



An Evaluation of the Standing Strong: Fall Prevention Workshop Administered by Scripps Memorial Hospital - La Jolla



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Background

Context

- 25% of older adults fall each year, costing the US >\$50 billion
- Falls Prevention Workshop held on January 11, 2020 at Scripps Memorial Hospital
- Aim: Teach older adults about fall risk and prevention techniques

Objectives

- Evaluate knowledge and perceptions about fall risks and prevention techniques
- Measure whether the workshop is a motivating factor to follow recommendations

Methods

- Participants completed pre-, post-, and one month F/U surveys
- Likert scales and open-ended questions to evaluate knowledge, beliefs, and attitudes about falls and fall prevention behavior
- Physical therapists conducted balance screening tests and classified participants as “fall risk” if they failed ≥ 1 test
- Responses were analyzed in SPSS and using thematic analysis
- 122 participants: 104 (85%) completed the pre-survey, 94 (77%) completed the post-survey and 38 (31%) consented to F/U

Results

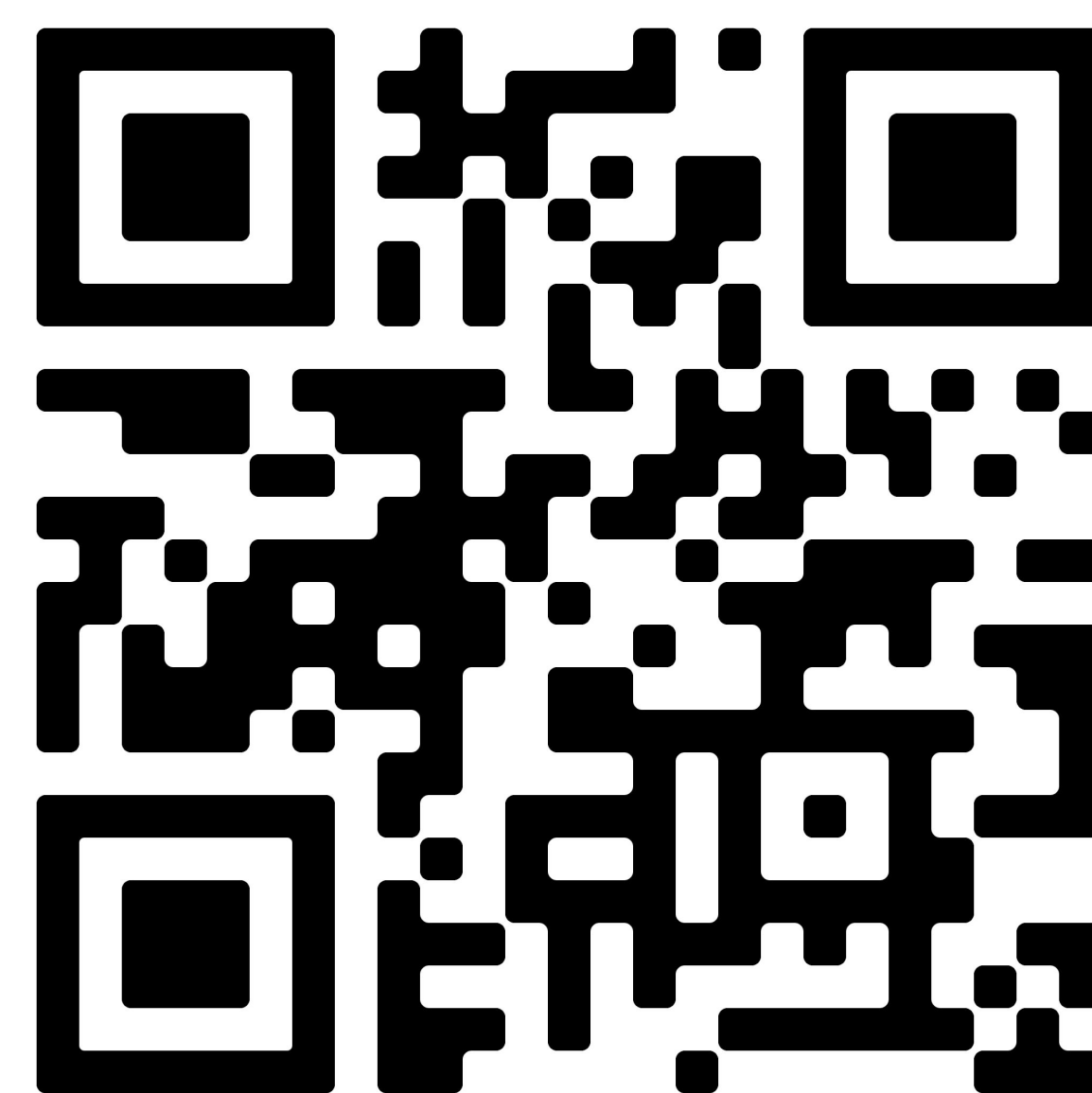
- 38% of attendees had experienced 1 or more falls and 61% were classified as having a fall risk
- Self efficacy regarding being able to reduce falls, get up after a fall, increase strength and protect from injury improved
- Between the pre- and follow up surveys, fewer believed falls were an inevitable part of aging ($p=.026$)
- Participants increased physical activity and made home modifications, but did not complete other recommendations
- Barriers to performing behavioral change included lack of time, health issues (e.g. immobility) and perceived lack of necessity

Conclusion

- Workshop reached intended audience of high fall risk participants and succeeded in spreading knowledge that falls are preventable throughout the aging process



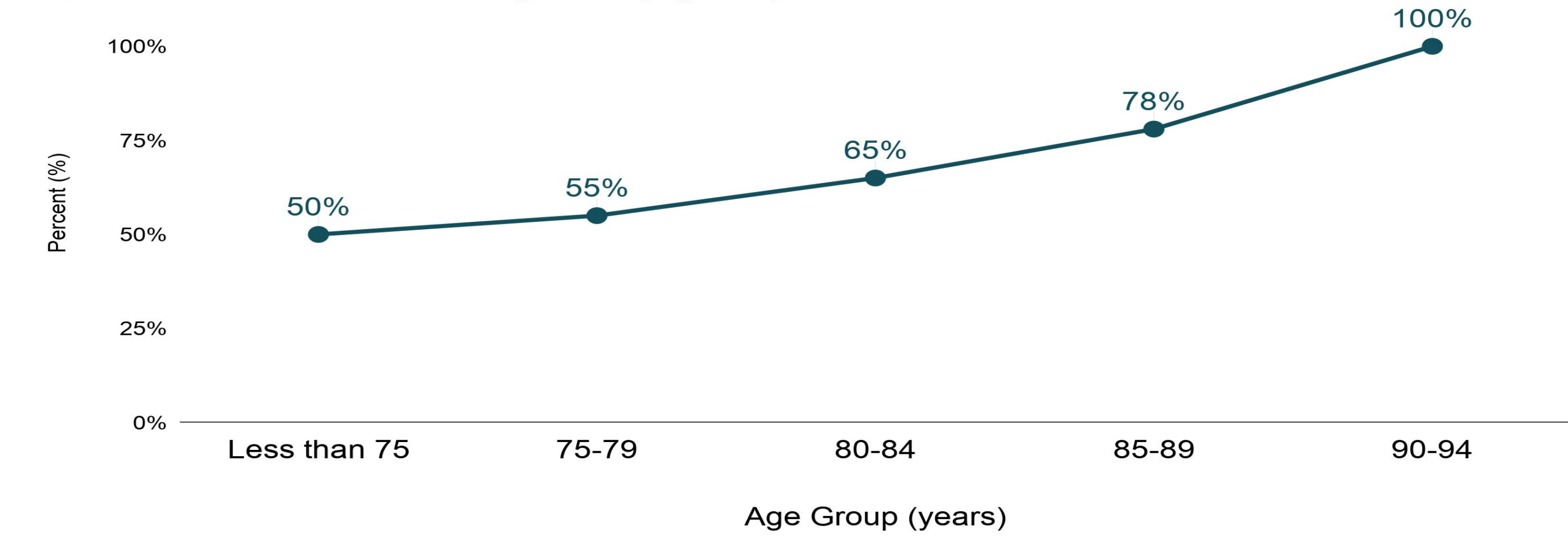
To promote adherence to key behavioral recommendations, the workshop must **establish clear objectives for each presentation and re-design the resource fair to include home health services.**



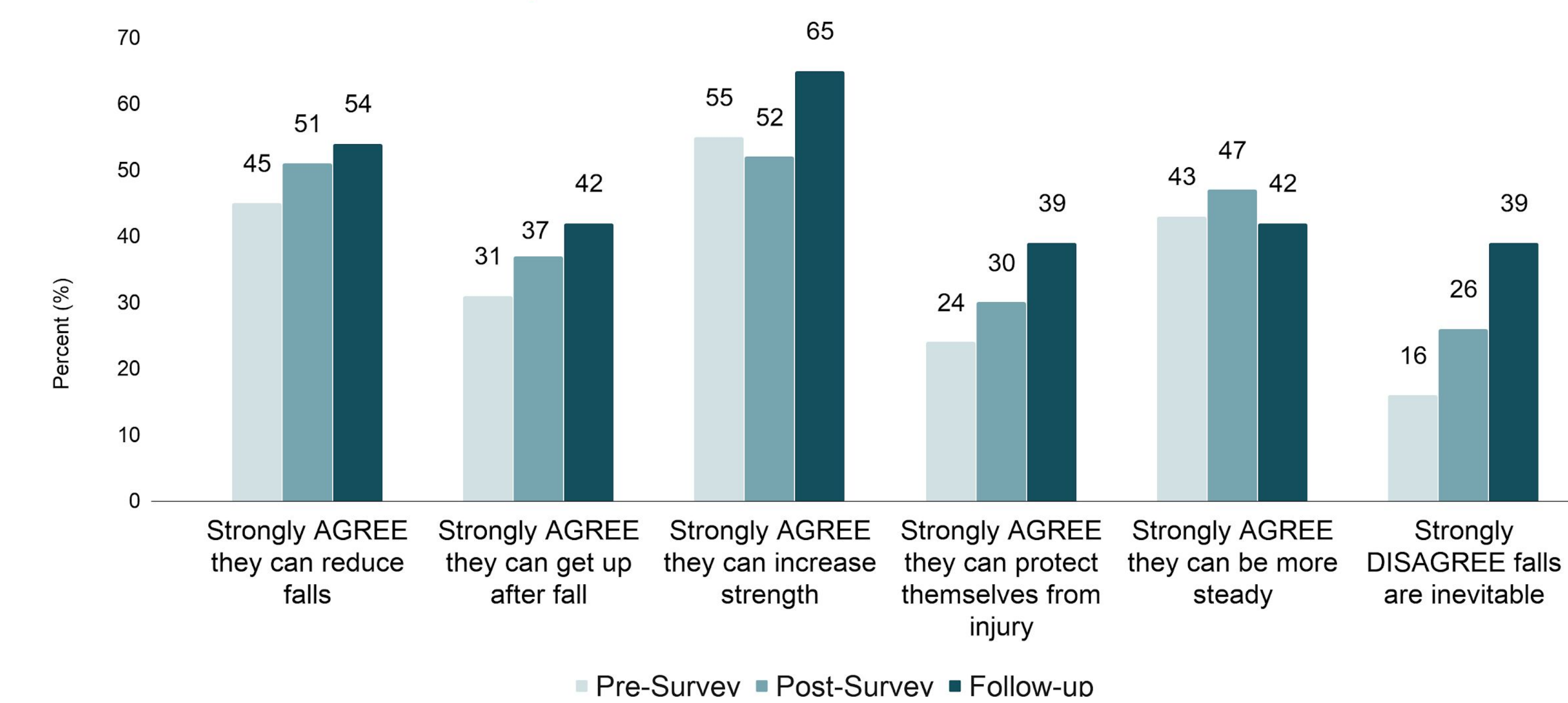
Figures

Quantitative Data

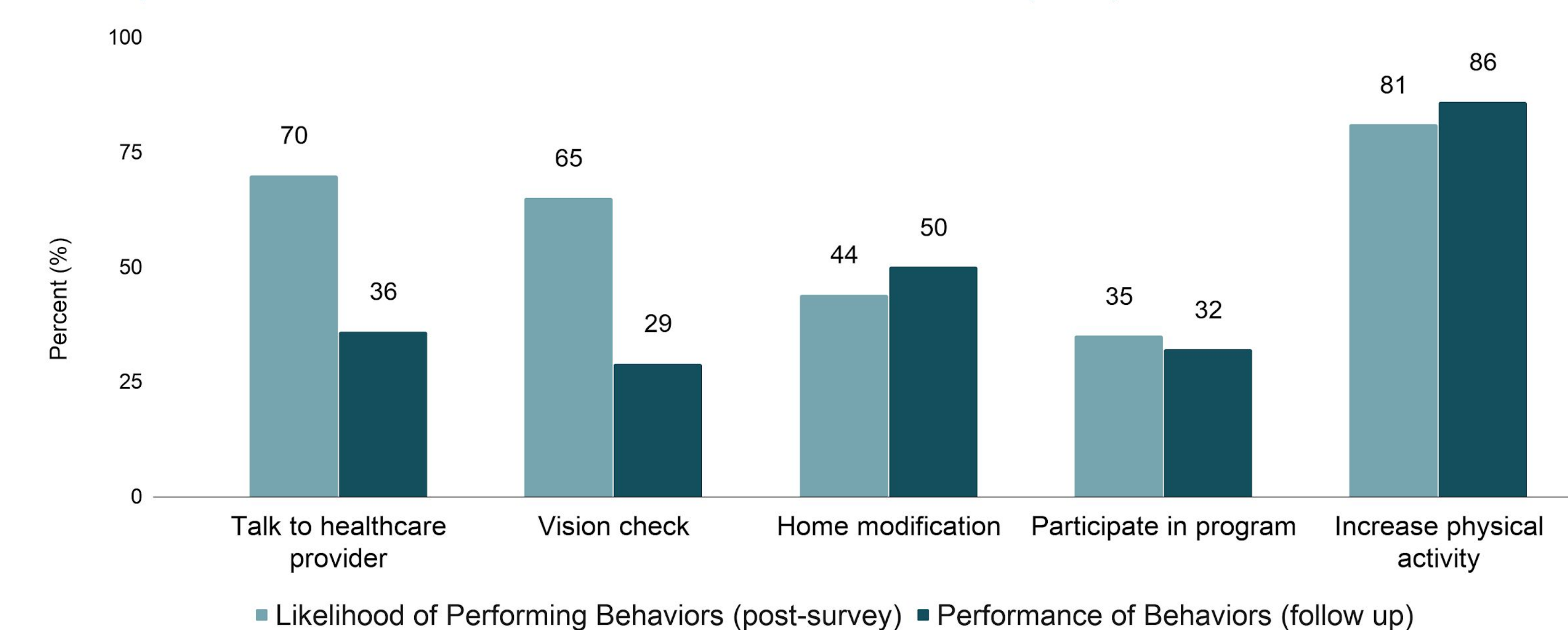
Classified as "Fall Risk" vs. Age Group (years)



Personal beliefs and self-efficacy about falls



Participant likelihood and adherence to recommended behaviors (n=28)



Qualitative Data

“I am homebound. It is on my to-do list when I am able to drive”

“It usually takes about one month to get a non-urgent appointment with my physician”

“Did not feel the need”