

Fall Prevention in Stanislaus County Summary

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The Challenge

In Stanislaus County

- Seniors make up **17%** of the population in Stanislaus County (total population is ~548,000)
- For falls, Stanislaus County seniors saw **5,024** non-fatal emergency department visits per 100,000 population where the rate for California seniors overall was only **4,178** per 100,000 population
- Serious non-fatal falls in seniors occur at a rate **18-20%** above the rest of California, leading to increased emergency room visits and hospitalizations

STRENGTHS

- Homemaker Program at Catholic Charities (fall prevention survey during assessment) - referrals
- Home health program, physical therapy, to prevent future falls (English Oaks)
- Optimal Hospice- pre-screen; furniture (home); safety equipment
- HAA – fall prevention classes, YAH fitness programs, fall prevention presentations, Summit – free
- Matter Of Balance Training program to certify coaches
- Pinks Senior Information Line (referrals to MOVE, classes)
- Sutter Health evidence based called Stepping On
- Advancing Vibrant Communities puts in ramps
- Advocacy regarding Senior Coalition-print resource guide
- Commission On Aging
- Primary physicians are required to access fall risk every year
- Community –Active agencies provide information at all events

WEAKNESSES

- Education – individual knowledge
- Training/education (family caregivers) for In-home providers
- Providers don't know about programs available (different case managers/social workers)
- Senior buy-in - maybe need to talk to their family instead
- Hospital coming to the table
- Disconnect in identifying people at risk by health care providers office followup and fall resources
- Need legislative action to make fall prevention a priority
- Lack of funds to provide adequate outreach and education to all seniors and their caregivers
- Lack of doctors with time and educations on senior issues
- Need more partnerships in educating providers and patients

OPPORTUNITIES

- Building out a repository / contact list / website / SCSC Facebook / links to various services (how to make private?) "One Stop Shop"
- Quarterly Summits with providers

- Senior Centers
- “Planning for Retirement” – need to store info ; info readily available
- Some states are mandating high school financial literacy class; something for health literacy class
- For intergenerational partnerships such as Girl Scouts and older adult facility

THREATS

- Dementia (elderly does not recognize need for fall prevention awareness)
- No restraints-medication
- Denial of limitations
- Isolation
- Funds for more comprehensive outreach/education
- Physicians don’t have time –Fall Prevention is not a priority.

Action Plan

Immediate-Short Term Action

- **On individual basis-each member can look at their habits to prevent falls: Have vision checked, medications reviewed**
- **Fall Prevention Resource Guide can be updated every two years.**
- **Fall Prevention Resource Guide can be printed and distributed throughout the county.**
- **Fall Prevention programs and resources can be shared at Senior Coalition meetings.**
- **Share fall prevention programs with physical therapists.**
- **Organizations can promote Healthy Aging Association Fall Prevention programs or promote Sutter Health fall prevention programs by taking materials or sharing links through email or posting online.**
- **Fall prevention programs can be advertised in Healthy Aging Newsletter, Fall prevention resource guide.**
- **Residential Care Facilities (RCF) can have their residents sign up for programs.**
- **RCF/ businesses can schedule fall prevention program for their residents/staff.**
- **RCF/businesses can schedule free monthly fall prevention presentations for their residents/staff.**
- **Healthy Aging and Fall Prevention Summit Oct. 18- participate, volunteer, bring clients or residents to free event**

Short term 1-2 months

- Need discussions to PROVIDE TRANSPORTATION to programs

Medium term 3-6 months

- Need further discussions how to get information to HOSPITALS-DISCHARGE
- Need further discussions to get PHYSICIAN SUPPORT