Prevention and Primary Health Care Framework for Falls in Older People:

Stay on Your Feet WA 2004–2007

A health promotion response to complement the Falls Policy for Older Western Australians

Stay On Your Feet WA

Government of Western Australia
Department of Health
Injury Prevention Branch

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Contents

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Foreword

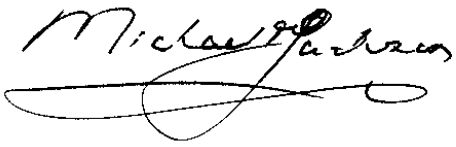
The Population Health Division, through its Health Promotion Directorate (Injury Prevention Branch) and the Population Health Units, has been delivering falls prevention strategies for older adults since 1994 through the Stay on Your Feet program.

Under this Framework, the Stay On Your Feet WA model will expand to include prevention, primary health care and health promotion across the continuum of care. This will link the work of the population health sector with the acute and residential care sector.

This model aligns with the National Public Health Partnership's model for the prevention of chronic disease and complements the *Falls Policy for Older Western Australians* that calls for a whole-of-health system response.

With the release of the Health Reform Committee's report, *A Healthy Future for Western Australians*; the State Government's response to the Report of the Active Ageing Taskforce, *Generations Together*, and the Department of Health's *Falls Policy for Older Western Australians*, the time is right for a preventive, holistic and life-course approach to ageing and falls prevention in Western Australia.

It is with pleasure that the Population Health Division, Department of Health presents the *Prevention and Primary Health Care Framework for Falls in Older People* to government, non-government and community stakeholders. The Framework builds on the existing and emerging work being undertaken in our State that promotes a healthier and empowered ageing population.



Michael P Jackson
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Glossary of Terms

Collaboration – Enhancing the capacity of the other partner(s) for mutual benefit and a common purpose. Collaborating requires the partner to give up part of their turf to another agency to create a better or more seamless service system.[1]

Empower – Provide an opportunity for those who are presently disenfranchised or oppressed to receive a fair share of the power/resources.

Fall – Any event in which a person loses balance, trips, slips or drops from a height to the floor or ground. This definition includes two essential elements of falling – the involuntary motion of the person and the consequences of hitting the floor or another object.[2]

Framework – Over-arching, flexible structure that provides direction for the development of localised action plans, but is not prescriptive.

Goal – The desired outcome from an intervention.

Health Promotion – A combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through attitudinal, behavioural, social and environmental changes.[3]

Healthy Ageing/Active Ageing – An individual, community, public and private-sector approach to ageing that aims to maintain and improve the physical, emotional and mental well-being of older people.[4]

Injury Prevention Unit/Branch – Branch located within the Department of Health's Health Promotion Directorate. Its purpose is to strategically manage injury issues in Western Australia, by providing the link between national plans and objectives, and adapting these to the identified needs in Western Australia. This will result in state-based plans and policies that will contribute to a reduction in injury in WA.

Morbidity – The state or condition of disease. Usually associated with hospitalisation.

Mortality – The state of being mortal; death.

Objective – A measurable step towards achieving a goal.

Older People – For the purposes of this Framework, relates to people aged 60 years and over.

Primary Health Care – Extends the first level of the health system from sick care to the development of health. It seeks to protect and promote the health of defined communities and to address individual and population health problems at an early stage.[3]

Primary Prevention – Aims to stop the occurrence of a disease.[3]

Sustainable – The ability for the implementation of intervention to continue, with minimal reliance on original funding source.

Secondary Prevention – Aims to intervene at an early stage of disease before it becomes a problem.[3]

Tertiary Prevention – Aims to minimise the complications from a disease which is fully developed.[3]

Introduction

Following the release of the Department of Health *Falls Policy for Older Western Australians*[5] on 28 January 2004, the direction of Stay on Your Feet WA has been reviewed. This statewide policy was developed through the Rehabilitation, Aged and Continuing Care Directorate, Department of Health (DOH), and aims to reduce falls and falls-related injuries across the continuum of care.

At a state level, the *Falls Policy for Older Western Australians* advocates for a 'whole-of- system' approach to the prevention of falls across the spectrum of care.[5] Falls in older people are a major public health issue and account for a significant portion of all deaths and hospitalisations for older Australians (refer to Appendix 1: Nature and Extent of Falls Injury in Western Australia). Falls in older people have been identified as a national and state priority issue since 1996.

The National Public Health Partnership's *Preventing Chronic Disease: A Strategic Framework*[6] delineates the importance of connecting prevention and management in order to achieve health gain for conditions with similar chronic disease risk factors. Similarly, the prevention of falls requires a 'whole-of-health' system approach which focuses on health improvement and encourages health-related quality of life.[6]

Stay on Your Feet WA (SOYFWA) has been positioned as a Prevention and Primary Health Care Framework for Falls in Older People. Specifically, this includes developing an informed and responsive workforce; improving links between health professionals, older people and other sectors; generating local falls-prevention initiatives in regional and local areas; and education and awareness of older people in self-management strategies.

In the chronic disease prevention and control model, prevention and health promotion can contribute to each stage of the continuum of care as part of a 'whole-of-health system' approach to health gain (see Figure 1).[6]

A similar approach can be adopted for falls prevention in older people. Figure 2 is a conceptual model based on this approach, entitled the Prevention and Primary Health Care Framework Model for Falls in Older People.

Figure 1: Comprehensive model of chronic disease prevention and control

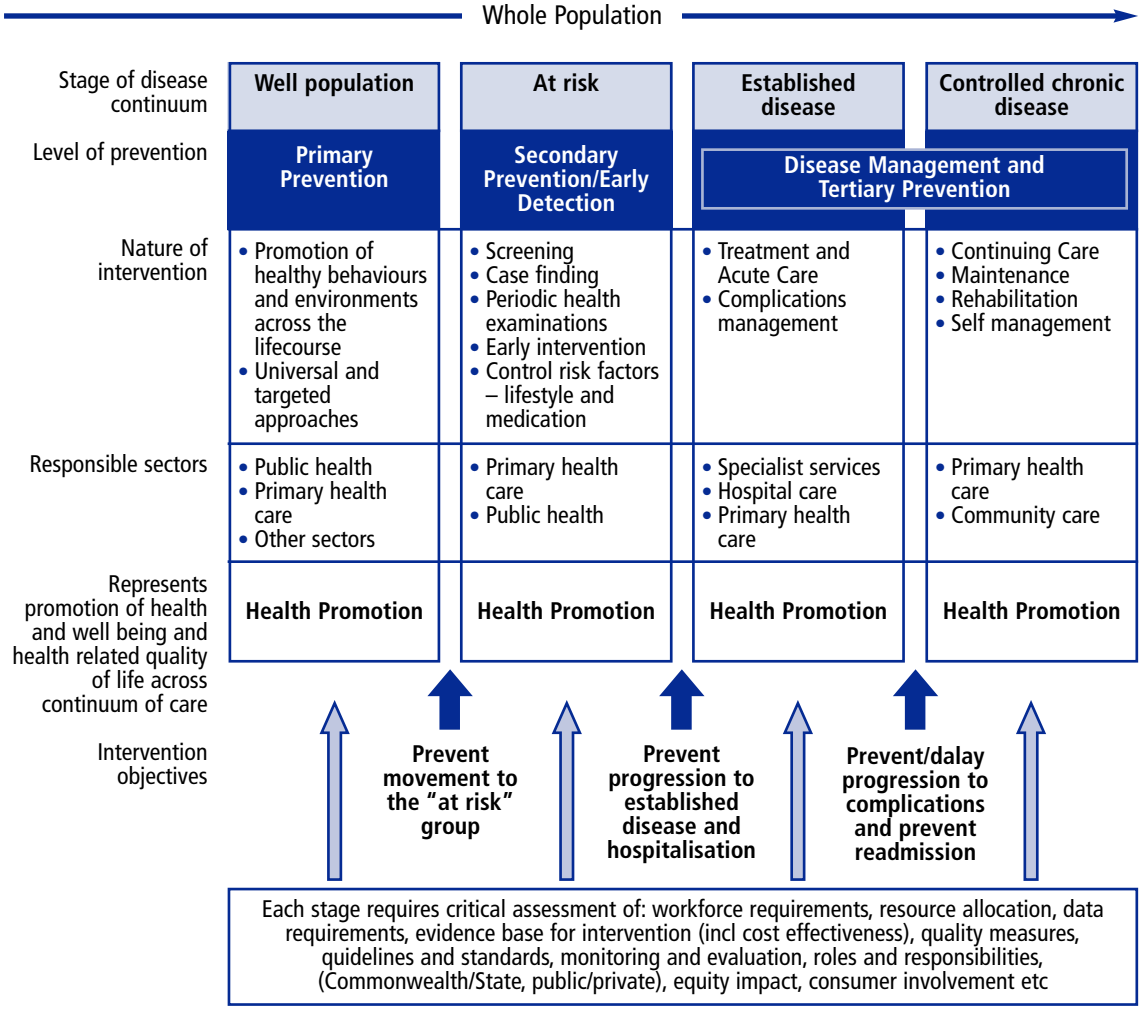
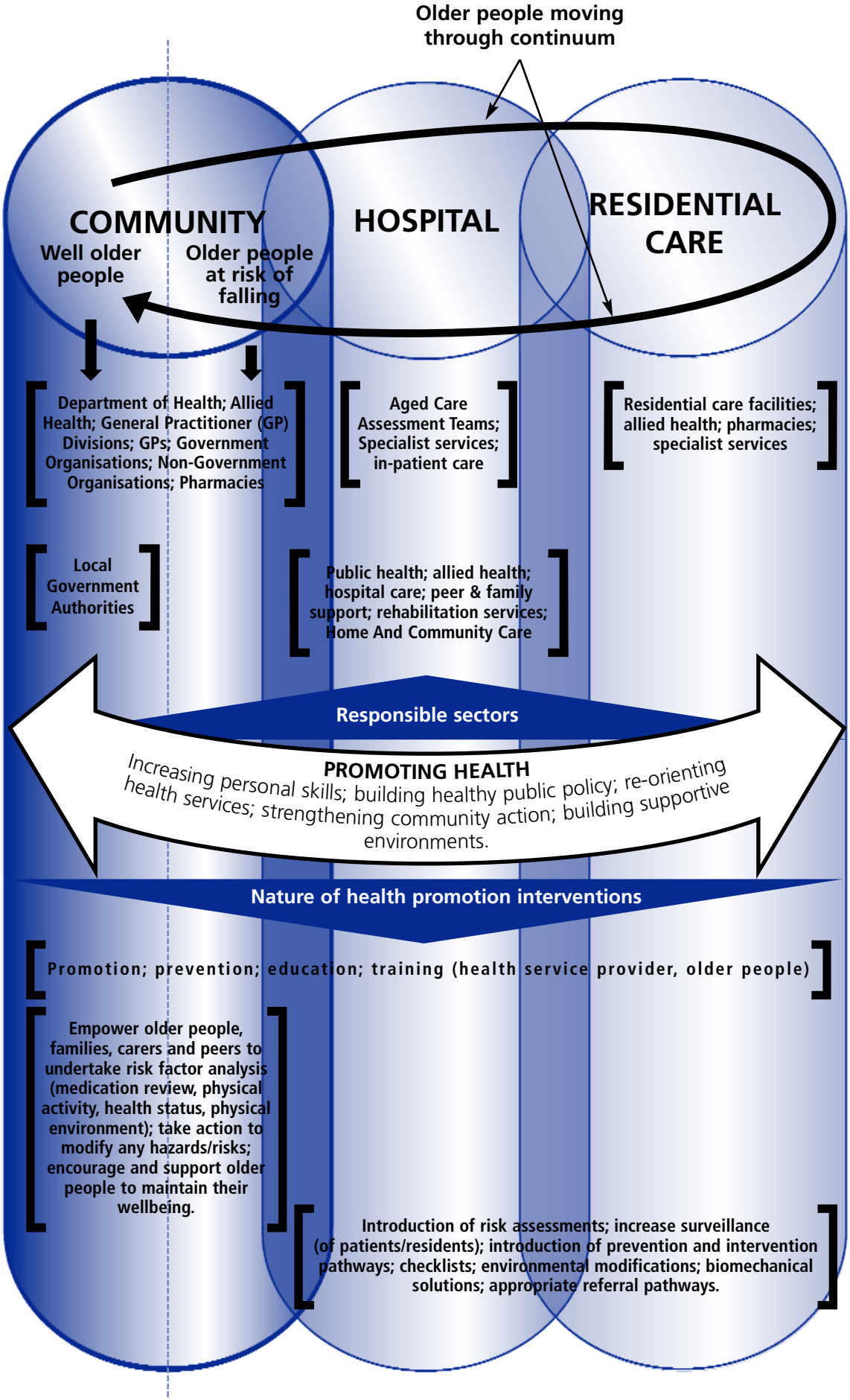


Diagram from National Public Health Partnership. October 2001. Preventing Chronic Disease: A Strategic Framework. National Public Health Partnership, Melbourne, p.35.

Figure 2: Prevention and Primary Health Care Framework Model for Falls in Older People



Conceptual foundation for the Model:
The Model is conceptually based upon, and integrates the following models:

- *National Public Health Partnership's Chronic Disease Prevention Framework*[6]
- *Falls Policy for Older Western Australians*[5]
- *Ottawa Charter for Health Promotion*[7]
- *South-West Model for Falls Prevention for Older People* across the continuum of care (unpublished)[8]

The Model delineates the overlap of settings, sectors and strategies to address falls prevention in older people, based on a population health approach.

The role of health promotion:
The key elements of health promotion are crucial to all settings and sectors, and overarch the health promotion intervention strategies.

Aligning with a population health approach, small improvements in all older people's health, including those at low risk of falling, can have greater overall gains than a very perceptible improvement in those at very high risk of falling.[9] There is good justification to invest in falls prevention for well older people in the community, thus preventing a shift of the population from 'well' to 'at risk'. Similarly, investing in health promotion across each setting can reduce the shift of individuals from one setting along the continuum to the next.

Settings:
The cylinders represent the settings across the continuum of care. As indicated, the settings overlap, representing the interface between the hospital and community, or residential facility and hospital, respectively. The Community Setting column is comprised of two halves representing older people who are well, or at high risk of falling, respectively. The settings are based on those defined in the *Falls Policy for Older Western Australians*. The curved arrow across the top of the cylinders represent the movement of older people across settings, in either direction, depending upon their level of health and wellbeing, falls risk, treatment and rehabilitation.

Responsible sectors:
The upper halves of the cylinders provide a snapshot of potential sectors that have a role in falls prevention. Some sectors work in one setting, while others extend across several settings. The positioning of the parentheses around sectors in the top halves of the cylinders indicates the extent to which sectors work across settings along the continuum.

Nature of health promotion interventions:
Similarly, broad health promotion strategies can extend across several settings. Parentheses around strategies in the lower half of the cylinders indicate the extent to which intervention strategies extend across the continuum. These strategies are not exhaustive, however they give an indication of the type of strategies relevant within each/several settings.

The Framework will provide direction in three key action areas, namely:

- **Ensuring an effective information base to guide action**[6] – this will include monitoring; surveillance; the identification of gaps in research, literature and practice.
- **Strengthening prevention and health promotion**[6] – consistent with the *Ottawa Charter for Health Promotion*[7], this will include the key components of building healthy public policy; creating supportive environments; strengthening community action; developing personal skills and re-orientating health services.
- **Strategic management**[6] – this will include the key elements of coordination; collaboration; de-duplication of services and resource management.

Whilst these broad action areas are directive in nature, they are purposefully not detailed strategic plans. This Framework will inform the development of action plans that are relevant to local needs, populations and conditions.

Prevention and Primary Health Care Framework of Falls in Older People 2004-2007: Stay on Your Feet WA

With the release of the *Falls Policy for Older Western Australians*[5] (the Policy), it is timely that the nature and direction of SOYFWA is guided by the Policy and fundamentally complements and integrates with the Policy.

The Policy serves as a platform to guide the future development of action plans in preventing falls, and the development of action plans for the management and treatment of falls across the different settings in which older people live or come into contact. This includes the home and community, the hospital, and residential care facilities.

The Policy covers prevention of falls with a strong emphasis on people who have fallen, or those who are at high risk of falling. Given its major focus is on management and service coordination, the Policy has used a framework of target settings.

In response to the Policy, this Framework provides a broader, more integrated approach to the prevention of falls across settings. The new Framework uses the National Public Health Partnership's model for the prevention of chronic disease[6] as basis for intervention.

The SOYFWA model has always had a broader prevention approach, therefore providing the opportunity to bridge the gap, and provide a comprehensive strategy for falls prevention and management. The SOYFWA model will expand to consider prevention, primary health care and health promotion across the settings and continuum of care, linking prevention of falls with the management of falls in older adults. This will ensure the integration of this Framework with the Policy.

Objectives

The objectives of this Framework remain the same as for the Policy, and are to:

- Improve quality of life and maximise independence for older people[5]
- Develop strategies to increase awareness of falls and improve interventions[5]
- Minimise duplication through enhanced coordination of services[5]
- Develop partnerships and networks among stakeholders engaged in initiatives to reduce falls[5]
- Support and strengthen collaborative efforts within partnerships and networks[5]
- Establish best practice principles specifically for home and community settings[5]

Guiding Principles

The guiding principles of the Policy have been used for this Framework with the inclusion of three extra principles (in bold below). The guiding principles are as follows:

- Promotion of independence to empower individuals to embrace positive and healthy ageing so that, wherever possible, they can remain living in the community[5]
- Prevention of falls and reduction of risk factors in the older population[5]
- Education and intervention to reduce falls and fall-related injuries in the older population[5]
- Continous improvement in service provision across target settings[5]
- **The expansion of SOYFWA to reach all older people in Western Australia whilst ensuring programs address inequity[10]**
- **The expansion and consolidation of partnerships between older people, their representative groups, government and community agencies at state and local levels[10]**
- **The development of local, individualised responses to local needs.[10]**

Scope

Why Develop a Framework?

Socio-political context:
A general shift in policy is occurring due to global population ageing, national strategic actions and the local characteristics of WA's ageing population, which in combination inform state priorities.[11]

At an international, national and state level, the policy shift is to a 'whole-of-life course approach' to ageing. This approach suggests that the healthy ageing message needs to be targeted across the life cycle and not when a person reaches their fifties or sixties.[2,4,5,6]

As outlined in the World Health Organisation's *Policy Framework on Active Ageing*, older people want to be active participants and contributors to society and to the well-being of their families and communities. Older people want to remain in good health and enjoy a high quality of life for as long as possible and if they become frail and vulnerable, to be provided with the protection and security they need. Therefore, health can only be created and sustained through the participation of multiple sectors.[11]

At a national level, this approach has been endorsed by the National Public Health Partnership through its chronic disease prevention framework.[6]

At a state level, the Premier's Active Ageing Taskforce (AAT) established in early 2002, advocated this active ageing approach for the WA population through the development of a five-to-ten year policy framework. The framework recommended a significant investment in preventative health measures and acknowledged that in order to promote active ageing, the health system needed to focus on health promotion, disease prevention and access to quality primary health care and long-term care.[11]

Specifically, recommendation 35 of the AAT endorsed the need for statewide falls prevention programs to be in place that included goals to further reduce falls among older people.[11]

In response to the AAT recommendations, the state government has recently released *Generations Together, an Active Ageing Strategy* which focuses on the key priorities of health and wellbeing (including strategies to prevent falls), employment and learning, community awareness and participation, protection and security, and planning and the built environment.[12]

Preventing falls among older people living in the community involves participation and engagement of the range of groups involved in promotion and protection of health in the community.

The purpose of this Framework is to connect the promotion of falls prevention with management and treatment. Prevention and health promotion across the spectrum of care allows a focus on health improvement and encourages health-related quality of life at each stage on the continuum.[6]

Who does this Framework apply to?

This Framework applies to sectors that promote the prevention of falls and health-related quality of life across the continuum of care. Sectors include:

- Public health
- Primary health care
- Other sectors that promote, support, develop, implement, evaluate or facilitate falls prevention strategies for older people

Specifically included are organisations and individuals working to promote health and well – being to large groups of older people in the community, as well as the more targeted and specific approach of the primary health care sector.

The primary health care sector includes general practitioners, nurses, physiotherapists, occupational therapists and other allied health professionals. These individuals are key players in assisting older people to identify any changes in health and well-being that may increase the risk of falling.

Given that inequalities exist across the spectrum of health care, equity needs to be considered at each point on the continuum.[6] Variations in the delivery of falls-preventive strategies must be considered for older people who are:

- socially or geographically isolated
- from culturally and linguistically diverse backgrounds
- indigenous*

*Note: The incidence and impact of falls in indigenous communities needs to be further investigated. In particular, the age at which falling becomes an issue and the causes of falls requires exploration. The estimated life expectancy at birth for Aboriginal and Torres Strait Islander males and females is 19-20 years lower than that for other Australians. In the period 1997-1999, the life expectancy at birth for the indigenous population was estimated to be 56 years for males and 63 years for females. In contrast, the life expectancy at birth for all Australians was 76 years for males and 82 years for females.[1]

It is this combination of work between health promotion and the primary health care sector that assists older people to identify changes to their risk of falling. This interface with the health promotion sector and risk identification through the primary health care sector is critical if falls in older people are to be prevented.

Consequently, this Framework has been developed for use by:

- Government and non-government organisations operating at a state level, whose core business is older people's wellbeing and/or one of the risk factors for falls
- Organisations delivering services at a regional level, whereby the broad action areas contained within this Framework can be used to inform the development of local action plans to address local needs. This should result in the retention of a high level of flexibility in the nature and type of service delivered at a local level
- All others who conduct programs that address the risk factors (for any life stage) or are involved with the SOYFWA target group

Importantly, SOYFWA aims to contribute to a healthier community for older people by guiding the collaborative efforts of non-government organisations, Population Health Units and the aged care sector.

Key Action Areas

Consistent with *Preventing Chronic Disease: A Strategic Framework*[6], the key action areas or 'domains of activity' are as follows:

1. Ensuring an effective information base to guide action
2. Strengthening prevention and health promotion
3. Strategic management

1. Ensuring an effective information base to guide action

In relation to falls prevention in older people, this action area encompasses the following key elements:

- Systematic surveillance of falls risk factors and their determinants, including:
  - Emergency Department surveillance
  - Mortality (deaths)
  - Morbidity (hospitalisation)
  - Health system costs of falls
  - Level of exposure to risk factors
  - Health indicators for older people
- Systematic development of the evidence base to inform policy and program design
- Evaluation of intervention strategies/practices and performance management

2. Strengthening prevention and health promotion

In particular:

- Reduce falls risk factors and their determinants and enhance protective factors. It is well acknowledged that falls are multi-factorial and are often due to a number of predisposing factors (see Appendix 1 for nature and extent of falls injury in WA)[6]
- Promote positive/healthy ageing across the lifecourse
- Build partnerships for intersectoral action and supportive public policies
- Give priority to populations most at risk and ensure that policies and services developed are culturally appropriate, accessible and affordable

3. Strategic management

Strategic management of falls prevention requires a comprehensive and coordinated approach across all levels of falls prevention intervention. In essence, this action area strives to achieve the following outcomes:

- Strengthen the role of prevention in the health care system
- Improving early detection and intervention
- Integrated primary health care systems
- Care partnerships and consumer participation

The Population Health Division, in particular, the Health Promotion Directorate (Injury Prevention Branch) and will continue to work with the population health sector to prevent and reduce falls across the continuum of care. This role of linking prevention and management of falls contributes to a whole-of-health system response to this growing issue in the Western Australian community.

Outlined below are the key steps, structures and relationships that aim to maximise, as opposed to duplicate, the efforts of falls prevention components and structures already in place.

3.1 The development and maintenance of key state-level steering groups, including:

- **Statewide Falls Policy Executive Group** – this group was established through the Rehabilitation, Aged and Continuing Care Directorate, Department of Health, in 2002 to develop and direct the *Falls Policy for Older Western Australians*. This group will continue to direct the implementation and evaluation of the Policy, and hence will have a key role in all four outcomes listed above that relate to tertiary prevention of falls (i.e. treatment and management of falls)
- **Prevention and Primary Health Care SOYFWA Planning Group** – this group will replace the original Stay on Your Feet WA Steering Group which was formed during the 1998-2003 phase of SOYFWA (see Appendix 2 for background to SOYFWA). This new planning group will play a key role in driving policy and best practice in relation to primary prevention (i.e. strategies targeting the well-aged and at-risk population).

3.2 Local and strategic management

Development (where not already in existence) of local integrated falls prevention planning bodies in each local jurisdiction to plan, implement and evaluate local falls prevention strategies across the continuum of care. This integration would be the role and responsibility of local providers, and would seek to achieve linkage between the local not-for-profit sector, professional bodies, public health, primary care, research institutions, consumer organisations and local government.[5]

3.3 National linkages

The recognition and utilisation of national linkages for the purposes of building and sustaining a national falls prevention network. Current linkages include:

- Strategic Injury Prevention Partnership – a national sub-committee of the National Public Health Partnership
- National Falls Managers Meeting – face-to-face meeting of state and territory Falls Prevention Managers to provide updates on recent research, share experiences, learn from international and state developments and feedback to local counterparts
- National Falls Prevention in Older People Initiative

Where to from here?

The phases below relate to the implementation of this Framework with a view to strengthening and complementing existing work being undertaken in local areas and by local providers.

The Prevention and Primary Health Care Framework for Falls in Older People

Implementation Cycle

PHASE 1

June 2004:
- Establish a Prevention and Primary Health Care SOYFWA Planning Group

PHASE 2

August 2004 – March 2005:
- Formative evaluation
- Development of a detailed Falls Prevention Action Plan
- Implementation of a statewide awareness-raising strategy for primary falls prevention

PHASE 3

March 2005-March 2007:
- Implementation of Falls Prevention Action Plan
- Monitoring and evaluation of key action areas
- Agency monitoring and evaluation
- Report and recommendations to the Minister for Health

Appendices

Appendix 1: Nature and Extent of Falls Injury in Western Australia

Nature and Consequence

A fall is a sudden, unintentional change in position causing an individual to land at a lower level – on an object, the floor, or the ground – other than as a consequence of sudden onset of paralysis, epileptic seizure or overwhelming external force.[5]

Falls pose potentially devastating consequences for older people. A study into the information needs and perceptions of older Australians concerning falls and their prevention defined a fall experience as "…a sudden, unpleasant and unplanned experience – equivalent to a loss of control and of freedom, both in the short term and long term".[14]

In the short term, the worst possible consequence of a fall has been recognised as the fear of being unable to get up or get help, remaining alone, in pain, frightened, with possibly fatal consequences as a result of injury.[14]

Furthermore, a fall may lead to a prolonged period of incapacitation as a result of a broken limb. This can result in further loss of freedom, control and independence as the older person may have to rely on family members for assistance as they recuperate. This reliance can often lead to feelings of guilt and frustration at being a 'burden' on family members.[14]

In the longer term, there is the recognition that a fall can trigger the commencement of a downward spiral, particularly in relation to the devastating effect a bad fall may have on an older person's confidence. If the fall occurs in a public place, feelings of embarrassment and humiliation can also accompany the shock and pain of the fall and in some cases can lead to an older person not going out at all.[14]

All of these consequences contribute to the person who has fallen feeling as though they are losing control over their life and hence their freedom, either temporarily or in the longer term.[14]

At a social collective level, falls are often associated with stereotypes of ageing that support beliefs around the inevitability of falls. The perception of older people being 'too old' to experience any real health change can be internalised by older people and their families and by service providers. Older people may be at a higher risk of falls because they, and others around them, 'accept' that it is going to happen and so are not as active in seeking health advice. Older people sometimes receive sympathy from others at the expense of thorough investigation.

Consequently, it is important to communicate that the adoption of falls prevention strategies can:

- Enhance the level of control on a physical and an emotional level.
- Enhance the likelihood of older people remaining independent and at home for longer[14]

Evidence

Falls are one of the most significant public health issues for Australia with estimated health system costs of $498 million in 2001.[15] They are the leading cause of injury deaths and hospitalisations for people aged 65 years and over.

In Australia in 1998, there were 1,104 falls deaths and 45,069 episodes of falls-related hospital care for those aged 65 years and over.[16] Seventy-five percent of these occurred in females. Age-specific rates of fall injury hospitalisation and fall deaths increase rapidly from 65 years onwards, a significant consequence for an ageing population.[11] In 1997 the rate of falls deaths was 5 per 100,000 people aged 65 to 69, rising to 242 per 100,000 people aged 85 years and over.[16]

In Western Australia during the period 1995-2000, falls ranked first as a single cause of injury death in people aged 75+ years, and ranked first as a cause of injury hospitalisation in people aged 65+ years.[17] Increasing age was associated with increased likelihood of hospital admission with the rate rising from 71 per 10, 000 population in the 65 to 69 year age group to 1056 per 10, 000 population in the 85 years and above age group. Figure 1 shows that between 1995 and 2000 people aged 85 years and older were most at risk of being hospitalised due to a fall.[17]

Figure 1: Age Specific Rates of Fall Injury Hospitalisation

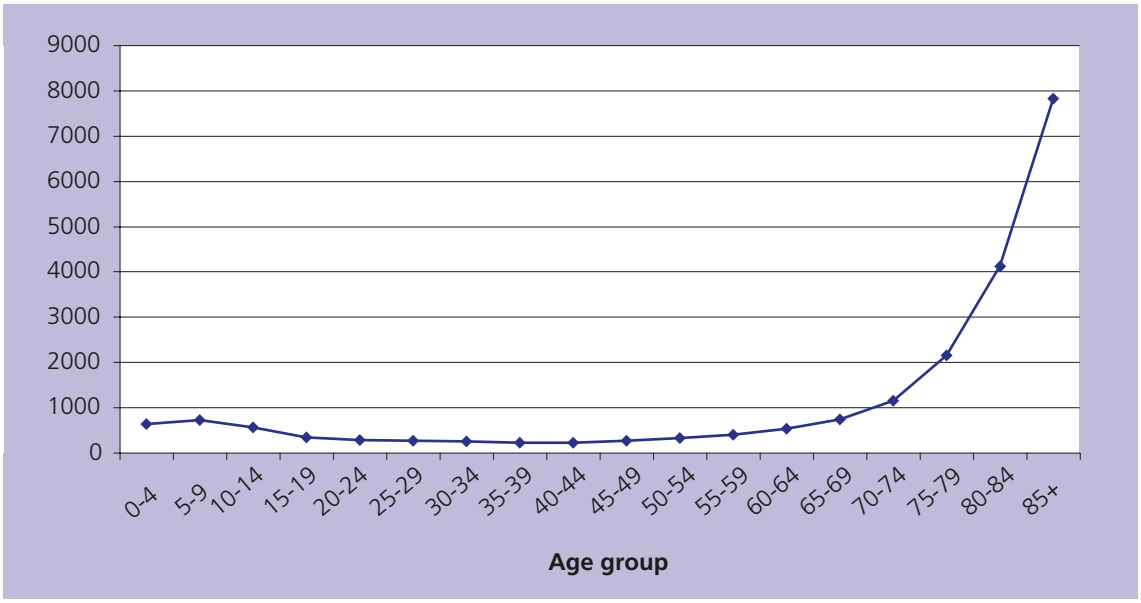
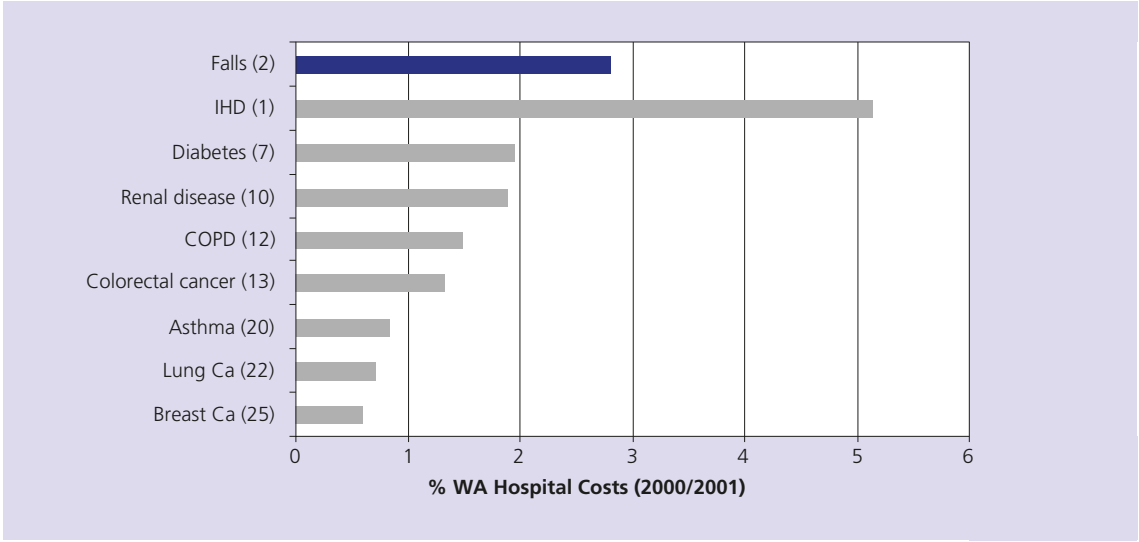


Figure from: Gillam et al. 2003. Injury in Western Australia: An Epidemiology of Injury 1989-2000. Perth, Western Australia, p.86

Falls as a condition is second only to heart disease for hospitalisation costs in Western Australia (see Figure 2). The health system costs of falls injuries for people aged 65 years and above were $83 million in 2001/02. This accounted for approximately 1.5% of health expenditure in Western Australia. The main components of the cost of falls to the health system were hospital inpatient treatment (52%), high-level residential care (9%), hospital outpatient services (8%), emergency department presentations (6%); and allied health consultations (5%).[18]

Only health system costs were considered. Other costs such as the economic impact of falls to other sectors and the health-related loss of quality of life that can result from a falls injury were not considered. This signifies that the estimated cost of falls injuries of $83 million is an underestimate of the true burden to the community of falls in older people.[18]

Figure 2: Comparative Costs of WA Hospital Admissions by Condition



Note: Numbers in brackets represent the rank position of the condition in terms of hospital admission costs out of the 186 categories.

Risk Factors for Falling

Research indicates that the more risk factors that are present in any individual, the greater the chance of falling. Preventing falls should therefore involve strategies to eliminate or modify identified risk factors.

It has been estimated that one in three older Australians will fall each year, with this rate increasing substantially with age.

Even if a fall does not result in injury, fear of falling again may lead to anxiety, withdrawal, restriction of daily activities and increased dependence.[19]

The following table lists personal and environmental factors that have been shown to increase the likelihood of a fall.

Table 1: Risk Factors for Falling

Personal Factors (Intrinsic)	Environmental Factors (Extrinsic)
➠ Impaired strength, flexibility, mobility, gait and balance ➠ Fatigue ➠ Impaired vision (acuity and depth perception) ➠ Dizziness and vertigo ➠ Prior history of falls ➠ Deteriorating health and associated medical conditions ➠ Polypharmacy ➠ Drug and alcohol use affecting balance, vision and alertness ➠ Inadequate nutrition and diet ➠ Impaired cognition and confusion	➠ Acute illness ➠ Inadequate footwear or spectacles ➠ Inappropriate walking aids ➠ Uneven, loose surfaces, slippery floors, steps, rugs and cords ➠ Inadequate lighting ➠ Inappropriate height of chairs, beds and toilets ➠ Activities of daily living ➠ Rushing tasks or multi-tasking ➠ Time of day ➠ Recent hospitalisation ➠ Crowded or unfamiliar environments ➠ Poor housing design

Table taken from Department of Health. 2004. The Falls Policy for Older Western Australians, Department of Health, Perth, p.3.

Appendix 2: Background to Stay on Your Feet WA: 1998-2003

Origins

'Stay on Your Feet' in Western Australia commenced around 1996 in the South-West region, following its adoption and enhancement of the successful New South Wales program of the same name.[20]

Therefore, due acknowledgment should be given to the South West Public Health Unit for being Western Australia's SOYFWA 'pioneers', as well as to the many individuals and organisations that have since become devoted and actively involved in SOYFWA's progress.

In 1998, the Injury Prevention Branch (IPB) at the Department of Health officially adopted the enhanced 'Stay on Your Feet' model which is now referred to as 'Stay on Your Feet WA' (SOYFWA).

Stay On Your Feet WA: 1998–2003

Stay on Your Feet WA (SOYFWA), a collaborative statewide falls prevention program, was launched in 1998 and overseen by Western Australia's Department of Health. The program, based on the philosophies of coordination, cooperation and community involvement, sought to reduce the number of falls in people aged over 70 through targeting older people directly and those who work with older people.

Development of Action Agendas

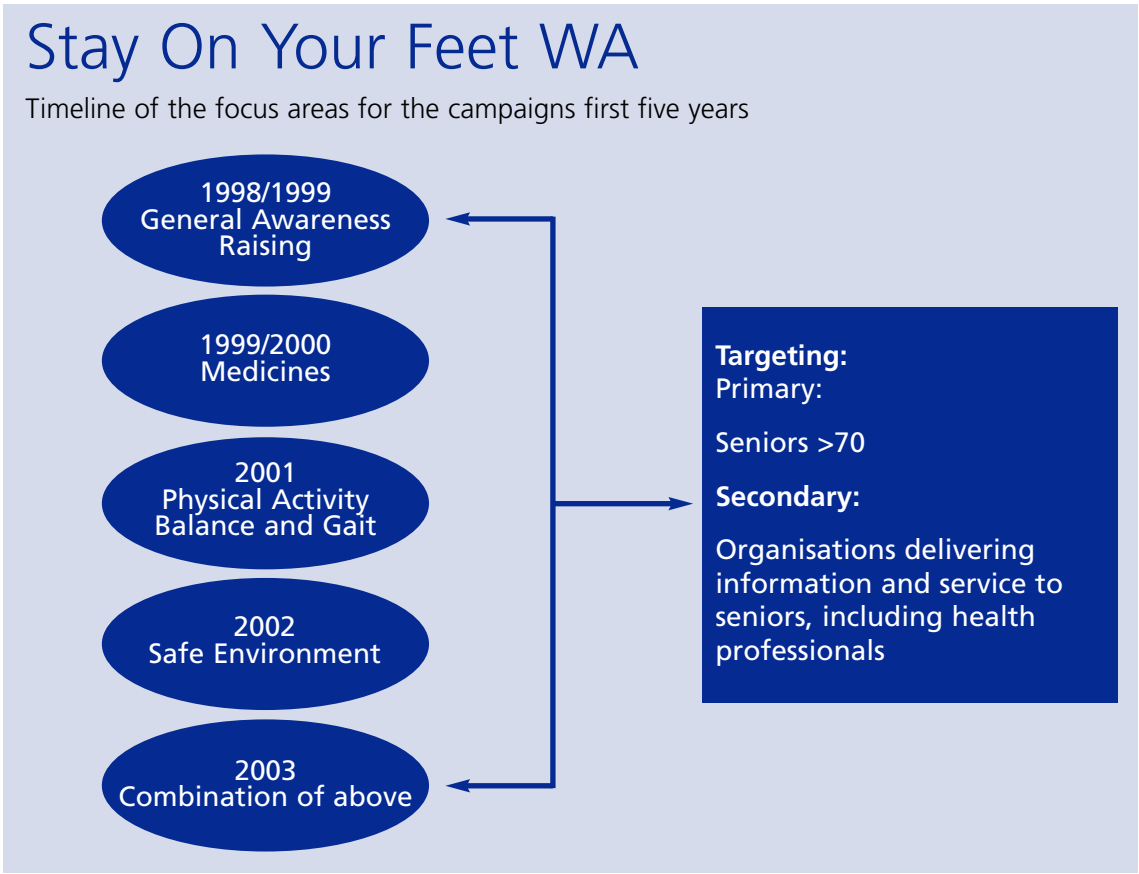
From 1998-2003, the SOYFWA program developed an Action Plan containing nine action agendas that collectively aimed to reduce the incidence and severity of fall-related injuries in older people (70 years and over) living in Western Australia.[21]

These action agendas were based on issues relating to falls in older people and included:

- Positive ageing
- Falls prevention for seniors
- Awareness information and community involvement
- Safe home environments
- Safe public environments
- Physical activity, balance and gait
- Medications
- Chronic health conditions
- Measure of achieved objectives (evaluation)

Figures 1 and 2 outline the timeline for the program's first five years and management structure for implementation, respectively.

Figure 1: Stay On Your Feet WA 1998-2003



A large number of groups, agencies and individuals have been involved in the program. Figure 2 below shows some of the key groups that were formed to guide the planning and implementation of the first five years of the program.

Figure 2: Stay On Your Feet WA 1998-2003

Aim of Stay On Your Feet WA

SOYFWA's aim was to reduce the expected rate of fall-related injuries and subsequent hospitalisations and deaths in older people by 10% by the year 2003. Unfortunately, fall-related injuries have increased over this time. Although the age standardised death rate due to falls did not change significantly for the Western Australian population between 1989-2000 (p=0.3), the rate for fall hospitalisation increased significantly by 3% (p=0.01).[17]

Whilst SOYFWA's original aim was not met, additional qualitative aims evolved as SOYFWA evolved. These aims included:

- To increase and maintain community involvement in the development and implementation of SOYFWA.
- To empower older people to take action to prevent falls.

What Did SOYFWA Achieve?

A major achievement of SOYFWA has been the collaboration across sectors and an increase in the level of commitment and participation from stakeholders, partner organisations and volunteers. In particular, SOYFWA has created a supportive environment that should enable older people to remain active and independent in the community, while lowering their risk of falls.

Detail of further achievements is contained within the *Stay On Your Feet WA Progress Report – A program of coordination, cooperation and community involvement 1998-2003*.[22] It is worth highlighting the following specific achievements as they occurred during particular phases established in the *Stay On Your Feet WA Action Plan 1998-2003*:[21]

- Implementation of an awareness raising strategy by population health units, partner organisations and stakeholders
- Involvement of older people in the development and implementation of resources and awareness-raising activities
- Increase in knowledge and understanding of the SOYFWA message following the *focus on falls prevention* phase of the campaign
- Increased awareness and knowledge of the SOYFWA program by general practitioners and pharmacists following the *medicines phase* of the program
- Provision of small grants to population health units to increase promotion of physical activity as a means of preventing falls
- Popular professional development seminars for the fitness industry and allied health professionals
- Significant progress in linking the *physical activity, balance and gait phase* of SOYFWA with the Premier's Physical Activity Taskforce
- Development and implementation of a statewide training program for Falls Prevention Volunteer Educators and health professionals (to provide ongoing support to trained advisors) in the metro and rural regions, respectively. This training, developed and delivered by the South West Population Health Unit, resulted in training of 167 volunteer educators and 124 health and community care providers statewide

Therefore, when considering more qualitative observations relating to SOYFWA, it can be said that SOYFWA has had a positive impact on:

- Older people, empowering them to take action to prevent falls. This is evidenced by the growing number of SOYF volunteers and their active involvement in SOYFWA program development and implementation
- Organisations involved in maintaining older people's health, and those working to reduce the risk factors for falls

Reasons Attributable To Original Aim Not Being Met

Reasons that a reduction in falls hospitalisations cannot be demonstrated, and may not have been achieved, include the following:

- **Insufficient resources** – especially in relation to funding to support SOYFWA[10]
- **Better recording of falls** – therefore accounting for higher number of falls
- **Changes in recording practices for hospital separations**
- **Difficulties in targeting 'harder to reach' older people** – includes people from culturally and linguistically diverse backgrounds, indigenous people and geographically and socially isolated people
- **Too high a focus on gaining GP involvement at the expense of other allied health professionals** – GPs are often overwhelmed with programs seeking their involvement and are not able to do everything; neither are they the only health professionals that interact with older people[10]
- **Primarily focusing on community-dwelling older people and health professionals in the community** rather than across the continuum of care. The Australian Incident Monitoring System (AIMS) in WA identified that falls contribute to 38% of all principle incident types reported in hospitals.[23] A recent study from the USA also indicated that incident rates of falls in nursing homes and hospitals are almost three times the rates for community-dwelling persons aged over 65 years[24]
- **Program may have been ineffective** – dose of intervention
- **Falls data collection methods** – it is well known that falls data collection methods vary
- **Absence of information collection and dissemination** – groups operating in isolation and not sharing knowledge

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