



Summary of Needs Assessment Results May 2008

During March 2008, the San Mateo County Fall Prevention Task Force conducted a county-wide needs assessment to help better understand how we might increase our collective impact in reducing falls in San Mateo County. The assessment was undertaken to inform the Task Force’s strategic planning—a process that is part of an 18-month capacity-building grant received from the Archstone Foundation.

The needs assessment process utilized two data collection methodologies—focus groups and surveys—among four separate target groups as described below:

Method	Target Group
Survey (paper)	Medical Providers
Survey (paper)	Home bound / isolated seniors
Focus Group	Community-dwelling seniors
Survey (web-based)	Senior service providers

The goal of both methods was two-fold: (1) to understand how service providers and seniors living in San Mateo County perceive the problem of falls, and (2) to identify where opportunities exist to provide resources to address the problem. This document summarizes the data received from all four target groups.

Medical Providers

The Task Force faxed surveys to 150 physicians in San Mateo County and received 26 completed responses. The distribution of respondents by area of practice included:

Area of Primary Practice	
Internal Medicine	13
Emergency Medicine	5
Primary Care	3
Family Practice	3
Ophthalmology	1
Optometry	1
Gerontology	0

When asked what percent of their patients likely fall each year, about a third of the physicians estimated that one-quarter to a half of their patients fall annually, while another third thought that half to three-quarters of their patients fall.

The Task Force wished to know if physicians regularly assess their patients for fall risk and, if so, which assessment tools they use. When asked about this, 16 (62%) respondents reported

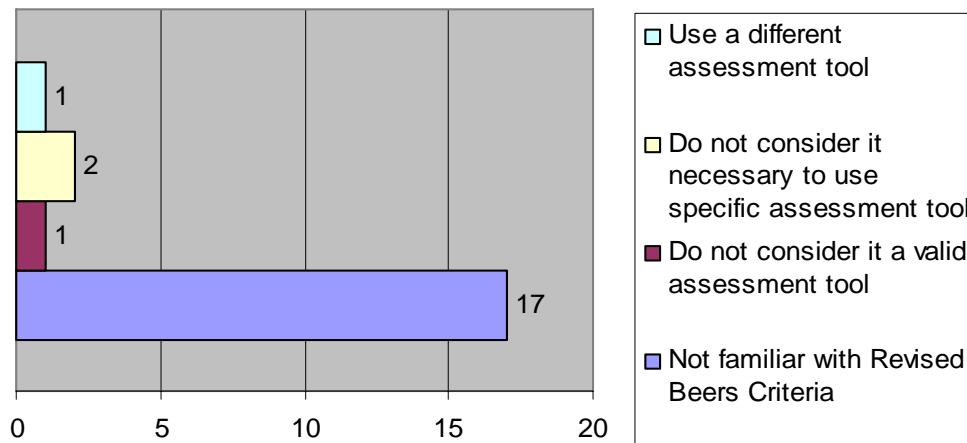
routine fall risk assessment of patients by way of the following: medication review, vision acuity, gait, balance, physical activity level, orthostatic hypotension, depression and home safety.

There were 11 (42%) respondents who admitted that they do not assess patients for fall risk, and indicated the following reasons why:

Reasons why respondent does not assess patients' fall risk	
6	Unaware of assessment tool/criteria to use
5	Assess but only on an as-needed basis
3	No time during appointment
2	Unaware of the need
1	Unable to bill for assessment
3	Other (<i>written in by respondents</i>): <ul style="list-style-type: none"> ▪ <i>Not primary MD</i> ▪ <i>Not in my specialty area</i> ▪ <i>Refer to Farewell to Falls</i>

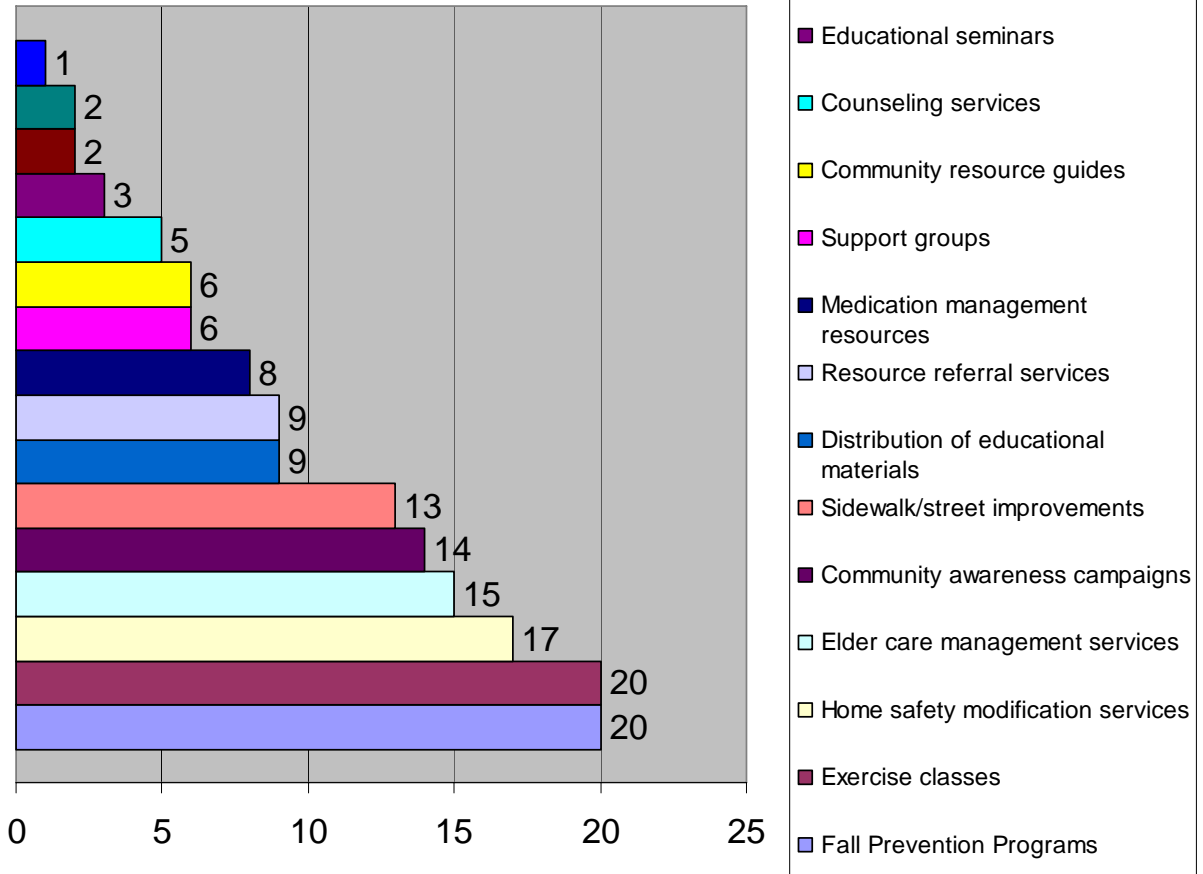
The Task Force was also interested to know whether physicians use the Revised Beers Criteria, a tool to assess potentially inappropriate medications prescribed to seniors. Surprisingly, the majority of physicians who completed the survey do not use this tool. The next table shows that the majority of respondents are not familiar with it as an assessment tool for fall prevention.

Why do you NOT use the Revised Beers Criteria?



Finally, physicians were asked to indicate (on a given list) which suggestions they think should be implemented to reduce senior falls, and were asked what fall prevention resources or services they or their patients need. The following two tables show the most highly rated responses.

What would you suggest be implemented to reduce senior falls in the community?



What fall prevention resources/services do you or your patients need?	
18	Balance and mobility training
16	Home assessment & safety modifications
15	Physical activity resources
15	Medication management
14	Risk factor assessment/tools
13	Fall prevention programs
13	Prevention education & counseling
9	Case management
3	None
1	Other: <i>Transportation to MD visits; emotional support</i>

Home Bound / Isolated Seniors

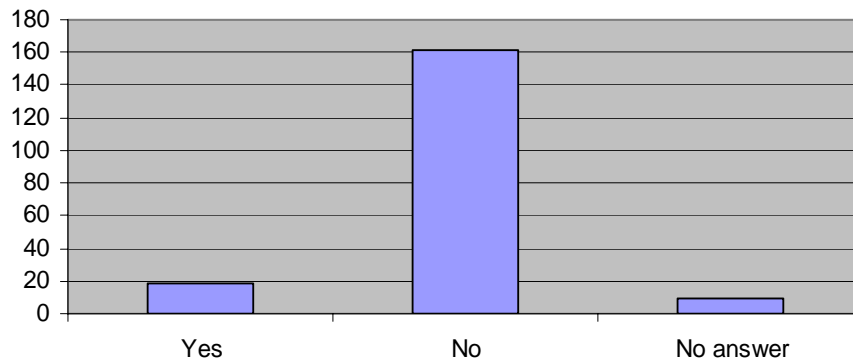
The Task Force sent out surveys to seniors across the County receiving meals from Meals on Wheels programs. The returned and completed surveys totaled 191 and were dispersed evenly across the geographic areas of the County. Of the completed surveys, 180 were completed by English-speaking seniors, 8 were completed by Chinese-speaking seniors, and 3 were completed by Spanish-speaking seniors. The number of respondents living alone versus those living with others was evenly split, 48.2% vs. 50.8%, respectively. Additional demographic information for the respondents is as follows:

Age of Respondents	
70 years old or less	17.7%
71-85 years old	50.3%
Older than 85 years	31.4%

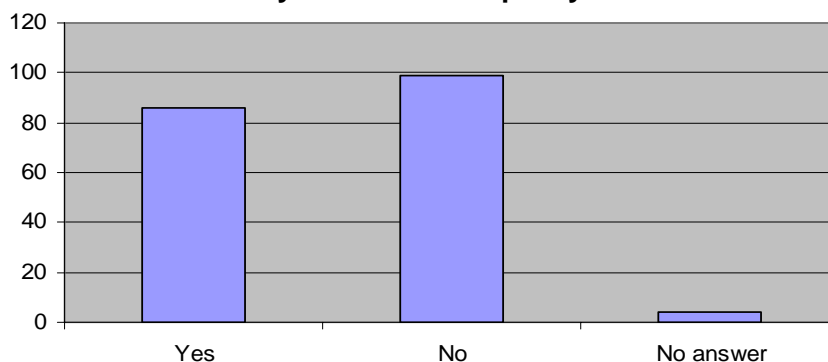
Gender of Respondents	
Female	68.6%
Male	30.8%

The results of the surveys of home bound or isolated seniors yielded fascinating results. First, there appears to be a discrepancy between the perception of falls as a problem and the reality of the experience of falling among the survey respondents. The tables below show responses to the first question of whether the respondent thinks fall are a problem and a subsequent question about whether the respondent has fallen in the past year.

Do you think falling is a problem for people in your age group?



Have you fallen in the past year?

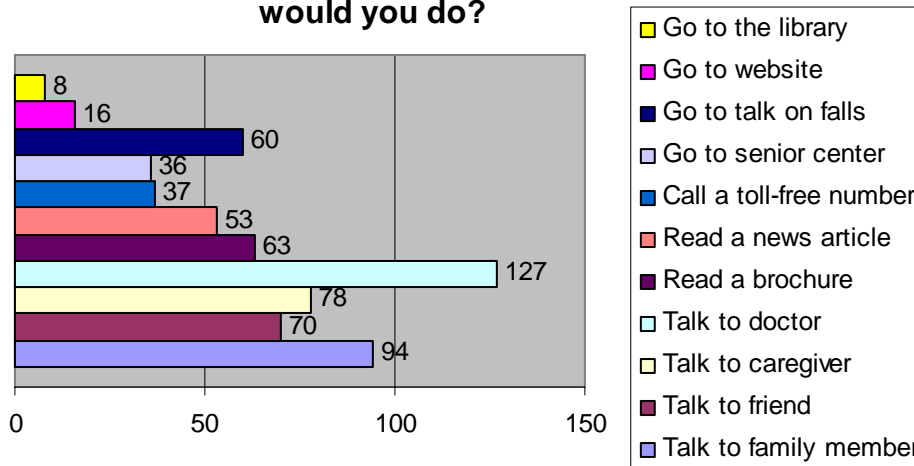


Overwhelmingly, the seniors answering the survey did not believe falling is a problem among those in their age group, yet about half had themselves experienced a fall within the past year.

Another finding of the survey was the high level of awareness of most of the causes, or major risk factors, associated with falling. Over half the respondents acknowledged that muscle weakness, poor balance, and dizziness can lead to falls, and about 44% agreed that medications can cause falling. There was a lesser level of awareness, or acknowledgement in the survey, of how their physical environment (specifically conditions within the home) may cause them to fall.

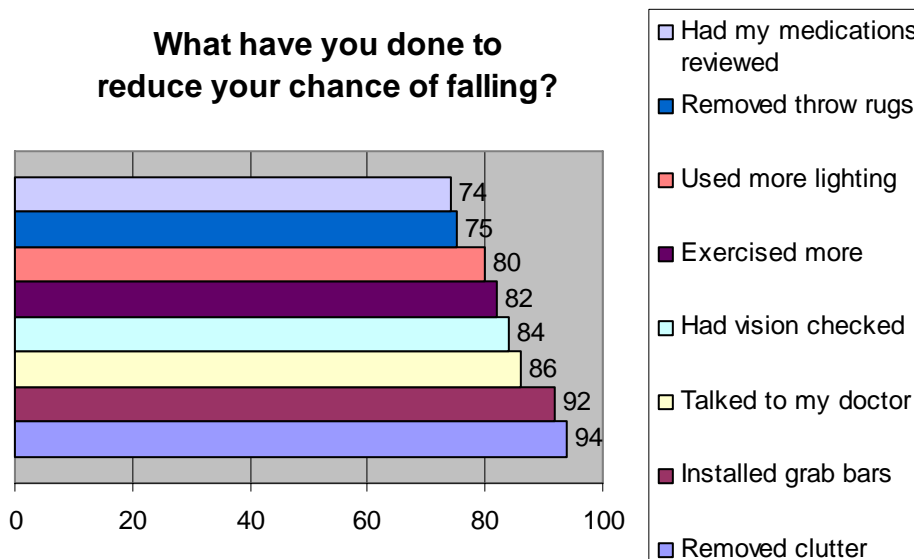
When asked what the respondent would do if he or she wanted to know how to prevent falls, people overwhelmingly responded that their doctor would be a primary resource. These results are particularly of interest given results (see next section of this report) of the surveys of medical providers which show that many physicians are unaware of resources on fall prevention to which to refer patients.

If you wanted to know how to prevent falls, what would you do?



Finally, when asked what respondents have done to reduce the chance of falling, between 40 and 50% agreed to having taken action on all points listed, as shown below.

What have you done to reduce your chance of falling?



Community-Dwelling Seniors

The Task Force held a series of five focus groups each with six to nine participants who were all older adults (65 years or older) and the majority of whom were women. The focus groups varied geographically and linguistically—one was held at Little House Activity Center in Menlo Park, one with Spanish-speaking seniors at Fair Oaks Intergenerational Center in Redwood City, one at St. Gregory’s church in San Mateo, one with clients of Senior Coastsiders in Half Moon Bay, and one with Chinese-speaking seniors at Lincoln Community Center in Daly City.

The chart below presents the key themes distilled from these five structured conversations. Also, noted are quotes from participants themselves that captured an idea or sentiment of the group.

Experience with falls	<ul style="list-style-type: none"> ▪ Almost everyone has fallen, usually outside the home and often as a result of tripping on cracked or uneven sidewalks and pavement. ▪ Falls also happen in and around the home – while in the yard, getting up from bed in the morning or at night when it’s dark, while in the bathroom or kitchen, or going down stairs. ▪ <i>“I’ve had many falls – every day, it seems.”</i>
Results of falls / problems caused by falls	<ul style="list-style-type: none"> ▪ After experiencing a fall, most people become fearful and even paranoid. They will avoid going outdoors, walking on the streets and limit their activities outside the house. ▪ Falls result in other medical problems and cause people to age faster – often requiring them to use a cane or walker when they did not have to before. ▪ <i>“My friend [who had a bad fall] has now given up activities outside of the house – even going to bridge group and the senior center.”</i> ▪ <i>“Nothing is the same after you fall...nothing. You don’t eat well, you don’t feel well and you become depressed.”</i>
Causes of falls	<ul style="list-style-type: none"> ▪ Falls usually happen because people are hurrying and not concentrating on what they are doing, and because they are careless. ▪ Falls also usually happen because sidewalks are cracked or uneven and when no handrails are available to hold on to. ▪ Scatter rugs and clutter cause many falls, as does poor lighting in the house and environment. ▪ Falls often happen when a medical problem arises – either directly or indirectly. Poor vision, vertigo, inner ear problems, stroke and medications that cause dizziness were all medical problems that caused falls. ▪ <i>“When I go dancing I wear pretty shoes with heels, but I’m always scared I’ll fall.”</i> ▪ <i>“I am very afraid of falling.”</i>
Who are seniors talking to about falls?	<ul style="list-style-type: none"> ▪ Most people talk to their doctors after a fall, usually as part of the treatment for the injury caused by the fall. ▪ When talking with their doctors, many are not given specific suggestions to prevent falling, but are given information about the treatment of their injuries. ▪ Most also talk with family members, friends and neighbors who may witness the fall, but not as much about the cause of the fall or how to prevent it.

<p>Who are seniors talking to about falls? (continued)</p>	<ul style="list-style-type: none"> ▪ Many people do not talk with anyone about falling. ▪ <i>“My doctor told me my balance problems are because I’m getting older.”</i> ▪ <i>“I did not want to talk about falling at work because I was afraid of losing my job. I didn’t want to complain about it.”</i>
<p>People, services and programs offering help and support to seniors</p>	<ul style="list-style-type: none"> ▪ Most people participate in some kind of exercise, many through the senior centers. ▪ Many receive support from family, particularly children and neighbors. ▪ Many participate in the other programs offered through the senior centers (meals, referrals, language classes, bingo, water color, computer). ▪ Many do not receive any kind of support from other people or from organizations. ▪ <i>“I go to a class that strengthens your bones and we work with weights. I found I’m staying on my feet much more since taking the class – it really helps.”</i> ▪ <i>“[The therapist] told me where to put a grab bar. I did not like it then, but now I love it. I think it was the best invention there was.”</i>
<p>Fall prevention information or programs that seniors are aware of</p>	<ul style="list-style-type: none"> ▪ Most people are unaware of any programs specifically dealing with fall prevention. ▪ The times people hear about fall prevention is usually when a speaker comes to the senior center or church to talk about it. Or, when they receive a brochure or booklet. But this happens rarely.
<p>What seniors do to prevent falls</p>	<ul style="list-style-type: none"> ▪ The main activity people do to prevent falls is exercise. ▪ People also do the following to help prevent falling: <ul style="list-style-type: none"> ○ Use handrails ○ Choose shoes carefully ○ Use walker ○ Remove rugs and clutter ○ Pay attention ○ Use skid mat in tub ○ Turn on lights / use night lights ○ Watch cords ▪ <i>“As we get older, we should learn to do little things to help ourselves. Now, I learned to sit for a while and relax before getting up from bed. If I get up too fast, I get dizzy.”</i>
<p>What seniors think should be done to prevent falls</p>	<ul style="list-style-type: none"> ▪ Cities need to repair uneven pavement and paint slopes and steps. ▪ All hotels and senior housing should be required to have grab bars in the bathrooms. ▪ Railings should be required by all stairs. ▪ People need to use more assistive devices, such as canes, reachers and walkers. ▪ Articles should be published in magazines that seniors read, such as AARP magazine. ▪ People need to do things for themselves, too, like follow a good diet, get vision checks, keep hydrated, use skid mats, be more careful, use handrails and avoid uneven surfaces. ▪ Senior center staff should get money and resources to offer programs on fall prevention, such as discussion groups.

What seniors think should be done to prevent falls (continued)	<ul style="list-style-type: none"> ▪ Hospitals should offer information about fall prevention. ▪ Home-based fall prevention services should be offered. ▪ More fall prevention services should be given in Chinese. ▪ Handouts on fall prevention should be created in Chinese. ▪ <i>“I think all showers in hotels should have railings. Senior programs that book travel arrangements should make sure the hotels have railings in the tubs.”</i> ▪ <i>“Cities should do something about the sidewalks. Some streets here are terrible – fix the sidewalk!”</i> ▪ <i>“Someone should come to our house to teach us how to be safer.”</i> ▪ <i>“We need to have services in Chinese that we can understand.”</i>
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Senior Service Providers

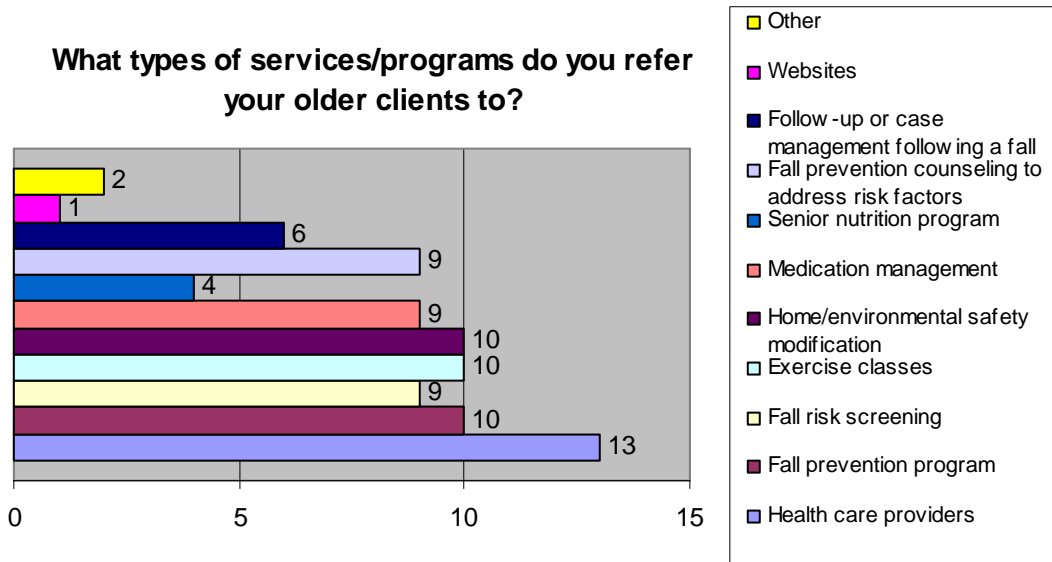
Using a web-based survey tool, the Task Force emailed 141 senior service providers across the county and received 25 responses. The type of respondents varied widely including, hospitals, community colleges, county government, home health agencies, fire departments, social service organizations, fitness clubs and senior centers. The distribution of respondents across geographic areas of the County was fairly equal, with slightly more serving the southern part of the County.

Interestingly, there were inconsistent responses regarding the estimation of fall risk among the clientele of the senior service providers. Nine (36%) respondents indicated that one quarter to a half of their clients were at risk of falling, while another 10 (40%) respondents said that more than three-quarters of their clients were at risk.

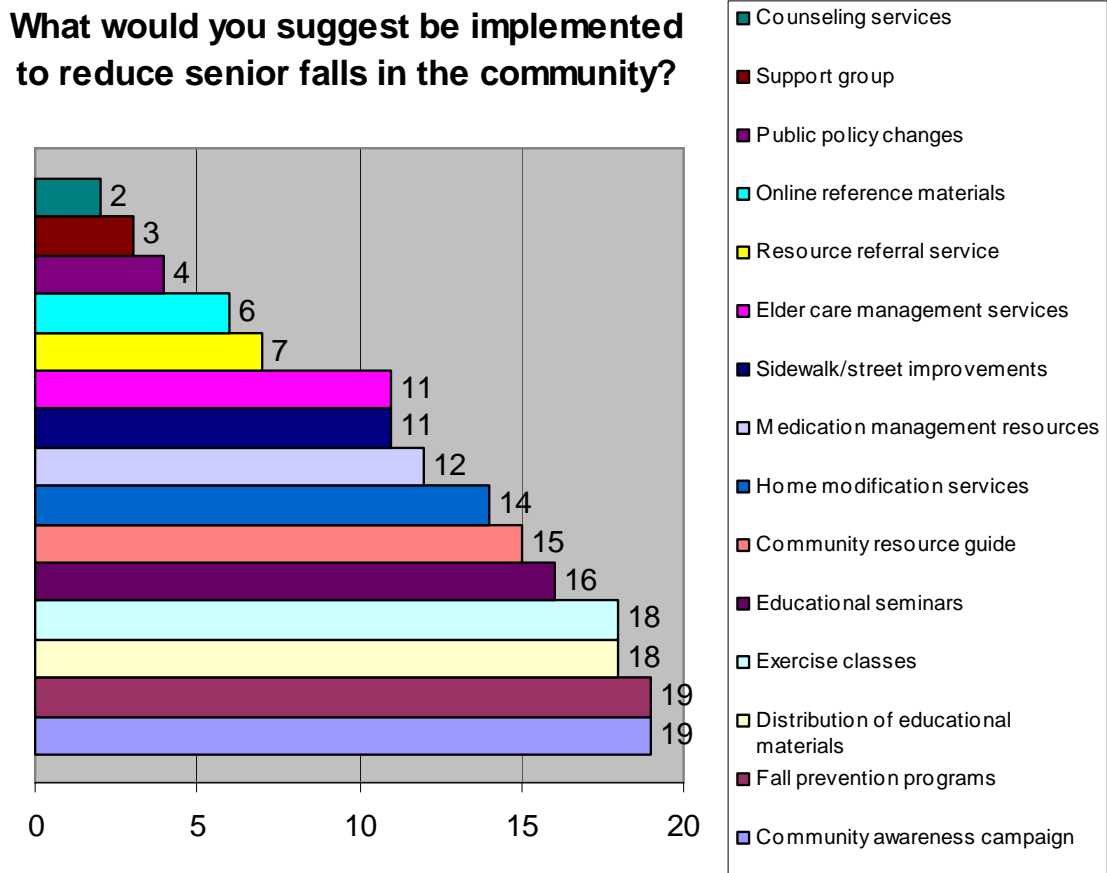
When asked if the respondent’s organization has enough knowledge or information to identify fall risk factors in seniors, the majority (75%) responded, “yes.” The table below shows the types of fall prevention services offered by the organizations that responded to the survey.

Type of Fall Prevention Service	# Orgs that Offer
Exercise classes	14
Distribution of education and awareness material	12
Home/environmental safety intervention	11
Fall risk screening/assessment	11
Fall prevention counseling to address risk factors	11
Reporting unsafe environment (in community/home)	8
Fall reporting	7
Follow-up/case management following a fall	6
Medication management	5
None	2

When asked about referring to other fall prevention resources or services, a little over half the respondents reported “never” or “sometimes” referring clients on, while a third reported “often” referring clients, no one reported “frequently” referring, and 4 (16%) respondents said they “always” refer clients to other services. The types of fall prevention service referrals were fairly evenly distributed, except for website resources and senior nutrition programs, which the following table demonstrates.



Similar to the responses of the medical providers, senior service providers agreed with suggestions for program and activities to reduce falls among seniors in the community, as shown in the table below.



Conclusion

The San Mateo County Fall Prevention Task Force has already begun its strategic planning, and the needs assessment results are a central part of this process. The Task Force will undertake specific actions based on the recommendations of the assessment data, and welcomes additional input into the planning process. Please share this document with any interested parties and join the Task Force in its efforts to reduce falls among seniors in our community.

For more information visit our website, www.smcfallprevention.org, or contact us:

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