Falls Prevention Strategy

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Why is everyone talking about falls?

Professor Bernard Isaacs

(1924–1995)

‘It takes a child one year to acquire independent movement and ten years to acquire independent mobility. An old person can lose both in a day’

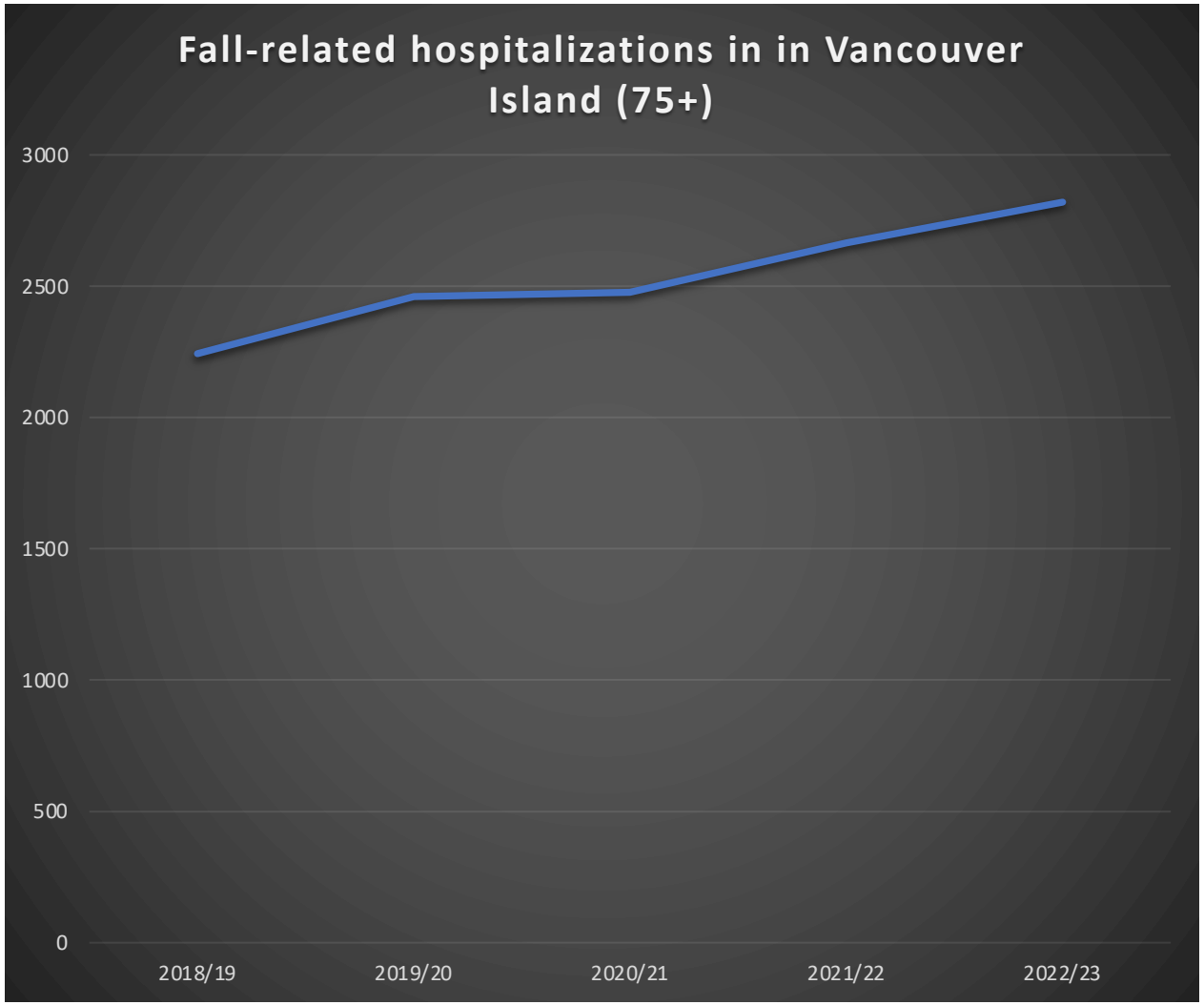
Burden of Falls

- 1 in 3 seniors will fall this year
- 40% of LTC admissions are due to falls
- Falls are the leading cause of injury-related deaths in seniors in BC

- Most falls occur in the home (55%)

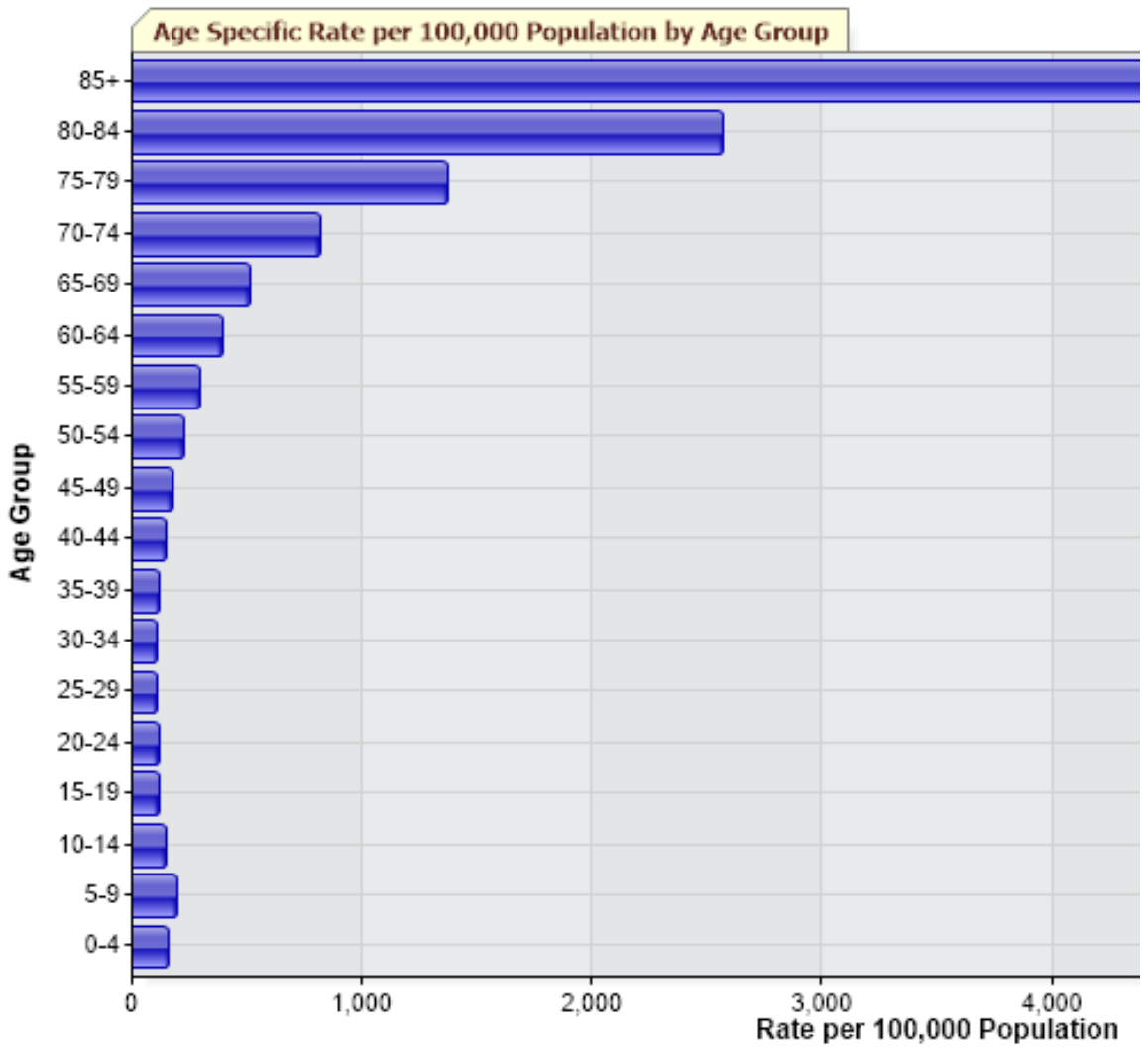
Burden of Falls

Growing and aging population



Decision Support : Fall-related Hospitalizations for Population Age 75

Falls-related hospitalization rate in Vancouver Island 2002-2019



Injury Hospitalizations (injuryresearch.bc.ca)

Cost associated with falls

Vancouver Island

- Between 2010-2020, the cost of hospital admissions related to falls has been over $450,000,000 in patients 75 and older.
- Over 23,000 hospital admissions and 486,624 bed days

Injury Hospitalizations (injuryresearch.bc.ca)

Evidence

- Most falls are *preventable*.
- Physical activity is the most effective way to prevent falls
- All older adults should be advised on falls prevention and physical activity (1).
- Opportunistic case finding (1)
- For someone with a high risk of falls, multifactorial interventions and a comprehensive risk assessment are recommended (1).

Montero-Odasso, Manuel, et al. "World guidelines for falls prevention and management for older adults: a global initiative." Age and ageing 51.9 (2022): afac205.

Evidence Real world study

The **STRIDE study**, a cluster randomized pragmatic trial from the UK, revealed that:

The impact of providing falls prevention education was comparable to the impact of a multifactorial intervention that included nurses, general practitioners, and geriatricians (comprehensive falls assessment, medication review, home environment assessment, visual acuity).

Strategies used to prevent falls:

- Education (healthcare providers, patients and families) (1,2)
- Promoting and increasing access to physical activity (1,2)
- Multidisciplinary multifactorial intervention (CGA, falls assessment, vision checks, medication review etc.) (2)

1. Quality improvement strategies to prevent falls in older adults: a systematic review and network meta-analysis - PubMed (nih.gov); 2. World guidelines for falls prevention and management for older adults: a global initiative | Age and Ageing | Oxford Academic (oup.com)

Proposed Strategy for Falls Prevention in Cowichan

- Multi-faceted *community-driven* public awareness and educational campaign to raise awareness about falls and falls prevention strategies

Why a public awareness campaign?

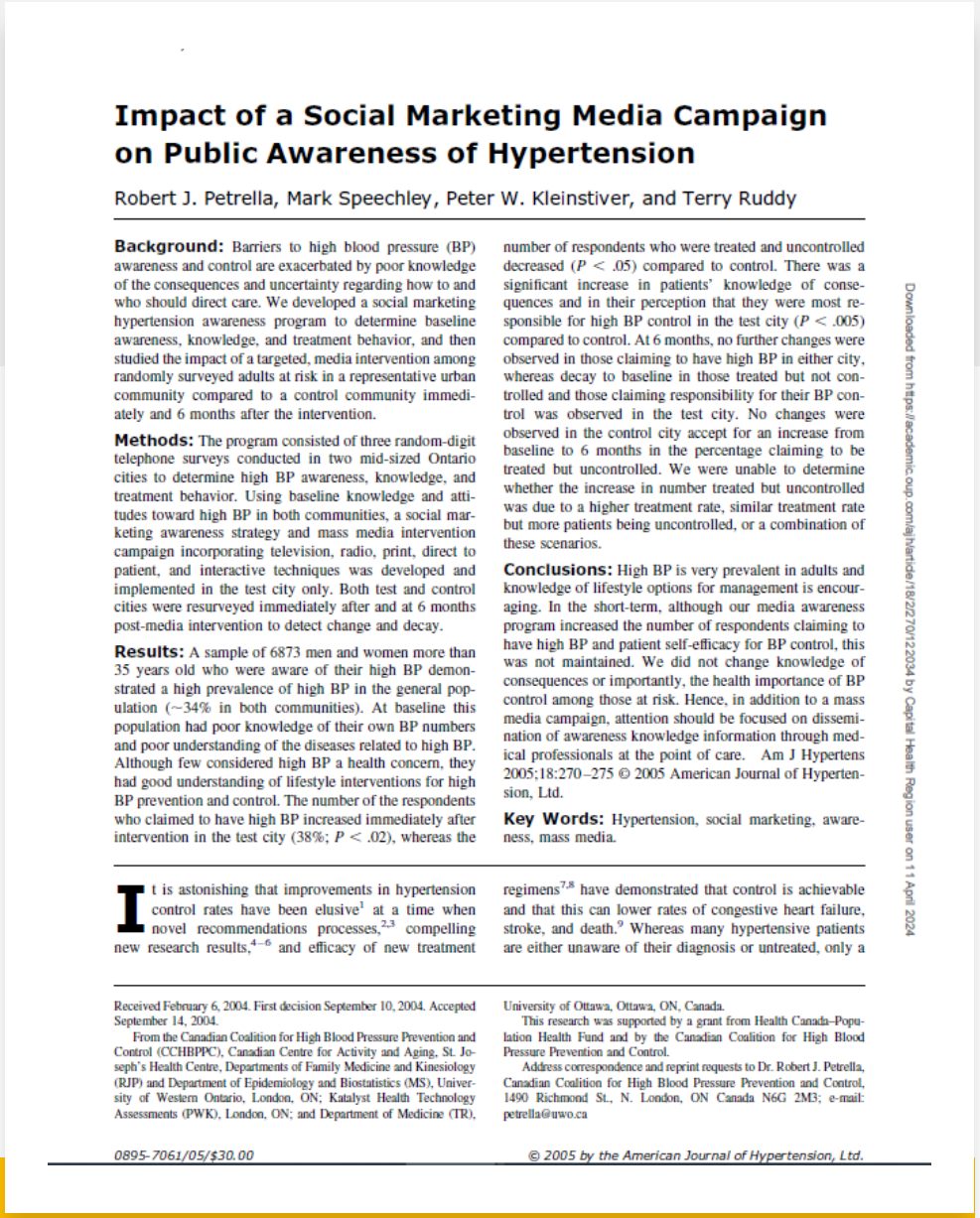
- Wide reach
- Empowers clients to take ownership of their own care.
- Minimal use of resources
- Strengthens community partnerships
- Evidence-based
- Sustainability and spill over effect

Findings from social marketing media campaign on public awareness of hypertension

Public awareness campaign had positive impact on metrics related to key messages

Impact was highest during short-term follow-up, however returned towards baseline with time

Education should also be provided to healthcare professionals to impact practice changes and improve patient outcomes.



Impact of a Social Marketing Media Campaign on Public Awareness of Hypertension

Robert J. Petrella, Mark Speechley, Peter W. Kleinstiver, and Terry Ruddy

Background: Barriers to high blood pressure (BP) awareness and control are exacerbated by poor knowledge of the consequences and uncertainty regarding how to and who should direct care. We developed a social marketing hypertension awareness program to determine baseline awareness, knowledge, and treatment behavior, and then studied the impact of a targeted, media intervention among randomly surveyed adults at risk in a representative urban community compared to a control community immediately and 6 months after the intervention.

Methods: The program consisted of three random-digit telephone surveys conducted in two mid-sized Ontario cities to determine high BP awareness, knowledge, and treatment behavior. Using baseline knowledge and attitudes toward high BP in both communities, a social marketing awareness strategy and mass media intervention campaign incorporating television, radio, print, direct to patient, and interactive techniques was developed and implemented in the test city only. Both test and control cities were resurveyed immediately after and at 6 months post-media intervention to detect change and decay.

Results: A sample of 6873 men and women more than 35 years old who were aware of their high BP demonstrated a high prevalence of high BP in the general population (~34% in both communities). At baseline this population had poor knowledge of their own BP numbers and poor understanding of the diseases related to high BP. Although few considered high BP a health concern, they had good understanding of lifestyle interventions for high BP prevention and control. The number of the respondents who claimed to have high BP increased immediately after intervention in the test city (38%; $P < .02$), whereas the number of respondents who were treated and uncontrolled decreased ($P < .05$) compared to control. There was a significant increase in patients' knowledge of consequences and in their perception that they were most responsible for high BP control in the test city ($P < .005$) compared to control. At 6 months, no further changes were observed in those claiming to have high BP in either city, whereas decay to baseline in those treated but not controlled and those claiming responsibility for their BP control was observed in the test city. No changes were observed in the control city accept for an increase from baseline to 6 months in the percentage claiming to be treated but uncontrolled. We were unable to determine whether the increase in number treated but uncontrolled was due to a higher treatment rate, similar treatment rate but more patients being uncontrolled, or a combination of these scenarios.

Conclusions: High BP is very prevalent in adults and knowledge of lifestyle options for management is encouraging. In the short-term, although our media awareness program increased the number of respondents claiming to have high BP and patient self-efficacy for BP control, this was not maintained. We did not change knowledge of consequences or importantly, the health importance of BP control among those at risk. Hence, in addition to a mass media campaign, attention should be focused on dissemination of awareness knowledge information through medical professionals at the point of care. Am J Hypertens 2005;18:270–275 © 2005 American Journal of Hypertension, Ltd.

Key Words: Hypertension, social marketing, awareness, mass media.

It is astonishing that improvements in hypertension control rates have been elusive[1] at a time when novel recommendations processes,[2,3] compelling new research results,[4–6] and efficacy of new treatment regimens[7,8] have demonstrated that control is achievable and that this can lower rates of congestive heart failure, stroke, and death.[9] Whereas many hypertensive patients are either unaware of their diagnosis or untreated, only a

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Robert J. Petrella, Mark Speechley, Peter W. Kleinstiver, Terry Ruddy, Impact of a social marketing media campaign on public awareness of hypertension, *American Journal of Hypertension*, Volume 18, Issue 2, February 2005, Pages 270–275, https://doi.org/10.1016/j.amjhyper.2004.09.012

Strategies to maximize quality improvement

Multi-faceted

Regular and consistent

Community engagement

Messaging

Evidence-based

Strategic

Measurable

Next steps:

- Establish Falls prevention working group
- Establishing scientific/medical falls prevention working groups
- Establishing patient panel for community engagement
- Compiling falls prevention tool kit (educational resources, self-assessment, etc., resources available)
- Identifying key spokespersons/components/key content for videos
    - Burden of falls, stats
    - ED/trauma physician: what they are seeing in our EDs/hospital
    - Patient : impact on quality of life
    - Geriatric physician: clinical advice, risk factors for falls, simple things they can do to prevent falls
    - OT: ways to minimize risk at home, impact of physical activity on prevention
    - Indigenous speaker
    - CDH manager: what we are doing to prevent falls in hospital
    - Community – what resources we have in community to help

Potential Launch Date

- November of 2024 - Falls prevention month
- “Cowichan - Let’s Talk Falls!”

Questions and Feedback

Thank you!