Community of Practice on Traumatic Brain Injury

Transcript for Webinar 6: Falls
February 5th, 2014. 2:00-3:00 P.M. ET

>> HI EVERYBODY, THIS IS BEKAH HUNT.

I HAVE BEEN CIRCULATING A MID-TERM EVALUATION.

THE EVALUATION WILL BE FOUND IN THE UPPER LEFT-HAND CHAT.

WE HAVE A JAM PACKED SCHEDULE TODAY SO I'M GOING TO GET US STARTED.

IF YOU THINK ABOUT IT, PLEASE FILL OUT THE POLL THAT BAILEY IS MOVING OARCH.

I'M GOING TO PASS IT OVER TO BAILEY K FOR TIPS AND TRICKS.

>> THANKS BEKAH.

IF YOU ARE HAVING ANY TROUBLE THROUGH THE COMPUTER SPEAKERS WE RECOMMEND YOU CALL INTO THE PHONE LINE.

ALSO YOUR PHONES ARE CURRENTLY
MUTED TO ELIMINATE BACKGROUND NOISE DURING THE PRESENTATION.

IF YOU IS HAVE A QUESTION OR EXPERIENCING TECHNICAL DIFFICULTIES, I'M GOING TO MOVE THAT STATE POLL OUT OF THE WAY IN A MINUTE SO YOU CAN USE THAT CHAT BOX TO TYPE IN YOUR QUESTION.

IF YOU ARE HAVING ANY QUESTIONS JOINING THE WEBINAR, PLEASE CONNECT THE ADOBE CONNECT WEB LINE.

AS ALWAYS, THIS MEETING IS BEING RECORDED AND AN ARCHIVE WITH THE POWERPOINTS WILL BE SENT OUT AFTER THE WEBINAR.

I'LL PASS IT BACK OVER TO BEKAH,

THANK YOU.

>> THANKS BAILEY.

LIKE I SAID, WE HAVE A JAM PACKED PRESENTATION, WE HAVE A SESSION ABOUT PRESENTING TRAUMATIC BRAIN INJURIES, KIDS CAN'T FLY AND NORTHEAST
CARIBBEAN PREVENTION INJURY NETWORK.

SO TO GET THINGS STARTED, I'M GOING OVER IT TO JUDY STEVENS, CENTERS FOR DISEASE CONTROL AND PREVENTION.

TAKE IT AWAY JUDY.

>> THANK YOU VERY MUCH.

PLEASURE TO BE HERE.

I'M AN EPIDEMIOLOGIST FOR THE CENTERS FOR DISEASE CONTROL.

I'VE BEEN WORKING IN THE FALL PREVENTION FOR MANY YEARS.

WE KNOW THAT OLDER ADULTS WANT TO LIVE INDEPENDENTLY AND GROW OLD ERR IN THEIR OWN HOMES.

MANY SEE A FALL AS SOMETHING THAT WILL MAKE THEM MOVE INTO ASSISTED LIVING.

TODAY I'LL BE TALKING ABOUT FALLS AND TRAUMATIC BRAIN INJURY.

GET MY SLIDES MOVING.

THERE WE GO.

I'M GOING OGO OVER SOME BASIC
EPIDEMIOLOGY OF FALLS, AND IMPACT FALLS HAVE ON OLDER ADULTS AND ON OUR HEALTH CARE SYSTEM.

WHAT WE KNOW ABOUT FALL RISK FACTORS AND PREVENTION STRATEGIES AND FINALLY SOME WAYS TO ENGAGE OLDER ADULTS IN FALL PREVENTION.

TO BEGIN, FOR PEOPLE OVER 65: FALLS ARE THE LEADING CAUSE OF BOTH FATAL AND NONFATAL INJURIES.

IN MORE THAN A THIRD OF PEOPLE, IN THIS AGE GROUP, FALL EVERY YEAR. AND PEOPLE WHO FALL ONCE, OR TWO TO THREE TIMES MORE LIKELY TO FALL AGAIN. ABOUT ONE IN FIVE FALLS CAUSES A SERIOUS INJURY SUCH AS A FRACTURE, OR A HEAD INJURY. AND THESE TYPES OF INJURIES ARE LINKED TO A NUMBER OF POOR OUTCOMES, INCLUDING REDUCED
MOBILITY AND THE LOSS OF INDEPENDENCE.

AND FALLS HAVE AN ENORMOUS ECONOMIC IMPACT.

AFTER ADJUSTING FOR INFLATION, THE DIRECT MEDICAL COST FOR FALL INJURIES FOR PEOPLE 65 AND OLDER TOTALS ABOUT $30 BILLION.

ABOUT TWO-THIRDS OF THESE COSTS ARE FOR HOSPITALIZATION.

NOW, THIS CHART SHOWS THE LEADING CAUSES OF DEATH FROM INJURIES.

FOR PEOPLE 65 AND OLDER.

AND AS YOU CAN SEE, MORE THAN 41,000 OLDER PEOPLE DIE FROM ALL TYPES OF UNINTENTIONAL INJURIES, AND JUST OVER HALF OF THESE, 21,000 DEATHS WERE CAUSED BY FALLS.

AND THIS GRAPH SHOWS FALL DEATH RATES BY FIVE-YEAR AGE GROUPS.

AND YOU CAN SEE THAT THEY INCREASE EXPONENTIALLY WITH AGE.

THE DEATH RATE AMONG PEOPLE 85
AND OLDER IS 18 TIMES GREATER THAN THE DEATH RATE AMONG PEOPLE 65 TO 69.

AND ONE STUDY FOUND THAT ABOUT HALF OF THESE FALL-INJURY DEATHS WERE DUE TO TRAUMATIC BRAIN INJURIES.

SO THE PATTERN OF DEATH RATES IS A LITTLE BIT DIFFERENT WHEN YOU'RE LOOKING AT TRAUMATIC BRAIN INJURY DEATHS.

RATES GO UP WITH AGE, BUT THEY DON'T GO UP AS QUICKLY.

AND THEY SEEM TO LEVEL OFF AT THE HIGHEST AGE GROUPS.

AND YOU CAN SEE THAT MEN ARE MUCH MORE LIKELY THAN WOMEN TO DIE FROM A TRAUMATIC BRAIN INJURY.

WHAT'S VERY TROUBLING IS THAT FALL DEATH RATES HAVE BEEN GOING UP.

AND THIS GRAPH SHOWS THE DEATH RATES FROM 2000 TO 2010, WHICH IS OUR MOST RECENT DATA.
AND AFTER TAKING AGE INTO ACCOUNT, WE FOUND THAT RATES INCREASED 64%, AND 84% -- 64% FOR MEN AND 84% FOR WOMEN. AND ONE POSSIBLE EXPLANATION IS THAT WE NOW HAVE AN OLDER POPULATION, WHO ARE LIVING WITH MORE CHRONIC CONDITIONS, SUCH AS DIABETES, ARTHRITIS AND CARDIOVASCULAR DISEASE THAN WHAT MIGHT HAVE BEEN TRUE IN THE PAST. SO THIS OLDER POPULATION IS FRAIL AND MORE LIKELY TO DIE IF THEY HAVE A FALL. AND AGAIN, ABOUT HALF OF THE FALL DEATHS APPEAR TO BE DUE TO TRAUMATIC BRAIN INJURY, AND ANOTHER FACTOR THAT MAY BE CONTRIBUTING TO THIS INCREASING DEATH RATE COULD BE DUE TO INCREASING USE OF ANTICOAGULANTS LIKE WARFARIN. THERE WERE 3.7 MILLION INJURIES TREATED IN EMERGENCY ROOMS IN
2010 AND OVER TWO-THIRDS OF THESE INJURIES WERE FALLS.
THIS COMES OUT TO ONE EMERGENCY DEPARTMENT VISIT FOR A FALL EVERY 18 SECONDS.
AND WE KNOW ABOUT A QUARTER OF ALL OF THESE PATIENTS HAD TO BE HOSPITALIZED FOR THEIR INJURY.
ABOUT A QUARTER OF THE NON-FATAL FALL INJURIES ARE INJURIES TO THE HEAD WHICH ALSO INCLUDES TRAUMATIC BRAIN INJURY BUT NOT EXCLUSIVELY.
ANOTHER QUARTER ARE INJURIES TO THE LOWER EXTREMITY THAN WOULD INCLUDE FRACTURES, ESPECIALLY HIP FRACTURES.
NOW, IT'S RELATIVELY NEW INFORMATION WHETHER OR NOT A PERSON IS INJURED OFTEN DEPENDS ON HOW THEY FALL.
COMPARED TO A PERSON WHO FALLS BACKWARD INTO A SITTING POSITION, AND I'VE CERTAINLY DONE THIS BY TRIPPING IN THE
GUARD AND HITTING MY HEEL AND ENDING UP SITTING, COMPARED TO THAT, A PERSON WHO FALLS STRAIGHT BACK IS ABOUT FIVE AND A HALF TIMES MORE LIKELY TO SUSTAIN A INJURY, AND THESE FALLS ARE LIKELY TO SUSTAIN HEAD INJURIES.

YOU CAN SEE THE ODDS RATIOS, THE DIRECTION OF FALL AND HOW MUCH IT INCREASES THE RISK OF INJURY.

THIS DOESN'T TAKE INTO ACCOUNT THE SEVERITY OF INJURY.

FOR FALLS, MORE THAN HALF OF TREATED IN EMERGENCY DEPARTMENTS AND ANOTHER 38% ARE SEEN BY A DOCTOR.

AND IS AND IT IS INTERESTING, A THIRD OF THE PEOPLE NEED HELP WITH THE ACTIVITIES OF DAILY LIVING.

AND THESE INVOLVE FUNCTION ARTICLE MOBILITY AND PERSONAL CARE ACTIVITIES LIKE DRESSING, EATING, BATHING, BEING ABLE TO
MOVE FROM A BED TO A CHAIR.
AND MORE THAN HALF OF THE
PATIENTS WHO NEED HELP AFTER A
FALL EXPECT TO NEED HELP FOR SIX
MONTHS OR LONGER.
SO THESE ARE REALLY
LIFE-CHANGING EVENTS.
NOW, ALTHOUGH DEATH RATES ARE
HIGHER FOR MEN, HOSPITAL
ADMISSION RATES WHICH IS SHOWN
HERE, LOOK VERY SIMILAR FOR MEN
AND WOMEN.
IN A 2012 STUDY OF TRAUMATIC
BRAIN INJURIES IN AUSTRALIA,
THEY FOUND THAT 43% OF THE
HOSPITAL ADMISSIONS FOR
TRAUMATIC BRAIN INJURY WERE FOR
SUBDURAL HEMATOMAS, ANOTHER 27%
FOR CONCUSSION.
AND THIS HIGH PROPORTION OF
SUBDURAL HEMATOMA SUGGESTS THAT
ANTICOAGULANTS COULD BE
CONTRIBUTING TO THESE INJURIES.
WHAT DO WE KNOW ABOUT WHERE
FAULTS HAPPEN?
FALLS THAT WERE TREATED SEEN BY
A PHYSICIAN OR OTHER MEDICAL
PROVIDER, AMONG
COMMUNITY-DWELLING OLDER ADULTS,
ABOUT HALF OF THE FALLS HAPPEN
INSIDE THE HOME AND A QUARTER
HAPPEN OUTSIDE.
BUT THIS TYPE OF BREAKDOWN
REALLY DEPENDS ON THE PERSON'S
HEALTH.
BECAUSE HEALTHY PEOPLE TEND TO
BE OUTDOORS MORE, AND THEY'RE
MORE LIKELY TO FALL OUTSIDE THE
HOME WHEREAS LESS HEALTHY PEOPLE
FALL INSIDE.
AND ABOUT HALF OF ALL FALLS
HAPPEN ON A LEVEL SURFACE, WHEN
SOMEBODY'S WALKING OR JUST
TURNING.
AND THEN ABOUT A QUARTER OR
STAIR STEPS OR ESCALATORS, AS
SHOWN HERE.
AND PEOPLE, WHEN THEY'RE ASKED
WHY THEY FELL, GIVE THE
FOLLOWING REASONS: IN A
MAJORITY OF CASES, THEY'RE EXPLAINED BY LOSS OF BALANCE OR TRIPPING.

BUT WE FIND THAT PEOPLE HAVE A VERY HARD TIME EXPLAINING WHY THEY FELL.

AND IT'S NOT REALLY A GOOD WAY OF COLLECTING THIS INFORMATION.

BECAUSE IT IS SO DIFFICULT, PEOPLE DON'T UNDERSTAND WHY A FALL HAPPENED.

THE RESEARCH ON OLDER ADULT FALLS HAS BEEN GOING ON FOR MORE THAN 20 YEARS.

AND WHAT HAVE WE LEARNED IN ALL THAT TIME?

WE KNOW QUITE A BIT ABOUT FALL RISK FACTORS, FACTORS THAT INCREASE A PERSON'S CHANCE OF FALLING AND THE THESE CAN BE CHARACTERIZED AS INTRINSIC BIOLOGICAL AND ENVIRONMENTAL FACTORS.

AND SOME RISK FACTORS LIKE OLDER AGE OR GENDER CAN'T BE CHANGED.
BUT SOME RISK FACTORS ARE MOVABLE.

THIS LIST SHOWS THE MAJOR MOVABLE RISK FACTORS.

MOST FALLS ARE CAUSED BY INTERACTION AMONG A NUMBER OF RISK FACTORS.

WE KNOW THE MORE RISK FACTORS A PERSON HAS THE GREATER THEIR RISK OF FALLING.

AND THERE HAVE BEEN A NUMBER OF SYSTEMATIC REVIEWS AND METAANALYSES THAT HAVE BEEN TESTED IN A RANDOMIZED CONTROLLED TRIAL AND SHOWN TO EFFECTIVELY REDUCE FALLS.

AND I’VE LISTED THE MAJOR REVIEWS ON THIS SLIDE.

NOW, THE MOST EFFECTIVE MULTIFACTORIAL APPROACH, IS A CLINICAL ASSESSMENT BY A HEALTH CARE PROVIDER WHO ASSESSES THAT PERSON'S RISK FACTORS, CLINICAL PRACTICE GUIDELINE.

AND HOW EXTENSIVE THE ASSESSMENT
IS DEPENDS ON THE PERSON'S HEALTH BUT IT WOULD INCLUDE TAKING A HISTORY OF FALLS, ASSESSING GAIT AND BALANCE, REVIEWING MEDICATIONS, REVIEWING NEWER LONG CAL AND CARDIOVASCULAR, VISUAL ACUTE, NEUROMUSCULAR ACUTE, AT LEAST. >>> THE SINGLE EXERCISE, HAS MANY POSITIVE BENEFITS. BUT A KEY COMPONENT OF EXERCISE FOR FALL PREVENTION IS THAT IT'S PROGRESSIVE. IT GET HARDER OVER TIME. AND IT HAS TO BE DONE LONG ENOUGH TO BE EFFECTIVE. AND THIS HAS BEEN CALCULATED AT AT LEAST 50 CUMULATIVE HOURS. SO IT'S NOT A MATTER OF DOING IT FOR SIX MONTHS, IT'S HOW MANY TIMES PER WEEK TO GET UP TO THAT 50 HOURS. AND REALLY, EXERCISE HAS TO BE ONGOING TO REMAIN EFFECTIVE. PEOPLE WHO ARE AT HIGH RISK OF
FALLING WOULD PROBABLY NEED AN
INDIVIDUALIZED PHYSICAL THERAPY,
WHEREAS, PEOPLE WHO ARE
HEALTHIER WOULD BENEFIT FROM A
GROUP CLASS SUCH AS THIS TAI CHI
CLASS.
AND THIS IS AN EXAMPLE OF TAI
AI -- TAI CHI, YOU PROBABLY KNOW IS A
CHINESE EXERCISE SYSTEM THAT
USES SLOW, SMOOTH BODY MOVEMENTS
TO ACHIEVE A STATE OF
RELAXATION, IN BOTH BODY AND
MIND.
AND IT'S BEEN FOUND CONSISTENTLY
TO BE VERY HELPFUL IN REDUCING
FALLS AMONG MODERATE-RISK OLDER
PEOPLE.
NOW ANOTHER VERY IMPORTANT
APPROACH IS REVIEWING AND
MANAGING MEDICATIONS.
AND THIS INVOLVES HAVING A
DOCTOR OR PHARMACIST REVIEW ALL
THE MEDICINES PEOPLE ARE TAKING,
THIS INVOLVES PRESCRIPTION AND
OVER-THE-COUNTER MEDICATIONS,
LOOKING AT WHAT POSSIBLE INTERACTIONS OR SIDE EFFECTS THEY MIGHT HAVE.
WE DO KNOW CLEARLY THAT PSYCHOACTIVE DRUGS LIKE SEDATIVES, TRANQUILIZERS, ANTIANXIETY DRUGS, THESE ALL INCREASE FALL RISK.
AND BY REDUCING THE NUMBER OF MEDICATIONS, FINDING ALTERNATIVE DRUGS, ADJUSTING DOSAGES, THESE CAN ALL REDUCE SIDE EFFECTS AND INTERACTIONS THAT CAN LEAD TO FALLS.
NOW, THERE ARE SOME ADDITIONAL STRATEGIES THAT ARE VERY PROMISING, BUT THE EVIDENCE IN THE LITERATURE ISN’T AS CLEAR AS THE ONES I’VE TALKED ABOUT.
ONE IS CORRECTING AND IMPROVING VISION.
AND WE KNOW THAT VISION IS VERY IMPORTANT TO BALANCE.
SO HAVING REGULAR EYE EXAMS AND GETTING PRESCRIPTIONS UPDATED
REALLY PLAYS A PART IN
PREVENTING FALLS.

A GREAT MANY OLDER PEOPLE USE
BIFOCALS, AND THIGHS LENSES CAN
REDUCE DEPTH PERCEPTION AND EDGE
CONSCIOUSNESS.

THERE ARE SOME WHO RECOMMEND
GETTING A SINGLE VISION LENS
SUCH AS WALKING WHEN DEPTH
PERCEPTION IS ESPECIALLY
IMPORTANT.

AND THEN YOU ALSO WANT TO
IMPROVE VISIBILITY IN THE HOME
BY HAVING GOOD LIGHTING
THROUGHOUT, ESPECIALLY ON
STAIRS.

AND THAT BRINGS ME TO THE HOME
SAFETY APPROACH.

WE KNOW THAT AT LEAST HALF OF
FALLS HAPPEN AT HOME.

AND THIS IS WHERE PEOPLE SPEND
THE MAJORITY OF THEIR TIME.

SO INCREASING HOME SAFETY IS AN
IMPORTANT COMPONENT OF FALL
PREVENTION, AND THIS INVOLVES
HOME MODIFICATION SUCH AS
PUTTING RAILINGS ON STAIRS AND
ADDING GRAB-BARS BOTH INSIDE AND
OUTSIDE THE COVER SHOWER, MAYBE
BY THE TOILET, GETTING RID OF
TRIPPING HAZARDS AND CLUTTER AND
IMPROVING THE LIGHTING.
IT'S A VERY POPULAR APPROACH.
BUT IT ISN'T AS STRAIGHTFORWARD
AS IT SOUNDS.
STUDIES HAVE SHOWN THAT JUST
GOING IN AND MAKING CHANGES TO
THE HOME DOESN'T NECESSARILY
REMOVE THE FALLS.
IT NEEDS TO BE IMPLEMENTED BY A
TRAINED PROFESSIONAL.
NOW, THESE ARE THREE RAM DONIZED
CONTROLLED STUDIES OF --
RANDOMIZED CONTROL STUDIES THAT
WERE EFFECTIVE.
AND THEY HAVE A NUMBER OF
FEATURES IN COMMON.
THE MOST IMPORTANT ONE IS THAT
THEY ALL USED OCCUPATIONAL
THERAPISTS.
AN OCCUPATIONAL THERAPIST CAME TO THE OLDER PERSON'S HOME AND WORKED WITH THEM TO TAILOR THE PROGRAM TO THAT INDIVIDUAL. THE PROGRAMS INCLUDED EDUCATION AND BEHAVIORAL CHANGE, AS WELL AS HOME MODIFICATION. SO THEY IDENTIFIED HOME HAZARDS AND SUGGESTED CHANGES TO MAKE THE HOME SAFER. BUT ALSO RELATED THE CHANGES AND SAFETY ISSUES TO THE PARTICIPANT'S FUNCTIONAL ABILITIES. SO THE OTs ENCOURAGED PAVER CHANGE AND SUGGESTED WAYS TO INCREASE SAFETY, SUCH AS WEAR STURDY SHOES, USING A STEP STOOL TO REACH CABINET. PEOPLE WHO HAD PREVIOUSLY FALLEN, THESE IDEAS WERE PARTICULARLY PERT FOR HIGH RISK. THAT'S ONE PART OF THE PULLS. ANOTHER IS UNDERSTANDING HOUSE OLDER AUDITS ACTUALLY THINK
ABOUT FALLS AND FALL PREVENTION.
SO IT’S NOT AS SIMPLE.
WHEN COMMUNITIES OFFER FALL PREVENTION PROGRAMS, ONLY ABOUT 10% OF PEOPLE WHO WOULD BENEFIT FROM THEM SIGN UP.
SO WHY?
RISK PERCEPTION IS KEY.
WHETHER THE OLDER ADULT SEES FALLS AS A PROBLEM IS AN IMPORTANT PART OF UNDERSTANDING HOW TO INVOLVE THEM IN FALL PREVENTION EFFORTS.
IF THEY DON'T THINK FALLS OAR PROBLEM, THEY'RE NOT LIKELY TO TALK TO THEIR DOCTOR, TAKE AN EXERCISE CLASS, HAVE THEIR MEDICATIONS PREVIEWED OR MAKE ANY CHANGES TO THEIR HOME.
MANY PEOPLE BELIEVE THAT FALLS ARE SOMETHING THAT HAPPENS TO OTHER PEOPLE.
PEOPLE WHO ARE OLDER THAN THEY ARE, PEOPLE WHO ARE MORE FRAIL THAN THEY ARE, AND THEY'RE NOT
INTERESTED IN THINKING ABOUT FALLS OR TAKING A FALL PREVENTION PROGRAM. SOME OLDER PEOPLE BELIEVE FALLS ARE INEVITABLE, PART OF AGING. THERE’S NOTHING THAT CAN BE DONE ABOUT IT. IT’S CLEAR FROM A NUMBER OF STUDIES THAT JUST TALKING ABOUT FALLS MAKES MANY PEOPLE ANXIOUS. AND OLDER PEOPLE ARE BEING AFRAID OF BEING LABELED OLD, INCOMPETENT, DEPENDENT OR FRAIL. AND THEY FEAR LOSING THEIR INDEPENDENCE, AND THAT’S WHAT THEY FEEL TALKING ABOUT FALLS MIGHT LEAD TO. A NATIONAL SURVEY OF OLDER ADULTS WHO ARE RECEIVING MEDICARE FOUND THAT 22% REPORTED THAT THEY HAD FALLEN IN THE PAST YEAR BUT LESS THAN HALF OF THEM HAD TALKED TO THEIR DOCTOR OR ANY OTHER HEALTH CARE PROVIDER ABOUT IT.
AND LESS THAN A QUARTER OF THERE
PEOPLE WHO Fell ACTUALLY
DISCUSSED HOW TO PREVENT FUTURE
FALLS.

ANOTHER ASPECT OF THIS ISSUE HAS
to do with RISK ATTRIBUTION.
WHAT THEY WILL OR WILL NOT DO TO
PREVENT FALLS.

MANY PEOPLE BELIEVES EXTERNAL
FACTORS SUCH AS HOME HAZARDS OR
JUST DAILY ACTIVITIES CAUSE MORE
FALLS RATHER THAN PHYSICAL
FEATURES.

MANY PEOPLE, SUCH AS WOMEN,
ATTRIBUTE THEIR FALLS TO
HURRYING.

EVEN PEOPLE WHO HAVE FALLEN
OFTEN ATTRIBUTE THEIR FALL TO
SOMETHING TEMPORARY OR TO NOT
PAYING ATTENTION OR JUST TO.BAD
LUCK AND IT WON'T HAPPEN AGAIN.
THEY DON'T SEE THEMSELVES AS
VULNERABLE.

THERE'S SOME INTERESTING GENDER
DIFFERENCES AS HOW MEN AND WOMEN
SEE THEIR FALLS.

MEN FEEL EXTERNAL FACTORS ARE MORE CONTROLLABLE.

THEY ARE MORE LIKELY TO BALANCE RISK FACTORS, SAY CLIMBING ON A LADDER, THEY’RE MORE LIKELY TO TAKE RESPONSIBILITY FOR THIS, THAN WOMEN.

AS I SAID BEFORE, WOMEN TEND TO BLAME THEMSELVES AND SAY THINGS LIKE, "I SHOULDN’T HAVE BEEN HURRYING."

OR THEIR DAILY ACTIVITY ARE RISKY, THEY MIGHT SAY, "I WASN’T PAYING ATTENTION."

SO HOW CAN WE ENCOURAGE SENIORS TO ENROLL IN FALL PREVENTION OR FALL PREVENTION PROGRAMS?

IT’S IMPORTANT THAT THE PERSON FEELS THAT THE PROGRAM IS RELEVANT TO THEM.

EVEN IF THEY DON’T THINK THEY NEED IT, MANY OF THEM WILL FOLLOW THE SUGGESTIONS OF THEIR HEALTH CARE PROVIDER.
THAT'S ANOTHER APPROACH.
OLDER PEOPLE WILL BE MOTIVATED
BECAUSE OF THE PERCEIVED
BENEFITS.
THE ENJOYMENT OF A CLASS, SOCIAL
CONTACT, IMPROVED HEALTH AND
INCREASED INDEPENDENCE, AND IT'S
MORE LIKELY IF THEY HAVE A
PERSONAL GOAL SUCH AS WANTING TO
BE ACTIVE AND INDEPENDENT ENOUGH
TO ATTEND A GRANDCHILD'S
WEDDING.
FALL PREVENTION, PEOPLE DON'T
REALLY WANT TO HEAR ABOUT.
AND WHAT DISCOURAGES PEOPLE FROM
TAKING FALL PREVENTION EFFORTS,
I THINK IT'S PRETTY CLEAR.
FATALISM OR THE BELIEF THAT
THINGS JUST HAPPEN OR THAT
THEY'RE NOT PERSONALLY AT RISK,
MANY PEOPLE ARE AFRAID OF
FALLING AND THEY LACK THE
CONFIDENCE THAT THEY CAN AVOID
IT.
EVEN DOING RELATIVELY
NONHAZARDOUS ACTIVITIES.

PEOPLE MAY BE DISCOURAGED BY
POOR HEALTH OR LIMITED
FUNCTIONAL ABILITIES, SUCH AS
HAVING DIFFICULTY WALKING.
SOME MAY FEEL THERE'S A STIGMA
IN ATTENDING A PROGRAM THAT'S
DESIGNED FOR OLDER PEOPLE.
THEY DON'T WANT TO BE IDENTIFIED
AS OLDER.
AND THEN SOME PEOPLE REPORT THAT
THEY HAVE DIFFICULTIES WITH
TRANSPORTATION, OR THEY JUST
DON'T LIKE GROUP ACTIVITIES.
SO WHAT CAN YOU DO TO HELP AN
OLDER FRIEND OR A LOVED ONE THAT
YOU KNOW REDUCE THEIR CHANCES OF
FALLING?
AND I'M SURE YOU ALL KNOW
SOMEBODY, BECAUSE I HARDLY EVER
TALK TO A GROUP WHERE MOST
PEOPLE HAVE -- DON'T HAVE SOME
FIRST-HAND EXPERIENCE WITH AN
OLDER PERSON WHO'S FALLEN.
WHAT YOU CAN DO IS PROVIDE
EDUCATION ABOUT FALLS AND THE
FACT THAT FALLS AREN'T
INEVITABLE.
YOU CAN SHARE WHAT YOU KNOW
ABOUT FALL RISK FACTORS MANY AND
WHAT ARE EFFECTIVE PREVENTION
STRATEGIES.
YOU BE SENSITIVE OF FALL DANGERS
BECAUSE MEN AND WOMEN THINK
ABOUT FALLS DIFFERENTLY.
AND EMPHASIZE HOW THEY'LL
BENEFIT, INCREASE THEIR
INDEPENDENCE AND IMPROVE THEIR
QUALITY OF LIFE.
AND PROVIDE ENCOURAGEMENT,
SUPPORT, AND IF NEEDED,
TRANSPORTATION.
SO IN CONCLUSION, WE KNOW THAT
FALLS AND FALL INJURIES SUCH AS
TRAUMATIC BRAIN INJURY ARE
GREATLY AFFECT OLDER ADULTS'
HEALTH AND QUALITY OF LIFE.
AND THE U.S. POPULATION IS AGING
SO THE PROBLEM OF FALLS IS
LIKELY TO INCREASE.
WE KNOW THAT FALLS ARE NOT INEVITABLE, AND WE CAN USE PROVEN PREVENTION STRATEGIES, TO REDUCE FALLS AND INJURIES SUCH AS TRAUMATIC BRAIN INJURY. WE NEED TO MAKE FALL PREVENTION PROGRAMS MORE READILY AVAILABLE IN OUR COMMUNITIES. WE NEED TO EDUCATE OLDER ADULTS ABOUT FALLS. AND WE NEED TO HELP THEM ADOPT STRATEGIES THAT CAN REDUCE THEIR RISK OF FALLING. AND DOING THIS WILL HELP OUR OLDER LOVED ONES, AND FAMILY AND FRIENDS, LEAD SAFE, HEALTHY AND INDEPENDENT LIVES. SO I WANT TO THANK YOU FOR YOUR ATTENTION. I'M NOT SURE IF WE HAVE A FEW MINUTES FOR QUESTIONS. >> HI JUDY, THIS IS BEKAH. WE DO HAVE A COUPLE OF QUESTIONS THAT HAVE COME UP IN THE CHAT BOX.
I KNOW THAT YOU HAVE TO RUN.
SO I'M PERFECTLY WILLING TO
COLLECT THESE AND SEND THEM TO
YOU SO THAT WE CAN GET YOUR
THOUGHTS ON THEM.
DOES THAT WORK FOR YOU?
>> IT WOULD.
IF THERE'S ONE OR TWO THAT HAVE
COME UP MORE THAN ONCE, I'D BE
HAPPY TO TRY TO ANSWER THEM.
IF THEY'RE FAIRLY SHORT.
>> SURE.
SO ONE QUESTION FOR -- MARK
KINDY IS ABOUT SHOES, HE NOTICED
THE SHOES OF ONE OF THE WOMEN
WALKING DOWN THE STAIRS.
SO HE WANTED TO KNOW THE ROLE OF
SHOES IN FALL PREVENTION.
>> IT'S KIND OF HARD.
THERE HASN'T BEEN A LOT OF
RESEARCH ON FOOTWEAR.
YOU WOULD THINK IT WOULD BE
SOMETHING THAT WOULD BE VERY
WELL-STUDIED AND IT ISN'T.
CERTAINLY WE KNOW THAT GOING
BAREFOOT OR WEARING SOCKS DEFINITELY INCREASES FALL RISK.

BUT WEARING SHOES, HIGH HEELS ARE NOT A GOOD IDEA, SHOES THAT JUST SLIP ON ARE NOT A GOOD IDEA.

MOST OF IT IS PRETTY MUCH COMMON SENSE.

>> GREAT.

THANK YOU.

SO PEGGY MAX SAYS NOT EVERYONE CAN DO FLOOR EXERCISES.

CAN SENIORS BUY INTO CHAIR CONSIDERS AS A STRATEGY TO PREVENT FALLS?

>> THAT WOULD WORK, IF THEY MOVE FROM SITTING TO STANDING.

BUT EXERCISES THAT ARE JUST DONE SITTING ARE NOT GOING TO HELP PREVENT FALLS.

THEY WILL IMPROVE SOME MUSCLE STRENGTH.

BUT THE MUSCLES THAT HELP YOU GET UP AND DOWN ARE THE ONES THAT REALLY NEED TO BE
STRENGTHENED.

>> GREAT.

>> SO THERE ARE PROGRAMS THAT START PEOPLE SITTING AND THEN MOVE THEM TO STANDING, HOLDING ON TO THE BACK OF THE CHAIR, THAT KIND OF PROGRESSION IS VERY HELPFUL.

>> GREAT.

I'LL GIVE YOU ONE MORE QUESTION THEN I'LL SHOOT THE REST OFF TO YOU OVER E-MAIL.

JOHN ROSELIER SAYS SUSAN BAKER PUBLISHED A PAPER A FEW YEARS AGO ABOUT THE INCREASE IN FALLS, SHE CONSIDERED IT TO BE SOMEWHAT OF A REPORTING ARTIFACT. CAN YOU COMMENT ON THAT?

>> THAT'S NOT AS SHORT A QUESTION.

BUT I DON'T THINK IT IS JUST A REPORTING ARTIFACT.

I THINK IT'S PARTIALLY DUE TO CHANGES IN UNDERLYING CHRONIC CONDITIONS.
THERE’S BEEN A SHIFT, FEWER
FATALITIES FROM CARDIOVASCULAR
DISEASE.
MORE FROM PULMONARY DISEASE AND
FALLS, WHETHER OR NOT THEY’RE
INCLUDED, AS THE UNDERLYING
CAUSE ON THE DEATH CERTIFICATE,
THERE’S SOME INFLUENCE WITH A
CONTRIBUTING -- WHETHER IT’S GOT
A CONTRIBUTING OR AN UNDERLYING
CAUSE.

IT IS A FAIRLY COMPLICATED
ISSUE.
I DO HAVE A PAPER THAT WILL BE
COMING OUT IN JAGS THAT TALKS
ABOUT THIS REPORTING-CODING
CONUNDRUM.

IT’S NOT OUT YET BUT IT’S
ACCEPTED SO IT SHOULD BE OUT
WITHIN THE NEXT FEW MONTHS.

IT’S NOT AN EASY ISSUE BUT I DO
THINK THAT THERE IS AN ACTUAL
INCREASE IN FALL DEATH RATES,
ALONG WITH SOME POSSIBLE
CONTRIBUTION TO THE WAY FALLS
ARE REPORTED, AS A CAUSE OF DEATH.

>> GREAT, THANK YOU SO MUCH JUDY.

>> AND I EXCUSED EVERYONE WITH THAT ANSWER.

>> WELL, I'LL SEND THAT E-MAIL OFF TO YOU AGAIN, IN THAT E-MAIL I'LL ASK YOU IF YOU HAVE ANY FURTHER THOUGHTS ON THE TOPIC OR RESOURCES THAT WE CAN LOOK INTO TO TALK ABOUT THAT ISSUE.

BUT WITH THAT I KNOW YOU HAVE TO RUN.

THANK YOU SO MUCH FOR TAKING THE TIME TO PRESENT WITH US TODAY. THAT WAS VERY INTERESTING.

AND I KNOW THAT THE PEOPLE IN THE COMMUNITY OF PRACTICE REALLY APPRECIATE HEARING FROM YOU.

THANK YOU.

>> OUR WELCOME.

I'VE ENJOYED IT AND I'LL DO MY BEST TO ANSWER THE E-MAIL QUESTIONS WHEN THEY COME IN.
>> GREAT.

>> THANKS EVERYONE, Bye-Bye.

>> WITH THAT I'M GOING TO TURN THINGS OVER TO AILEEN SHEN,

SHE'S THE DIRECTOR OF INJURY PREVENTION AT THE BOSTON PUBLIC HEALTH COMMISSION.

WE KNOW THAT INJURIES DON'T JUST OCCUR IN THE OLDER POPULATION,

BUT ALSO IN THE YOUNGER POPULATION.

AILEEN, I INVITE YOU TO TAKE THE FLOOR.

I THINK WE MIGHT HAVE LOST AILEEN'S PHONE CONNECTION.

>> ONE SECOND.

>> OKAY.

SORRY ABOUT THAT, FOLKS.

SHE'S IN BOSTON AND WE HAVE A VERY SNOWY DAY HERE IN BOSTON,

YOU KNOW HOW THINGS CAN GO IN A SNOWY DAY.

IF YOU'RE FROM A WARM STATE YOU'RE PLUCKY, YOU DON'T KNOW HOW IT -- -- YOU'RE LUCKY, YOU
DON'T KNOW.
AILEEN YOU SHOULD BE UN-MUTED.

>> WELCOME BACK, AILEEN, YOU'VE GOT THE FLOOR.

>> THANK YOU SO MUCH FOR INVITING ME TO TALK ABOUT THE KIDS CAN'T FLY PROGRAM.

IT WAS STARTED AT THE BOSTON PUBLIC HEALTH COMMISSION IN THE INTERDISCIPLINARY COMMISSION, SEVERAL YEARS AGO.

THE PROGRAM HAS SEVERAL FOCUSES, HOME SAFETY, KIDS CAN'T FLY PROGRAM, BICYCLE AND OTHER SPORTS SAFETY, PEDESTRIAN SAFETY, AND SAFE KIDS BOSTON COALITION AND EVENTS.

ELDER SAFETY EVEN THOUGH WE STILL FOCUS A LOT ON CHILD SAFETY.

SO IN THE EARLY '90s THERE WERE A LOT OF FALLS AND THE SECOND HALF OF 1983, IT WAS HUGE, THERE WERE 18 FALLS. WE DECIDED TO START THE KIDS
CAN'T FLY CAMPAIGN.

THERE HAVEN'T BEEN RECENT DEATHS.

WE KNOW THAT A LOT OF THESE FALLS ARE SERIOUS, AND THEY'RE ALSO VERY PREVENTIBLE.

AND SO WE LAUNCHED THE KIDS CAN'T FLY PROGRAM AND THE SAFETY MESSAGE IS TO INSTALL WINDOW SAFETY GUARDS, OPEN WINDOWS FROM THE TOP DOWN, TO KEEP FURNITURE AWAY FROM WINDOWS AND TO BE SURE CHILDREN ARE ALWAYS SUPERVISED,

DO WE HAVE EXPOSURES AND POSTERS IN LOCAL LANGUAGE, AND PUT THE INFORMATION UP ON SUBWAYS AND NEWSPAPERS AND DIFFERENT ORGANIZATIONAL OFFICES.

WE ALSO HAVE PRESS EVENTS AND WE DO SOCIAL MEDIA.

YOU CAN SEE IN THE BOTTOM RIGHT-HAND CORNER, ONE OF THE POSTERS THAT WENT UP ON BUSES AND SUBWAYS AND HAS THE THREE KEY MESSAGES ON IT.
IT’S THE OLDER VERSION AND YOU CAN SEE, ON THIS NEXT SLIDE, THE NEWER VERSION. IT HAS SLIGHTLY DIFFERENT COLORING, HAS MORE MODERN LOOK TO IT BUT IT STILL HAS THE KEY MESSAGES ON IT, ALONG WITH OUR CONTACT INFORMATION SHOULD PEOPLE WANT TO LEARN A LITTLE BIT MORE ABOUT THE PROGRAM. AND HERE’S A POSTER WE PUT OUT LAST YEAR. IT’S ABOUT 11 BY 18 INCHES AND IT ALSO HAS THE THREE KEY MESSAGES ON IT. AND HERE’S A COPY OF OUR BROCHURE UNFOLDED, IT’S ONE SIDE -- UNFOLDED, IT HAS OUR INFORMATION ON IT AS WELL. PEOPLE WILL LEARN HOW TO REQUEST WINDOW GUARDS FROM THEIR LANDLORDS AND OUR BROCHURES ARE AVAILABLE IN SEVEN LANGUAGES, ENGLISH, SPANISH, PORTUGUESE, CHINESE, FRENCH, AND
HAITIAN-CREOLE.

PEOPLE CAN LEARN ABOUT WINDOW GUARDS, WHAT WINDOW GUARDS ARE, AND WHO NEEDS THEM. SO A BIG PART OF THE PROGRAM IS GETTING WINDOW GUARDS TO FAMILIES.

I'M GOING TO FOCUS ON TWO MAIN PROGRAMS IN THE INTEREST OF TIME.

SO THE CITY SUBSIDIZES WINDOW GUARDS TO FAMILIES AND THEY MAKE THEM AVAILABLE TO BOSTON RESIDENTS THROUGH DISTRIBUTION AT A CO-OP CALLED BOSTON WINDOW RESOURCES, WINDOW GUARDS END UP BEING ABOUT HALF OFF FOR FAMILIES, 24 TO $30 DEPENDING THE SIZE THEY ARE. FAMILY CAN GO IN DURING BUSINESS HOURS, GET THEIR WINDOW GUARDS AND HAVE HELP LEARNING HOW TO INSTALL THEM. THERE'S A DEMO THERE THAT THEY CAN SEE.
AND WE ALSO COLLABORATE WITH BHA
WHICH IS THE BOSTON HOUSING
AUTHORITY.
AND BASICALLY IT HOUSES ABOUT
10% OF THE POPULATION.
AND THEY INSTALL WINDOW GUARDS
IN UNITS OCCUPIED -- WITH
FAMILIES IN THEM WITH KIDS 6 AND
UNDER.
AND FAMILIES WITH KIDS WHO OLDER
CAN ALSO REQUEST WINDOW GUARD
INSTALLATION.
HERE'S A COPY OF OUR POSTCARD.
IT'S ON POSTCARD GRADE PAPER,
IT'S ACTUALLY AN OLDER VERSION
BUT IT HAS EVERYTHING ON IT.
IT HAS A MAP AND SOME HOURS, AS
WELL AS THEIR CONTACT
INFORMATION.
SO THE CURRENT POSTER IS
ACTUALLY A MAP ON ONE SIDE AND
STUFF ON THE OTHER SIDE.
SO SOME SUCCESSES, THERE HAVE
BEEN A DECREASE IN FALLS FROM
THE EARLY '90s UNTIL NOW.
AND THE RATES HAVE GONE DOWN BY
THERE HAVE BEEN NO RECENT
DEATHS.
THERE ALSO HAS BEEN AN INCREASE
IN THE AWARENESS NATIONWIDE,
MRS. IN THE STATES, AUGUST 2012,
OUR GOVERNOR, GOVERNOR DEVAL
PATRICK DECLARED AUGUST AS
WINDOW SAFETY MONTH AND THERE'S
AN IMAGE OF THE DECLARATION ON
THE RIGHT-HAND SIDE.
WE'VE ALSO, PROVIDED TECHNICAL
ASSISTANCE TO OVER 30 AGENCIES.
TONS OF PARTNERSHIPS, THAT'S
WHAT HAT BEEN ABLE TO KEEP THE
PROGRAM GOING.
WE'VE ALSO INSTALLED OVER 27,000
WINDOW GUARDS.
AND SO ONGOING EFFORTS INCLUDE
INSTALLING WINDOW GUARDS, WE
INSTALL ABOUT 500 WINDOW GUARDS
PER YEAR AND AT BOSTON BUILDING
RESOURCES ABOUT EIGHT GUARDS ARE
INSTITUTED AT EACH PURCHASE.
SOME WE CONTINUE GIVING PRESENTATIONS, TRAININGS, WE HAVE PUBLICATIONS AND MEDIA EVENTS AND WE ALSO BLOG.
AND HERE IS AN IMAGE OF A TRADING THAT HAPPENED IN CHOINT. CHIEN TOWN.
THIS IS A WINDOW WITH A WINDOW GUARD INSTALLED IN IT.
THAT'S IT.
>> GREAT, THANKS SO MUCH AILEEN.
THAT WAS VERY INTERESTING.
VERY EXCITED TO HEAR ABOUT THIS PROGRAM.
IF YOU DON'T MIND WE DID HAVE A COUPLE OF QUESTIONS COME THROUGH THAT I'D LIKE TO ASK YOU VERY QUICKLY.
THE FIRST ONE IS FROM STEPHANIE WILLING, AND SHE SAYS IS THIS A LAW IN MASSACHUSETTS (INAUDIBLE) FOLLOW UP IF THERE ISN'T A LOT IN MASSACHUSETTS OR BOSTON, IS THERE ORDINANCES OR IS THE PARTICIPATION IN THE PROGRAM
VOLUNTARY?

>> THAT’S A REALLY GOOD QUESTION.

THERE IS NO LAW IN MASSACHUSETTS BLUTD THAT ORDINANCE IN BOSTON MILY RECOMMENDS USE OF WINDOW GUARDS.

WE HAVE THIS PROGRAM WHERE FAMILIES CAN PURCHASE WITH IT GUARDS AT A DISCOUNT.

WE ALSO PARTNER WITH SMALL LANDLORDS AS WELL AS SECTION 8 LANDLORDS TO HELP GET DISTRIBUTION OUT.

>> GREAT, THANKS.

AND THERE WAS ANOTHER QUESTION ASKING IS DATA AVAILABLE ON DEATHS OR HOSPITALIZATION OR EMERGENCY DEPARTMENT VISITS FROM CHILDREN WHO FELL DUE TO A WINDOW FALL?

AND THIS WOULD PROBABLY BE FROM THE BOSTON AREA.

>> THERE IS INFORMATION.

THERE’S A GRAPH IN THE BEGINNING
AND THOSE ARE SOFT NUMBERS BUT
THOSE ARE THE RATES FROM 1993 TO
2008.
AND THERE IS ANOTHER DATA THAT
IS COLLECTED THROUGH EMC,
EMERGENCY MEDICAL SERVICE
REPORTS.
AND THERE IS SOME INFORMATION,
UH-HUH.

I DON’T HAVE THAT ON ME
THOUGH.

>> FOR THOSE OF YOU IN THE
COMMUNITY OF PRACTICE WHO ARE
INTERESTED I CAN DO OUT SOME
QUICK SEARCHING AND SEND OUT
INFORMATION ON HOW TO DO THAT
FROM NOT JUST THE TYPE OF FALL,
THE BEHAVIOR OF THE FALL, I’LL
LOOK 52 THAT.

>> MARK KINDE IS WOULDN’TING
SOME IS THERE ANY OTHER TYPE OF
QUICK RELEASE ONES?

>> UH-HUH, PARENTS TEND TO LIKE
THOSE BETTER, THEY FEEL SAFER
FOR THEM.

THEY PRESS THE TWO BUTTONS ON
THE SIDE AND REMOVE THE GASHED.

IN TERMS FROM A FIREFIGHTERS
PERSPECTIVE IT IS NOT AN ISSUE.

THEY BREAK DOWN DOORS AND
WINDOWS ALL THE TIME SO THEY
WOULD BE ABLE TO GET IN IN CASE
THERE WAS A FIRE WITH THE
QUICK-RELEASE KIND OR WITH THE
FIXED KIND OF WINDOW GUARD.

>> VERY INTERESTING.

I KNOW MOST OF THE WINDOW GUARDS
OUT THERE SEEM TO CIRCULATE THE
QUICK REASON THEM, SEEMS LIKE IT
SHOULD COME OUT WITHOUT ISSUE
PCH AND EILEEN, MAYBE IF YOU
COULD POINT ME IN THE RIGHT
DIRECTION AND I'LL GIVE IT OUT
TO THE LIST SER.

I DO WRNT TO DPIF A SHOUT-OUT
NEW YORK, MANY OTHER
PARTICIPANTS IN THE COMMUNITY OF
PA PRACTICE HAVE A LOCAL VERSE
OF KIDS CAN'T FLY.
KEEP UP THE GOOD WORK.

AILEEN, IF WE CAN KEEP YOU ON FOR THE NEXT 20 MINUTES THERE MIGHT BE SOME QUESTIONS THAT COME UP AT THE END.

FOR RIGHT NOW, I'D LIKE TO PASS THINGS OVER TO CINDY RODGERS AND JEN KOZIOL.

CINDY AND JEN YOU CAN TAKE IT AWAY.

>> HI EVERYONE AND THANKS BEKAH FOR INVITING US TO JOIN TODAY'S WEBINAR.

I'M CINDY RODGERS, AND I'M JEN KOZIOL, NCIPN, INCLUDES THE CARIBBEAN STATES, NEW YORK, NEW JERSEY, PUERTO RICO AND THE VIRGIN ISLANDS.

OUR NETWORK ACTUALLY BEGAN IN 1985 BUT IN 2011 WE BAM ONE OF FIVE REGIONAL NETWORKS THAT WERE SUPPORTED BY CDC.

THE CENTERS FOR DISEASE CONTROL.

I WANT YOU TO KNOW THAT EVERY STATE IS CONNECTED WITH A
REGIONAL LEADER, THAT IS A PERSON WHO IS IN A POSITION SIMILAR TO MINE AND THE OTHER FOUR NETWORK LEADERS ARE LOCATED AT THE STATE HEALTH DEPARTMENT IN MARYLAND, NORTH CAROLINA, CANADA AND WASHINGTON STATE. AND THE FIVE OF US ARE FACILITATED BY CDC TO FACILITATE COMMUNICATION AND COOPERATION AND COLLABORATION TO SHARE BEST PRACTICES AND VIOLENCE PREVENTION CAPACITY ACROSS OUR REGION ALL IN AN EFFORT TO REDUCE INJURY AND VIOLENCE. SO THE REGIONAL NETWORK LEADERS ARE AVAILABLE, AS A RESOURCE TO ALL OF YOU AND CAN HELP TO CONNECT YOU WITH OTHER INDIVIDUALS, PROGRAMS AND RESOURCES. IF YOU ARE UNFAMILIAR WITH THE REGIONAL NETWORK LEADER IN YOUR AREA, PLEASE LET US KNOW AND, FOLLOWING WEBINAR, WE CAN HELP
TO CONNECT YOU TO THAT HAVE IT.

SO OUR NETWORK HAS BROAD

REPRESENTATION, INCLUDING INJURY

AND VIOLENCE PREVENTION

DIRECTORS, STAFF FROM POISON

CONTROL CENTERS, THE HARVARD

UNIVERSITY INJURY CONTROL

RESEARCH CENTER, OTHER STATE

HEALTH DEPARTMENT STAFF, LEVEL 1

TRAUMA INJURY COORDINATOR,

CHAIRS OF INJURY COMMUNITY

PLANNING GROUPS AND WE HAVE

FEDERAL REPRESENTATION AS WELL.

SO OUR NETWORK MEETS MONTHLY.

EIGHT OF THOSE MEETINGS ARE TWO

AND A HALF-HOUR PHONE MEETINGS

AND FOUR TIMES A YEAR WE MEET IN

PERSON.

IN WALTHAM, MASSACHUSETTS.

ELDER FALLS PREVENTION IS AN

AREA THAT THEY WOULD LIKE TO

DEVOTE MORE TIME TO.

NOW, BECAUSE OR REGULAR MONTHLY

MEETINGS COVER A BROAD RANGE OF

INJURY PREVENTION TOPICS AND
BECAUSE THE NETWORK MEMBERS HAD ADDITIONAL PARTNERS THIS THEY WORKED IN ELDER FALL PREVENTION, WE DECIDED TO CREATE THIS COMMITTEE WHOSE FOCUS IS DEDICATED SOLELY TO THE TOPIC OF FALL PREVENTION.

THROUGH THIS COMMITTEE WE NOW HAVE ACCESS TO OTHER PARTS, MEMBERS FROM CITY HEALTH DEPARTMENTS AND FROM LOCAL UNIVERSITIES.

I'M GOING TO TURN THE REST OF MY PRESENTATION TO MY COLLEAGUE AND CO-CHAIR OF THE COMMITTEE, JEN KOZIOL.

JEN.

WHOOPS, DID WE LOSE JEN?

I THINK JEN, YOU MAY BE ON MUTE.

SORRY, I HAD TROUBLE GETTING OFF MUTE.

I'M JEN KOZIOL.

STATE HEALTH DEPARTMENT IN RHODE ISLAND.

SO I ASSUME YOU MENTIONED THE
WAY WE DECIDE TO STRUCTURE OUR FALLS SUBCOMMITTEE OF OUR REGIONAL GROUP IS USING A CO-CHAIR FORMAT.
SO CINDY, AS THE REGIONAL NETWORK LEADER IS ONE OF THE CHAIR PEOPLE.
SHE'S VERY IN CHARGE OF PLANNING TOGETHER ALL OF THE LOGISTICS FOR OUR REGULAR MEETINGS.
SHE KIND OF TAKES CARE OF THE TECHNOLOGY SIDE OF THINGS, CONVENING PEOPLE, DOING THE NOTES, WHICH IS GREAT.
SHE ASKED ME TO CO-CHAIR THE GROUP AS WE ARE PLANNING MEETINGS, GIVE THE STATE HEALTH DEPARTMENT PLANNING PERSPECTIVE, AS WE'RE PLANNING WHAT WE WANTED TO TALK ABOUT.
WHEN WE FIRST STARTED MEETING LAST MARCH WE WERE DOING MONTHLY MEETINGS AND EACH MEETING WAS ABOUT AN HOUR-LONG PHONE MEETING.
WE RECENTLY DECIDED TO GO TO
QUARTERLY MEETING.
MOST OF THE PEOPLE IN THE GROUP
FELT MONTHLY WOULD BE TOO MUCH
OF A TIME BURDEN.
MEETING SCHEDULE IS SOMEWHAT
FLEXIBLE, SOMETIMES WE HAVE
INFORMAL DISCUSSIONS ON THE
PHONE, TALKING ABOUT OUR
PROGRAMS, INCENTIVES, PLANNING
FOR FALL PREVENTION AWARENESS
EVENTS.
FALL PREVENTION AWARENESS TODAY DAY,
WHICH TAKES PLACE IN THE FALL OF
EVERY YEAR, SO IN SEPTEMBER.
WE SHARE RESOURCES INCLUDING
MATERIALS, THAT WE USE FOR FALLS
PREVENTION, WHAT WE’RE DOING FOR
PROGRAM EVALUATION, ET CETERA.
WE HAVE HAD A FEW MEETINGS WHERE
WE’VE HAD ACTUALLY FORMAL
PRESENCES.
FOR EXAMPLE WE HAD THREE
SPEAKERS FROM ONE MEETING
TALKING ABOUT THE DIFFERENT
PROJECTS THAT THEY’RE WORKING WITH -- THEY’RE DOING WHERE THEY’RE PARTNERING WITH EMC TO DO FALLS PREVENTION WORK.

WE HAVE A MEETING THIS AFTERNOON AFTER THIS CALL WHERE WE HAVE A PRESENTER FROM NEW ZEALAND WHO IS GOING TO BE TALKING ABOUT THE WORK SHE DOES WITH COGNITIVELY IMPAIRED ADULTS.

WHAT DOES THE COMMUNITY PROVIDE NETWORKING WITH OTHER PEOPLE WHO ARE WORKING WITHIN SIMILAR STRUCTURES AND WORKING ON SIMILAR CHALLENGES AND SIMILAR ISSUES IN FALLS PREVENTION. IT’S A PLACE TO SHARE CURRENT INFORMATION, DISCUSS CHALLENGES, LEARN FROM ONE ANOTHER, IDENTIFY EMERGING ISSUES, AND IDENTIFY BEST PRACTICES.

AND ONE THING THAT WE WOULD LIKE TO MOVE AWAY ARE TOWARDS IS DEVELOPING SOME KIND OF CROSS-STATE PROJECT AS A GROUP.
SO THE GROUP IS STILL RELATIVELY NEW.

BUT FOR ME, AND FAR AS WHY IT HAS WORKED, IT'S A GREAT OPPORTUNITY TO SHARE IDEAS, TALK ABOUT CHALLENGES WITH PEOPLE WHO ARE GOING THROUGH THE EXACT SAME THING THAT YOU ARE.

IT'S A RELIABLE SUPPORT SYSTEM.

THE FLEXIBILITY THAT WE'VE HAD SO FAR HAS WORKED WELL IN TERMS OF IDENTIFYING WHAT WE WANT TO TALK ABOUT.

AND THEN GOING FROM THERE.

AND THEN IT'S A GREAT PLACE TO SHARE INFORMATION AND PROVIDE MENTORING FOR EACH OTHER.

SO I THINK WE STILL HAVE A FEW MINUTES FOR QUESTIONS.

IF THERE ARE ANY.

>> THANK YOU SO MUCH, JEN.

WE HAVE ABOUT TEN MORE MINUTES LEFT IN THE WEBINAR.

SO WE DO HAVE TIME FOR QUESTIONS.
SOME THAT HAVE BEEN COMING IN.
I JUST WANT TO SAY IT’S REALLY
NICE TO HEAR ABOUT THIS KIND OF
COLLABORATIVE NETWORK.
I HOPE THAT IF YOU ARE
INTERESTED IN TALKING TO YOUR
REGIONAL NETWORK AND YOU DON’T
KNOW HOW TO CONTACT THEM YOU
WILL LET ME KNOW OR YOU’LL LET
CINDY KNOW AND WE CAN DEFINITELY
GET YOU CONNECTED TO THAT
REGIONAL NETWORK.
THEY DO A LOT OF GOOD THINGS ALL
ACROSS THE COUNTRY.
IT’S NICE TO SEE THE LIFE
PERSPECTIVE FROM THE YOUNG
PEOPLE TO THE OLD PEOPLE AND THE
COLLABORATION.
GLAD TO SEE THE PARTICIPATION
FROM ALL OUR PEOPLE.
PEGGY MACK ASKED HOW MUCH WINDOW
GUARDS ARE.
AILEEN IF YOU COULD TAKE THAT
QUESTION WE’D REALLY APPRECIATE
IT.
SURE.
THEY END UP BEING ABOUT 24 TO $31 FOR BOSTON RESIDENTS, WHICH IS ABOUT HALF OFF WHEN THEY GO TO BOSTON BUILDING RESOURCES. RETAIL PRICE THEY ARE ABOUT 50 TO $60. WITH THE PROGRAM THEY'RE ABOUT HALF OFF.

THANKS SO MUCH.
AND MARK KINDY SAYS, WE ARE JUMPING ON THE PREVENTION ISSUES FOR COGNITIVELY CHALLENGED PEOPLE.
JEN WOULD YOU LIKE TO TALK MORE ABOUT THAT WEBINAR OR RESOURCES THAT MIGHT BE AVAILABLE TO FOLKS REGARDING THAT?

THIS IS CINDY, YES, I ACTUALLY JUST HAVE FORWARDED A QUESTION TO BAILEY. TO SEE IF IT'S POSSIBLE FOR OTHERS TO JOIN IN THAT WEBINAR THAT'S GOING TO BE TODAY AT 4:00, OUR SPEAKER IS A
PHYSIOTHERAPIST, HER NAME IS
MORAG TAYLOR.

AND IF YOU'RE NOT ABLE TO JOIN
THAT WEBINAR, IT WILL BE
ARCHIVED, I BELIEVE, SO YOU
WOULD BE ABLE TO LISTEN TO IT AT
A LATER TIME PRESIDENT BUT IT
LOOKS LIKE BAILEY SAYS WE CAN
PROVIDE THE LINK TO THAT IF
PEOPLE ARE INTERESTED IN JOINING
THAT TODAY AT 4:00.

>> I WISH I COULD INVITE YOU TO
THE CARIBBEAN BECAUSE THAT'S
WHERE I WOULD RATHER BE RIGHT
NOW MYSELF.

BUT YEAH, THAT WOULD BE NICE,
MARK.

>> GREAT, GREAT, WE'LL
DEFINITELY GET THAT OUT TO YOU
VIA THE TBI LISTER RIGHT AFTER
THIS PRESENTATION.

SO DOES ANYBODY ELSE -- I THINK
THAT I'VE GOT ALL THE QUESTIONS
THAT WERE IN THE CHAT.

IF YOU HAVE ADDITIONAL
QUESTIONS, PLEASE GO AHEAD AND CALL THEM OUT RIGHT NOW.

IF YOU DO HAVE ONE FOR JUDY I'D BE HAPPY TO FORWARD THAT, ALONG TO HER, AFTER THE WEBINAR.

AND MARK SAYS THANK YOU VERY MUCH.

I DON'T KNOW, JEN, OR CINDY OR AILEEN, IF YOU HAVE FURTHER COMMENTS OR QUESTIONS, WE'LL LOVE TO HEAR FROM YOU.

>> YEAH, WELL, AS YOU MENTIONED BEKAH, THIS IS CINDY, I WILL BE HAPPY TO PROVIDE THE NAMES AND CONTACT INFORMATION FOR THE FOUR OTHER REGIONAL NETWORK LEADERS. AND I REALLY WANT TO ENCOURAGE PEOPLE, IF YOU'RE NOT IN CONTACT WITH THEM ALREADY, TO CONNECT WITH THEM.

I KNOW AS A REGIONAL NETWORK LEADER, YOU KNOW, ONE OF OUR GOALS IS, REALLY, TO EXPAND OUR NETWORKS. AND SO WE ALWAYS LIKE TO CONNECT
WITH OTHERS WHO ARE -- WHO ARE DOING, YOU KNOW, INJURY PREVENTION WORK THAT WE MAY NOT ALREADY BE CONNECTED WITH. SO I WANT TO REALLY, YOU KNOW, PUT A SHOUT-OUT TO PEOPLE, TO CONNECT WITH THEM. >> THANK YOU, CINDY, AND I KNOW THERE ARE A FEW OF YOU IN THE CROWD WHO HAVE FOCUSED IN ON FALLS PREVENTION AND MOLLY HAS MENTIONED THAT THEY HAVE A PROGRAM THEY WORK ON IN THEIR STATE. SHE WILL SEND THE PROGRAM AROUND TO THE LISTERV. WE CAN HAVE OUR OWN COMMUNITY OF PRACTICE. AND WITH THAT, I ALSO WOULD LIKE TO MENTION THAT COMING UP NEXT MONTH, YOU'LL--- I THINK YOU'LL BE EXCITED TO HEAR THAT WE'LL HAVE KAREN McAVOY ON THE LINE. FOR FOAMS FOR TRAUMATIC BRAIN INJURIES, SOMETHING THAT HAS
COME UP ACROSS THE WEBINARS
VARIOUS TIMES SO I HOPE WE'LL
HAVE A REALLY FRUITFUL
CONVERSATION AND DISCUSSION WITH
HER.
AND IN APRIL WE'RE PLANNING
ANOTHER CHECK-IN SO THAT'S THE
TIME YOU CAN BRING YOUR OWN
ISSUES TO THE TABLE, TALK A
LITTLE BIT MORE FREELY.
HOWEVER, THIS IS GOING TO BE
FACILITATED BY ANN GLANG, I
THINK MOST OF YOU HAVE HEARD OF
ANN OR FROM ANN.
SHE'LL BE HERE TO ANSWER ANY
QUESTIONS, CLEAR ANY DOUBTS OR
TALK TO US FURTHER ABOUT ANY OF
THOSE ISSUES.
I THINK WE'LL HAVE EXCITING
WEBINARS COMING UP IN BOTH MARCH
AND APRIL.
BEYOND THAT, IT IS OUR MID TERM
EVALUATION TIME SO I WOULD ASK
THAT YOU FILL OUT THAT SURVEY
MONKEY FORM.
I WOULD APPRECIATE HEARING ALL
OF YOUR FEEDBACK.
I'VE GOTTEN GREAT FEEDBACK FROM
FOLKS.
I'VE PUT THAT INTO THE CHAT
WINDOW.
ALSO YOUR TEAM LEADER HAS
RECEIVED VIL DATE EVALUATIONS,
GOALS YOU SET UP AT THE
BEGINNING OF THE COMMUNITY OF
PRACTICE, HOW YOU'RE COMING LOOK
ALONG WITH THOSE HOW THINGS ARE
GOING AND I'D LOVE TO HEAR ABOUT
THAT WORK, ANY WAY THAT WE
CAN -- ANY WAY THAT WE CAN HEN
YOU OUT IN ACHIEVING THOSE
GOALS.
CINDY IS OFFERING TO TALK A
LITTLE BIT ABOUT THE PROJECT
WITH EMS WITH JEN DOWN IN RHODE
ISLAND.
JEN, DID YOU WANT TO TALK ABOUT
THAT?
>> I'M SORRY, CAN YOU REPEAT
THAT?
GOOD SHE SAYS, DO YOU WANT TO MENTION ANY MORE ABOUT YOUR PROJECT WITH EMS?

>> YES.

ARE YOU STILL ON THE LINE?

>> YEAH.

YES.

WE'RE WORKING ON A FALLS RISK ASSESSMENT PROJECT WITH OUR EMS IN RHODE ISLAND.

AFTER WE PARTNERED WITH THEM TO FIRST OF ALL DEVELOP A TOOL THAT WE WANTED TO USE FOR OUR HOME ASSESSMENT WHICH WE ENDED UP BORROWING FROM THE FALLS PREVENTION CENTER OF EXCELLENCE WHICH IS LOCATED IN LOS ANGELES, CALIFORNIA.

SO ONCE WE SELECTED THAT TOOL WE PUT TOGETHER A TRAINING USING THAT TOOL.

AND WE ENDED UP DOING LIKE A WEBINAR ONLINE, IT WAS AN ONLINE-BASED TRAINING THAT EMTS COULD GO TO OR THEY COULD COME
TO A LIVE PRESENTATION.

IT WAS ABOUT A HALF HOUR TO 40 MINUTES.

AND THE PILOTS, IT'S JUST REALLY GETTING STARTED NOW BUT WE STARTED WITH TRAINING FOR TOWNS AND CITIES, TO IMPLEMENT THE PROJECT AND KIND OF THE THOUGHT BEHIND IT IS THAT THE EMT WILL PERFORM THIS QUICK HOME ASSESSMENT.

IT'S MEANT TO TAKE ABOUT TEN MINUTES.

WHEN THEY RESPOND TO A 911 CALL FOR OUR CALLS ASSIST FOR OLDER ADULTS, CALL 911 DOES NOT REQUIRE A TRANSPORT TO THE EMERGENCY DEPARTMENT.

>> THAT SOUNDS LIKE AN SPLENT PROGRAM AS WELL.

>> I CAN PROVIDE MORE INFORMATION, FEEL FREE OE-MAIL ME.

>> AND WE DO HAVE AN ARCHIVED WEBINAR THAT JEN AND STAFF FROM
THE CALIFORNIA CENTER THAT SHE JUST MENTIONED, WHERE THEY PRESENTED ON THEIR MODEL. WE CAN MAKE THAT AVAILABLE AS WELL.

>> GREAT.

>> IF YOU SEND THAT TO ME I'LL MAKE SURE THAT THE WHOLE COMMUNITY OF PRACTICE GETS TO SEE IT AND CHECK IT OUT.

>> GREAT.

ALL RIGHT, WELL I THINK THAT THAT BRINGS US JUST ABOUT TO THE 3:00 MARK.

THAT WAS A VERY FULL WEBINAR WITH LOTS OF GREAT INFORMATION ON FALLS.

I REALLY APPRECIATE EVERYONE'S PARTICIPATION.

AND PEGGY IS ASKING WHAT THE L.A. FALLS ASSESSMENT MODEL IS. I'LL TOUCH BASE WITH JEN AND MAKE SURE I GET WHATEVER ONLINE RESOURCES ARE AVAILABLE FOR THAT AROUND WE'LL SEND THEM OUT TORT
COMMUNITY OF PRACTICE.

>> YEAH, I CAN DEFINITELY SEND THAT OUT TO YOU PEGGY. IT'S A HOME ASSESSMENT TOOL, FOUR-FOLD BROCHURE LIKE I SAID THAT WAS PDF.

>> GREAT.

ALL RIGHT, WITH THAT I'LL DRAW YOUR ATTENTION TO THE EVALUATION FOR THE WEBINAR WHICH IS ON THE SCREEN IN FRONT OF YOU.

SO THERE ARE THREE EVALUATIONS HAPPENING RIGHT NOW.

THE EVALUATION FOR THIS WEBINAR, THE OVERALL COMMUNITY OF PRACTICE EVALUATION, AND THEN YOUR TEAM CHECK IN EVALUATION.

SO JUST TO MAKE THAT A LITTLE BIT CLEARER, THANKS SO MUCH FOR ALL YOUR PARTICIPATION TODAY.

WE ARE RIGHT AT 3:00 SO I'M GOING TO CLOSE THINGS OUT, OUR PRESENTERS, THANK YOU SO MUCH, AND I'LL SEE THE REST OF THE MEMBERS IN MARCH.
TAKE CARE.