

StopFalls Network California High Risk / Frail Older Adults Workgroup Meeting 11/18/05

Participants: Daniel Avilar, Paul Carlisle, Ellen Carroll, Ellen Corman, Art Hoffman, Jennifer Wiekowski, Rachel Zerbo, Mary Louise Zernicke

Agenda Item	Key Points	Action Items
Workgroup Member Introductions	<ul style="list-style-type: none"> • Art Hoffman: Vital-Link Emergency Response Systems. Service used as safety net for high risk population. • Jennifer Wiekowski: Partners in Care involved in filling gaps in services for frail older adults. They develop model programs, replicate evidence-based interventions. Are currently implementing Health Moves for Aging Well, a simple exercise program that focuses on balance and mobility for homebound seniors. • Daniel Avilar: Partners in Care—would like more info on falls from people working in field. • Ellen Carroll: Working on senior injury project with Alta Bates-Summit Medical Center Interested in working with frail population. • Ellen Corman: Stanford University Medical Center project that sends OTs into homes to provide fall prevention services. • Mary Louise Zernicke: Alameda County AAA project that promotes balance and mobility training for high risk older adults. • Rachel Zerbo: Fall Prevention Center of Excellence, sponsor of StopFalls Network California. 	
Network Background / September 27 Meeting / Draft Workplan	<ul style="list-style-type: none"> • StopFalls Network began at May 2005 Senior Injury Prevention Meeting in Sacramento. Intent was to create forum to share resources /best practices, harness collective power to advocate for senior-friendly policies. • Approximately 80 members, 6 workgroups. • StopFalls Network held first in-person meeting on Sept. 27, 2005. Spent first half of meeting working on network mission, workgroup goals, talking about fall prevention activities currently happening in CA, gaps in these activities. • Workgroups then held breakout sessions to draft action plan. • High Risk / Frail Older Adults group were pretty much of one mind: we need to identify and promote evidence-based interventions for this population, and determine how we will get the funding to implement these 	

	<p>kinds of projects.</p> <ul style="list-style-type: none"> • Current sources of funding limited: grants, homecare, PT reimbursement. We need to research additional sources. • How do we partner with academic institutions to give credibility to community-based projects that work? Project not currently being recognized, validated, published. 	
Sources of Funding for Current Programs	<ul style="list-style-type: none"> • Some limited reimbursement for PT services • Emergency Medical Services grants • AAA funding: Mary Louise has info on where AAA Title IID\$ are being allocated. • Transfer of funds from fire department to local community-based organizations to pay for prevention --- shown to reduce EMT “pick up” calls • Board of Supervisors in Alameda County have allocated special local tax, Measure A, dollars to senior injury prevention • Medical / Medicare reimbursement for specialty medical equipment such as walkers, alarms. • Rehabilitation funds for fall risk management: Paul has pamphlet on rates. • One of the roles of the Network should be to advocate for allocating some of the AAA money to ongoing fall prevention activities. 	<ul style="list-style-type: none"> • Mary Louise will circulate current AAA funding list • Paul will circulate fall risk management reimbursement info • Ellen Corman and Rachel to talk will Policy Workgroup about advocacy for allocation of AAA funds.
Current Programs Serving High Risk / Frail Older Adults	<ul style="list-style-type: none"> • Ellen Corman: project sends OTs into homes to do motor evaluations, home safety assessments, health screen, exercise using Sit and Be Fitt video, and minor home mods. Some technical complications with video. • Mary Louise: Get Up and Go – PTs provide homebound seniors with physical activity prescriptions. Then nursing students or senior companions support them in their exercise programs. Program very successful, all clients exercised, all improved. • Keys to successful programs for homebound seniors: home visits, support, follow-up, extension of support past duration of exercise program, allowing clients to take another class after theirs is over. • Potential long-term solution: training friendly visitor to do assessments, provide ongoing support. • Paul: many studies on benefit of exercise on fall reduction are not done with frail population. For the very frail, all the exercise in the world may not be effective in improving balance • What may work with very frail population: multifactorial interventions including medications management, treating co-morbidities. Perhaps exercises for ankle strength, but must be individualized....some may need to focus on hip strength, knee strength. 	

	<ul style="list-style-type: none"> • Jennifer: Partners in Care works with MSSP clients who already receive case management services. 2 methods used to promote physical activity: case managers promote behavior change, volunteer coaches, both younger and peers, provide support. Project description can be found at www.picf.org, click on Healthy Moves for Aging Well. 	
Next Steps	<ul style="list-style-type: none"> • Schedule another teleconference in January, 2006. • Continue to address fall prevention in seniors who live in both community and residential settings as long as the needs of workgroup members are met. 	<ul style="list-style-type: none"> • Mary Louise will poll workgroup members on availability and schedule next meeting.