



## RESEARCH BRIEF

# Engaging Community Organizations in Fall Prevention for Older Adults: Moving from Research To Action

### KEY POINTS TO CONSIDER

Communities have untapped potential to prevent falls.

To create community-wide benefit, fall prevention efforts must intentionally combine:

- ✓ usable, evidence-informed interventions
- ✓ competent, effective implementation
- ✓ supportive, enabling environments

## What is the topic of this research?

Falls among older Canadians (65+) are:

- **Common**, as an estimated 1.6 million seniors fell at least once in 2011
- **Harmful**, as the leading cause of injury-related hospitalization, disability, and death
- **Costly**, at over \$1.1 billion annually in direct healthcare costs alone
- **Preventable**, with current evidence promising an immediate 25% reduction

Falls among older adults are a significant issue too complex to be solved by health care services alone. To our knowledge, this is the first study exploring the potential for widespread implementation of effective fall prevention interventions by both health and non-health community service providers.

## Research Question

To describe community service providers':

- 1] use of evidence-based fall prevention interventions;
- 2] attitudes towards implementation;
- 3] knowledge and capacity to engage in fall prevention;
- 4] collaboration in fall prevention;
- 5] organizational readiness to implement evidence.

## How was the study done?

A Rapid Evidence Assessment (REA), which included three practice guidelines, two meta-analyses and one systematic review, identified seven evidence-based fall prevention interventions for older adults.

A structured questionnaire was developed to determine **knowledge** (importance, mastery), **attitudes** (intention) toward, **capacity** (role and resourcefulness), and **use** of these interventions, as well as current **collaborations** and interest in future collaborations. Perceived organizational **readiness to implement evidence** was also measured.

A purposive sample of providers (n=84), in varied roles within diverse senior-serving community organizations (62% both health and 38% non-health sectors) across different geographies, completed a structured survey as part of a larger mixed-methods study.

## Key Research Findings

The seven evidence-based fall prevention interventions identified were:

- 1] A comprehensive fall risk **assessment** by a knowledgeable professional for clients who report more than one fall in the past year, an injurious fall, or difficulties with walking. The assessment includes a medical history, physical exam, functional and environmental assessments followed by interventions tailored to the individual.
- 2] Progressive, tailored **exercise** programs proven to improve strength, gait, and balance (e.g. Tai Chi, physical therapy in either group exercise classes or home-delivered strength and balance retraining).
- 3] **Vitamin D** supplements of at least 800 IU per day along with high calcium foods and fewer foods that limit calcium absorption.
- 4] A **home safety** assessment for clients at high risk of falls using a validated tool such as the HomeFAST screen, followed by environmental modifications prescribed by a trained professional.



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- 5] A **medication** review including the adjustment of medications to reduce the total number of medications or dose of individual medications that may lead to increased risk of falls (e.g. sleeping pills, nerve pills and antidepressants).
- 6] Assessment for **vision** impairment (e.g. cataracts) and referral for correction (e.g. to an ophthalmologist).
- 7] Fall prevention **education** at the individual or community level.

**The majority of participants perceived that:**

- at least one evidence-based fall prevention practice was used (90%)
  - falls were preventable (82%) and a top concern for older adults (75%)
  - fall prevention would be beneficial to their clients (75%)
- BUT**
- only some (21%) perceived that staff to a great extent had the necessary knowledge and skills to implement fall-preventing activities
  - few (10%) perceived that available resources could support fall prevention activities.

## Key Message

Strategies are needed to enhance inter-professional, inter-agency and inter-sectoral collaboration that will improve knowledge and use of fall prevention practices to reduce falls among community-living older adults.

## Where do we go from here?

Further research is needed to identify effective **collaboration** and **knowledge translation strategies** that engage community-based organizations in fall prevention activities as “everybody’s business”.

## Who are the researchers?

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