

Extent of the problem

- Falls and falls injury are associated with ageing
 - 30% of community living people 65+ fall each year
 - Many falls cause injury and serious injury often requiring residential care
 - Around 20% of older people presenting to ED have a fall associated with their presentation.
 - As well as causing painful injuries, falling can be emotionally/psychologically damaging for both the faller and for concerned carers.

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Patsy Bourke, HNE Falls Injury Prevention Coordinator

Extent of the problem

Economic risk

Year	Falls	Road	Self harm	Violence
1994	300	120	40	40
2001	320	130	40	40
2008	350	140	40	40
2015	380	150	40	40
2022	420	160	40	40
2029	480	170	40	40
2036	550	180	40	40
2043	620	190	40	40
2050	700	200	40	40

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Extent of the problem

Economic risk

- Over the next 50 years in NSW with no effective measures in place an additional:
 - 800 new hospital beds allocated to fall injury treatment will be required
 - 1,200 nursing home places related to outcomes from fall injury.

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Agenda

- Extent of the problem
- Prevention: what works
- Current strategies and HNE achievements
- The way forward
- Discussion

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Prevention: Why People Fall

Reason	Percentage
Trip	39.7%
Balance	20.8%
Unsure	14.3%
Slip	13.2%
Weak legs	5.5%
Dizzy	5.2%
Faint	1%

S Lord 2003 (POWMRI)

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Prevention


- What works to prevent falls?
 - Exercise that challenges balance and increases lower limb strength
 - Improving vision and risk awareness
 - Medication review
 - Home safety and ADL review
 - Multifactorial interventions including medical management.

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Prevention

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Prevention

- Healthy Bones
 - Healthy bones fracture less
 - Ensuring adequate Vitamin D and calcium is an important element in reducing falls injury
 - Exercise improves bone strength independent of bone density

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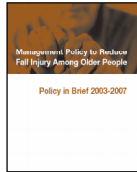
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Current strategies

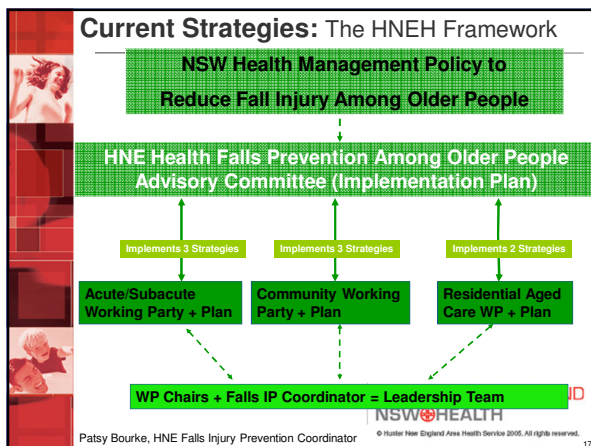
- NSW Health Management Policy to Reduce Fall Injury Among Older People 2003-2007
 - Funding for NSW Leader, Project/ Research Officers, 8 AHS Program Coordinators
 - Collaboration across NSW



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Current Strategies: Community Setting

- Developing physical activity options that include strength and balance
- Having standard screening and assessment tools used by HNEH Community services
- Work in partnership with community service providers to include Falls Injury Prevention in the programs that are delivered.

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Current strategies: Preventive Care

The **SNAPIF** framework for all HNEH Community Health presentations

- **S**moking (including ETS)
- **N**utrition: Inadequate fruit and vegetable/infant milk consumption
- **A**lcohol consumption
- **P**hysical activity
- **I**mmunisation – Flu, Pneumococcal; child immunisation
- **F**alls injury (asked of people 50+ years of age)

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Current strategies: Assessment

From the 'F' of SNAPIF to assessment

- HNEH standard assessment tool is QuickScreen which
 - estimates overall level of risk
 - measures: visual acuity; medications; sensation; balance, strength and reaction times
- The kit contains testing equipment, forms, letter templates and client information sheets
- Online learning tool in development.

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Current achievements: Community

- DVA funded QuickScreen® pilot in 4 sites in 2009
- Population Health building strength and balance activity opportunities
 - 25 leaders trained and equipped
 - 'Action Balance for Seniors' accredited
 - Support to rural areas of high need to train fitness leaders: partnership with TAFE
 - Identifying gaps and opportunities in rural communities

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Current achievements: Community

- Partnerships with ADHC and HACC
 - Get Active New England
 - Hunter HACC Providers Education Day
- Web page and newsletters
- Phone coaching program in Greater Newcastle

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Current achievements: Phone coaching

- Calling appropriate older people after they present with a fall
- Coaching them to participate in interventions
- 48% accepted intervention



- Follow-up with patient and GP

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The way forward

- Phased rollout of SNAPIF to commence in May 2010
- QuickScreen rollout to follow SNAPIF
- Expansion of phone coaching & targeting of 'falling farmers'
- Pilot of *Stepping On* @program (targets community dwelling older people 65+) to commence in April/May 2010

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The way forward

Successful physical activity programs need to be:

- Acceptable
- Affordable
- Venues may include : Fitness Centres, Community Halls, Registered clubs, Community Health Centres, Centre Based Day Care
- May be part of a network such as
 - Active Over 50s
 - HeartMoves Phone 1300 362 787
- Tai Chi and other similar programs
- Home-based self-directed exercise

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The way forward

- What is the best investment?

'The best single thing that can be done for the population with regard to older age, chronic disease and obesity is to work increase the availability of fitness in communities.

You can handle most of these things if you're fit. Fitness training should include aerobic, balance and resistance activities'

HNE Health Geriatrician, Dr John Ward

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- Questions and acknowledgements

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Questions

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NSW and HNEH Information

NSW Falls Injury Network Based at Prince of Wales Medical Research Institute
<http://www.powmri.edu.au/fallsnetwork/>
 Anyone is welcome to join the list serve from the website

HNE Health Falls Injury Prevention website
http://www.hnehealth.nsw.gov.au/hneph/falls_injury_prevention

HNEH Falls Injury Prevention collaborative learning space coming to a computer near our clinicians soon

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Acknowledgements

- Melanie Kingsland, Sue Green and the Active Living Team
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- Ian O'Dea and the Older Persons' Model of Care
- HNEH Falls Injury Prevention Community Working Party chaired by Derene Anderson
- HNE Health Falls Injury Prevention Advisory Committee chaired by A/Prof John Wiggers

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Contact details

Patsy Bourke

Area Falls Injury Prevention Coordinator

Hunter New England Health

Phone: (02) 6767 8206 Mobile : 0427 293138

Email: patsy.bourke@hnehealth.nsw.gov.au

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