Policy Brief: First Responders & Their Role in Promoting Fall Prevention

Samuel D. Towne Jr., PhD, MPH, CPH¹; Taylor Dailey, CHES¹; Matthew Lee Smith, PhD, MPH, CHES^{1,2}; Marcia G. Ory, PhD, MPH¹

School of Public Health, Texas A&M University, College Station, Texas, USA

Department of Health Promotion and Behavior, College of Public Health, The University of Georgia, Athens, USA

Background

Falls affect millions of individuals globally and in the US [1]. In the US, approximately 1-in-4 older adults suffer falls annually [2]. Falls are also a major public health issue in Texas with the Texas Falls Prevention Coalition (TFPC) serving as a mobilizing force for action [3]. In Texas, both the incidence and charges of fall-related hospitalizations are on the rise [4, 5]. Only recently is there an emergent appreciation of the importance of involving a diverse group of stakeholders such as Area Agencies on Aging (AAA), health care organizations, federal funders (e.g., the Administration for Community Living), academic institutions, and first responders to name a few. Given relatively less is known about the role of first responders in falls prevention, we decided to highlight this vital group of stakeholders. We aimed to better understand first responders': 1) role in fall prevention; 2) barriers to their ability to promote fall prevention; and 3) needed resources to help them promote fall prevention and related activities.

Data

Short surveys were distributed via paper and pen to attendees of the *Texas Falls Prevention Coalition Conference* in Austin, Texas in 2016. This report is based on 15 surveys from key stakeholders. Drawing on written comments, members of the Texas A&M School of Public Health summarized the results across several main content areas.

Organizational Roles of Stakeholder

Participants represented a diverse set of roles and interests from several different sectors such as: AAA Director; Director of Education and Professional Development; AAA Program Coordinator; Educator/Project Coordinator in Injury Prevention at a hospital; Director of Patient Care and Chair of the

fall prevention task force at a hospital; AAA Health and Wellness Specialist; AMOB trainer; social work intern; AAA Forum Coordinator/current overseer; Trauma Program Manager at a hospital; Injury Prevention and Trauma Education at a hospital; AAA Project Manager; co-chair for the Fort Worth Safe Communities Coalition/Texas Health Harris Methodist Hospital Fort Worth; Master Trainer / Health and Wellness Specialist; and EMS Injury Prevention Training instructor.

Role of First Responders

<u>Survey Item</u>: What is the role of first responders in promoting fall prevention?

Summary

Conference attendees expressed several roles that first responders hold when promoting fall prevention. Among these included: the identification of those who are at risk for falls (e.g., through screening), referring or linking at-risk individuals to EBPs and other resources; being a source for information on other helpful local resources in the community; being an educator; and assessing the patient relative to their living environment to evaluate the risk that is present in a patient's life. First responders can be a link to broad community resources in collaboration with local community partners. This is essential for patients who have not only already fallen but for those who are at risk of falling, which can be determined through first responder fall risk assessments. Survey respondents also see first responders' role in conducting home follow-up visits to ensure that those at high fall risk received the proper referral information for future education.



Barriers

<u>Survey Item</u>: What barriers make it difficult for first responders to promote fall prevention?

Summary

There are many barriers that prevent first responders from effectively promoting fall prevention. One of the underlying problems is the potential lack of readily available information (and training on how to use it) in identifying available programs or other resources. This is attributed to a lack of coordination across stakeholders representing different catchment areas (e.g., the community as a whole, hospitals). Additionally, many of the systems in place are reactive and not predictive, and first responders often arrive after a fall has already occurred. The short time span that first responders are in contact with patients may limit their ability to promote fall prevention. This is compounded by what first responders feel they are able to say or ask within the bounds of the law (e.g., HIPAA). There is also limited follow-up post fall or after fall risks are identified. Lack of funding also hinders first responders in receiving the support, knowledge, and resources that they need to effectively encourage fall prevention.

Resources

<u>Survey Item</u>: What resources are needed to help first responders promote fall prevention?

Summary

When asked what resources were needed to promote fall prevention, conference attendees listed many resources that would be beneficial and would help solve some current barriers. Having available funding was cited as an important needed resource.

Additionally, survey respondents stressed the need to have a comprehensive list of resources and evidence-based programs (e.g., A Matter of Balance or AMOB) readily available. This may include contacts at medical centers and clinics and a list of community based programs. Educational materials were also noted as a needed resource including: curriculum on falls awareness; educational materials with clear and

readable language; knowledge of how to access community resources; falls risk assessments (e.g., STEADI checklist). Collaboration across multiple sectors (e.g., medical doctors, police) was also mentioned.

Practice and Policy Implications

This brief highlights some of the many roles first responders play in fall prevention efforts. It is clear that first responders have an important function to play in fall prevention. However, barriers that may impede these efforts need to be addressed. Among the many possible tools first responders may need to be better prepared in terms of fall prevention are a list of available resources, educational materials about programing, and training in how to access and utilize available resources. These recommendations will enable these critical partners to help prevent and respond to falls.

References

- 1. Yoshida S. *A global report on falls prevention: epidemiology of falls.* World Health Organisation, 2007.
- CDC. Falls are leading cause of injury and death in older Americans. Available at: https://www.cdc.gov/media/releases/2016/p0922-older-adult-falls.html.
- 3. Ory MG, Towne SD Jr, Howell D, Quinn C, Eblen KJ, Swierc SM, Smith ML. *Commentary: working toward a multi-program strategy in fall prevention*. Frontiers in public health, 2017. 5.
- Smith ML, Ory MG, Beasley C, Johnson KN, Wernicke MM, Parrish R. Falls among older adults in Texas: profile from 2007 hospital discharge data. TPHA Journal, 2010. 62(1): p. 15-20.
- 5. Towne SD Jr, Ory MG, Smith ML. Cost of Fall-related Hospitalizations among Older Adults: Environmental Comparisons from the 2011 Texas Hospital Inpatient Discharge Data. Population Health Management, 2014.

Suggested Online Resources

Texas Falls Prevention Coalition (TFPC). https://fallsfreetexas.org/

National Council on Aging (NCOA).

https://www.ncoa.org/

Centers for Disease Control & Prevention (CDC). Healthy Aging. Available at:

https://www.cdc.gov/aging/index.html



