Mary Hitchcock Memorial Hospital and Dartmouth Centers for Health and Aging Evidence-Based Falls Prevention Program Grantee







Goals, Strategies, and Activities

The overall purposes of this 3-year grant are to:

- Goal 1: Through robust partnerships, develop a result-based, comprehensive strategy for reducing falls and falls risk among older adults and adults with disabilities living in the community; and
- Goal 2: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based falls prevention programs, while concurrently pursuing the sustainability of these programs beyond the end of the grant period.

The Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth Centers for Health and Aging (DCHA) and its partners will:

- Develop a comprehensive and scalable strategy for reducing falls and falls risk among older adults and adults with disabilities; and
- Increase the number of older adults and adults with disabilities who participate in evidence-based falls prevention

programs, while concurrently ensuring sustainability of these programs beyond the grant period.

Proposed Interventions

- A Matter of Balance (AMOB)
- Tai Ji Quan: Moving for Better Balance® (TJQMBB)

Partnerships

To achieve the goals of the grant, MHMH and DCHA will collaborate with the following key partners:

- Baystate Geriatric Workforce Enhancement Program
- CareLink Rhode Island
- Dartmouth Hitchcock Health
- Granite YMCA
- Greater Springfield Senior Services, Inc.
- New Hampshire Falls Risk Reduction Task Force
- Serenity PACE
- University of Rhode Island Geriatric
 Workforce Enhancement Program







Anticipated Results

The MHMH and DHCA and its partners propose to achieve the following results:

- Engage 927 participants in AMOB and TJQMBB in three states through the NH-HUB;
- Establish a referral pathway from primary care to community-based falls risk reduction programming in six primary care sites in New Hampshire, Massachusetts, and Rhode Island;
- Conduct at least 18 falls prevention trainings (including six TJQMBB instructor trainings, at least six TJQMBB enhanced trainings, and six implementation trainings for TJQMBB and AMOB program leaders); and
- Implement at least 10 Dartmouth-Hitchcock Health, Massachusetts and Rhode Island TJQMBB programs that will be sustained beyond the grant period.

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For more information:

Administration for Community Living
U.S. Department of Health and Human Services
Washington, DC 20201
http://www.acl.gov







Grant Impact Summary

Most Significant Accomplishments:

- Over this grant period, 973 older adults and adults with disabilities were engaged.
- Delivered programs in RI, NH, and Springfield, MA, including rural, suburban, and urban areas.
- Trained 110 new Tai Ji Quan: Moving for Better Balance instructors.
- Partnered with GWEPs in three states, an Aging Services Access Point, PACE programs, senior centers, YMCA's, universities, Federally Qualified Health Clinics, healthcare organizations, continuum of care communities, and assisted living facilities.
- Demonstrated an effective, sustainable referral pathway model from healthcare providers to CBOs in three states, increasing at-risk individuals' participation in EBPs.
- Developed a sustainable, replicable framework for academic and community-based organization partnerships to increase falls prevention program capacity and address workforce challenges.
- Established statewide, sustainable TJQMBB program delivery in RI through multi-partner engagement including University of Rhode Island GWEP, URI Doctorate of Physical Therapy program, CareLink, RI, YMCAs and PACE programs.
- Applied for and was awarded the Osteoarthritis Action Alliance's Arthritis Appropriate Evidence Based
 Intervention (AAEBI) designation for TJQMBB, a CDC arthritis funding requirement: https://oaaction.unc.edu/aaebi/

Lessons Learned:

- 1) Primary care referral with high CBO contact prior to program initiation, instructor confidence, URI DPT led programs and organizational buy-in were each associated with increased TJQMBB completion rates. These findings can inform sustainability efforts.
- 2) Smaller medical practices, FQHCs, and medical specialties such as neurology, geriatric psychiatry and endocrinology, not only saw high fall risk patients, but we could often identify a champion within the practice who could affect change, increasing referrals to EBPs.
- 3) Remote MOB and TJQMBB programs were successfully delivered and increased participant reach. Some participants, however, were unable to access remote programs for a variety of reasons. Continued delivery of both in-person and remote programs will allow maximal program reach.





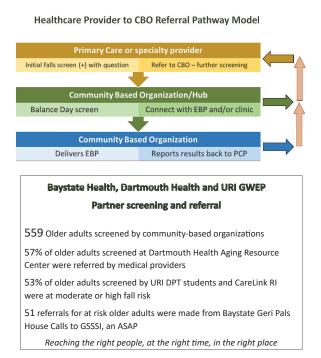


What's Next:

The Dartmouth Health Geriatric Center of Excellence will continue to support the Dartmouth Health falls prevention referral pathway from medical providers to the Aging Resource Center and deliver MOB. New Hampshire statewide TJQMBB support and capacity expansion will be funded by New Hampshire's Department of Health and Human Services Division of Public Health Services through 2023-2028 CDC funding for AAEBI programs.

Rhode Island's TJQMBB program delivery and primary care to CBO referral pathway will be sustained and expanded through our key partners, URI GWEP, CareLink RI, and the URI DPT program. The URI GWEP will manage data and fund additional TJQMBB Instructor training as a part of their healthcare provider education goals.

In Massachusetts, our Baystate GWEP partners will continue to fund TJQMBB Instructor training. Their Geri Pals House Calls program will continue to implement their primary care to CBO referral pathway. They will partner with fellow ACL grantee, Springfield College DPT program to increase workforce capacity for TJQMBB delivery, including Spanish language delivery, in Springfied, MA.



Dartmouth referral pathway model



Infographic 2020 Project data





