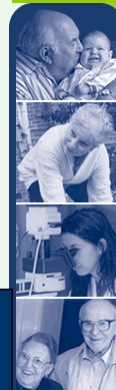


Review of projects to prevent falls among older people in Victoria 2000-2007

Ms Kirsten Moore, Courtney Hempton, Pauline Galvin, Keith Hill, Emma Renehan, Amanda Hill



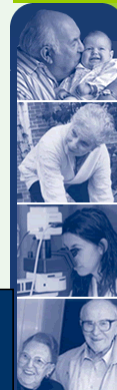
Background

- Since 2000 DHS has funded a range of falls prevention projects
- Over time there has been a shift in focus from targeting specific settings to broader community and population based approaches
- The National Ageing Research Institute (NARI) has been contracted to undertake a 5 month evaluation of funded projects



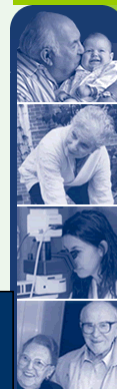
Aims

- Identify falls prevention strategies embedded within policies and practices of organisations funded to undertake falls prevention projects by DHS
- Determine why some strategies rather than others, have been adopted and sustained in policies and practices
- Determine whether the strategies that have been sustained could be attributed to any one or more funding/policy group (eg DHS/state; or Commonwealth)



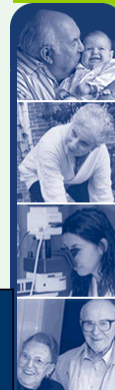
Aims

- **Identify effective models that demonstrate how falls prevention can be part of an integrated health promotion framework, and complement existing health promoting strategies across the various sectors,** and
- Provide recommendations on how good practice models could be incorporated into a future framework to prevent falls among older people in Victoria.

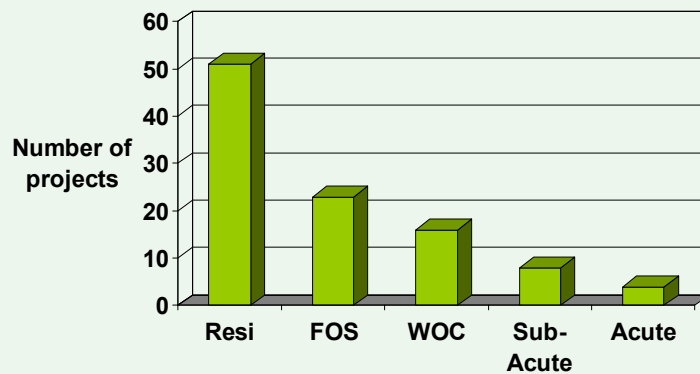


Methodology

- Review of other falls prevention models (national & international)
- Review of projects:
 - Review project reports (progress, GEAS, final)
 - Survey to all projects with follow-up
 - Interviews with PCP project officers
- Focus Group with DHS departments
- Present model at workshops
- Review of model by expert panel

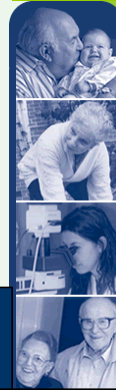


Projects in scope (n=102)



Progress to date - projects

- Reviewing reports from 61 projects
- Received 26 surveys Arranged
- 26 interviews, (most will be completed by end of next week)
- At least one data source from 68 projects (most gaps (29 of the 34 missing projects) for residential care projects – particularly ones from earliest phases – which were a lower priority for this project)



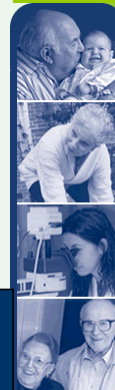
Progress cont..

- DHS interview completed
- First consultation meeting today (second – Falls Clinic Coalition tomorrow)
- Expert panel to review model 23rd June
- Aim to complete in July



Draft model for discussion

- Model aims to demonstrate how falls prevention can be part of an integrated health promotion framework, and complement existing health promoting strategies across a range of sectors
- Model draft incorporating data from various sources
- However – still to incorporate more data –still completing and incorporating interviews and surveys



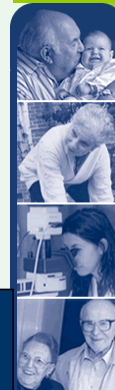
Underpinning model

- Older people have involvement in all levels of planning and implementing programs.



Context of model

- DHS and PCPs support a healthy public policy in Victoria:
 - Everyone to have the resources to take action and control of their health and independence
 - Healthy behaviours – physical activity, nutrition, etc
 - Timely medical interventions – health checks, screening, vision checks, medication review
 - Healthy environments – safe environments that support accessibility and an active lifestyle



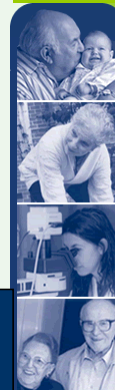
Context cont..

- Within Victoria PCPs play key role in health promotion and falls prevention.
- Community Health Plans: developed around 4 deliverables:
 1. Partnerships
 2. Integrated Health Promotion
 3. Service Coordination
 4. Integrated Chronic Disease Management



Account for progress to date

- PCPs and partnership development
- Awareness raising amongst older people
- Establishment of a range of interventions, particularly physical activity
- Training options available
- Falls Network meetings
- DHS Falls prevention website of resources
- Research undertaken
- Falls Clinics and Falls Clinic Coalition



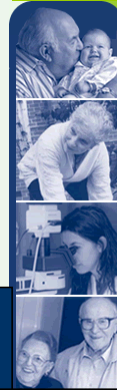
Consider future challenges

- Continuing to raise awareness:
 - As new cohorts come through
 - Amongst CALD groups
- Person centred approach to accessing most appropriate service in a timely manner
- Sufficient services available to implement early interventions, screening and interventions if risk identified



Consider future challenges cont.

- Sustaining focus on falls prevention within PCPs
- Maintaining falls prevention partnerships and activities after project officers complete projects
- Improving referral pathways
- Establishing/further developing consistent assessment processes
- Ongoing staff training opportunities



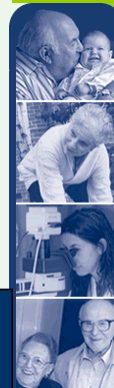
Key components of model

1. Awareness raising
2. Staff training
3. Falls Risk screening, assessment and referral pathways
4. Partnerships
5. Research
6. Information resources
7. Effective falls prevention and injury minimisation interventions



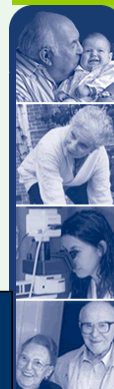
1. Awareness Raising

- Older people and carers
 - Positive messages to promote independence
 - Balanced with message that falls can be prevented
 - Not increasing levels of fear > reducing activity
- Other key stakeholders
 - Other sectors – to ensure their activities fit in with falls prevention
- (Not about health and community care staff)



2. Staff training: Falls prevention project officers

- Orientation program to cover topics such as:
 - latest falls prevention evidence,
 - effective methods for partnerships,
 - project management,
 - evaluation etc
- Peer support from other project officers
- Falls Network meetings



2. Staff training: Health professionals

- Key role in falls risk assessment
- Demystify falls risk assessment
- Training provided takes account of existing skills and experience (different programs for different staff groups)
- Should training be accredited?
- Train the trainer approach?
- Regional forums?



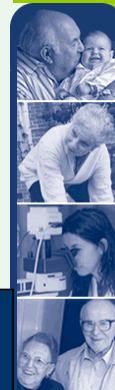
2. Staff training: direct staff

- Includes: home care staff, personal care staff, ambulance officers,
- Training to:
 - raise awareness that falls can be prevented
 - to identify possible signs of risk – eg change in health status, ambulance call out to a person who has fallen
 - Identify where to refer client to (eg assessment officer)
- Included in orientation?
- How do we engage ambulance officers?



2. Staff training: GPs

- High level of contact with people who may have fallen
- Key position to undertake falls screening
- How do we engage GPs?
- What is their role in undertaking falls risk assessment and interventions?



3. Screening, assessment and referral pathways

- Local referral pathway to be established
- Use of validated and consistent screening and assessment tools (incorporate into SCTT? relationship to InterRAI?)
- Risk identification tied in with intervention
- Seamless delivery of service across settings
- Importance of good relationships between agencies



4. Partnerships

- Ongoing maintenance of existing partnerships – FP to sit separately to other partnerships?
- Recognise the time required to maintain partnerships
- Recognise the importance of a project officer with responsibility for driving partnership – arranging meetings, venues, agendas and minutes
- Informal or formal agreement outlining clear goals and responsibilities



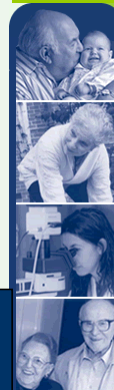
5. Research

- What are the research gaps:
 - Cost effectiveness
 - Translation into practice
 - Comparison between interventions (intensity, type, duration etc)
- How do we ensure research is translated into practice
- Regional forums on latest research?



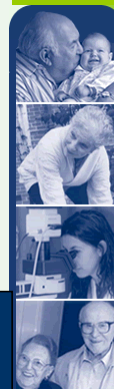
6. Information resources

- Build on resources already developed – avoid reinventing the wheel
- Promote, evaluate and update the DHS falls prevention resource website
- Centrally evaluate any gaps in information resources (eg Aboriginal and Torres Strait Islander resources and other resources in other languages)



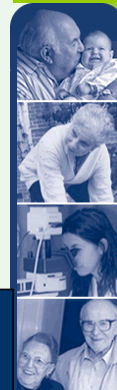
7. Interventions

- Evidence based – ensure messages aren't confused (not all exercises prevent falls) (consider developing a checklist of evidence based interventions by setting)
- Accessible (local, min waiting time, adequate transportation, local knowledge of range of services available)
- Affordable – query cost of gym and exercise classes



7. Interventions cont..

- Based on individual preferences
- Account for local and cultural differences (how do we address disadvantages in some groups/areas – eg lack of staff in rural areas?)
- Their effectiveness is evaluated – are they accessed by older people and do they achieve desired results?
- Older people and key stakeholders are involved in planning and implementation



Discussion

- Are the main issues covered?
- Do you agree or disagree with the strategies?
- Are there other questions that need to be explored?
- Do you have answers to the questions?
- Can you suggest other recommendations?

