“Stay Well At Home”
A Multifactorial Fall Risk Reduction Program
For Older Adults at High Risk for Falls
Introduction

• Community and home-based intervention strategies appear to be equally effective in reducing fall rates (Gillespie et al., 2009).

• Some evidence to support efficacy of Peer- or Lay-Person led health promotion programs.

• Few, if any, fall risk reduction interventions intentionally incorporate behavior change strategies.
Health Action Process Approach

• Social-cognitive model of health behavior.
• Is a multi-layered model
  – Continuous (Motivation, Volition)
  – Stage (pre-intentional, intentional, actional)
• Why adopt this model? Long-term adherence to physical activity and fall risk reduction behaviors is low.
Health Action Process Approach (HAPA)

Schwarzer et al., 1992
Health Action Process Approach: A 2-Layer Model (Schwarzer, 1992)
Measured Outcomes

✓ Changes in physical function;
✓ Awareness of and practice of fall protective behaviors;
✓ Task, coping, and recovery self-efficacy;
✓ Perceived well-being, social support, and social control
✓ FALL RATES!
Target Audience

- Program Recipients
  - Underserved Older adults (65+yrs)
  - ≥ 1 fall in previous year, with or without injury
  - Presence of 1 or more known risk factors for falls
  - Normal to mild cognitive impairment
  - Limited or no access to community programs
Program Facilitators

✓ Adults (30+yrs)
✓ Previous or current participation in structured exercise classes
✓ Previous/current facilitation or leadership experience
Primary Outcome Measures

• Perceived and actual changes in physical function
• Fall-related attitudes and behaviors
• Task, coping, and recovery self-efficacy
  – Primary outcomes being measured in both facilitators and participants.
Secondary Outcome Measures

- Number of falls and fall-related injuries
- Number and type of home modifications
- Long-term adherence to fall risk reduction behaviors.
Program Overview

- Fall risk screening and assessment - SPPB
- Progressive home exercise program
- Interactive discussion sections aimed at changing fall risk attitudes and behaviors
- Home assessment and modification.
Step-Down Approach

Phase 1 – In-home visits x twice weekly
Phase 2 – In-home visits x once weekly
  + 1 weekly phone call
Phase 3 – Twice Weekly phone calls
Phase 4 – Once weekly phone call
Program Facilitator Training

• Conducted by CSA personnel

• One-Day Training Session – Prior to Program
  – Lead & progress exercises, review discussion topics, home safety.
  – Goal setting, review and practice of scripted discussion sections.

• Week 8: Half-day refresher
  – Review program, address any problems encountered, review and practice using phone coaching scripts.
In-Home Activities

• Setting goals for action
• Getting Up from the floor
• Overcoming barriers to action
• Evaluating the home’s safety
• Vision/Hearing
• Medications/Sleep
• Foot Health
• Building social support
Evaluation and Dissemination Plan

• Pilot testing of program – IN PROGRESS
• Modify program elements based on program facilitator and participant feedback
• Re-evaluate program efficacy and monitor program fidelity.
• Finalize Program Facilitator Training Program and Implementation Toolkit
• Disseminate Program via Community Partners
Qualitative Outcomes: Facilitator

• “I thought I would be more aware of my own balance, and [now] I think I am. I’m more cautious with things. It was actually motivational for me too to get me to exercise for my own self and my own health. It’s encouraging.” – Facilitator #6, female, 37

• “I am extra careful about falls, taking extra precautions in my house and wherever I go the first thing I think is ‘ok this is safe for these people and this is safe for me.” - Facilitator #8, female, 51

• “I did get some benefit [from the exercises]. I didn’t do the exercises as much as my participant was doing, but it still made a big difference. Now when I’m sitting I feel like ‘oh I’m not doing anything? Let me get up from the chair five or ten times without holding onto anything.’” – Facilitator #8, female, 51
Qualitative Outcomes: Participants

- “You get to the point where you just don’t want to do nothing, and I felt like this has got me out of that kind of laziness.” - Participant #4, female, 68
- “I was worried [about falling] actually because sometimes walking on the street [I would feel] wobbly. . . but now I think I have better control.” - Participant #8, male, 76
- “The program it gave me more um...to be more alert about falling and my balance and all that. Balance, basically.” - Participant #7, female, 82
- “Before, I would be afraid to walk down the hallway . . . and [now] I just feel more confident with the exercise, and that means a lot.” – Participant #3, female, 82