





Canadian Falls Prevention Curriculum

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Acknowledgements

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CFPC Development Process

- Needs assessment
- Working group
- Advisory committee
- Review of literature and existing curricula
- Writing and reviewing
- Pilot testing and evaluation
- Dissemination



Target Audience

- **Health care professionals** working with older persons in acute, emergency, rehabilitation, residential and community settings
- **Community support providers** with experience and expertise in community-based falls prevention programs and seniors' programs
- **Policy and program personnel** such as policy makers, program developers and evaluators of programs for older persons



Course Goals

To build on your previous training and experience and increase your knowledge and understanding of how to:

- **design,**
- **implement and**
- **evaluate**

an evidence-based, multisectoral falls prevention program tailored to the needs of individual seniors or communities of older persons.





Public Health Approach





Lesson 1: Defining the Problem





A definition that meets these criteria is:

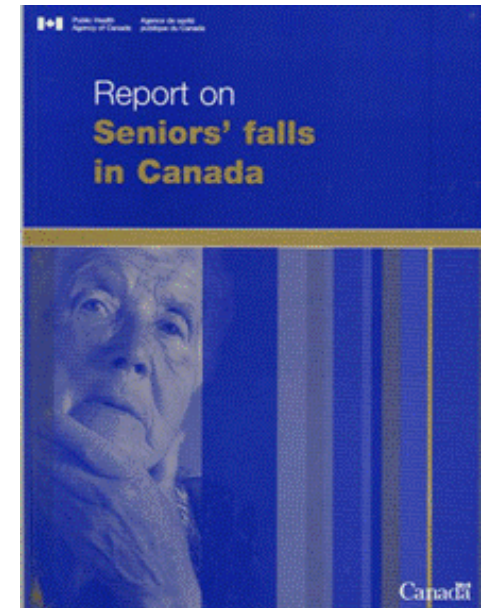
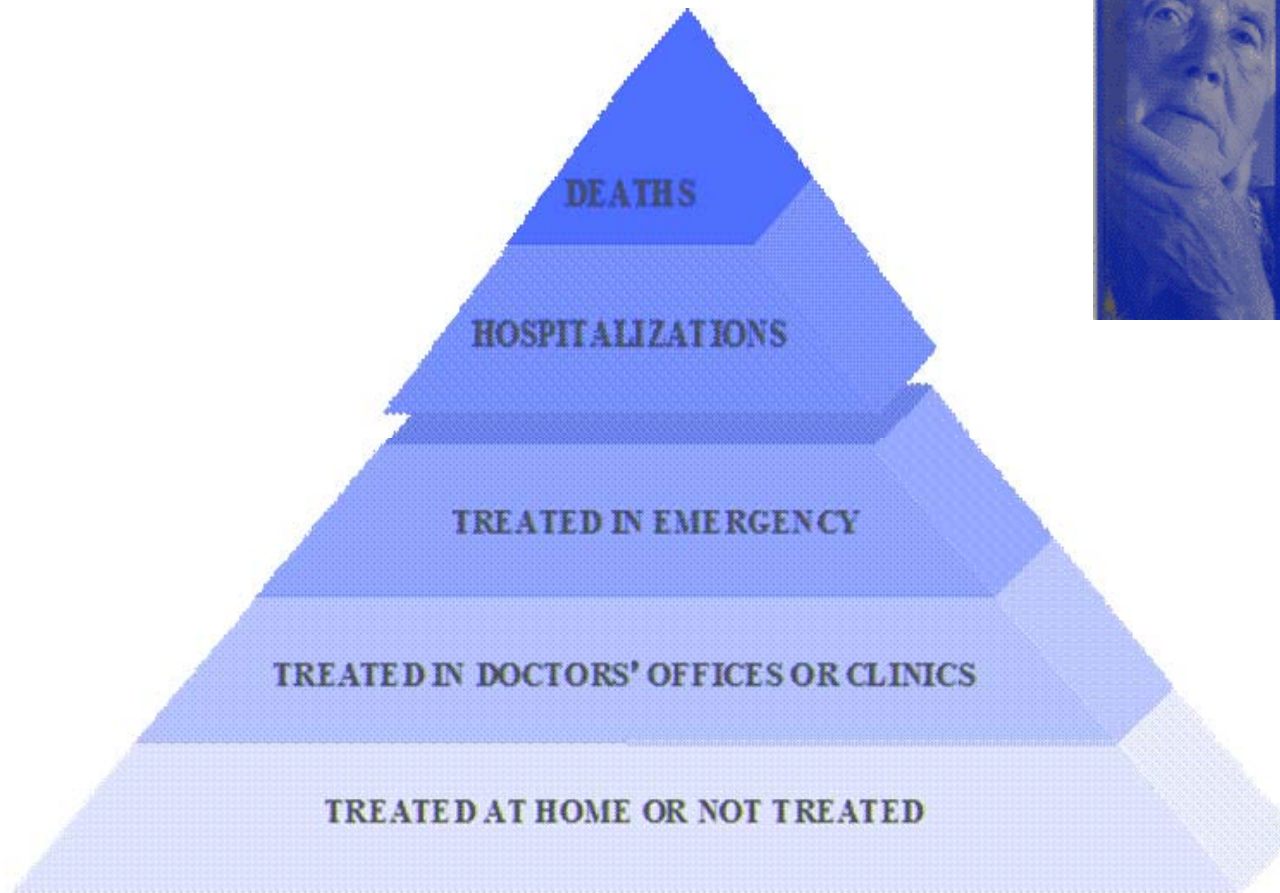
“Unintentionally coming to rest on the ground, floor or other lower level with or without an injury.”



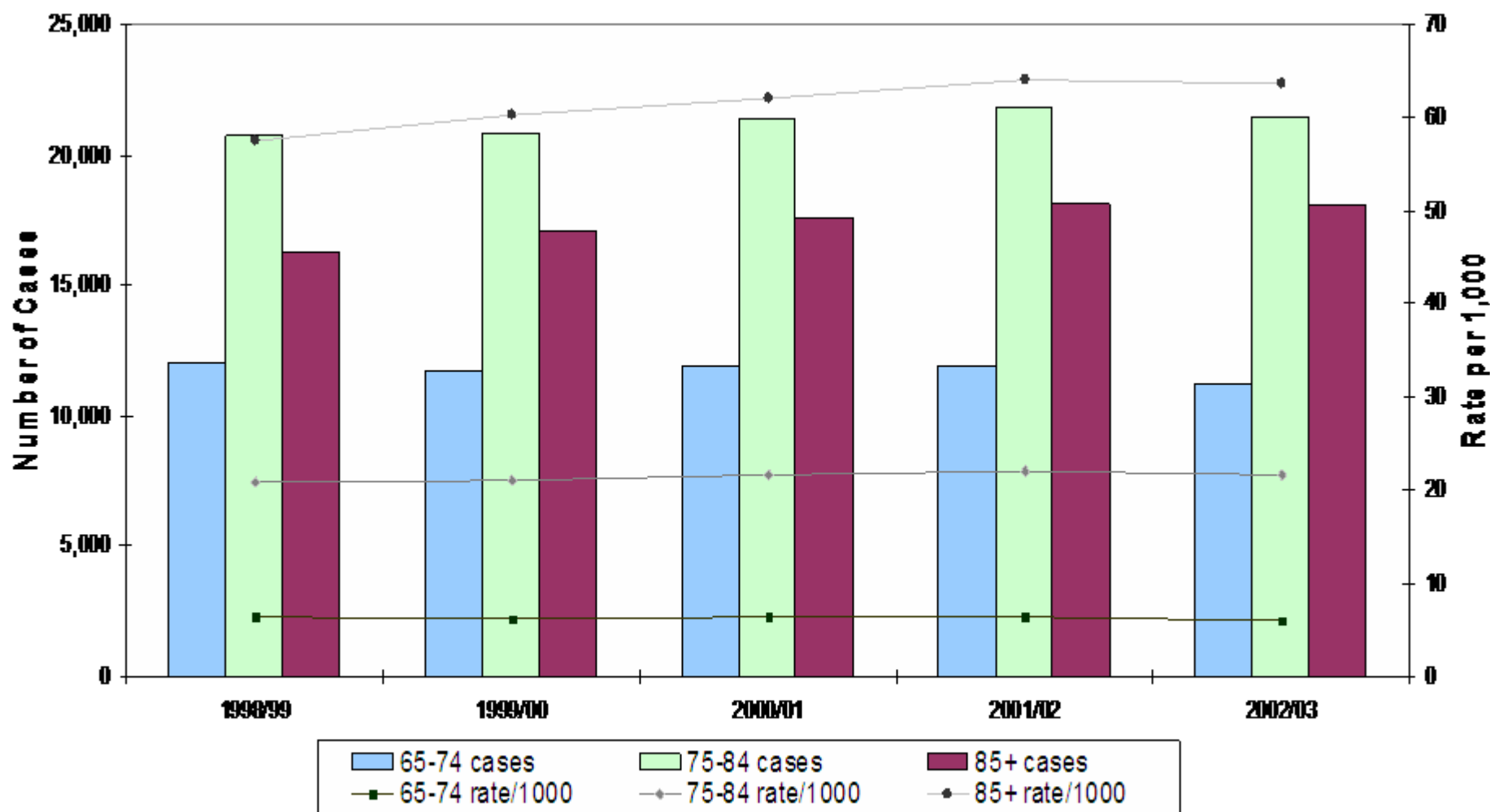
Scope and Nature of the Problem

- Can be defined at the population or individual level -
 - The population level defines the problem across national, provincial, territorial, regional, community and institutional levels
 - The individual level defines the problem at the level of the fallers
 - The *scope* tells you about the size of the problem
 - The *nature* tells you who are affected, where the problem occurs and what the problem looks like

Population Level



FALLS RELATED HOSPITAL CASES AND RATES, AGE 65+, CANADA, 1998/99 TO 2002/03

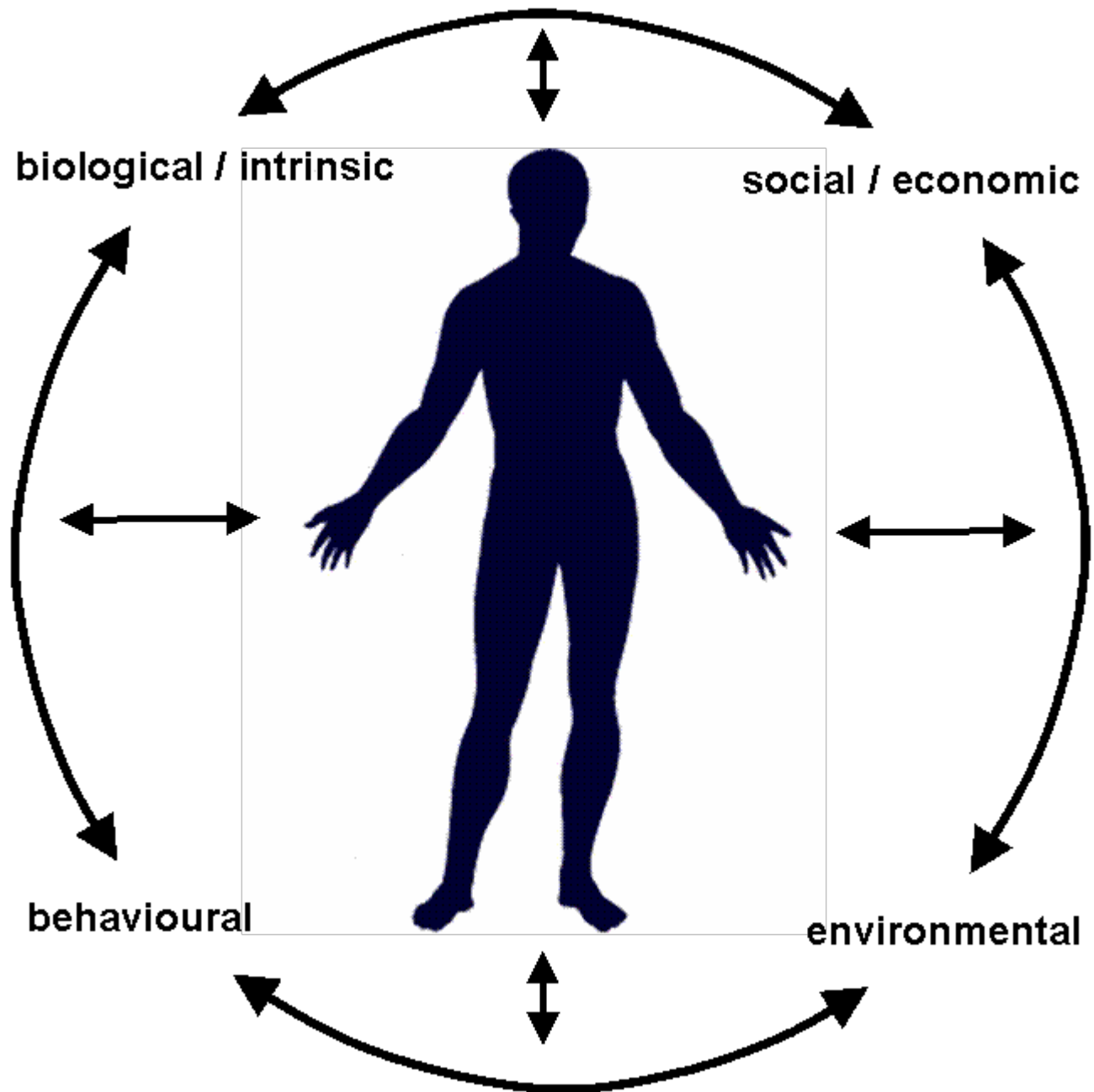


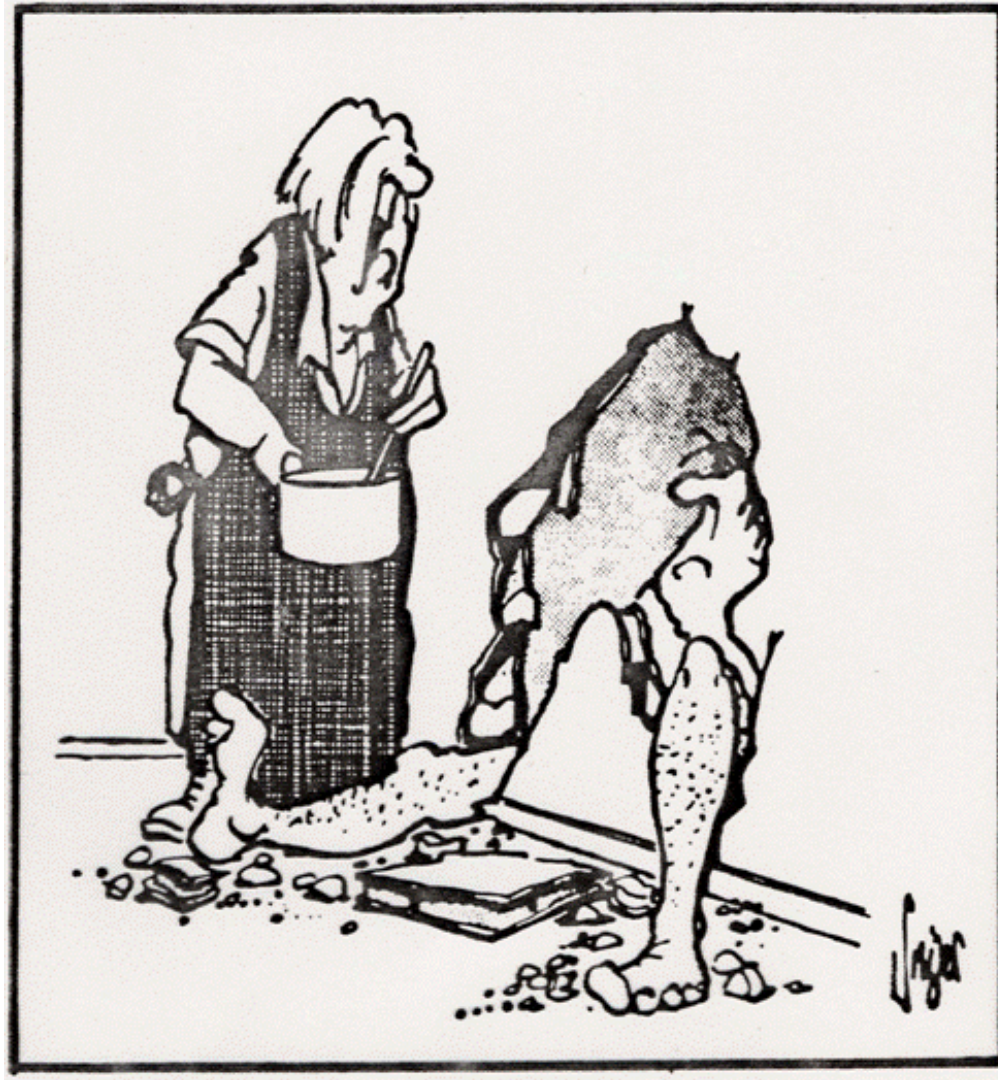
Source: Acute separations from 1998/99 to 2002/03 Canadian Institute of Health Information Discharge Abstract Database.
 Confidence intervals are 95% Confidence intervals.



Lesson 2: Identifying Risk Factors







“How is it I take a shower everyday and do it without stepping on the soap?”



Lesson 3 Examining Best Practices



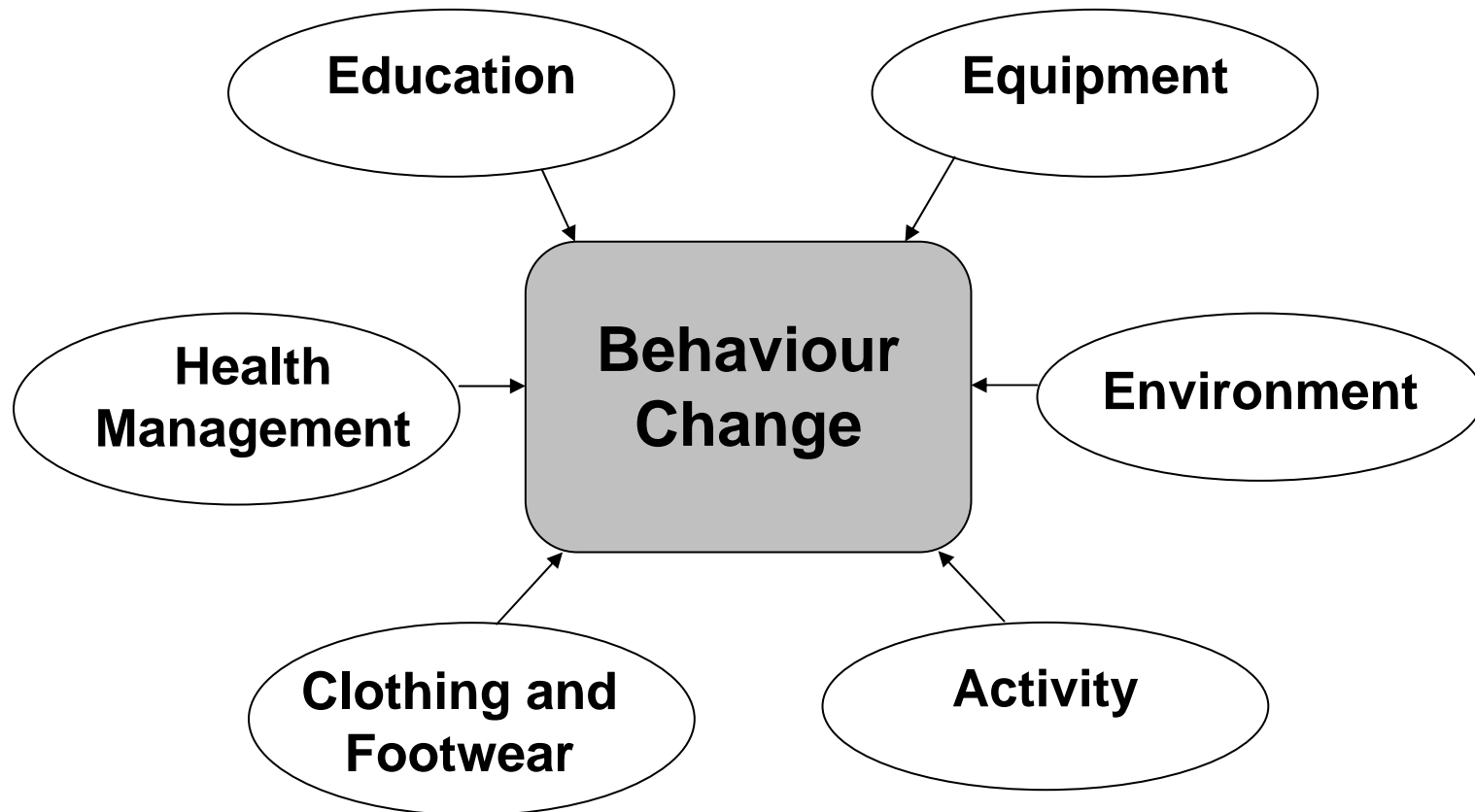


Best practices

- Best practices are the application of the best scientific evidence combined with sound clinical judgment to produce a practical, feasible and sustainable program.



BEEEACH Prevention Model





Understanding Readiness for Change

- **Precontemplation** (not really ready to change)
- **Contemplation** (getting serious about changing)
- **Preparation** (making a plan for change)
- **Action** (doing the plan)
- **Maintenance** (doing the plan long term)
- **Termination** (completion of change)

(Prochaska, James & Norcross, 2001)



Stages of Change at Community Level

- A municipal government that is considering implementing a pedestrian hazard reporting system
- With the help of a group of volunteers from a community walking group, they are able to move from contemplation of the program to preparation and action



Overarching Recommendation

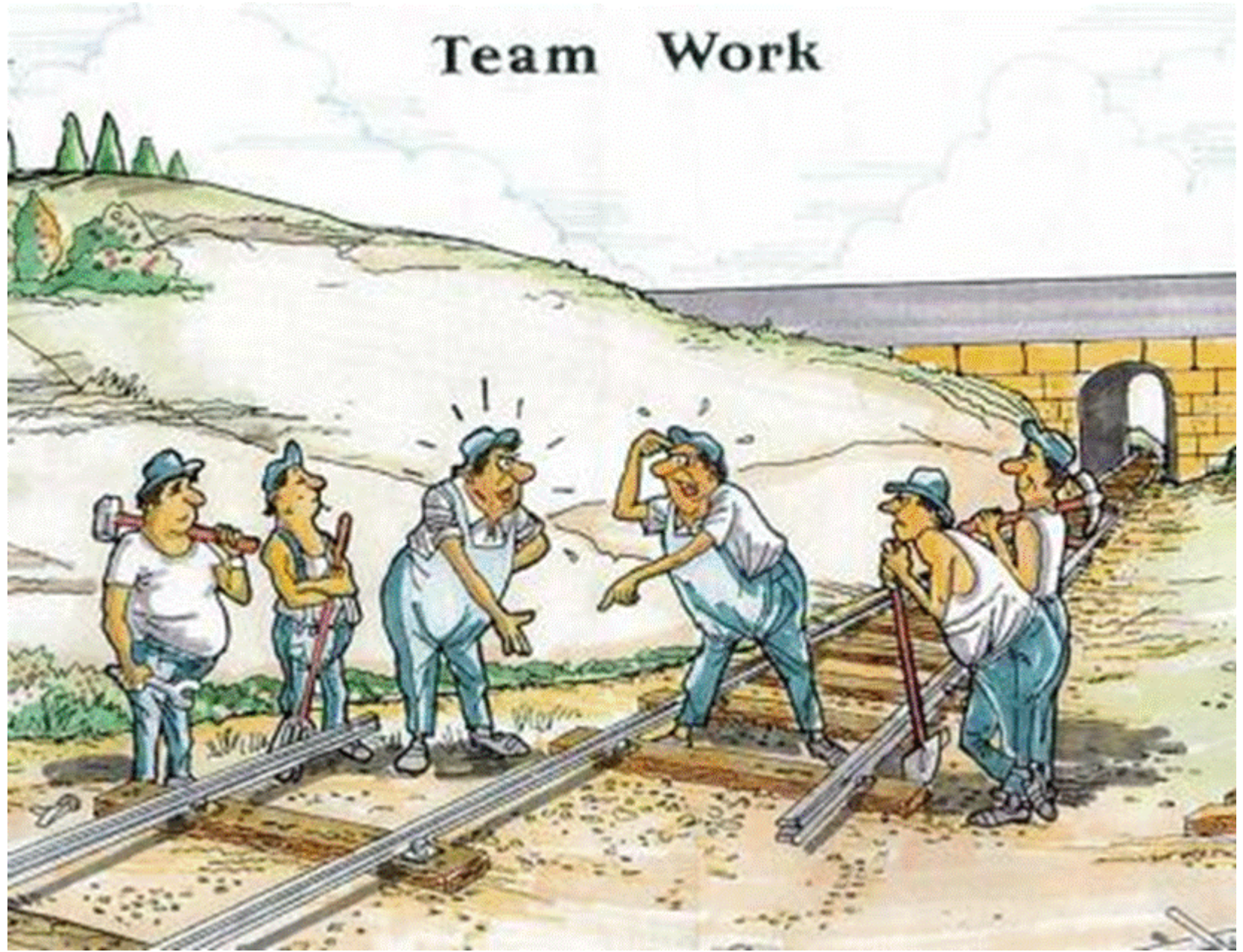
- The most effective falls prevention interventions are those that use a multifactorial approach that targets individuals or groups of older persons based on their risk profiles AND those responsible for their safety.



Lesson 4: Implementing the Program

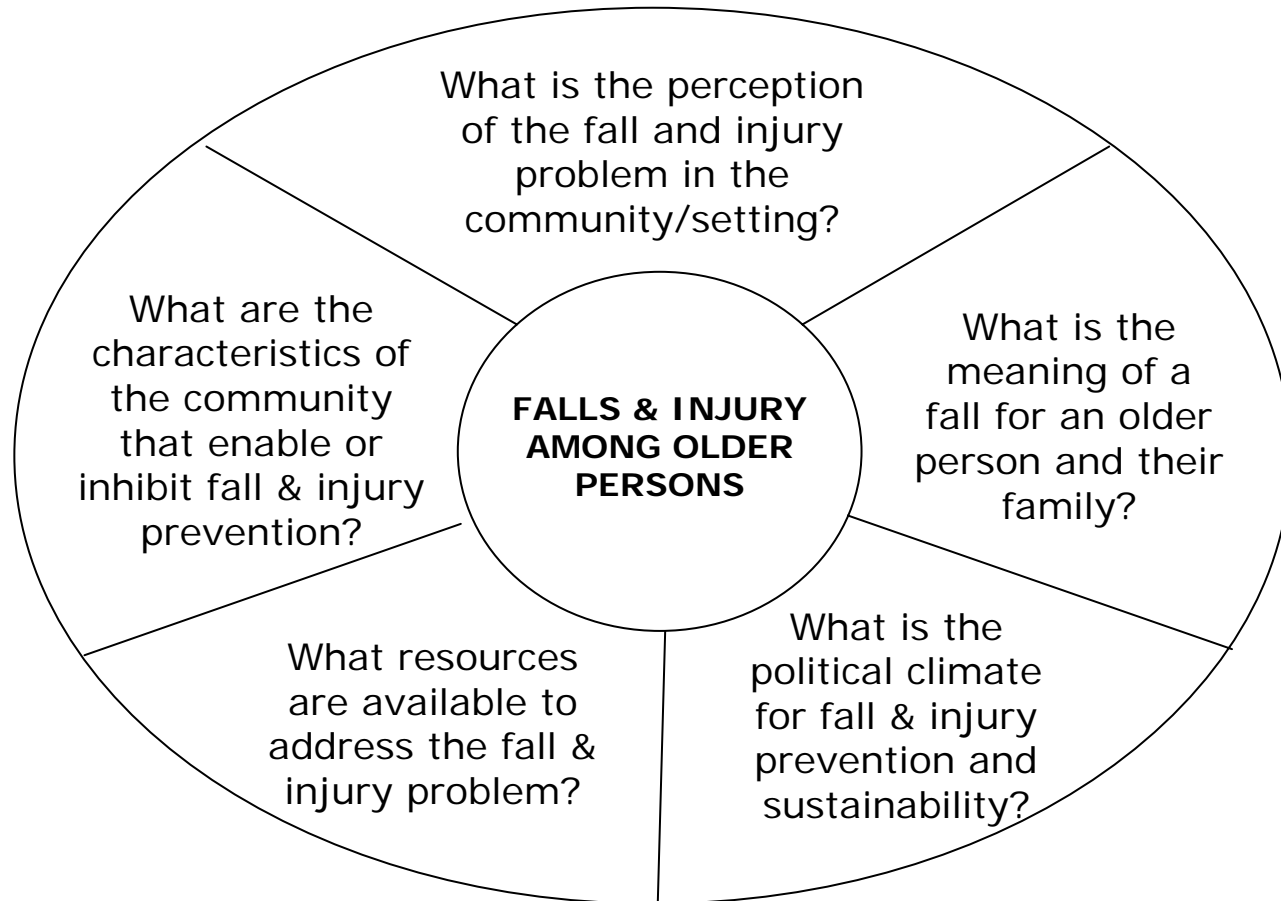


Team Work





Social & Policy Context





The Planning Model

- Adapted from the Population Health Template (Health Canada, 2001)
- Components include:
 - The problem you intend to address
 - How you plan to do so and when
 - What you hope to achieve
 - Who is going to do the work
 - How you will measure success

Program Planning Worksheet

1. **Problem Statement:**

2. **Goal:**

3. **Objective #1:**

Risk Factors(s): *(circle one or more risk factors that apply to the target group addressed in the objectives)*

Biological/Intrinsic Behavioural Social/Economic Environmental

4. **Intervention #1:**

Best Practice Intervention(s): *(circle two or more best practice categories to be addressed in the intervention(s))*

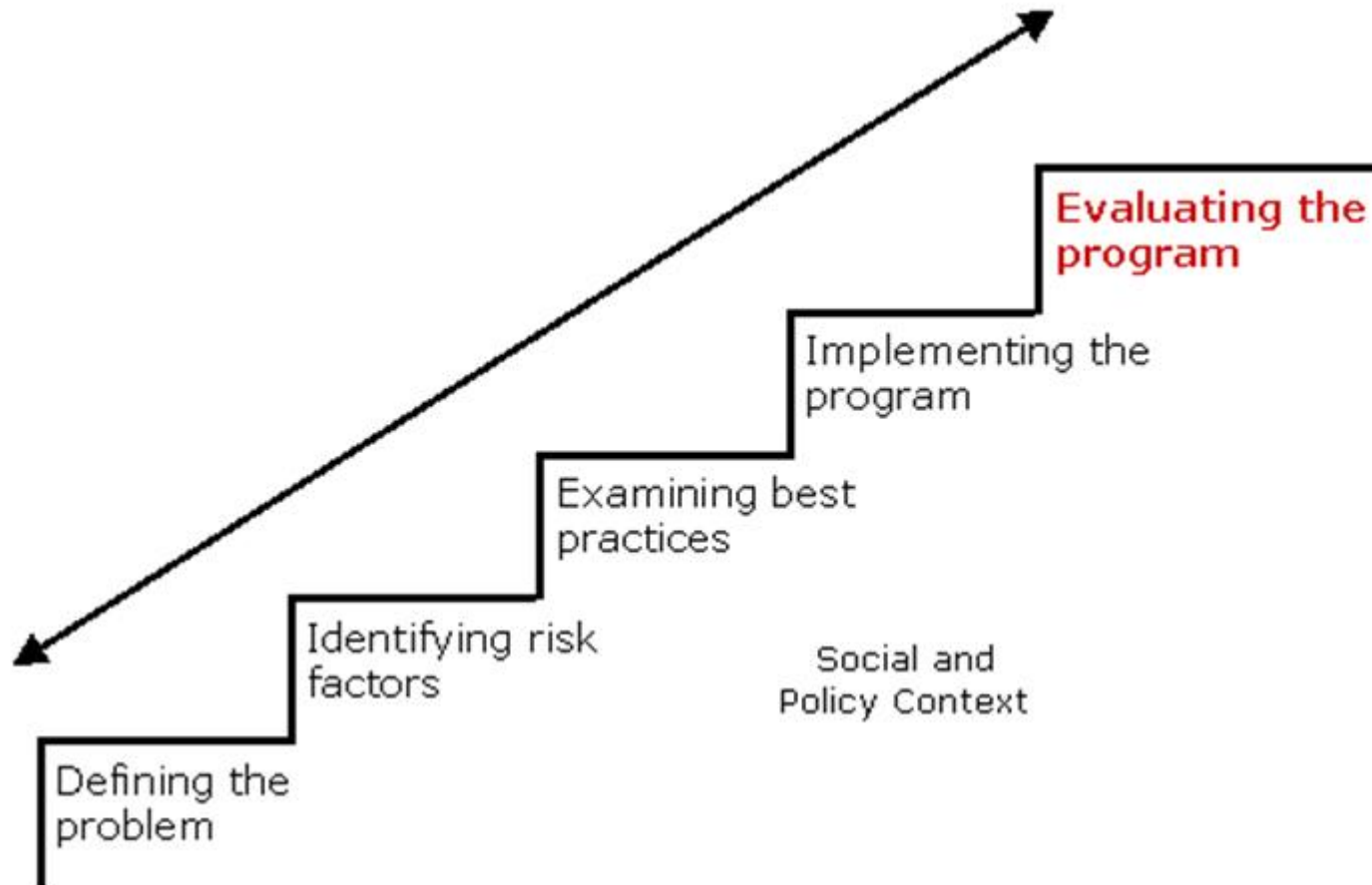
Education Equipment Environment Activity Clothing/Footwear Health Management

5. **Intervention #1 Action Plan:**

| Activities | Specific Target Group | Time frame | Responsible Person(s) | Resources | Success Indicators and Methods |
|------------|-----------------------|------------|-----------------------|-----------|--------------------------------|
| | | | | | |



Lesson 5: Evaluating the Program





Five Evaluation Questions

| | |
|------------|---|
| What? | 1. Did we do what we said we would do? |
| Why? | 2. What did we learn about what worked and what didn't work? |
| So what? | 3. What difference did it make that we did this work? |
| Now what? | 4. What could we do differently? |
| Then what? | 5. How do we plan to use the evaluation findings for continuous learning? |



Dissemination

- Facilitator course pilots:
 - Charlottetown August 2007
 - Vancouver October 2007
- Final Course: Toronto & Victoria, Nov. 2007; Winnipeg, Feb. 2008
- Translation to French
- Francophone pilot in Ottawa, May 2008
- Proposal for development of web-based CFPC

Questions?

- For more information:
www.injuryresearch.bc.ca
- Thank you for your attention.
- And remember...falling can be prevented except falling in love.

