

HealthAffairs Blog

Preventing Older Adults From Falling: Evaluation Of A New York Foundation's Initiative Shows Success

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Chances are that you have fallen at least once or twice in your life. You've tripped over the dog or slipped on ice. If you're lucky, you might end up with a bruised knee (and maybe a bit of a bruised ego), but you move on with your day.

However, as you get older, the consequences of a fall can be much more severe, even deadly.

Each year, nationwide ^[1], one in every three adults age sixty-five and older falls. Because of a fall injury, more than 700,000 patients a year end up being hospitalized, the Centers for Disease Control and Prevention ^[1] says. National statistics from Indiana

University ^[2] show that older adults are hospitalized five times more often for fall-related injuries than for any other injury.

In New York, the rate of fall-related hospitalizations increased by 19 percent from 1999 to 2008 ^[3].

In the year 2013 alone, across the country, about 25,500 older adults died from unintentional fall injuries ^[1].

According to New York's Department of Health ^[3], two older New Yorkers die, 140 are hospitalized, and 223 are seen in emergency departments every day because of a fall. Falls are also costly, accounting for \$1.7 billion in hospitalization charges each year in the state.

But, unfortunately, the actual fall is just one part of the story.

Indiana University also says that a person who falls has a greater chance of falling again, feeling less confident, becoming depressed or socially isolated, and experiencing a loss of quality of life and physical function.

A fall can be a “trigger of decline” that leads to frailty, limits older adults’ daily activities, and ultimately results in a loss of independence.

But it doesn't have to be this way. Since 2007 the Health Foundation for Western and Central New York ^[4] has invested nearly \$3 million to prevent falls—one of the most critical, and most preventable, triggers of decline—through its Step Up to Stop Falls initiative ^[5].

Over the past eight years, coalitions and organizations in seven counties in western and central New York have worked collaboratively to prevent falls by implementing a variety of programs, including exercise programs, home assessment and modification programs, and community awareness and education programs. Coalitions also made an effort to educate health care providers about risks of falls, risk assessments, and interventions to prevent falls.

While our foundation can't take all of the credit, we're seeing some encouraging results.

An independent evaluation ^[6] conducted by Mary Gallant and Kelly Winjum at the School of Public Health at the University at Albany, State University of New York, has shown that most counties that participated in the Health Foundation's Step Up to Stop Falls initiative experienced statistically significant decreases in the rates of adults age sixty-five and over who were hospitalized because of falls, while New York State as a whole did not.

According to the evaluation addendum prepared by Gallant, in counties that participated in the foundation's initiative, the average [rate of hospitalization](#) ^[7] from unintentional falls in that population went from 2,108 per 100,000 residents in the 2005–2007 time period to 1,762 per 100,000 residents in the 2005–2013 period.

The rate across New York State for that same time period went from 1,975 per 100,000 residents to 1,909 per 100,000 residents.

While the results from the participating counties are certainly good news, there's more to the story. Not only did we evaluate the coalitions' activities and impact, we also examined the coalition model itself, exploring how using coalitions to do the work affected outcomes.

This assessment of the coalitions revealed some additional important information. We found that the coalitions took a more grassroots approach to their work, which resulted in important changes in individual behavior. While the results from this approach are important, it did not generally lead to changes across systems such as health plans, hospitals, or even the individual organizations participating in the coalitions.

So, with this information in mind, at the foundation we're now focusing our efforts on developing a new falls-prevention initiative that aims to engage larger systems to achieve broader impact for the most vulnerable older adults, primarily those that are dually eligible for Medicaid and Medicare.

This strategy will be based on more than just a hunch about what we think will work. To inform our next efforts, we're going to look at data and assess which best practices are likely to be most effective in achieving system change. We're also going to use focus groups and other qualitative methods to talk to dually eligible people, their caregivers, health care providers, and health plans.

Evaluating the falls-prevention initiative early on gave coalitions the valuable information they needed to create changes mid-stream and to share and replicate the efforts that ultimately led to a statistically significant decrease in the number of falls in their respective counties. That same evaluation also helped our foundation determine a new focus for our future falls-prevention efforts to achieve an even greater impact.

We know that demonstrating success in programming is important for foundations. We also know that collecting data and evaluating outcomes can leave some grantees feeling overwhelmed and confused. How much data are too much? How much are too little? How do we even use the data? It can seem daunting, but it's time to dive in.

By taking a practical approach to evaluating our initiatives from the very beginning to beyond the grant period, we are able to get regular quantitative and qualitative data that

inform us as to whether or not we're achieving our objectives. If we're not achieving our objectives, the data can help to tell us why and allow us to make adaptations as the program evolves.

By contracting for evaluations and regularly collecting data, foundations can know what's working, change what's not, and plan for the future.

If you are interested in learning more about the Health Foundation for Western and Central New York's approach and experience with evaluating our programs, please contact us, and we'd be happy to talk.

Editor's Note:

Related content in *Health Affairs*:

[“Prevention Program Lowered the Risk of Falls and Decreased Claims for Long-Term Services among Elder Participants,”](#) ^[8] by Marc A. Cohen of LifePlans Inc. and coauthors, June 2015.

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