

Disclosures



- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - None
- (2) My presentation will include discussion of "off-label" use of the following:
 - None



Acknowledgments

This presentation is supported by Cooperative Agreement Number DPoo2657 from the Centers for Disease Control and Prevention, Prevention Research Centers program. The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Falls in Older Adults

- Highly prevalent; high morbidity, mortality, cost
 - One third of seniors fall each year; half of seniors aged 80+. Half of 80+ who fall cannot get up
 - Deaths: 24.8/100,000 age 50+ (WISQARS, 2008)
 - Injuries: 3,680/100,000 age 50+(WISQARS, 2009)
 - Non-injurious falls also disabling: activity restriction, isolation, deconditioning, depression



State Falls Prevention Coalitions







Healthy Steps for Older Adults and Healthy Steps in Motion

- The PA Department of Aging (PDA) has offered programs statewide through Area Agencies on Aging (AAA) since 2007 (initial pilot 2005-06)
- 40 of 67 PA AAA's have participated in the program, which is funded though federal and state sources (\$1.2M in 2010-11)
- Each year 4000-7000 seniors complete the programs; about 20,000 have completed the programs to date.
- The falls prevention programs were developed under the auspices of Health Research for Action at UC-Berkeley

PA Healthy Steps

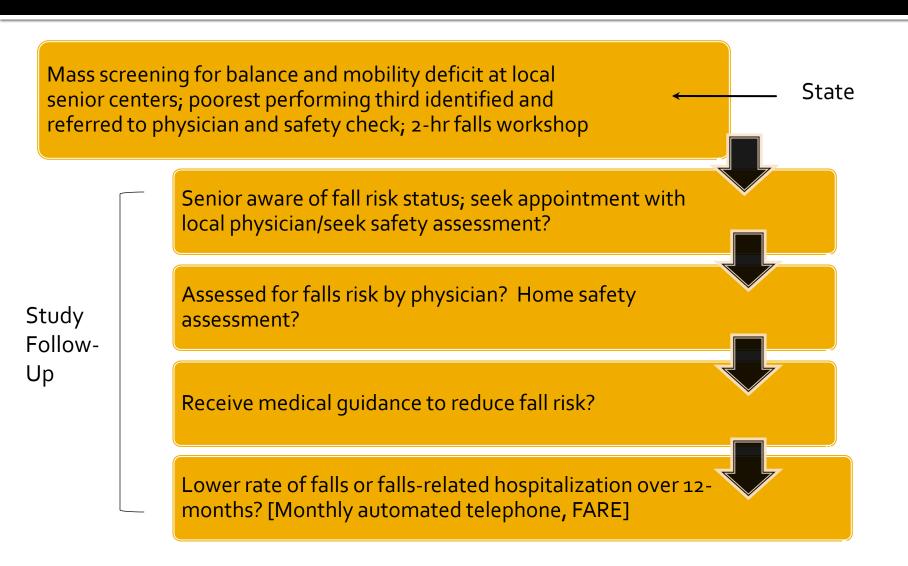
- Falls prevention education (2-hr class in Healthy
 Steps for Older Adults, HSOA) and exercise (ongoing
 sessions in Healthy Steps in Motion, HSIM)
- Physical performance assessments of balance and mobility; referrals for physician care and home safety. Local staff trained by state team
- Data entry in a web-based system
- Conducted at local senior programs across state



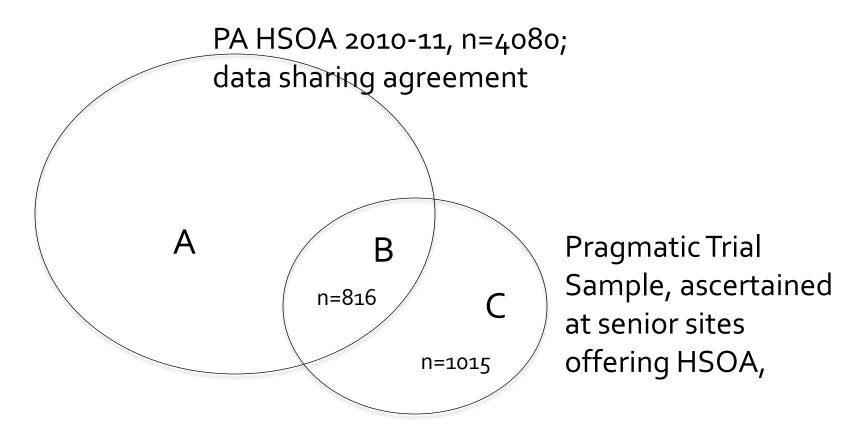
PA Counties: Healthy Steps, 2011



Primary Prevention Pathway

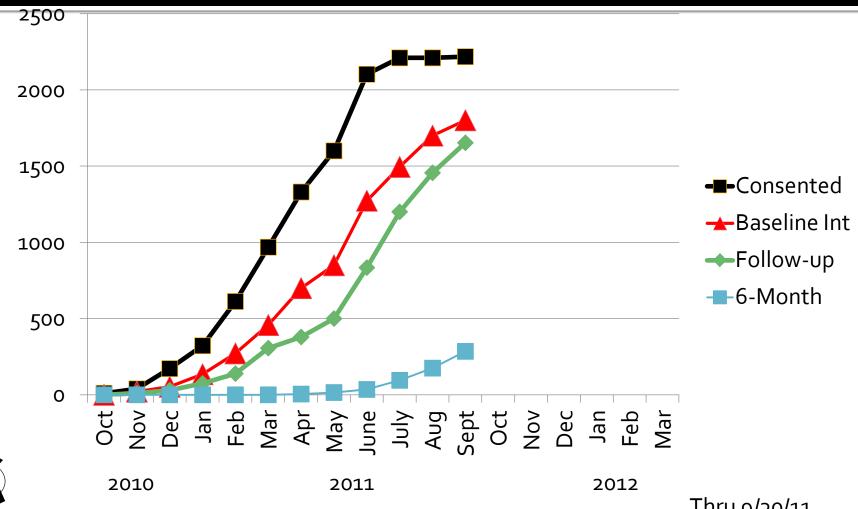


Analytic Strategies for Pragmatic Trial (PCT)



Key PCT test: Falls experience in B vs. C, adjusting for falls risk factors Assess representativeness of HSOA sample in PCT: A vs. B Assess quality of comparator for PCT: B vs. C.

Falls-Free PA: Recruitment





Thru 9/30/11

Ascertainment and Participation (10/10/11)

Provide contact info, n=2466

Ineligible, n=68

20 counties, 60 sites

Consented, n=2206, 92.0%

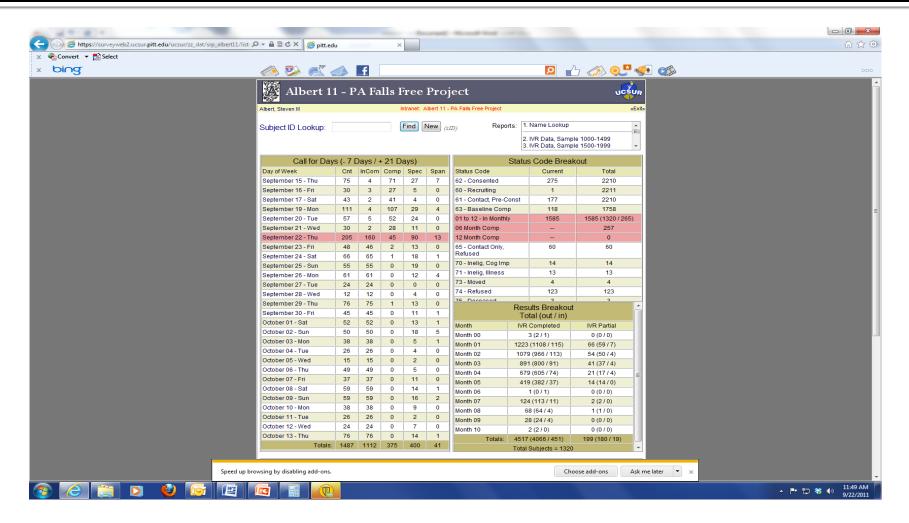
Baseline, n=1835, 83.3%

Withdrew, n=60; Death, n=11;
Illness, n=7; Other, n=5

Follow-Up, n=1755, 95.5%

≥1 Follow-Up, n=1393

Web-Based Integrated IVR-Data System



Follow-Up (through 10/20/11)

- 6200 monthly assessments
 - 89.1% automated IVR (5.4% opt out at baseline)
 - Median, 3 mo follow-up
 - Average completion rate each month: 80%
 - 2.5 min call
 - Email message sent to staff for each reported fall; personal telephone follow-up for fall documentation
 - People who opt out receive personal phone call

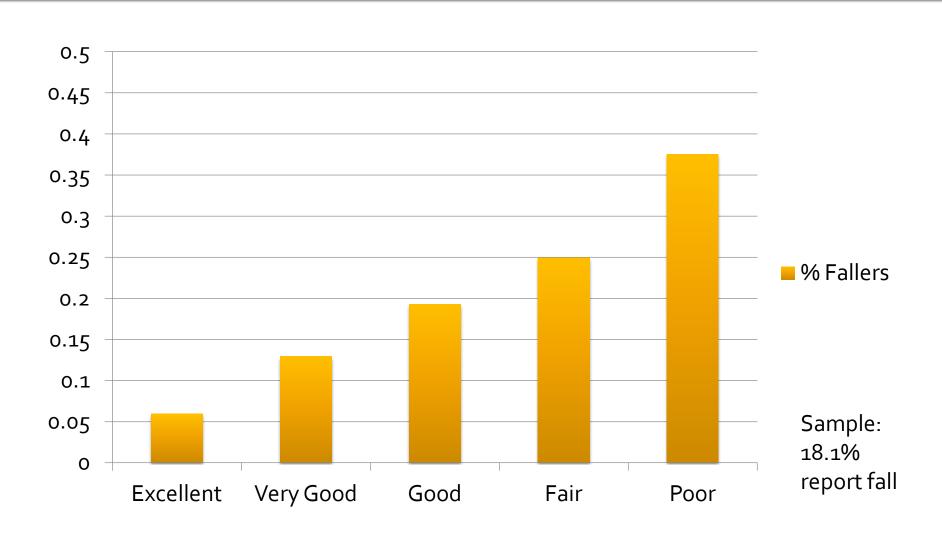
Participants, Baseline

- 79.7% women; 8.7% African-American, 2.9% Hispanic; age: 76.2 (range, 50-97)
- 13.6% college degree
- 44.1% live alone
- 5.2% receive in-home services
- 1/2 report taking Healthy Steps; 7% HSIM
- 6% likely dementia
- 38.5% mobility problems; 6.0% self-care difficulties

Association between Reported Falls, Hospital Care, and Activity: IVR Interview

	Reported Fall over Follow-Up	No Fall Over Follow-Up
Hospitalization,	12.2	6.8**
Emergency department	27.6	9.8***
Active days per week (30 min/day)	4.58 (1.8)	5.04 (1.8)***

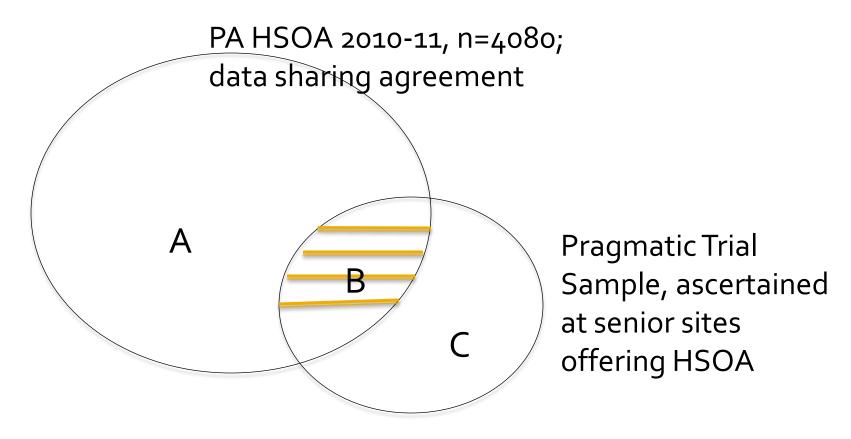
Fallers (3-mo follow-up), by Self-Rated Balance (thru 9/15/11)



Person-Days vs. Active-Days

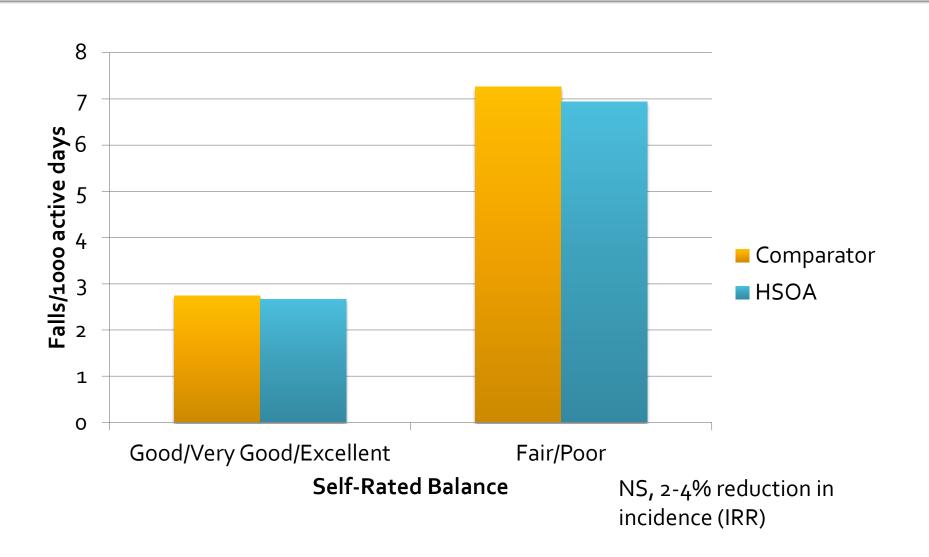


Analytic Strategies for Pragmatic Trial (PCT)



Key PCT test: Falls experience in B vs. C, adjusting for falls risk factors

Initial Findings (3 mo median follow-up): Pragmatic Trial Results



Tasks Ahead

- PCT analyses, full follow-up (June, 2012)
- Physician/provider survey, linked to falls prevention and assessment
- PHC4 data analysis
 - Do counties with higher penetration of Healthy Steps and more informed physicians have lower incidence of falls-related hospitalization?
- Randomized trial
- Program evaluation
 - Semi-structured interviews with n=80 program staff across state

Staff Acknowledgments

- Operations team
 - Jennifer King, Ed Luksik, Alexa Swails, Cassie Narkevic, Jean Nutini, Kristin Champlain, Johanna Sholder, Jason Flatt, Carol Morris, Rob Keene
- Executive team
 - Anne Newman, Bob Boudreau, Chyongchiou J. Lin
- PA Department of Aging
 - Juanita Pless, Terry Brown, Jim Burd; county AAAs
- CDC
 - Danielle Ross, Michelle Hoover, Diane Green, Diane Hawkins-Cox, Lynda Anderson, Eduardo Simoes