Special Program:
“Fall Prevention: A National, State and Local Perspective”
Sponsored by the Archstone Foundation

“Role of the Federal Government”

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“Everyone wants to live a long time. But no one wants to grow old.”

-Mark Twain
THEORIES HELP GUIDE THE EXAMINATION OF PREDISPOSING, ENABLING AND REINFORCING FACTORS.

There Are Different Ways To Get Things Done

How to Stop a Runaway Stage

Method #1

(a) (b) (c) (d) (e) (f)

Method #2

(a)
What do we do to make the parts work?
How do we merge into a complete picture?
Vibrant, independent, happy, active, engaged older adults
The Role of the Federal Government

The forest vs. the trees...
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“C” is for...
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• **Calculate:**
  - Data: risks, rates—on a national basis and by state, age groups, ethnicity, etc. ; example:

  Hip Fracture Admission Rates for Men & Women by Age, 2000
WISQARS™

WEB-BASED INJURY STATISTICS
QUERY & REPORTING SYSTEM

www.cdc.gov/ncipc/wisqars
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- **Campaign**
  - Change the social norm of attitudes towards falls
  - Raise awareness about falls
  - Provide information on why falls are a problem, what are the risks, how to prevent them, how to get help
  - More efficient on a national level
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• Candlelight

- Make the information interesting and “sexy”
- People will pay attention to the message if it is interesting and it appeals and applies to them
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• **Capacity**

- Have a greater capacity to coordinate the “forest” of surveillance, research, interventions, and (sometimes) funding on a national level

- Can help raise the capacity on the state and local level (e.g., through funding, dissemination of research findings, training, technical assistance)
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- **Cash**
  - Funding through: grants, cooperative agreements, extramural projects and research
  - Different types of recipients: national/state/local agencies and organizations, research institutions, universities
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Funding Examples:

**AoA:**
- $3 M for “Evidence-Based prevention Programs for the Elderly” to reduce risk of disease, injury and disability (including falls)
- Funding NCOA Resource Center
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Examples:
- **CDC:**
  - Data collection to learn the total number of people who fall and details of the falls
  - Research with case controlled trials of community intervention programs and identification of “best practices”
  - Economic analysis of costs of falls
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• **Cause/causality**

  ▶ Accurate information of who, when, where and why a person falls -- necessary to know before it can be prevented

  ▶ Feds. often coordinate and fund surveillance and research on risk factors and interventions, as well as disseminate results
Ex. Modifiable Risk Factors

Personal

• Muscle weakness (lower limbs)
• Balance problems
• Vision problems
• Psychotropic meds (e.g., sedatives)
• Multiple meds (4 or more)
• Multiple risk factors
• Chronic Diseases (e.g. osteoporosis, arthritis, stroke, dementia)
• Incontinence
Modifiable Risk Factors

**Environmental**

- Clutter in walkways
- No stair railings on both sides of stairs
- No grab bars in bathroom
- Loose rugs; wet, slippery floors
- Poor lighting

*(especially areas of high contrast—dark next to light areas)*
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• **Calvary**
  
  ‣ Gather “the troops” (our partners/stakeholders) and

  ‣ Lead the charge--serve as a convener to accomplish key tasks
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- Celebrate and recognize:
  - Benchmarks
  - Successes
  - Teamwork
  - Individual’s commitment and contributions
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• **Cement:**
  
  ▶ We need to cement relationships with our partners
  ▶ We need a collaborative effort to solve such a diverse and complex problem—more later
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Champion:
To make progress, we need to champion the importance of older adult fall prevention on a national, state, and local level.
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• **Channels**: social marketing term for selecting the best communication method to reach different groups of people, e.g.,

  - **Mass Media**: Radio/TV, billboards, campaigns, newspapers, posters, flyers
  - **Face-to-face**: 1-on-1 counseling, group presentation, curricula, exhibits, fact sheets, demonstrations, videos
  - **People & Life-path Points**: volunteers, community leaders; schools, worksites, churches, doctor’s office, grocery stores, restaurants
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• Clarify:
  ▶ Dispel myths
  ▶ Make the issues and information clear
  ▶ Translate research findings so they can be understood and practiced
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• **Clearinghouse**:  
  - Source of valid information and resources, either directly or through linkages, e.g., websites
  
  - 1-stop shopping makes finding out the correct information easier, e.g., links to other information sources
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- **Clout:**
  - Federal government often enforces rules, regulations, legislation to ensure safety; also have local ordinances
  - Examples: building codes, accessibility, Medicare coverage, ramps into public buildings
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• **Collaboration:**
  
  ‣ One of the most important pieces of the puzzle
  
  ‣ The problem is too big and complex for any one group to solve it alone—will take collaboration and teamwork from many groups to achieve our goal
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• **Commitment** - Dedication to:
  - The outcome
  - The process
  - Shoulder part of the load
  - Be a good partner
  - Dedicating resources--$$, staff time
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- Communication:
  - Using sound external communication principles in communication with the various groups
  - Using sound intra- and inter-organization communication techniques for effective teamwork
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• **Compass:**

  Be a compass, not a map
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• **Complex:**
  Recognition that falls is an extremely complex topic, with multiple risk factors and affecting factors, requiring a multi-faceted and solutions—there is no “silver bullet” or single solution.
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• **Consensus:**
  - Because the problem is complex, so is the solution
  - Requires a plan with consensus of stakeholders and market segments to reach the goal
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• **Conferences:**
  - Way to communicate what is known (data, research findings, best practices, resources) and
  - Network with other stakeholders
  - Ex. Annual ASA-NCOA Annual Meeting, professional meetings
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• **Convene:**
  
  ▶ Often the role is to be a convener—not to own the problem, but to convene the various entities that together can solve it.

  ▶ Ex. Summits, task forces, work groups, advisory panels
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- **Convince:**
  - Make the case to decision-makers, funders, government, community leaders, organizational leaders, etc. of the importance of the issue and the need to dedicate resources (time, money, staffing) to make falls a priority.
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• **Cooperate:**

  ▶ Put aside egos, turf issues

  ▶ Collaborate and cooperate with other stakeholders for the common good
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• **Costs** (adjusted to 2002 dollars):
  - In 1994, total cost of all fall injuries among people 65+:
    - $27.3 billion\(^1\)
  - Medicare costs for hip fractures:
    - $4.7 billion in 1991\(^2\)
    - $240 billion projected for 2040\(^3\)

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2. CDC, *MMWR*, 1996
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- **Count**
  Need data through surveillance

- Incidence and prevalence of falls
- Risk factors--when and why falls occur
- Groups at highest risk
Leading Causes of Unintentional Injury Death Among People 65+, 2001

- Falls: 35%
- M.V.: 23%
- Unspecified: 18%
- Suffocation: 10%
- Other: 7%
- Poisoning: 2%
- Fire/Burn: 4%
- Drowning: 1%
Fatal & Nonfatal Fall Injuries, 2001

- Died: 11,623 (0.7%)
- Hospitalized: 373,128 (23%)
- Treated & released: 1,257,602 (77%)
- Fall-related injuries: ? Millions

Nonfatal falls: NEISS AI, 2001
Fall deaths: NCHS, Vital Records, 2001
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- **Courier:** Deliver the news about falls:
  - Why falls are an important health problem with serious consequences for independence, health, and quality of life
  - Falls can be prevented *(self-efficacy)*
  - What to do
  - How to do it
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- **Coverage:**
  - How to pay?
  - Medicare—can part of prevention be a benefit, at least for high risk?
  - Insurers—make the case for prevention is “wholesale” and treatment is “retail”
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- **Credible:**
  - Be a credible source of information
  - Ex. CDC has been identified as having significant credibility with our partners and the public, seen as a source of accurate and reliable information
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• **Culturally Relevant:**

Information, programs, initiatives must be relevant and sensitive to diverse cultures, respecting and reflecting their beliefs, ways of interacting, how they receive information, etc.
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• We’ve covered a lot of aspects that make up pieces of our puzzle
• Some are bigger than others
• All contribute to the whole
• How to “fit” them together?
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• Models and theories can help make sure all the right pieces are there to form a complete picture, with a process that is not overwhelming.

• Otherwise, you may end up feeling like this:
What do we do to make the parts work? How do we merge into a complete picture?
Vibrant, independent, happy, active, engaged older adults
“Even if you’re on the right track, you’ll get run over if you just sit there.”
Don't let aging get you down. It's too hard to get back up!
Thank you!