Novel Use of Student Advocates During Interprofessional Fall Prevention Screenings Promote Behavioral Change in Community Dwelling Older Adults

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Purpose / Hypothesis

- Falls are a major health problem with >30% of community-dwelling, older adults falling each year.
- Although older adults may recognize risks for falls, they often self-impose activity limitations due to a fear of falling and reduced self-confidence.
- The challenge for health professionals is not only to identify, screen and refer at-risk older adults, but to motivate the individual to take the necessary actions to reduce the risk factors.
- The purpose of this study was to determine the effectiveness of an interprofessional falls screening program to promote behavior change in older adults using student advocates who fostered development of an individualized action plan.

Methods

- Subjects: 80 community-dwelling older adults from a local retirement community
- Fall risk screenings done by UW Madison PT, OT, Pharmacy and Nursing students
- The Centers for Disease Control and Prevention’s Stopping Elderly Accidents, Deaths, and Injuries (STEADI) guidelines were used to create the screening tools
- Screenings included: home safety, “brain health,” blood pressure, heart rate, vision, medications, bone health, balance, gait and strength
- Students also acted as buddies or advocates to assist participants at all the screenings and aided in collating the results
- Participants received an individualized fall risk report card and a suggested action plan
- Development of the action plan utilized the Transtheoretical Model for Change focused on progression from the contemplation/preparation stage to the action stage.

Results and Conclusions

- At the one month follow-up, 77% of the participants had initiated their action plan
- Studies have suggested 25% implementation typical for participants of community programs
- Action may have been facilitated by:
  - interprofessional feedback
  - individualized action plans
  - Onsite availability of key staff
- Behavior change can be facilitated in the community setting provided the elements of education, individualized results, and guided personal reflection, are present.

Clinical Relevance

Just as falls are multi-factorial, screenings should be interprofessional and lead to multi-factorial action plans. Therapists need to go beyond educating and foster behavioral change through motivational interviewing to understand barriers for change and aid in developing action plans.

REFERENCES