

Fall Prevention Resource Guide

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The Vermont Fall Prevention Resource Guide features facts about falls both nationally and in Vermont, information about free online resources, screening and assessment suggestions as well as services available to Vermonters around the state.

This guide was assembled for use for midlife and older adults, health care providers, community organizations, family members, and individuals interested in learning about fall prevention.

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Introduction

Most falls are not caused by a single factor, but are the result of multiple different factors happening at once. The ordinary choices people make as well as the actions they take may increase their chance of falling. The causes of falls can be either **intrinsic** (the individual's general physical condition, occurring naturally) or **extrinsic** (environmental and behavioral hazards, occurring unnaturally). Shown below are some of the risk factors that can increase an individual's risk of a fall.

What Causes Falls? Risk Factors

Age

- The natural process of aging seems to put older adults at an increased risk of falling
- The risk of falls nearly doubles by age 80
- The link between falls in the elderly is most likely related to bone density and osteoporosis

Gender

- While falls are more common among females, males are more likely to sustain a fatal fall
- Postmenopausal women are at significantly higher risk for osteoporosis due to declining estrogen levels
- Men appear to be more likely to participate in risk taking behaviors

Medications

- The most common categories of problem drugs: anticonvulsants, psychotropic, anti-arrhythmic, diuretics, muscle relaxants, narcotics, and sedatives
- They can impair mental alertness, cause postural hypotension, reduce fluid volumes, and create electrolyte imbalances associated with falls

General Impairment

- Physical disabilities have had an even greater impact impairment (in many cases) on person's risk for falling than chronic disease as shown by studies.
- Impairments include cognitive changes, depression, dehydration, alcohol and medication effects, dizziness upon rising, and lack of strength

Fear of Falling

- The fear of falling creates a complex dilemma for the elderly
- Once having been injured from a fall, the fear of falling once more is greatly heightened
- Paradoxically, research has shown that this fear alone increases the likelihood of a fall
- Why this may occur is likely related to the individual moving in an unconfident manner

Medical Conditions

- Chronic disease and diminished sensory proprioceptive response are known to increase the vulnerability of the elderly to fall risk; among these are: heart disease, hypertension, orthostatic hypotension, stroke, chronic lung disease, vision impairment, hearing loss, foot problems, vestibular disorders, incontinence, neurological and musculoskeletal disorders, and cognitive impairments

BMI and Physical Deconditioning

- Nutrition deficiencies can become a major risk for both overweight and underweight individuals
- Physical fitness in later years can provide the strength and stability for muscle coordination and flexibility important for body balance control

High Risk Behavior

- Some individuals are unaware of how their own habits may put them in harm's way, thus increasing their risk for falling
- Among the behaviors most destructive to maintaining good health are the lack of regular exercise, poor hydration, eating an unhealthy diet, and drinking alcohol

Environmental Hazards

- Factors related to the physical environment are the most common cause of falls
- According to VT and national data, 60% of falls occur at home
- Factors that may be the source of fall risk can range from ill-fitting clothing and footwear to unsafe conditions both inside and outside the house

Education is an essential element of the prevention of falls because the perception of health risks supports health action.

Educating patients and the public to recognize potential hazards in the home and to distinguish safe from risk taking behavior may have benefits in terms of the perception of risk and the adoption of safety practices. Some hazards can be addressed by behavioral changes alone—for example, avoiding darkened stairways or such risky activities such as standing on chairs. Involving the older person at risk in any assessment of the home environment is an important educational tool that will support compliance with the expert's recommendations. Intensive devaluation of elderly individuals with instability problems often finds multiple conditions that could contribute to falls and that may be treatable.

Status of Falls in Vermont

In the United States, one in three elderly Americans 65 years of age or older falls each year. Falls are prominent among the external causes of accidental injury.

Falls are the leading cause of both fatal and nonfatal injuries in older Americans. In 2014, approximately **38%** Vermont adults aged 45 years and older who fell at least once reported that they had a fall that resulted in an injury.

Costs of Falls

The economic impact of falls is critical to family, community, and society as a whole. Falls can be costly—both financially and in the quality of one's life. Falls pose a threat to both the safety and independence of seniors, as well as generate enormous costs—both personal and economic.

Fall-incurred costs are categorized into two aspects:

- *Direct costs* encompass health care costs such as medications and equate services e.g. health care providers consultations in treatment and rehabilitation.

- *Indirect costs* are social productivity, losses of activities in which individuals or family caregivers would have involved if he/she had not sustained fall-related injuries e.g. lost income.

The Falls Free® Coalition

The Falls Free® Coalition stated, "Vermont is seeing a significant increase in its numbers of older adults. As the population ages, the impact and cost of fall-related deaths and injuries will increase dramatically unless this serious public health issue is addressed effectively."

Falls are in fact, preventable! Falls are **not** an inevitable consequence of aging. Through practical lifestyle adjustments, evidence-based programs, and community partnerships, the number of falls among seniors can be reduced substantially.

Facts about Falls in Vermont

- In 2013, EMS agencies reported a total of **977** patient lift assists: where they helped a patient up after a fall but did not transport them to a hospital following the fall.
- Falls are currently the leading cause of accidental death among Vermonters 65 years of age or older, and have increased by **423%** between the years 2000-2009.
- In the year 2009, the cost to treat fall-related hospitalizations in elderly Vermonters was **\$39,400,000**.
- While the greatest number of fall-related hospitalizations occurred among residents between the ages of 66-84, those ages 85 years and older had the highest rate of fall-related hospitalizations (**5,712** per 100,000 people) and fall-related emergency department visits (**7,157** per 100,000).
- Each year, more Vermonters 65 or older die from falls than motor vehicle accidents.
- Although falls occur across life span, the rate of fatal falls is approximately **50** times higher for older adults than that of the rest of Vermont's population.

The largest numbers of people with fall injuries are those who do not go see a doctor, receive no medical care, or treat themselves.

Inclusion Criteria

In order for a program to be eligible for inclusion in this guide, programs or resources should meet the following guidelines:

- Be specifically designed to improve health and/or prevent falls among older adults
- Provide services at little or no cost to clients, or offer a sliding-scale fee system
- Be open/available to residents of Vermont

The Vermont State Department of Health, Injury Prevention Program reserves the right to select the resources featured in the Fall Prevention Resource guide. Decisions will be made based on the criteria noted above, and the Injury Prevention Program will have the final authority. Inclusion in the guide does not constitute an endorsement of the organization or resource.

To submit a resource for inclusion in the guide, please contact us at (802)863-7227) or by email at vtems@vermont.gov.

Disclaimer

The Fall Prevention Resource guide is designed for older adults, family members, caregivers, health care providers, injury prevention professionals, and anyone interested in learning more about fall prevention resources in the state of Vermont. The Vermont State Department of Health has not evaluated these programs and resources. Inclusion in the Guide does not constitute an endorsement of the resource or their coordinating organizations. The IPP assumes no responsibility for any injury or damage resulting from involvement with one of the listed prevention programs or resources. Individuals should speak with their physicians before participating in any physical activity.

Open Access Materials

Vermont Health Department Injury Prevention Website:

www.healthvermont.gov/family/injury/falls

Includes fact sheets, information on current falls prevention programs

CDC STEADI: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

www.cdc.gov/steady

Includes fact sheets, graphs, brochures, and posters about falls and fall prevention for older adults in the following: English, Spanish, and Chinese.

Fall Prevention Center of Excellence

www.stopfalls.org

Offers information for individuals and families, service providers, researchers, and educators.

National Safety Council

www.nsc.org/issues/fallstop.html

Includes statistics, prevention tips, research findings, information for journalists and additional resources.

U.S National Institutes of Health, Nation Institute on Aging

nihseniorhealth.gov/falls/toc.html

Provides information, prevention tips, and additional resources.

National Council on Aging/Administration for Community Living

www.ncoa.org/healthy-aging/falls-prevention/

Provides fact sheets, networking, information and additional resources.

Falls Risk Assessment

There are many methods available for assessing falls risk, ranging from simple screenings to in-depth assessments of risk level and risk factors. The Vermont Department of Health does not endorse a particular screening or assessment method. Rather, it encourages organizations to remember that the best falls risk assessment is the one that will actually be used. Next, the outcome should offer a path to remedy the identified risk level or risk factors.

For those seeking to institute a screening and assessment tool, the Centers for Disease Control and Prevention (CDC) falls prevention toolkit STEADI (Stopping Elderly Accidents, Deaths & Injuries) offers several tools. These include:

- Healthcare Provider Toolkit
- Falls Risk Self-Assessment

Falls Prevention screening should, at a minimum, inquire about a history of falls in the prior year, a history of near falls and a question about fear of falling. The phrasing of the CDC STEADI questions is as follows:

“When you see patients 65 and older, make these three questions a routine part of your exam:

- 1. Have you fallen in the past year?*
- 2. Do you feel unsteady when standing or walking?*
- 3. Do you worry about falling?*

If your patient answers "yes" to any of these key screening questions, they are considered at increased risk of falling. Further assessment is recommended.”

Further Assessment

If further assessment is needed, but the organization or provider prefers to direct further assessment to an outside agency, there are several options.

For referral information, see the alphabetical listing in the last section.

FallScape:

FallScape Leaders provide falls risk screening and assessment to older adults or those with need, particularly focusing on behavioral risk factors.

Physical Therapy:

Physical therapists provide evidence-based falls risk screening and assessment that focuses on the physiological basis of falling. Many physical therapists specialize in falls or older adults.

Agencies that specialize in services for older adults frequently provide falls risk assessment, follow-up services and referrals to other services.

- Visiting Nurses Associations
- Support and Services at Home (SASH)
- Case Management Services from the Area Agencies on Aging/ Councils on Aging

Need Assessment

If you do complete further assessment, the following is a guide to suggest next steps for individuals according to risk level and need type.

Step 1: Determine the client's falls risk level OR refer to FallScape OR refer to primary care provider.

The following classifications of risk are a suggestion.

- Low: Only 1 fall with injury, not concerned about falls, no near falls, no gait, strength or balance problems
- Medium: Yes to any key question and/or gait, strength or balance problems
- High: Yes to multiple questions, gait/strength/balance problems

Step 2: Determine the client's area(s) of need OR refer to FallScape (medium or high risk) OR SASH (low risk).

Physical

- Physical Therapy
- Occupational Therapy
- Strength and Exercise

Medical

- Polypharmacy
- Hearing
- Vision
- Medical Supply Needs

Psychosocial

- Mental/Social/Emotional Health

Logistical/General Wellness

- Home Modifications
- Nutrition
- Independent Living Support
- Other

Step 3: Determine Appropriate Referral

The following are suggestions only. Refer according to your organizational policies, professional judgment, individual's needs and local availability.

	Low Risk	Moderate Risk	High Risk
Polypharmacy	Primary Care Provider	Primary Care Provider, FallScape	FallScape, Primary Care Provider
Strength and Balance	Community-Based Exercise Program	Physical Therapy, Community-Based Exercise Program	FallScape, Physical Therapy
Psychosocial	Senior Center	FallScape	FallScape, Adult Day Center
Nutritional	Meal Site, Case Management	Meal Site, Case Management	FallScape, Meals on Wheels
Environmental	RSVP	RSVP, FallScape	FallScape, RSVP
Hearing	Hearing Specialist	Hearing Specialist	Hearing Specialist
Vision	Ophthalmologist/Optomtrist	Ophthalmologist/Optomtrist	Ophthalmologist/Optomtrist
Other	Senior Helpline	FallScape, Senior Helpline	FallScape, Senior Helpline

Organizations by Type

Evidence-Based Falls Prevention Programs

FallScape

Description: What do throw rugs, footwear traction accessories and bifocals have in common? All can either function as a friend or enemy to fall prevention. The Fallscape program trains older adults in mindfulness to approach everyday situations and coaches behavioral tools to promote independence. Using motivational interviewing and customizability- think smoking cessation rather than 10th grade history- Fallscape seeks to empower older adults to prevent falls. The training is delivered by EMS personnel in the home and can be delivered all at once or in a series of shorter visits. It consists of screening, a motivational interview, and point-of-view videos that are customized according to the individual's interview responses. The participant has a walker and often loses balance on the outside steps? There's a video for that. By allowing the individual to cultivate knowledge of their own fall threats, they can stay in their homes for longer and retain quality of life.

Number of sessions: 2 in-home visits, weekly phone calls for 1 month, monthly phone calls for 6 months

Who's it for?

Older adults who have fallen, sometimes lose their balance or almost fall or are concerned about falling

Where is it?

FallScape is free for participants and offered by trained professionals almost everywhere around the state.

How to register

- By phone: (802)863-7227

- By fax: (802)863-7577
- By email: vtems@vermont.gov
- Referral forms are available online to make referrals easier but are not required: healthvermont.gov/family/injury/falls

Stay Steady

About: Stay Steady is delivered by physical therapists to educate older adults about balance, how aging affects balance and how exercise and activity help to improve it.

Number of Sessions: Single 2-hour group class

Who is it for? Older adults who have fallen or are concerned about falling

Where is it? Events are typically held around the state during Falls Prevention Awareness Week. To hold an event, contact the Vermont American Physical Therapy Association.

Otago

About: Otago is an exercise program that uses leg muscle strengthening and balance retraining exercises and a walking plan to prevent falls. The exercises are tailored to individuals and taught during five home visits by a trained instructor.

Number of sessions: 5 in-home visits accompanied by phone calls

Who's it for? Older adults who desire or need an in-home exercise program.

Where is it? Offered by specially-trained physical therapists in certain areas of the state. Contact the Vermont American Physical Therapy Association for more information.

A Matter of Balance

“A Matter of Balance is designed to reduce fear of falling in older adults and gradually help increase activity levels by increasing comfort. The program helps develop practical strategies to address fears of falling. Participants set goals for increasing activity and address environmental risk-factors. They also learn strength and balance exercises.

After completing “A Matter of Balance” 97 percent of participants are more comfortable talking about fear of falling, 97 percent feel comfortable increasing activity and 99 percent plan to continue exercising.

Number of sessions: Eight two-hour sessions for groups of 10 to 12 participants.

Who’s it for? Adults who...

- Are concerned about falls.
- Have sustained a fall in the past.
- Restrict activities because of concerns about falling.
- Are interested in improving flexibility, balance and strength.
- Are age 60 or older, ambulatory and able to solve problems.

Where is it?

- University of Vermont Medical Center, 802-847-2278
- Upper Valley Aquatic Center, 802-296-2850
- Castleton Community Center, 802-468-3093
- Northeast Kingdom Council on Aging, 802-748-5182
- Indian Stream Health Center, Canaan, VT, 802-266-3340
- Northeast Kingdom Council on Aging, 1-800-642-5199

- Senior Solutions, 1-800-642-5199
- Champlain Valley Agency on Aging, 1-800-642-5199
- Valley Terrace Assisted Living, 802-280-1910
- Godnick Adult Center, 802-773-1853

Tai Chi

About: Tai Chi programs teach movement and exercise. Many of these programs are evidence-based, including Tai Chi for Arthritis and Tai Chi: Moving for Better Balance.

Who's it for? Adults able to access a balance and exercise program in a group-based, community setting.

Number of sessions: varies.

A variety of Tai Chi programs are offered statewide. To access the Tai Chi program close to you, please contact the Senior Helpline at 1-800-642-5119 or contact your local Area Agency on Aging. To inquire about training to teach Tai Chi, please contact the Tai Chi Institute at 802-457-2877.

Strong Living

About: The Strong Living Program is a twelve-week strength and balance exercise program for adults 60 years and older. Strong Living incorporates years of scientific research and practical field experience in effective exercise techniques for older adults.

Research shows that strength training can help older adults improve fitness, mobility, strength and balance, emotional well-being, bone health and help to reduce falls.

Who is it for? The Strong Living Program is appropriate for both sedentary and active adults 60 years and older.

Where is it? Contact Senior Solutions for the most up-to-date list.

- Brattleboro Senior Center, 802-254-5808 x203
- Guilford Community Church, 257-2776 or 257-0994
- Putney Cares, <http://www.putneycares.org/programs/strong-living/>
- Westminster Cares, 802-722-3607

Evidence-Based Chronic Disease Management Programs

Except where listed, all chronic disease management programs can be accessed through the Blueprint for Health regionally:

- Orleans/Northern Essex: Joanne Fedele, 802-334-3208, jfedele@nchsi.org
- Caledonia/Southern Essex: Pam Smart, 802-748-7395, p.smart@nvrh.org
- Franklin/Grand Isle: Heidi Messler, 802-524-8831, hmessler@nmcinc.org or Debbie Robertson, 802-524-1031, drobertson@nmcinc.org
- Chittenden: Robyn Skiff, 802-847-5468, robyn.skiff@uvmhealth.org
- Lamoille: Jean Audet, 802-888-6026, jean.audet@chslv.org
- Washington: Lisa Champagne, 802-371-5945, lisa.champagne@cvmc.org
- Orange: Sheena Loschiavo, 802-272-9927, sloschiavo@littlerivers.org
- Addison: Jessica Stocker, 802-877-1647, jstocker@portermedical.org
- Randolph Area: Megan Sault, 802-728-7714, msault@giffordmed.org
- Rutland: Corissa Burnell, 802-773-9888, cburnell@rrmc.org
- Windsor: Samantha Abrahamsen, 802-674-7213, Samantha.abrahamsen@mahhc.org
- Springfield: Sarah Doyle, 802-886-8946, sdoyle@springfieldmed.org

- Bennington: Kathy Dockum, 802-440-4098, ksd@phin.org
- Windham: Teresa Kneipp, 802-257-8867, tkneipp@bmvht.org

Bone Builders

The RSVP Bone Builders Program relies upon weight training and balance exercises to protect against fractures caused by osteoporosis by increasing muscular strength, balance and bone density. Studies published in the New England Journal of Medicine and the Journal of the American Medical Association show that elderly women, who participated in a weight training program twice weekly for a year, gained an average of 1% of bone density. A control group lost 2% to 2.5% over the same time period. Participants reported increased strength, better balance, more energy and feelings of well-being.

Where:

- Addison County: 802-388-7044, rsvpaddison@volunteersinvnt.org
- Rutland County: 802-775-8220, rsvp@volunteersinvnt.org
- Windham and Windsor Counties: 802-885-2655

Chronic Disease Management

About: Support to help people with chronic diseases manage and improve their health. The program focuses on topics that come up when dealing with any chronic condition such as problem solving and action planning, medication use, nutrition, emotions, exercise and talking with doctors.

Timing: 2 ½ hour sessions weekly for six weeks.

Who it's for: people living with a chronic disease such as arthritis, diabetes, cancer, obesity or heart disease.

Contact: Blueprint (see page 18)

Chronic Pain Management

About: Support and education, including techniques to deal with problems such as frustration, fatigue (feeling tired), isolation, and poor sleep; exercises to improve your strength, flexibility, and endurance—and instructions on how to pace yourself between activity and rest and tips for talking with your family, friends, and health care professionals about pain.

Timing: 2 ½ hour sessions weekly for six weeks.

Who it's for: people living with chronic pain for more than 3 to 6 months.

Contact: Blueprint (see page 18)

Emotional Wellness

A self-designed prevention and wellness process that anyone can use to get well, stay well, and make life the way you want it to be. The program is designed to help you:

- Keep track of troubling feelings and behaviors—so you can plan responses to reduce, change, or prevent them
- Feel more in control of your feelings and your life
- Enjoy a better quality of life
- Achieve your life goals and dreams
- This program can also help supporters or caregivers learn how to respond when a person who is struggling cannot make decisions, take care of themselves, or keep themselves safe.

WRAP® was developed by a group of people who successfully overcame their mental health challenges. Workshop leaders are people who have already developed their own WRAP® and who have received special training in order to help others help themselves.

Contact: Blueprint (see page 18)

Quitting Smoking

When you're ready to quit, the Vermont Quit Partners are ready with free workshops to help you set a plan and succeed in being tobacco-free. There are Quit Partners all across Vermont available to provide support and motivation to help you through the quitting process. Participants meet once a week.

Contact: Blueprint (see page 18)

Diabetes Management- Healthier Living Workshop

About: A small group workshop for people with type 2 Diabetes. The workshop is led by specially trained professionals—at least one of whom has diabetes. People who complete the program say they see big improvements, like eating better, feeling less depressed, and having a better relationship with their doctors. The program is designed to help you with: problem solving and action planning, healthy eating, exercise, monitoring blood sugar, managing stress and handling sick days.

Contact: Blueprint (see page 18)

Diabetes Prevention

The YMCA's Diabetes Prevention Program is part of the Centers for Disease Control and Prevention-led National Diabetes Prevention Program. It is free of charge to qualified participants, thanks to a

partnership with the Vermont Blueprint for Health. The Program is a 12-month, lifestyle behavior intervention comprised of 16 core sessions followed by monthly maintenance sessions. This is an evidence-based program for adults at high risk for developing type 2 diabetes. New sessions starting statewide soon! For more information, please contact Kristin Magnant by email at kmagnant@gbymca.org or by phone at 802-652-8196.

EnhanceFitness YMCA

This proven fitness and arthritis management program helps older adults become more active, energized, and empowered. The program consists of low-impact exercise classes that are safe, yet challenging, for older adults of all fitness levels. EnhanceFitness classes are underway now and are free for Y Members and, for Non-Members, the first 16 weeks of the program are free with a medical referral.

Contact: Denise Schomody by email at dschomody@gbymca.org or by phone at 802-652-8195.

Area Agencies on Aging

Area Agencies on Aging (AAAs) and Councils on Aging (COAs) provide services to older adults that can include case management, exercise programs, financial and advocacy services, nutrition services and others. In Vermont, the 5 regional AAAs have united to connect individuals with services using the Senior Helpline. Any of the AAAs/COAs can be contacted in this manner.

Senior Helpline: 1-800-642-5119

www.vermontseniors.org

The AAAs can also be contacted individually and serve the following regions:

Central Vermont Council on Aging

Lamoille, Orange & Washington Counties (except town of Thetford. Includes Granville, Hancock, Pittsfield, Bethel, Rochester, Royalton, Sharon & Stockbridge).

www.cvcoa.org

cvcoa@cvcoa.org

1-877-379-2600

1-802-479-0531

59 N. Main Street, Suite 200, Barre, VT 05641-4121

Champlain Valley Agency on Aging

Addison, Chittenden, Franklin & Grand Isle Counties (except for town of Granville and Hancock)

www.cvaa.org

1-802-865-0360

76 Pearl Street, Suite 201, Essex Junction, VT 05452

Northeast Kingdom Council on Aging

Caledonia, Essex & Orleans Counties

www.nekcouncil.org

Saint Johnsbury Office: 802-748-5182

Newport Office: 802-334-2190

Hardwick Office: 802-472-6525

Island Pond Office: 802-723-3013

info@nekcouncil.org

Senior Solutions (Council on Aging for Southeastern VT)

Windham & Windsor Counties (except for towns of Bethel, Rochester, Royalton, Sharon, Stockbridge. Includes towns of Searsburg, Readsboro, Thetford and Winhall)

www.seniorsolutionsvt.org

38 Pleasant Street, Springfield, VT 05156

802-885-2655

information@seniorsolutionsvt.org

Southwestern Vermont Council on Aging

Bennington & Rutland Counties (except for towns of Pittsfield, Winhall, Readsboro, Searsburg)

www.svcoa.org

Rutland Office: 802-786-5990

Bennington Office: 802-442-5436

infoandassistance@svcoa.net

Meal Sites and Meals on Wheels

See above listing for AAAs/COAs to obtain the most up-to-date listings for senior meal sites and Meals on Wheels.

SASH (Support and Services at Home)

SASH helps older Vermonters and Vermonters with special needs live comfortably and safely at home by helping provide access to needed care and support. SASH communities have a care coordinator and wellness nurse who partner with community providers to help SASH participants stay healthy and independent. SASH teams are located throughout the state and referrals can be made securely through the website.

www.sashvt.org

802-863-2224

sash@cathedralsquare.org