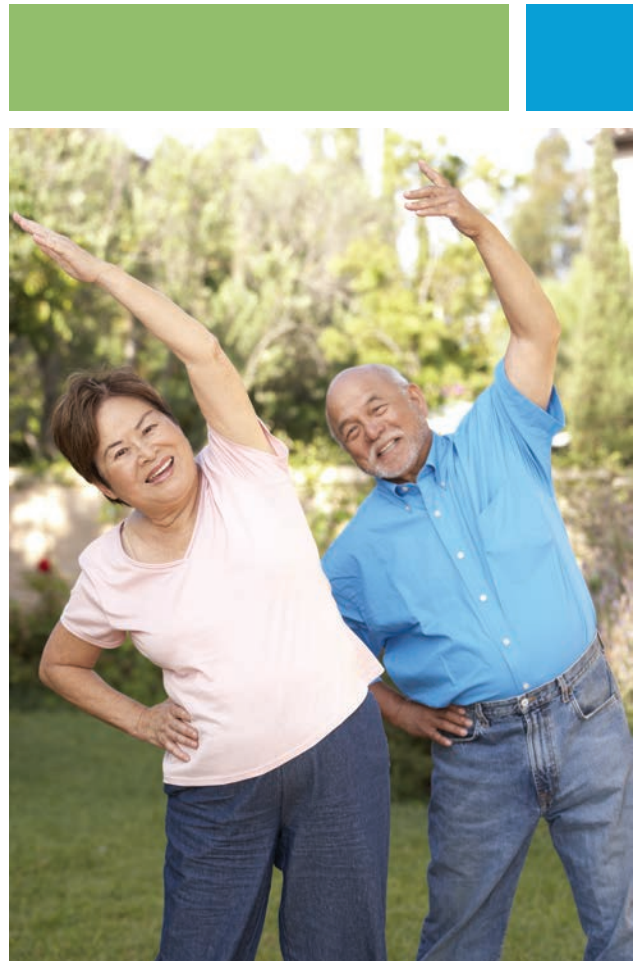
Information about the Otago Exercise Program can be found at: www.cdc.gov/STEADI/compendium.html.

Selecting a program

Once you have determined there is support for evidence-based fall prevention programs, you will need to consider the pros and cons of specific programs.

Selecting a program that works for your community and your organization takes some thought and time. Based on a community needs assessment, your goals,

target audience, and available resources, consider these questions:

- Which fall prevention activities are feasible and will best serve the needs of our community?

- Which program fits our organization?

- Does the program complement other programs already being offered?

- Is the program appropriate for our target older adult population?

- Are older adults in the community interested in the program?

- Is safe, reliable, and low cost transportation to and from the program available?

- Do we have personnel with the expertise to conduct the program or is there a system in place to train program instructors?

- Are the costs and resources needed within our budget?

Note: costs may include licensing fees, training costs and access to training programs, equipment, space and other considerations.

Program characteristics

General questions:

- Does the program require specially trained instructors?

- Will the program provide education about fall prevention?

- Does the program promote falls self-efficacy (confidence to prevent falls) among the participants?

- Are there opportunities for social interaction among the participants? Such opportunities contribute to program retention and sustainability.

- Does the program address modifiable risk factors (e.g., exercises to improve lower body strength and balance)

- Can the program be tailored to meet the differing abilities of the participants?

- Are exercises progressive (get more challenging over time)? This is a key component of an effective fall prevention exercise program.

- Can your facility provide the amount of time needed to provide the recommended intervention dose (e.g. for a total of 50 hours for a Tai Chi program)?
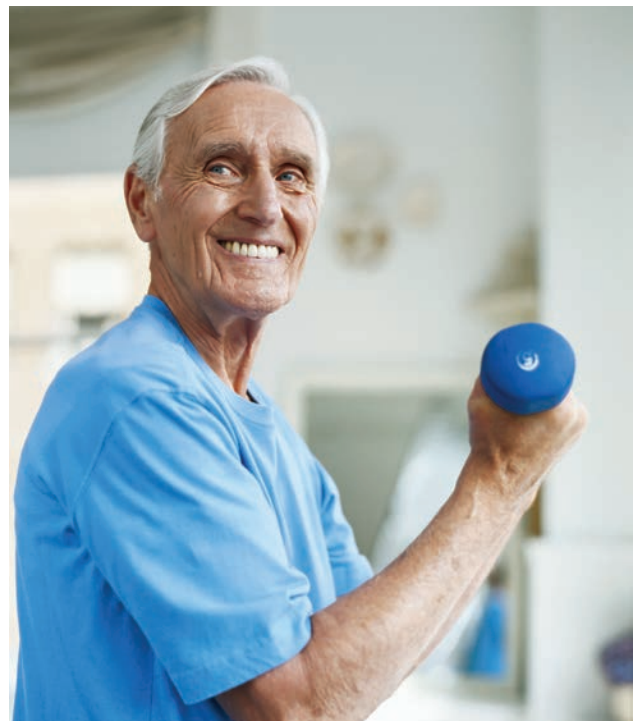
- Does the program include strategies to reduce the possibility of activity-related injuries?

Implementation:

- Are there program materials and training manuals available?
- Can the program be implemented with fidelity in your setting?
- Does the program offer strategies for linking participants and the program itself with health care providers as needed?

Evaluation:

- Does the program include methods for maintaining and monitoring fidelity and program quality over time?
- Does the program include easy-to-administer pre- and post-functional tests, such as the Timed Up and Go (TUG) test, to document improvements in participants' functional abilities?

Instructions in both print and video format for performing the TUG are available at: www.cdc.gov/STEADI

Technical Support:

- Is there a web site or contact information where we can get technical assistance?
- Is there a source where we can obtain additional program materials?

Selected program web resources

A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults www.cdc.gov/STEADI/compendium.html

Additional information and checklists are available in The Evidence-Based Healthy Aging Programming: Tools & Checklists Manual www.ncoa.org

Raising Awareness About Your Program

Reaching your intended audience

Different fall prevention programs will appeal to different audiences based on factors such as format, familiarity, cost, access, and program supports.

Key questions to ask are:

- Which specific audiences do we wish to attract?
- Will the program we've selected appeal to the increasingly diverse older adult population?
- Have we selected the right venue?
- Have we identified key organizations and partners that can help recruit or refer older adults to our program?
- Are our marketing efforts effective? Are we reaching our target audience(s)?
- Are we enrolling the intended number of people?
- Are we retaining participants in the program once they enroll?

Increasing public awareness

Spend time building demand for your program by increasing awareness about fall risk factors, the importance of fall prevention, the availability of your program and how to access it, and fall prevention resources. Educating older adults, their families, caregivers, and service providers about ways to reduce falls is crucial for implementing fall prevention programs in your community. But perhaps even more important is offering services that meet their needs (See Chapter 6).

There are two main types of audiences for fall prevention education: the leaders (professionals and sometimes lay persons), who will implement the fall prevention program, and older adults and their informal and formal caregivers.

Clear, measurable objectives are used to gauge success. Frequently reassess the plan to determine your progress or revise your strategies.

People in your community who are qualified to provide public and professional fall prevention education include:

- Health care professionals
- Public health professionals
- Senior service providers
- Providers of emergency medical services

Provider education

Provider education is necessary to inform health care and senior services providers about state of the art knowledge about older adult fall prevention. Key aspects of professional education include information on:

- National, state, and county data on fatal and nonfatal fall injuries and health care costs.
  - National and some state data are available from CDC's National Center for Injury Prevention and Control at: www.cdc.gov/injury/wisqars.

CDC maintains **WISQARS™ (Web-based Injury Statistics Query and Reporting System)** a national on-line interactive database. WISQARS™ provides customized reports of fatal injury data by state and nonfatal injury data at the national level. It is available at: www.cdc.gov/injury/wisqars/index.html

Developing a plan

Develop a strategic marketing and recruitment plan.

- Identify clear measurable objectives for the community or region.
- Specify your target audiences and identify strategies to reach those audiences.
- Design key messages to help you achieve your objectives.
- Set interim benchmarks and chart your progress over time.

– Additional state and county data may be available from health departments, local emergency services, and fire departments.

– Data on cost of falls may be available from local hospitals.

– Information about fall risk factors among older adults (see the web resources at the end of this chapter).

- Information about fall risk factors among older adults (see the web resources at the end of this chapter).

- Information about effective fall prevention interventions (see the web resources at the end of this chapter and the *CDC Compendium*).

- Tools and resources to train professional staff to deliver fall prevention information tailored to their audiences (see the web resources at the end of each chapter and the *CDC Compendium*).

Public education

Public education includes talking about fall prevention with the general public and telling older adults how to maintain a healthy lifestyle that reduces their risk of falling.

Choose your words carefully.

- Messages to older adults should stress maintaining their independence, safety, wellbeing and improved balance. Messages that stress fall prevention or fall injuries are not well received.

- Older adults prefer the terms "physical activity" and "movement" to the word "exercise."

Education for older adults and their caregivers should be delivered by trained professionals in group settings or individually. Individual education sessions may work better for people who are hearing or vision impaired or have special needs.

Group sessions provide the benefits of social interactions. Informal group discussions that include sharing personal experiences can reduce anxiety and increase motivation to adopt new behaviors. Group teaching saves time and helps spread the information more quickly to more people.

Sessions should be tailored to the attention span and cognitive ability of older adults. Visual aids such as brochures, fact sheets, and checklists that take into account older adults' culture/language and literacy level, will help facilitate the educational session.

Falls Prevention Awareness Day

Since 2008, the National Council on Aging (NCOA) has sponsored a Falls Prevention Awareness Day in September…on the **first day of fall**. This day—and season—provides a great opportunity for organizations to **raise awareness** about fall prevention and **promote** their fall prevention programs.

NCOA provides information on recent fall prevention awareness day events and information on how to highlight your event. For information visit: www.ncoa.org.

Source: National Council on Aging

Selected fall prevention education web resources

CDC's fall risk self-assessment brochure, Stay Independent, is included in Appendix A and is available at www.cdc.gov/STEADI

CDC's brochures for older adults, What You Can Do to Prevent Falls and Check for Safety, A Home Safety Checklist, are included in Appendix B and are available at www.cdc.gov/STEADI

CDC Falls Prevention page www.cdc.gov/STEADI

American Geriatrics Society Clinical Practice Guideline: Prevention of Falls in Older Persons www.americangeriatrics.org/ health_care_professionals/clinical_practice/ clinical_guidelines_recommendations/ prevention_of_falls_summary_of_ recommendations

American Academy of Orthopaedic Surgeons www.orthoinfo.aaos.org/menus/safety.cfm

Fall Prevention Center of Excellence www.stopfalls.org

National Council on Aging, Center for Healthy Aging www.ncoa.org/improve-health/center-for-healthy-aging

National Institute on Aging, AgePage: Preventing Falls and Fractures www.nia.nih.gov/sites/default/files/ falls_and_fractures_0.pdf

National Safety Council: Prevent Falls In and Outside of Your Home www.nsc.org/learn/safety-knowledge/ Pages/safety-at-home-falls.aspx

Implementing Your Fall Prevention Program

The implementation step combines previous planning activities with complementary outreach, education and communication strategies. It includes how well the program is delivered consistently by different program staff, and the extent to which the program is adapted or modified over time.

Identify your target audience

Think about the people in your community that you would like to enroll in the fall prevention program.

- Who are they?
- Where do they live?
- Where do they gather?
- What issues are important to them?
- How do they get their information?
- What is their native language?
- What is their reading level?

Use this information to identify effective communication strategies.

Consider who can help you reach older adults by recommending or promoting your program. Give information about your program to the following local health care providers:

- Health care professionals who regularly see older adult patients
- Physical therapists, who screen for and manage older adults' mobility issues
- Emergency medical services (EMS) providers, who deliver emergency treatment after a fall

- Occupational therapists, who provide rehabilitation services to older adults after a fall injury
- Community health workers, who care for older adults in their homes

To receive reliable referrals, programs have to be offered on a regular basis and health care providers must know when and where the programs are offered.

Think collaboratively

CBOs can facilitate patient referrals to community fall prevention programs by building relationships with health care providers.

See Appendix C for a sample letter to health care providers to solicit referrals.

When promoting your program to health care providers, stress that program participants gain knowledge, skills and

confidence about preventing falls and demonstrate measurable improvements in functional abilities.

Strategies for identifying health care partners include:

- Finding an organization that shares common interests and goals as well as a shared population and begin a conversation.
- Inviting a health care leader to participate on a planning committee or in program outreach. Look for champions who can speak to their health care peers.
- Learning about opportunities offered by the Affordable Care Act, such as for evidence-based fall prevention programs within Accountable Care Organizations (ACO), Patient-Centered Medical Homes, and the Medicare-Medicaid Alignment Initiative. Information is available at, www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/AlignmentInitiative.html
- Identifying areas of mutual interest with state payers, Medicaid administrators, Federally Qualified Health Centers, and professional medical associations, so you can work on common goals.

Other potential partners that can help with recruitment and marketing efforts include:

- Aging and Disability Resource Centers (ADRCs)
- Aging services providers
- Assisted living facilities
- Civic groups
- Employer or retiree organizations

- Faith-based organizations
- Insurers
- Managed care organizations
- Media
- Medical home initiatives
- Organizations serving hard-to-reach populations
- Outpatient facilities and clinics
- Parks and recreation programs
- Retirement communities
- Senior housing sites

Some implementation barriers for CBOs include lack of:

- Knowledge about fall risks and best practices.
- One or more critical resources (e.g., staffing, facility space, funding, or program support).
- Access to the training and education needed to implement the programs.
- Positive marketing.

Effective solutions include providing:

- Centralized support for professional education.
- Ongoing technical assistance.
- Access for staff, older adults, and caregivers to best practices, resources, programs and tools.

Although it may not require a full-time employee, overseeing an effective recruitment effort will require someone with knowledge or expertise.

Raising awareness among staff and providing ongoing staff training is important for both implementing and sustaining your program.

Consider:

- Who on your staff has marketing experience or skills?
- Are there volunteers who can help?
- Are staff committed to delivering the program within a specified time frame?

For example, you will need to recruit Tai Chi masters to implement Tai Chi programs. To implement *Stepping On*, you will need to recruit professionals and providers in the community. This will be simplified if you have established links to community programs and services that address exercise, medication review, vision and home safety.

The Wisconsin Institute for Healthy Aging (WIHA) is the state's home for evidence-based programs including the fall prevention program Stepping On. WIHA develops partnerships with public and private organizations within the state to disseminate programs and further research efforts. WIHA also convenes an Evidence-Based Prevention Program (EBPP) Coordinating Committee to ensure program continuity and fidelity. Committee members represent diverse partners including Area Agencies on Aging, the Department of Health Services, the University of Wisconsin, county and tribal aging offices, heath care agencies, and providers. www.wihealthyaging.org/stepping-on

Recruiting program participants

Successful recruitment strategies include:

- Conducting social events and introductory events in your facility to attract potential participants.
- Offering free trials of classes.
- Providing one-on-one contact and monitoring.
- Offering group programs tailored for individuals.
- Offering a range of classes for different levels of functional abilities.
- Offering attractive incentives to join.
- Encouraging "word of mouth" by older adults to promote program.

Assuring program quality

If you implement an evidence-based program and include a strong process for monitoring fidelity as well as a quality assurance system, you can expect to see outcomes similar to those in the original research.

Developing a quality assurance (QA) plan is very important. QA is an ongoing system for describing, measuring, and evaluating program delivery to ensure that participants receive effective, quality services and that the program goals are met.

Having a QA plan provides credibility with funders and other stakeholders and helps build the case that your fall prevention program is worthwhile and deserves support.

The ideal QA plan addresses:
1) program fidelity and
2) continuous quality improvement.

Program fidelity

When implementing an evidence-based fall prevention program, it is essential to implement the program with fidelity. That is, the program must retain the key elements that made the intervention effective. Fidelity describes the extent to which a program is delivered consistently by all personnel across sites, and delivered according to program developers' intended design and protocols. Maintaining fidelity is essential to ensure that the program provides the intended benefits to your participants.

While each program has some essential elements that cannot be changed without reducing its effectiveness, some nonessential elements may be tailored or adapted to better serve specific audiences. It is important that implementers understand the importance of maintaining program fidelity and which elements may be modified without sacrificing program effectiveness.

Three evidence-based programs, *Stepping On, Tai Chi: Moving for Better Balance*, and the *Otago Exercise Program* include fidelity monitoring tools and checklists. It is critical that an ongoing process for monitoring fidelity be put into place; any departures should be corrected as quickly as possible.

- Information about *Tai Chi: Moving for Better Balance* can be found at, public.health.oregon.gov/ PreventionWellness/SafeLiving/ FallPrevention/Pages/TaiChi.aspx

- Information about *Stepping On* and *Otago* can be found in the CDC Compendium at, www.cdc.gov/STEADI/compendium.html and at www.wihealthyaging.org/stepping-on

Implementing Stepping On—A Coordinated Approach by Two Colorado Hospital Systems

With the assistance of the Colorado Department of Public Health and Environment (CDPHE), two Colorado hospital systems, consisting of 19 hospitals, implemented the evidence-based fall prevention program *Stepping On.*

Key Strategies and Activities: Trauma nurses at two Level I trauma centers obtained *Stepping On* licenses from the Wisconsin Institute on Aging, (the *Stepping On* coordinating center in the U.S.), and became master trainers. The program was disseminated system-wide by training *Stepping On* leaders at multiple facilities. Each health care system addressed the changes needed to implement *Stepping On* in every trauma center. Critical changes included: 1) building group support to share staff and resources, 2) garnering buy-in from management and the administration, and 3) identifying ways to fund the program and ensure that hospital physical therapists could participate as leaders or guest experts.

Partners: CDPHE provided supplies for the leader trainings and small stipends, as needed, to cover the hospitals' start-up costs. CDPHE also provided technical assistance on how to market classes and collect data. Hospitals capitalized on existing relationships to identify physical therapists, pharmacists, vision specialists, and community safety personnel to act as the guest experts required by *Stepping On* program. The hospital staff used community connections to identify class locations and market the classes.

Implementation: Within 20 months, four *Stepping On* master trainers had conducted five classes and trained 60 leaders. Within 24 months, 13 of the 19 hospitals were offering *Stepping On* classes, either at the hospital or at community locations such as senior centers or independent living facilities.

Quote: "*Stepping On* has taken on a life of its own. Most of our hospitals have waiting lists of interested older adults, and we are adding classes to meet the demand. This is a great problem to have. Our administration supports our work in *Stepping On* because we can show them the value of implementing an evidence-based program and can show them the data that we are making a difference." Phyllis Uribe, MS BSN RN, Trauma Program Supervisor, HealthONE Hospitals

Source: CO Achievement Summary

Continuous quality improvement (CQI)

CQI is an ongoing process that includes:

- **Planning:** Setting measurable performance objectives and mechanisms to monitor program delivery and program goals.

- **Monitoring:** Obtaining ongoing partner and participant input and collecting program data to inform decision-making.

- **Evaluating:** Analyzing what is or is not working and problem solving.

- **Revising:** Making changes as needed to improve overall performance and enhance participant satisfaction.

Selected implementation web resources

Stepping On
www.wihealthyaging.org/stepping-on

www.wihealthyaging.org/promoting-your-workshop

Tai Chi: Moving for Better Balance
public.health.oregon.gov/PreventionWellness/SafeLiving/FallPrevention/Pages/TaiChi.aspx

www.eugenetaichi.com/schools-instructors/holistic-healing-institute

Assuring Program Quality. An online interactive training module by NCOA in collaboration with the Administration on Aging (AoA) and the University of North Carolina at Chapel Hill: www.ncoa.org

Evidence-Based Health Promotion/Self-Management Supports: Moving to Integrated Community Health Care Systems, an issue brief by the AoA/NCOA Expert Panel www.ncoa.org

Moving Ahead: Strategies and Tools to Plan, Conduct and Maintain Effective Community-Based Physical Activity Programs for Older Adults. Implementation strategies from the Healthy Aging Research Network: www.ncoa.org/improve-health/center-for-healthy-aging/content-library/PRC-HAN_conference_monograph.pdf

Evaluating Your Fall Prevention Program

CDC's Injury Center has developed recommended approaches for evaluating injury prevention programs and these can be adapted for fall prevention programs. This chapter summarizes the key elements of these approaches. More complete and detailed information can be found in *Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury*. (See selected evaluation web resources at the end of this chapter.)

Introduction

Evaluation should begin while the program is in the earliest development stages, not after the program is complete. The earlier evaluation begins, the easier it is to collect the data needed to showcase your program's success. In fact, for an injury prevention program to show success, evaluation must be an integral part of its design and operation and evaluation activities must be part of the program activities.

If a program is well designed and well run, evaluating the final results will be a straightforward task of analyzing information that was collected while the program was in operation. The results can be extremely useful, not only to your own program, but to other community partners, similar organizations, and injury prevention programs.

The following sections will help clarify:

- Why evaluation is worth the resources and effort involved
- How to conduct an evaluation, and
- How to incorporate evaluation into fall prevention programs.

Why evaluate?

It is essential for CBOs to incorporate evaluation activities into a fall prevention program. Organizations need objective measures to show whether their fall prevention programs are benefiting participants. Evaluating a program and its effects are the keys to demonstrating a program's value. Many funding organizations consider objective evaluations in determining whether to fund or continue funding CBO programs. Program evaluation also allows other public health programs to learn from their successes and challenges.

Using evaluation results, program managers and staff can:

- Show that the program is benefiting older adults in the community
- Show funding agencies that the program is worth the investment

- Produce facts and figures to demonstrate positive outcomes
- Share the results in publications and presentations
- Attract and retain program partners and stakeholders
- Make program improvements based on documented program strengths and weaknesses
- Seek continued or additional funding for long term sustainability or expansion

Evaluation is an ongoing process that should begin as soon as an organization decides to implement a program and continues throughout the life of the program. The earlier the evaluation process begins, the fewer mistakes are made and the greater the likelihood of success. For a fall prevention program to show success, evaluation must be an integral part of its design and operation, and evaluation activities must be part of the program activities.

Measuring program effectiveness

Evidence-based fall prevention programs were shown in the original research studies to reduce falls. Therefore, it is not necessary or recommended that you use participants' self-reported falls as an outcome measure. However, the effectiveness of a fall prevention program can be measured by intermediate outcomes, such as improvements in functional abilities, improved balance, and greater self-confidence.

Examples of program effectiveness measures include:	
Process measures Describes how your program is operating	• The effectiveness of dissemination and recruitment strategies, (e.g., number of possible participants contacted through outreach programs) • Fidelity to the model (e.g., whether sites are following the program's curriculum) • Number of instructors trained • Program attendance, (e.g., number of participants enrolled; number who completed a program)
Outcome measures Describes how your program benefits the participants	• Self-reported or observed improvement in participant's health status or functional ability

Such measures can be used to demonstrate the value of an organization's work to the public, to other organizations, to funding agencies, and to the people it serves.

Goals

Goal setting is a critical element in program evaluation. Program goals should be determined at the beginning of the planning process so that arrangements can be made to collect the appropriate data. Evaluation ends with a final assessment of how well the program met or is meeting its goals. Goals also set the stage for defining measureable program objectives. The objectives describe the desired goals and what needs to be done to achieve the goal. Many objectives are often needed to address one goal.

If a program is well designed and well run, evaluating the final results will be a straightforward task of analyzing information that was gathered while the program was in operation. The results will be extremely useful, not only to your own program, but to other community partners, similar organizations, and injury prevention programs.

Evaluation methods

This section provides information on how you can conduct simple evaluations. However, some organizations may choose to hire an evaluation consultant. The document, *Demonstrating Your Program's Worth*, provides detailed information to help you communicate with, hire, and supervise an evaluation consultant. It is available at http://www.orau.gov/hsc/cdcynergy30/ba/Content/activeinformation/resources/Dypw-feb.pdf

> ## Evaluation Example:
>
> **Evaluating the Implementation of Tai Chi: Moving for Better Balance in Three States** CDC funded state health departments in Colorado, New York, and Oregon to implement Tai Chi: Moving for Better Balance (TCMBB) in selected communities. Each state collected both process and impact evaluation data. At the first and last sessions of the program, participants filled out a survey that included demographic information and self-reported health status. Each participant also completed a standardized functional mobility test, Timed Up and Go (TUG).
>
> **Selected Process Indicators**
>
> - 36 TCMBB classes were offered across the three states
> - 537 participants age 60+ attended
> - 421 participants completed a survey at the first session
> - 209 participants completed a survey at the last session
> - 8% of participants were referred to the class by a health care provider
> - 50% of participants attended at least 70% (17 of 24) of the classes
>
> **Selected Impact Indicators**
>
> - Participants showed improvements in functional mobility
> - On average, TUG scores improved from 11.2 to 9.9 seconds between the first and last session
> - Participants showed improvements in self-reported health status and fall-related confidence
> - The proportion with excellent or very good health increased from 52% to 59%
> - The proportion who felt confident about not falling increased from 75% to 94%
>
> **Source:** Ory MG, Smith ML, Parker EM, Jiang L, Chen S, Wilson AD, Stevens JA, Ehrenreich H, Lee R. Implementing Tai Chi: Moving for Better Balance, for Fall Prevention in a Community Setting. Frontiers in Public Health 2014.

Types of data

There are two different types of data:

- **Qualitative data are descriptive.**
  Qualitative data measures the "how" and "why" of a program and tend to use unstructured data collection. Qualitative questions are open-ended such as 'why do participants enjoy the program?' and 'How does the program increase participant's self-esteem?' Qualitative data is often collected by talking to people in a group setting.

Collecting qualitative data can be time consuming; therefore data are usually collected from a small number of people. This makes qualitative research less generalizable. That is, the results from a small number may not match the results if you could include the entire population. The benefit of qualitative data is that the information is richer and may answer more questions than originally anticipated.

The main methods for collecting qualitative data are:

1. Individual interviews
2. Focus groups
3. Observations

- **Quantitative data are numeric.**
  Quantitative data measures the "what" of the program. To collect quantitative data many people must be asked the same question and be given the same answer choices. Quantitative questions include 'how many people completed the program?' and 'what percentage of people showed an increase in self-esteem after completing the program. Common sources for quantitative data are:

  1. Existing institutional data (i.e., records data)
  2. Survey methods (e.g., questionnaires)
  3. Numerical data from observations—counts and tallies
  4. Scoring of rubrics, tests, and portfolios

Types of evaluation

1. **Formative Evaluation** judges the worth of a program while the program activities are forming or happening. It focusses on the implementation process. Types of formative evaluation include:

   a. Needs assessment—Is there a need for the program?

   b. Structured conceptualization—Defines the program, the target population, and outcomes

   c. Evaluability assessment—Determines whether an evaluation is feasible and how stakeholders can help shape its usefulness

   d. Implementation evaluation—Monitors the fidelity of the program or technology delivery

   e. Process evaluation—Investigates how the program is implemented

2. **Summative Evaluation** occurs after the program is complete. It gathers information about the results or outcomes of the program. Types of summative evaluation include:

   a. Outcome evaluation—Determines the program's overall impact on defined outcomes

   b. Impact evaluation—Assesses the overall or net effects of the program as a whole

   c. Cost-effectiveness and cost-benefit analysis—Measures dollars saved by conducting the program

   d. Secondary analysis—Reexamines existing data to consider questions not originally considered

> ### An evaluation of *Stepping On* using both quantitative and qualitative methods.
>
> Two Colorado hospital systems implemented *Stepping On* classes. Survey data showed that 93% of participants left the class feeling more confident that they could avoid falling. Changes in the scores on the Timed Up and Go test showed that 39% of participants improved their walking speed sufficiently to move out of the "at-risk" category. In addition, participant success stories have helped convince administrators of the value of the *Stepping On* program.
>
> Source: CO Achievement Summary

Determining which method to use

To find out which type of evaluation to use with your program, answer the following questions. Then follow the directions provided after the answer.

Q. Does your program meet any of the following criteria?

- It is just being planned and you want to determine how best to operate.

- It has some problems you do not know how to solve.

- It has just been modified and you want to know whether the modifications work.

- It has just been adapted for a new setting, population, problem, or behavior.

  If yes to any of the four criteria, begin formative evaluation, such as a needs assessment or implementation evaluation. If no to all criteria, read the next question.

Q. Your program is now in operation. Do you have information on who is being served, who is not being served, and how much service you are providing?

If yes, read the next question.

If no, begin process evaluation. Read the next question.

Q. Your program has completed at least one encounter with one member or one group in the target population (e.g., completed one exercise class). Have you measured the results of that encounter?

If yes, read the next question.

If no, you are ready for process evaluation.

If you believe you have had enough encounters to allow you to measure your success in meeting your overall program goals, read the next question.

Q. Is your program complete?

If yes, you may want to conduct an outcome, impact or a cost effectiveness evaluation.

If no, reread the above questions or refer to the publication in *Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury*. If you are still uncertain, consult a professional.

See Appendix D, **Program Evaluation Checklist**

Selected evaluation web resources

Basic Guide to Outcome-Based Evaluation for Nonprofit Organizations with Very Limited Resources www.managementhelp.org/evaluation/outcomes-evaluation-guide.htm

British Columbia Injury Research and Prevention Unit: Injury Prevention Program Evaluation Manual www.injuryresearch.bc.ca/wp-content/uploads/2014/07/program-evaluation-manual.pdf

CDC Program Evaluation Resources www.cdc.gov/eval/resources/index.htm

CDC's National Center for Injury Prevention and Control describes recommended approaches for evaluating injury prevention programs that can be adapted for fall prevention programs, Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury www.orau.gov/hsc/cdcynergy30/ba/Content/activeinformation/resources/Dypw-feb.pdf

Developing Program Goals and Measurable Objectives www.cdc.gov/std/Program/pupestd/Developing%20Program%20Goals%20and%20Objectives.pdf

An issue brief from the Fall Prevention Center of Excellence gives an overview of evaluation and describes specific elements to ensure an effective evaluation report targeting key stakeholders, Evaluation Basics for Fall Prevention Coalitions and Programs www.stopfalls.org/grantees_info/files/Brief5-Alkema.pdf

Why Evaluate? is a simple but informative explanation of why evaluation is critical for program success www.slideshare.net/EricGraig/why-evaluate-3-39731862

Promoting Your Fall Prevention Program

Promoting your fall prevention program to older adults, the media, and others in the community will be critical to its success. This chapter provides tips and techniques that you can use to engage your community in fall prevention.

Conducting a successful campaign

The word "campaign" applies to a public health education effort of any size. Even if you are only developing a flyer to announce your new home-based exercise program for older adults, you still need to determine the who, what, when, where, how, and why of getting the flyer written, designed, printed, and distributed so that it will effectively reach your target audience.

This section provides an overview of campaign development from concept through evaluation. For more detailed information on the theory and application of health communication, visit the CDC Office of the Associate Director for Communication website shown under **Promotion web resources**.

The eight steps outlined below will help you make the best use of your limited time and resources in developing a successful community outreach campaign.

Step 1: Assess your current situation. Take a realistic look at your community and ask pertinent questions.

- Is your community concerned about fall prevention or will you need to lay some educational groundwork?

- Do you believe your local media (radio, TV, newspaper, websites) would support your campaign?

- What resources do you have that can help your efforts?

- Would a campaign be easier to mount if you partnered with other organizations in your community who serve older adults?

Remember that the needs, beliefs, values, and expectations of target audiences vary.

- Do the older adults you wish to reach see themselves as active and youthful?

- Are they committed to living independently?

- Should you reach out to adult children of older adults or health care providers in your campaign?

The more you know about your target audience, the more effectively you can tailor your promotional efforts. For example, the Internet may not be an effective way to reach certain groups of older adults.

Step 4: Develop your messages for the campaign. Messages can be informative and convey new facts, or be persuasive and alter attitudes or change behavior. Sometimes they are both.

- Many messages begin by raising awareness about an issue or program so people can agree with it, understand it, believe it, and then eventually act on it.

- Consider gender, culture, and age groups. Messages aimed at people aged 60 to 70 should be framed differently from those for individuals over 70. If the older adults you want to reach perceive themselves as youthful, they may ignore a message about the health problems of aging. A message focused on "staying healthy and independent" will generate more positive response than one focused on "preventing hip fractures and other injuries."

- Pretest your messages with a sample of the audience and see if your message appeals to them.

Step 2: Set your campaign goal and objectives. Identify the goals and objectives for your outreach campaign. A goal is the overall health improvement you hope to achieve, reducing falls among older adults in your community. An objective is a specific outcome that you can use to measure progress toward your goal.

Set realistic and measurable objectives. For example:

- Double the enrollment of your Tai Chi class for older adults.

- Increase the percentage of older adults who installed grab bars or stair railings as a result of your organization's activities.

Step 3: Identify the target audiences your campaign should reach. Identify the groups of people you need to reach to meet the goal you set in Step 2. Learn as much as you can about them.

- Use audience feedback to make adjustments before launching your campaign.

Step 5: Identify message outlets. Decide how you can deliver your message most effectively. Answers to the following questions can help you identify the best outlets for your message.

- Where does your audience get information that they trust? Is it from the media, their peers, their physicians, or children?

- Where does your audience spend time? Do they spend time at senior centers, libraries, or faith-based organizations such as churches or synagogues?

Partnerships offer unique opportunities to reach complementary target audiences. Health care providers can publicize your fall prevention program to older adults. Providers also can directly refer at-risk adults to your program. When asking a partner to help with promotional activities, emphasize the connection between their work and your program goal.

Step 6: Develop an action plan for the campaign. Create an action plan that demonstrates good time and resource management. While it can be simple or complex, at a minimum your action plan should identify:

- Major activities and tasks

- Target date for completing each task

- The person responsible for ensuring that each task is completed

Step 7: Develop and pretest campaign materials. In developing materials, pay attention to reading level, print size, and languages.

- Keep your wording simple and direct.

- Consider design as well as content. For example, older adults may prefer larger type.

- Pretest any materials you develop as part of your campaign with members of your target audience group and make modifications based on their feedback.

This crucial step can make the difference between success and failure in a community outreach campaign.

Step 8: Implement, evaluate, and modify your campaign. As you carry on your outreach campaign, determine if you are moving toward your goal. If not, investigate the reasons why.

- See what barriers are preventing the message from reaching the target audience.

- Determine what you can do to remove these obstacles.

- Use what you learn to improve your campaign.

Working with the media

You can use media such as local newspapers, radio, and television stations to enhance your promotion activities. The media has a mandate to provide a public service, so they should welcome the opportunity to make the community aware of your organization's fall prevention program. See your relationship with the media as one of mutual advantage; you provide useful and timely information for their audiences, and they provide public access and outreach for you.

- Start with a web-based system or your local online telephone directory and

create a list of media names and contact information for local reporters, especially the health reporter.

- Check with your library or bookstore to find media directories that list daily and weekly newspapers, television stations, radio stations, newswire services, Internet news outlets, magazines, newsletters, and business trade publications in your community. Some examples of media directories include Cision and the News Media Yellow Book. (These web links can be found under selected promotional web resources.)

- Don't overlook community newspapers and social media as potential news outlets.

- Local organizations, such as faith-based and older adult groups that publish their own newsletters, may be eager to publicize your fall prevention program.

- Develop key points to include in the media materials.

- Highlight the importance of your fall prevention program. If you're hosting a community event, offer key points to guest speakers in advance so they can include them in their remarks.

Selected promotional web resources

CDC Gateway to Health Communications & Social Marketing Practice www.cdc.gov/healthcommunication/index.html

CISION, available at: www.cision.com/us/

News Media Yellow Book: www.leadershipdirectories.com/Products/LeadershipPrintDirectories/Media/NewsMediaYellowBook

Sustaining Your Fall Prevention Program

Sustaining a program takes organizational commitment and should be considered early in the planning process so that programs and services can become an integral part of the organization.
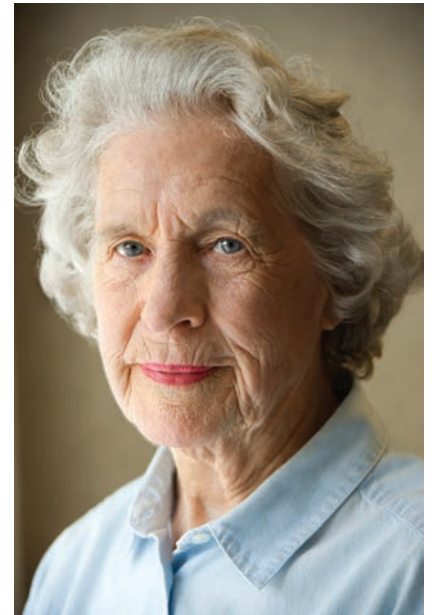
Build with sustainability in mind. This means addressing the need for an adequate workforce and infrastructure to keep up with program demand. Partner with organizations that can extend your reach and build in financial sustainability.

Create a written sustainability plan to provide a road map to guide you and your program's community partners as you work on sustainability efforts. The process of creating a written sustainability plan can strengthen community partners' commitment and understanding of the efforts needed to keep your program operating and improving. A tangible document that describes your sustainability plan helps you and your community partners monitor progress on sustainability efforts.

Establish your vision

Determine the vision of your program. A common vision unifies all of your program's sustainability efforts. Write it down and share it with everyone involved. Keeping your vision in sight will serve to strengthen your program's sustainability.

Integrate your program into community health care and senior services by linking with senior service providers, the local health department, health care organizations, and the local Area Agency on Aging; they can provide ongoing community support and referrals.

Secure funding

Secure diversified funding streams from public and private sources to increase your program's sustainability.

It is important to understand the total cost of providing the program. This includes direct costs such as training, recruiting and hosting costs; indirect costs such as administrative salaries and building maintenance; and opportunity costs, such as participants' and instructors' time to travel to and from the program.

- Identify various kinds of funding and develop new ways to support and maintain your program activities.
- Reorganize your internal fall prevention operations to optimize administration and management, possibly by rotating leadership roles and/or shifting staff responsibilities.
- Heighten the demand for fall prevention activities through marketing and educating the public on how they may benefit from fall prevention practices.

Funding or in-kind support can come from a variety of sources, recognizing it may be best to employ multiple funding strategies including, but not limited to:

- Medicare and/or Medicaid
- Private insurers
- Private organizations
- Federal, state, or local government or agency
- Local, state, or national (public or private) grant funders
- Program participant fees

Build collaborations

Continue to seek new community partners who possess unique skills and resources that will contribute to your program. Expanding your base of support is crucial to sustaining your program and providing its benefits to the older adults in your community. Strategic and creative partnerships can extend the reach of your program and use scarce resources more effectively.

Seek advocates for your program among business leaders, other CBOs, and government representatives who will speak up and take action on behalf of your program.

- Foundation grants and philanthropy
- Health care organizations, Accountable Care Organizations, Patient Centered Medical Homes, Health Maintenance Organizations
- Not-for-Profit Community Hospitals
- Employers
- Bequest Marketing
- Parks and Recreation
- Senior housing
- In-kind contributions
- Older Americans Act funding.

Demonstrate benefits

Use your program evaluation results to promote sustainability. Demonstrate the value of your program. Share your evaluation results with your target audience, the community, your partners, your current and potential funding sources, and stakeholders. Study your program goals and evaluation results to identify areas for improvement or change that might make your program more sustainable.

Delivery infrastructure

A robust delivery system is essential to supporting long-term sustainability and ensures that fall prevention programs will be delivered on an ongoing basis. One approach is to integrate fall prevention into existing programs that are already part of the state and local health and aging services support systems.

A strong delivery system includes organizational factors necessary to lead sustainability efforts, such as leadership and project management skills.

It also includes:

- Workforce capacity
- Information/data systems
- Accessible workshop space
- An adequate number of well-trained lay leaders.

A well-coordinated and integrated service and delivery system creates a pipeline for participant referrals and referral sources, such as health care organizations, community health clinics, Medicaid and Aging and Disability Resources Centers (ADRCs).

State Medicaid agencies should be integrated into state fall prevention program delivery systems as a referral and/or funding source.

Strategies for achieving financial sustainability

- Engage in financial planning early
- Diversify sources of funding support
- Engage community leaders
- Activate program champions
- Develop a convincing case for the program and its potential for a positive return on investment
- Explore the potential to incorporate programming within existing budgets
- Use strategies to manage or lower costs of the programming

Increasing program sustainability using existing infrastructure: Implementing Tai Chi through YMCAs

To sustain a community-based program, it is important to develop and maintain the required infrastructure. One strategy is to partner with an organization that already has such an infrastructure in place. An example is the YMCA.

YMCAs are independent but federated organizations whose mission is to improve health and wellness in their communities. YMCAs offer classes for all ages, all skill levels, and all interests. As a national resource center, YMCA of the USA (Y-USA) supports over 2,600 local YMCAs that serve 10,000 U.S. neighborhoods and include 20.6 million members (www.ymca.net). Y-USA's extensive program delivery infrastructure, large membership base, and local credibility offered tremendous potential for building a successful and sustainable fall prevention program.

With funding from the CDC, Y-USA licensed the rights to the Tai Chi: Moving for Better Balance fall prevention program and adapted the program to fit the YMCA training system. Y-USA reintroduced the program under the name, Y-Moving for Better Balance (MFBB). The MFBB program has been implemented in a small number of communities across the country and Y-USA is developing plans to make Y-MFBB widely available.

In 2012, the Y implemented a train-the-trainer process for MFBB. Using the Y's training system, additional MFBB instructors can become trainers by meeting specific trainer qualification criteria and participating in routine training opportunities. Embedding training within the Y's system will allow the Y to systematically scale MFBB across the country.

Talk with your local YMCA about implementing Y-MFBB in your community.

Source: Ory MG, Smith ML, Parker EM, Jiang L, Chen S, Wilson AD, Stevens JA, Ehrenreich H, Lee R. Implementing Tai Chi: Moving for Better Balance, for Fall Prevention in a Community Setting. Frontiers in Public Health 2014.

See Appendix E, A **Template for Developing a Sustainability Plan**

Selected sustainability web resources

Evidence-Based Health Promotion Programs for Older Adults: Key Factors and Strategies Contributing to Program Sustainability, a resource that describes a framework for program sustainability www.ncoa.org

Evidence-based fall prevention programs that can be funded under the Title IIID provision of the Older Americans Act, from the Administration for Community Living's Administration on Aging www.ncoa.org

Information on community health benefit funds www.naccho.org/topics/infrastructure/mapp/loader.cfm?csModule=security/getfile&pageid=202123

Evidence-based Health Promotion Programs for Older Adults: Key Factors and Strategies Contributing to Program Sustainability www.ncoa.org

Integrating Fall Prevention Components into Existing Organizational Structures Issue Brief #2, a resource that includes strategies to link older adults to existing programs and services www.stopfalls.org/grantees_info/files/Brief2-Alkema.PDF

Pathways to Sustaining Fall Prevention Activities, a technical assistance brief from the Fall Prevention Center of Excellence www.stopfalls.org/grantees_info/files/SustainabilityTA_Brief.pdf

Working with State Medicaid Agencies gives state examples of opportunities for referral and financial reimbursement for evidence-based programs www.ncoa.org/improve-health/center-for-healthy-aging/content-library/NCOA-AoA-Flyer-State-Medicaid-1.pdf

Appendix A

Stay Independent brochure

This fall risk self-assessment tool is available at: www.cdc.gov/STEADI

Check Your Risk for Fa[lls]

Please circle "Yes" or "No" for each statement below.

Yes (2)	No (0)	I have fallen in the past year.
Yes (2)	No (0)	I use or have been advised to use a car[ne] or walker to get around safely.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.
Yes (1)	No (0)	I am worried about falling.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.
Yes (1)	No (0)	I often have to rush to the toilet.
Yes (1)	No (0)	I have lost some feeling in my feet.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired tha[n] usual.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.
Yes (1)	No (0)	I often feel sad or depressed.
Total_____		Add up the number of points for each [...] be at risk for falling. Discuss this broch[...]

Stay Independent

Falls are the main reason why older people lose their independence.

Are you at risk?

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

■ ■ ■ A GUIDE TO IMPLEMENTING EFFECTIVE COMMUNITY-BASED FALL PREVENTION PROGRAMS

Appendix B
Educational Materials for Older Adults

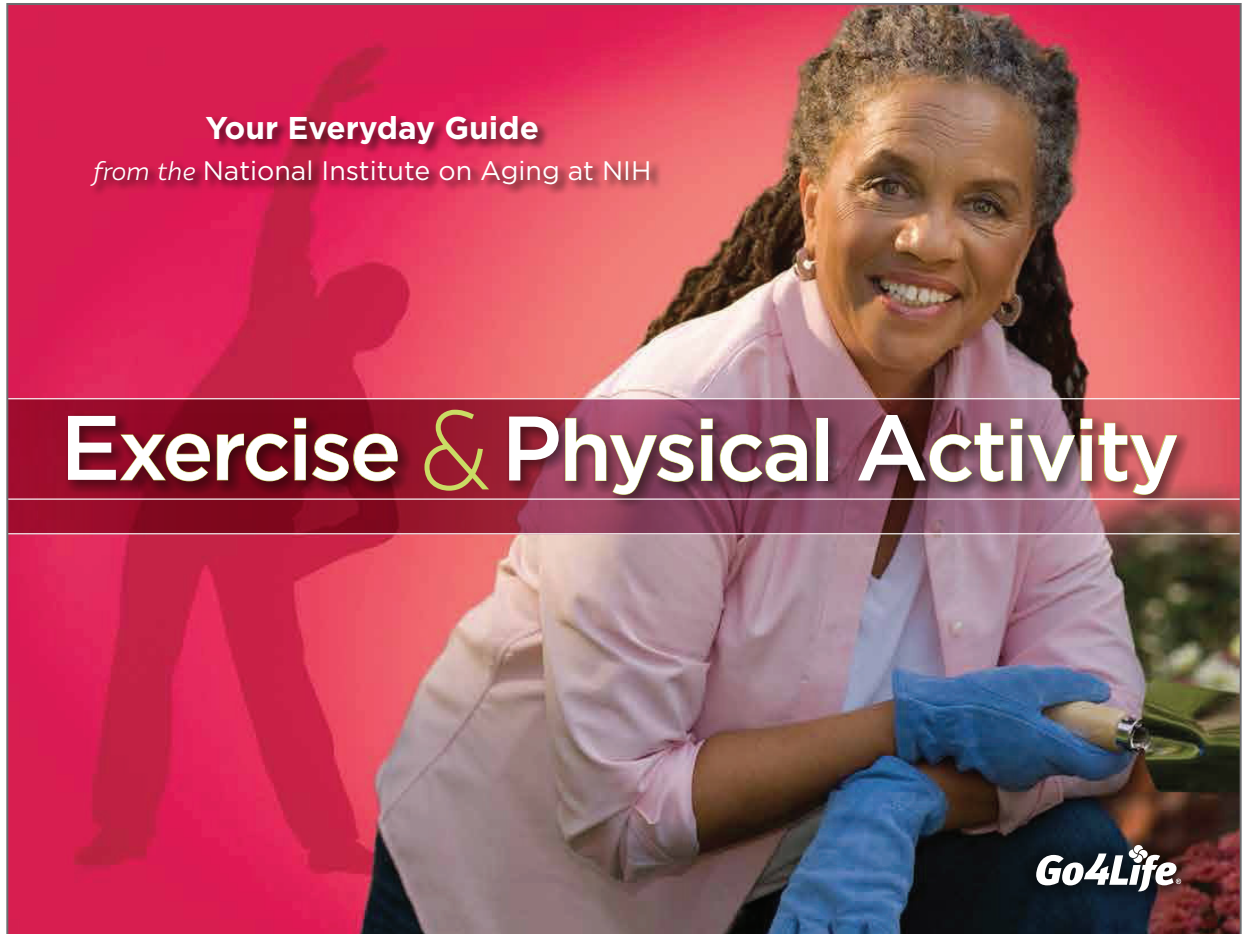These materials are available at www.cdc.gov/STEADI

What YOU Can Do to Prevent Falls — A fall prevention brochure

Check for Safety — A home safety checklist

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Exercise & Physical Activity Book

This book is free from the National Institute on Aging. It is available in English and Spanish and can be ordered at https://go4life.nia.nih.gov/exercise-guide

Appendix C

Sample Letter to a Health Care Provider for Referrals

[Title]

[Name of organization] [Address]

Dear [Name]:

Our organization needs your help in preventing falls among older adults—the leading cause of fatal and nonfatal injuries among people aged 65 and older. We are offering a [free/low-cost] fall prevention program to individuals whose current health status places them at increased risk of falling. Please recommend our service, described in more detail below, to your patients who would benefit from it.

Our program is [name and description of program; program details. For example: "Tai Chi: Moving for Better Balance," an evidence-based program for older adults at risk of falling due to leg weakness and poor balance.

We will hold twice-weekly Tai Chi classes, led by a trained Tai Chi instructor, beginning March 1, from 9 to 10 a.m., at the YMCA at 321 Main Street, Anytown. We will also provide participants with fall prevention strategies and handouts so they can practice their Tai Chi at home. Participants will improve their balance and muscle strength while reducing their likelihood of falling or being injured in a fall.]

The Centers for Disease Control and Prevention has identified this program as effective in preventing falls.

More than one-third of people aged 65 and older fall each year. Help your patients maintain their health and independence by learning how to avoid falls. Please call me at [telephone number] if you would like further information. [Recommended step: (Program) fliers to distribute to at-risk patients are available.]

Sincerely,

[Your name and title]

Appendix D

Program Evaluation Checklist

This is a checklist of tasks that organizations developing fall prevention programs can follow to make sure no evaluation steps are omitted during program development, operation, and completion.

1. Program Development

As soon as you or someone in your organization has the idea for a fall prevention program, begin evaluation.

- ☐ Investigate to make sure an effective program similar to the one you envision does not already exist in your community (needs assessment).

- ☐ If a similar program does exist and if it is fully meeting the needs of your proposed target population, modify your ideas for the program so that you can fill a need that is not being met.

- ☐ Decide where you will seek financial support.

- ☐ Find out which federal, state, or local government agencies give grants for the type of program you envision.

- ☐ Find out which businesses and community groups are likely to support your goals and provide funds to achieve them.

- ☐ Decide where you will seek non-financial support.

- ☐ Find out which federal, state, or local government agencies provide technical assistance for the type of program you envision.

- ☐ Find out which businesses and community groups support your goals and are likely to provide technical assistance, staff, or other non-financial support.

- ☐ Develop an outline of a plan for your fall prevention program. Include in the outline the methods you will use to provide the program service to participants and the methods you will use to evaluate your program's impact and outcome.

- ☐ Assess the outline. For example, conduct personal interviews or focus groups with a small number of the people you will try to reach with your fall prevention program. Consult people who have experience with programs similar to the one you envision, and ask them to review your plan. Modify your plan on the basis of the results.

- ☐ Develop a plan to enlist financial and non-financial support from all the agencies, businesses, and community organizations you have decided are likely sources of support. Use the outline of your plan for the injury prevention program to demonstrate your commitment, expertise, and research.

☐ Evaluate the plan for obtaining support. For example, conduct personal interviews with business leaders in your community. Modify your plan on the basis of evaluation results.

☐ Put your plan for obtaining support into action.

☐ Keep track of all contacts you make with potential supporters.

☐ If unexpected problems arise while you are seeking support, re-evaluate your plan or the aspect of your plan that seems to be the source of the problem. For example, if businesses are contributing much less than you had good reason to expect, then seek feedback from businesses that are contributing and those that are not. Or if you did not receive grant funds for which you believed you were qualified, contact the funding agency to find out why your proposal was rejected. Modify your plan according to your re-evaluation results and continue seeking support.

☐ When you have enough support for your program, expand on the outline of your plan for the fall prevention program. Include in the design a mechanism for evaluating the program's impact and outcome.

☐ Evaluate your program's procedures, materials, and activities. For example, conduct focus groups within your target population (implementation or process evaluation). Modify the plan on the basis of evaluation results.

☐ Develop forms to keep track of program participants, program supporters, and all contacts with participants, supporters, or other people outside the program.

☐ Measure the target population's knowledge, attitudes, beliefs, and behaviors that relate to your program goals. The results are your baseline measurements.

2. Program Operation

Put your program into operation.

☐ Track all program-related contacts (participants, supporters, or others). Track all items either distributed to or collected from participants.

☐ As soon as the program has completed its first encounter with the target population, assess any changes in program participants' knowledge, attitudes, beliefs, and (if appropriate) behaviors.

☐ Continue tracking and assessing program-related changes in participants throughout the life of the program. Keep meticulous records.

☐ If unexpected problems arise while the program is in operation, re-evaluate (using qualitative methods) to find the cause and solution. For example, your records might show that not as many people as expected are responding to your program's message, or your assessment of program participants might show that their knowledge is not increasing. Modify the program on the basis of evaluation results.

☐ Evaluate ongoing programs (e.g., exercise and education classes) at suitable intervals to see how well the program is meeting its goal of reducing fall-related morbidity and mortality.

3. Program Completion

☐ Use the data you have collected throughout the program to evaluate how well the program met its goals: to increase behaviors that prevent falls and, consequently, to reduce the rate of falls and fall injuries (outcome or impact evaluation).

☐ Present the data in compelling ways using graphs and charts.

☐ Use the results of this evaluation to justify continued funding and support for your program.

☐ If appropriate, publish the results of your program in a scientific journal.

This checklist was adapted from *Demonstrating Your Program's Worth, A Primer on Evaluation for Programs to Prevent Unintentional Injury* (CDC NCIPC, 2000), a book designed to help program staff understand the processes involved in planning, designing, and implementing evaluation of programs to prevent unintentional injuries.

Appendix E

Template for Developing a Sustainability Plan

Sustainability Plan for [Your Program Name]

Program Summary

Describe what your program offers, who it serves, when it operates, how it is funded, and who your community partners are.

Vision

What is the program's vision? What results do you hope to achieve, and what are the activities that will lead to the desired results? Who will benefit?

Collaborators

Who are your partners? What are their roles, what resources do they contribute, and how do they figure in your sustainability plan?

Advocates

Who are your supporters? What are their goals and how are they providing help?

Current Funding Sources

Who is providing funding for your program? How long will they continue their contributions?

New Potential Funding Sources

List possible funders who could provide additional support. Describe a plan to approach potential funders. Get additional referrals for both public and private funders through partners.

Program Offerings

State specifically how the program addresses the needs of the older adult participants, partners, and the community. Remember to include how your evidence-based program will achieve its goals.

Management

Include how you are managing your program's fiscal resources. Describe staffing and information management.

Evaluation

Describe how you will collect information to demonstrate results. What tools will you use to collect data? State how you will adapt the program while maintaining fidelity, to ensure you are maintaining the vision and meeting your objectives.