House Joint Memorial 32

Legislative Hearing Materials

RECOMMENDATIONS AND RATIONALE

Janet Popp, PT, MS
New Mexico Adult Falls Prevention Task Force

11/6/2013

Appropriations Request: $1 million to fund falls prevention activity to the Department of Health

1. **Implementation of falls prevention programming**

- Increase public and health care provider awareness of the burden of older adult falls and the availability of specific prevention programs in New Mexico
- Increase statewide sponsored fall prevention programs and exercise classes and follow up to monitor the fidelity of the class instruction and the number of seniors participating in classes
- Assess participant satisfaction with falls prevention interventions; and
- Widen support for falls prevention strategies (risk assessments, evidence-based programming, provider training, surveillance data collection, etc.) in all New Mexico communities

2. **A staff person**

- Coordinate and expand statewide access to evidence-based falls prevention programming
- Identify and pilot additional evidence-based falls interventions successfully implemented in other states
- Contribute to the design and dissemination of a statewide public awareness campaign to promote fall prevention

Plan to Reduce Falls in NM

- Increase public awareness about modifiable fall risk factors
- Increase health care provider awareness and treatment of modifiable fall risk factors
- Increase access to evidence-based fall prevention programming
- Improve data surveillance for older adult falls in NM
- Sustain older adult fall prevention efforts
- Evaluate the impact of falls prevention programs on falls in New Mexico

Rationale for
Task Force Recommendations

- Create system change that leverages existing services
- Implement fall prevention programming to meet the increasing demand of an aging population
- Promote a culture change: falls are not a normal part of aging
- Identify opportunities to collaborate
- Link clinical practice with community-based injury prevention
  - merge healthcare with public health to advance preventive services
  - improve statewide falls surveillance
  - establish physician referral to community based programming
- Establish an infrastructure for fall prevention dissemination around the state: senior centers, Silver Sneakers program, healthcare systems, tribal communities, faith-based organizations
- Decrease burden on the individual and society
- Cost benefit: Tai Chi Moving for Better Balance $1.60 return on $1 investment in direct medical costs

Increase public awareness about modifiable fall risk factors

- The New Mexico Department of Health (DOH) should establish a web page on the DOH website to include the following: locations of effective falls intervention community-based programs, resources such as educational tools (multi-factorial modifiable risks vs. un-modifiable), a speakers bureau, and a list of training opportunities available to start programs.

- DOH in collaboration with the New Mexico Older Adult Fall Prevention Coalition should secure a Governor's proclamation annually to highlight National Falls Prevention Awareness Day.

- DOH in collaboration with health literacy experts should develop a fall prevention public awareness campaign that utilizes materials that are culturally appropriate and align with health literacy guidelines.

- Following World Health Organization and National Council On Aging messaging guidelines, the DOH in partnership with ALTSD should disseminate a fall prevention public awareness campaign within the aging network and also to the general population via faith-based organizations, civic organizations, libraries, chambers of commerce, New Mexico's federal and contract defense industry.

- DOH should establish a protocol to facilitate collaboration with potential partners (such as the YMCA) to sponsor educational events, screenings, and effective fall prevention community programs throughout the state.

- The Aging and Long Term Services Department (ALTSD) should collaborate with Area Agencies on Aging and aging network providers to increase public awareness about modifiable fall risk factors.

- The Aging and Disability Resource Center should include fall risk questions in its telephonic intake assessment.

Increase access to evidence-based falls prevention programming

- DOH should identify what effective falls prevention programs are available in the State, where they are located, and how to access them. DOH should also encourage health care professionals to apply evidence-based clinic-based falls prevention interventions.
- DOH should identify existing barriers that limit the number of trained leaders for effective, evidence based fall prevention programs.
- DOH should compile and maintain a list of instructors who have participated in DOH sponsored trainings and other trainings for evidence-based fall prevention community programs. This list should be updated on a state falls prevention website.
- DOH should encourage health care professionals to identify fall risk and follow-up measures by using the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) toolkit.
- DOH should systematically promote statewide increased senior service provider awareness of effective community-based falls prevention programs.
- The Aging and Disability Resource Center should maintain a statewide directory and upcoming schedule of effective community-based falls prevention programs and providers on the Social Service Resource Directory.
- DOH should encourage health care systems to conduct or support effective community-based falls prevention programs.
- DOH should survey health insurance providers to identify plans that offer benefits or incentives to participate in community-based healthy aging programming such as fall prevention interventions. DOH should also conduct a survey to identify and foster potential partners who will sponsor evidence-based fall prevention programs in order to improve affordability and access.
- DOH should track the number of older adults who participate in, and successfully complete, evidence-based falls reduction programming.

Improve data surveillance for older adult falls in NM

- DOH in conjunction with academia should conduct an annual falls data meeting to bring together researchers, providers, epidemiologists and other interested partners.

- DOH should promote improved death and injury coding in various data systems (vital records, hospital discharge data, and emergency department).

- DOH and academic researchers should strengthen collaborations to study circumstances surrounding falls, including but not limited to seasonality of falls, time of day when falls occur, and the possible correlations between substance use and falls.

- DOH should encouraged improved fall-related data reporting by fire department and ambulance services around the state, particularly in the urban areas.

Sustain older adult fall prevention efforts in NM

- The DOH and ALTSD will establish a Memorandum of Agreement (MOA) that will support the goals of increasing awareness about older adult falls and improving access to community fall prevention programming. The content will align with DOH-ALTSD MOA #15737 and include performance measures in the DOH FY 2015 Strategic Plan which track the number of older adults who have completed an evidence-based fall prevention program.

- DOH should identify "champions" via the regional health promotion offices who could update DOH, participate in NM Fall Prevention Coalition meetings, and fall intervention activities in their area: Albuquerque, Las Cruces, Santa Fe, Roswell, Farmington, Clovis, Hobbs, Farmington, Alamogordo, Carlsbad, and Gallup.

- DOH should target wellness directors at senior communities (private, public, HUD housing) and community outreach departments within health care organizations to support evidence-based interventions that reduce fall risk factors.

- DOH should identify "champions" in all NM pueblos, tribes and nations who could update DOH, participate in NM Fall Prevention Coalition meetings, and fall intervention activities in their pueblos, tribes and nations.

- DOH should explain how current injury prevention efforts and resources are allocated by DOH based on categories of injury.

- DOH should partner with higher education institutions to seek funding for fall prevention research.

Establish an effective statewide fall prevention program

- Falls are not a normal part of aging
- Many falls can be prevented
- By 2030, New Mexicans 65+ will comprise 26.4% (554,400) of the state population
- CDC reports 1 out 3 adults 65+ fall each year
- Without effective intervention, by 2030, 184,800 older New Mexicans will fall annually
- 2010 NM BRFSS: 35,400 adults 65+ reported a fall-related injury during the previous three months.

HOUSE JOINT MEMORIAL 32

REQUESTING AN OLDER ADULT FALLS TASK FORCE TO EVALUATE NEW MEXICO'S CURRENT APPROACHES TO COMMUNITY-BASED FALL PREVENTION AND TO DEVELOP STRATEGIES FOR EFFECTIVE CHANGE

Report and Recommendations

Older Adult Falls Task Force

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I. EXECUTIVE SUMMARY

House Joint Memorial 32 (Appendix A) was passed in 2013 during the first session of the Fifty-first State of New Mexico Legislature. This memorial requested the establishment of an Older Adult Falls Task Force to evaluate New Mexico's current approaches to community-based fall prevention and to develop strategies for effective change. A constituent who met with Senator Bill O'Neill and presented him with an issue brief started the memorial initiative. The constituent drafted a memorial in partnership with the New Mexico Adult Falls Prevention Coalition and pursued this legislation during the session. Representative Liz Thomson introduced the memorial in the House of Representatives.

New Mexico leads the nation in deaths from unintentional injuries, and falls are the leading cause of injury-related deaths, hospitalizations, and emergency department visits among older adults. A fall is defined as, "an event that results in a person coming to rest inadvertently on the ground, other lower level or supporting surface".[1] Falls can cause fractures, head trauma and other injuries that lead to hospitalization, disability and premature death. New Mexico's 2010 age-adjusted falls rate was 12.85/100,000 population; its older adult falls death rate of 84.9/100,000 was the seventh highest in the nation and was 1.6 times the national rate. Over 6,230 fall-related emergency department (ED) visits occurred among adults 65 years of age and older in 2010. Falls were the leading cause of ED visits for unintentional injury among older adults. Importantly, many older adults do not seek treatment for fall related injuries. The NM Behavioral Risk Factor Surveillance System reported in 2010 that 35,400 adults over 65 were injured in a fall in the previous 12 months.[2]

According to the Centers for Disease Control and Prevention, one out of three adults 65 years and older fall each year.[3] Census projections for population growth indicate by 2030, New Mexico will rank 4th among the states in percent of population 65 years and older, reaching

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[1] Shumway-Cook, A., & Woollacott, M. H. (2012). *Motor control: Translating research into clinical practice*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

[2] New Mexico Department of Health, Epidemiology and Response Division, New Mexico Behavioral Risk Factor Surveillance System, 2011.

[3] Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), online.

26.4%. The projected total population in the state will grow to nearly 2.1 million people in 2030 and 554,400 will be 65 years and older. Applying the CDC estimate of one out of three older adults fall each year, without effective intervention 184,800 older New Mexicans will fall annually by 2030.

Fall injuries can make it hard for older adults to get around and limit independent living. Falls also have psychological consequences. Many older adults who fall, even if they are not seriously injured, develop a fear of falling. This fear can result in depression, isolation and reduced mobility, which lead to a decline in physical function and an increased risk for falling.[4]

Unintentional falls are not an inevitable consequence of aging. A number of state and national governmental and voluntary agencies have made prevention of fall-related injury and death a priority. While some efforts are already underway in New Mexico, this report details the extent of the problem, some promising community-based interventions, and recommendations for further, better-coordinated prevention efforts. To meet the growing demands of the aging population, fall prevention capacity building must begin now in order to decrease the incidence of falls, preserve independence, and support healthy aging for all people living in New Mexico.

The Task Force recommends the appropriation of $1M to the Department of Health for a staff person and the implementation of falls prevention programming, including:

A) Increasing public awareness about modifiable fall risk factors

B) Increasing health care provider awareness about modifiable fall risk factors

C) Increasing access to evidence-based fall prevention programming

D) Sustaining older adult fall prevention efforts in NM

E) Evaluating the impact of fall prevention programs on falls in NM

[4] Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of falling and restriction of mobility in elderly fallers. Age and Aging 1997; 26: 189-193.

II. RECOMMENDATIONS

I. **Funding** The Task Force recommends the appropriation of $1M to the Department of Health for a staff person and the implementation of falls prevention programming, including:

A) Increasing public awareness about modifiable fall risk factors

B) Increasing health care provider awareness about modifiable fall risk factors

C) Increasing access to evidence-based fall prevention programming

D) Sustaining older adult fall prevention efforts in NM

E) Evaluating the impact of fall prevention programs on falls in NM

II. **Increase public awareness about modifiable fall risk factors**

1. The New Mexico Department of Health (DOH) should establish a web page on the DOH website to include the following: locations of effective falls intervention community-based programs, resources such as educational tools (multi-factorial modifiable risks vs. un-modifiable), a speakers bureau, and a list of training opportunities available to start programs.
2. DOH in collaboration with the New Mexico Older Adult Fall Prevention Coalition should secure a Governor's proclamation annually to highlight National Falls Prevention Awareness Day.
3. DOH in collaboration with health literacy experts should develop a fall prevention public awareness campaign that utilizes materials that are culturally appropriate and align with health literacy guidelines.
4. Following World Health Organization and National Council On Aging messaging guidelines, the DOH in partnership with ALTSD should disseminate a fall prevention public awareness campaign within the aging network and also to the general population via faith-based organizations, civic organizations, libraries, chambers of commerce, New Mexico's federal and contract defense industry.
5. DOH should establish a protocol to facilitate collaboration with potential partners (such as the YMCA) to sponsor educational events, screenings, and effective fall prevention community programs throughout the state.

6. The Aging and Long Term Services Department (ALTSD) should collaborate with Area Agencies on Aging and aging network providers to increase public awareness about modifiable fall risk factors.

7. The Aging and Disability Resource Center should include fall risk questions in its telephonic intake assessment.

III. Increase access to evidence based fall prevention programming

1. DOH should identify what effective falls prevention programs are available in the State, where they are located, and how to access them. DOH should also encourage health care professionals to apply evidence-based clinic-based falls prevention interventions.

2. DOH should identify existing barriers that limit the number of trained leaders for effective, evidence based fall prevention programs.

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5. DOH should systematically promote statewide increased senior service provider awareness of effective community-based falls prevention programs.

6. The Aging and Disability Resource Center should maintain a statewide directory and upcoming schedule of effective community-based falls prevention programs and providers on the Social Service Resource Directory.

7. DOH should encourage health care systems to conduct or support effective community-based falls prevention programs.

8. DOH should survey health insurance providers to identify plans that offer benefits or incentives to participate in community-based healthy aging programming such as fall prevention interventions. DOH should also conduct a survey to identify and foster potential partners who will sponsor evidence-based fall prevention programs in order to improve affordability and access.

9. DOH should track the number of older adults who participate in, and successfully complete, evidence-based falls reduction programming.

IV. Improve data surveillance for older adult falls in NM

1. DOH in conjunction with academia should conduct an annual falls data meeting to bring together researchers, providers, epidemiologists and other interested partners.

2. DOH should promote improved death and injury coding in various data systems (vital records, hospital discharge data, and emergency department).

3. DOH and academic researchers should strengthen collaborations to study circumstances surrounding falls, including but not limited to seasonality of falls, time of day when falls occur, and the possible correlations between substance use and falls.

4. DOH should encouraged improved fall-related data reporting by fire department and ambulance services around the state, particularly in the urban areas.

V. Sustain older adult fall prevention efforts in NM

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5. DOH should explain how current injury prevention efforts and resources are allocated by DOH based on categories of injury.

6. DOH should partner with higher education institutions to seek funding for fall prevention research.

VI. Increase health care provider awareness about modifiable fall risk factors

VII. Evaluate the impact of falls prevention programs on falls in New Mexico

III. THE BURDEN OF OLDER ADULT FALLS

Fall-related injuries are a serious public health problem, especially among older adults (65+ years of age). In 2000, medical costs for treatment of falls among older adults in the United States topped $19 billion, or $30 billion in 2010 dollars. In New Mexico, falls are the leading cause of injury-related deaths, hospitalizations, and emergency department visits among older adults.

Deaths

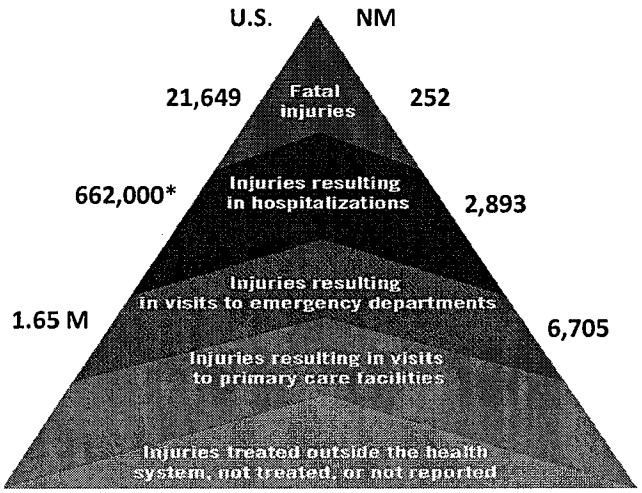
The 2010 fall-related death rate for all age groups in New Mexico was 12.9/100,000. That same year, New Mexico's rate of older adult falls (85.6/100,000) was the seventh highest among all states and was 1.6 times higher than the national rate (53.8/100,000).[5] Annually, this means some 270 fatal fall injuries occur among New Mexico residents 65 years of age and older.

Injury Pyramid

Fall-related injury deaths are just the tip of the injury pyramid.

[5] Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), online.

Fall-related Injuries among Adults 65+ Years of Age, NM and US, 2010



*Admitted from ED

Sources: NM Bureau of Vital Records and Health Statistics, NM Morbidity Surveillance Program, NM Emergency Medical Services Bureau, NM Behavioral Risk Factor Surveillance System, 2010 data.

Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes. Fall-related hospitalizations also increase rapidly with age. The fall-related hospital discharge rate during 2011 varied from 433.5/100,000 among 65-74 year olds to 1,301.9/100,000 among 75-84 year olds and 3,723.6/100,000 among 85+ year olds. Older adults accounted for 71% of fall-related hospitalizations. In 2011, 3,134 fall-related hospitalizations occurred among older adults. Of the patients who were hospitalized in 2011, 25.8% were discharged directly to home or to home under the care of an organized home health service organization.

Over 6,230 fall-related emergency department (ED) visits occurred among adults 65 years of age and older in 2010. Falls were the leading cause of ED visits for unintentional injury among older adults. Fall-related ED visits also increased sharply with age. The fall-related ED visit rate during 2010 varied from 1,334.3/100,000 among 65-74 year olds to 2,707.5/100,000 among 75-84 year olds and 5,624.2/100,000 among 85+ year olds.

Fall-Related Injury

Fall-related injury seriously affects quality of life. Falls can increase the risk of early death. Older adults are more likely to suffer severe injuries from falling than younger people, resulting in emergency department visits, hospitalizations, and long-term rehabilitation. Fall-related injuries can limit independent living and mobility. Many older adults who fall, even those who are not injured, develop a fear of falling.[6] This fear may cause them to limit their activities, leading to reduced mobility and physical fitness and therefore, increased risk of falling and declining health.

According to the Behavioral Risk Factor Surveillance System survey conducted in 2010, 16.5% of NM adults 65-74 years of age and 18.7% of NM adults 75+ years of age had reported falling at least once during the previous 90 days. In addition, 5.9% of NM adults 65-74 years of age and 9.1% of NM adults 75+ years of age who fell at least once during the preceding 90 days had reported being injured in at least one fall during the previous 90 days.

Healthcare Costs, U.S. and New Mexico

$28.2 billion is spent annually in the United States to treat older adults for the effects of falls. In 2000, there were 2.6 million medically treated non-fatal fall injuries treated. Of the non-fatal injury costs, 63% ($12 billion) were for hospitalizations, 21% ($4 billion) were for emergency department visits, and 16% ($3 billion) were for treatment in outpatient settings. Medical expenditures for women were 2-3 times higher than for men in all medical treatment settings.[7]

Fractures are both the most common and most costly type of nonfatal fall-related injuries. The average hospital stay for a hip fracture is one week; 25% of those suffering a hip fracture will need to stay in a nursing home for at least a year, with most of these significant costs typically paid by Medicaid. If we cannot stem the rate of increase in falls, it is projected that their direct treatment costs will reach $54.9 billion annually in 2020[8], at which time the cost to Medicare would be $32.4 billion.

In 2010, New Mexico reported 233 deaths from falls among adults 65 years of age and over. Their total fall-related medical costs were $5,389,000.[9]

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[6] Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of falling and restriction of mobility in elderly fallers. Age and Aging 1997; 26: 189-193.

[7] Stevens JA, Corso PS, Finkelstein, EA, et al. The costs of fatal and non-fatal falls among older adults. Injury Prevention 2006; 12:290-295.

[8] Englander F, Hodson TJ, Terregrossa RA. Economic dimensions of slip and fall injuries. Journal of Forensic Science 1996; 41(5):733-746.

[9] Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), online.

Table 1. Top States for Fall-related Death Rate among All Age Groups, 2010*

State	Rate
Vermont	17.2
Colorado	14.4
Wisconsin	14.1
New Mexico	12.9
Minnesota	12.8
South Dakota	12.3
Oregon	11.8
Washington	11.2
United States	7.8

- Age-adjusted to the 2000 standard US population

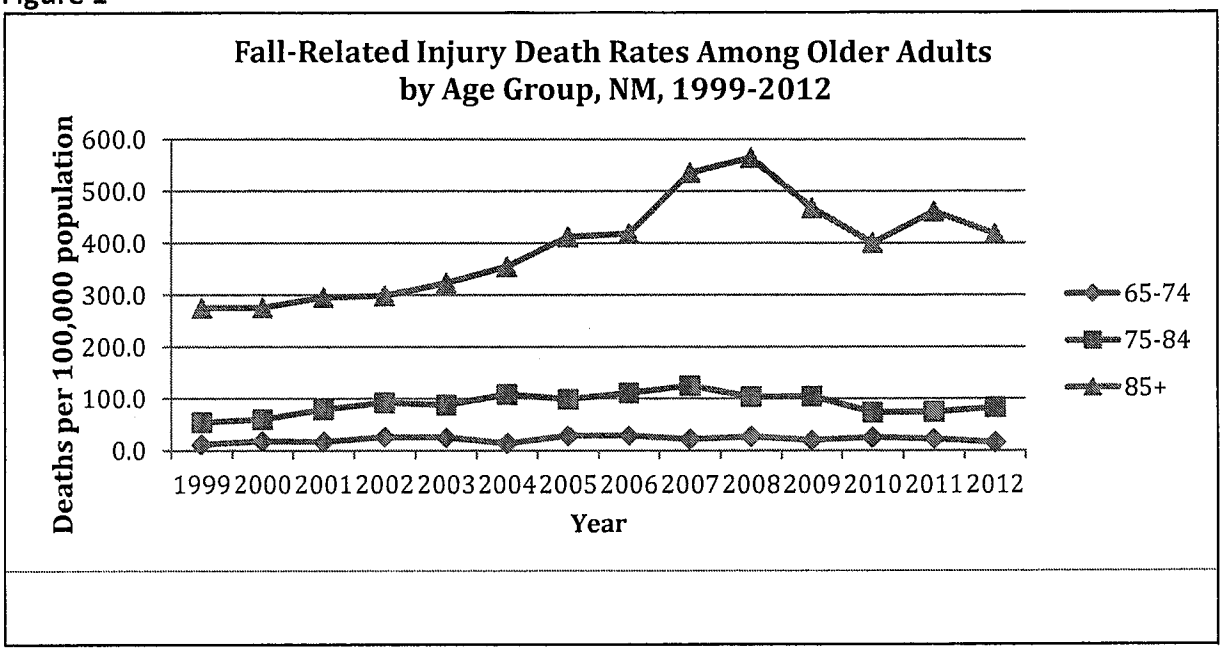
The fall-related death rate increases dramatically with age (Table 2). Older adults accounted for 86% of fall-related deaths for the years 2009-2011.

Table 2. Number and Rate of Fall Deaths by Age Group, NM 2010-2012

Age Group	Number	Rate/100,000
0-14	3	0.2
15-44	28	1.2
55-64	101	6.1
65+	735	85.6

The fall death rate among 65–74 year olds fluctuated during the period 2002-2012, ranging from a low of 14.3/100,000 in 2004 to a high of 28.6/100,000 in 2005 and 2006 (Figure 1).

Figure 1



The fall-related death rate among 75-84 year olds peaked at 124.9/100,000 in 2007 and declined 40% to 74.4/100,000 in 2011. The lowest rate occurred in 2010 (73.7/100,000). The fall death rate among 85+ year olds increased 87% from 2002 (302.2/100,000) to 2008 (564.9/100,000). The rate decreased 29% from 2008 to 2010 (400.6/100,000), but the rate among 85+ year olds in 2012 (425.8/100,000) is still 41% higher than the rate in 2002.

The fall-related death rate among 65-74 year olds and 85+ year olds in NM was, respectively, 1.8 and 1.9 times the US rate in 2010 (Table 3).

Gender and Race/Ethnicity

During 2008-2012, the fall-related death rate among older adult females was slightly higher than the rate among males (Table 3). Whites had the highest fall-related death rate. The rate among Whites was 17% higher than the rate among American Indians and 22% higher than the rate among Hispanics. Asians and Blacks had the lowest fall-related death rates.

Table 3. Number and Rate of Fall Deaths among Older Adults by Sex and Race/Ethnicity, 2008-2012*

Sex and Race/ethnicity	Number	Rate/100,000
Male	555	106.3
Female	744	94.7
American Indian	59	91.3
Asian	3	29.5
Black	7	41.4
Hispanic	334	87.4
White	894	107.0

- Age-adjusted to the 2000 standard US population

The female fall-related hospital discharge rate in 2011 (1,402.3/100,000) was 2.1 times higher than the male fall-related hospital discharge rate (671.9/100,000). The female fall-related ED visit rate in 2010 (2,875.7/100,000) was 1.9 times higher than the male fall-related ED visit rate (1,540.3/100,000).

Geography

NM residents residing in the Northeastern (Santa Fe, Rio Arriba, Taos, Colfax, Union, Mora, Harding, San Miguel and Guadalupe Counties) and the Metro (Bernalillo, Sandoval, Valencia and Torrance Counties) regions had the highest rates for fall-related injury deaths (Table 4). The fall-related death rate among urban counties was 1.2 times greater than the rate among rural counties (Table 5).

Table 4. Number and Rate of Fall Deaths among Older Adults by Geographic Area, 2010-2012*

Public Health Region	Number	Rate/100,000
Northwest	62	94.3
Northeast	112	106.0
Metro	325	109.2
Southeast	111	87.8
Southwest	125	85.6

- Age-adjusted to the 2000 standard US population

During 2003-2012, Torrance, Hidalgo, Santa Fe, Cibola, Sandoval, Chavez , Bernalillo, and Rio Arriba counties had the highest fall-related injury death rate.

Table 5. Number and Rate of Fall Deaths among Older Adults by Urban/Rural Area, 2008-2012*

Urban/Rural	Number	Rate/100,000
Urban	883	106.8
Rural	416	87.1

- Age-adjusted to the 2000 standard US population

IV. CURRENT ADULT FALLS PREVENTION EFFORTS IN NEW MEXICO

The most successful approaches to falls prevention must include the participation of all actors in community-based older adult care: family members, skilled nursing facilities, healthcare providers, hospitals, community organizations, insurance companies and governmental agencies.[10] New Mexico's current approaches to raising fall risk awareness for professionals and consumers are:

- Using data to inform coalitions, health professionals, and the public about falls in New Mexico;
- Conducting community-based activities to develop awareness, and engage with the public and elder care professional about falls and falls prevention; and
- Integrating interdisciplinary approaches to link community, state and national efforts.

Public Awareness Messaging About Falls Risks and Prevention

On September 16, 2013, at the New Mexico State Fair, a diverse group of over 65 volunteers worked with the New Mexico Adult Fall Coalition, part of the Falls Free Initiative, in an event for National Falls Prevention Awareness Day. The event included clinicians and students training to be physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, pharmacists, nurses and nutritionists who participated as part of their service learning commitments. The activities offered included a fall risk screening and individualized recommendations on how to modify identified fall risk factors. The New Mexico Adult Fall Coalition provided fall prevention education and used the CDC STEADI (Stopping Elderly Accidents, Deaths, and Injuries) self–administered questionnaire. Over 150 people were screened using the STEADI toolkit. Each person screened received a report to take home and review with their healthcare provider. In addition, the event provided an opportunity for collaboration among students of various disciplines, enhancing students' service learning experiences.

This is the fourth year the Coalition has participated in the Senior Appreciation Day at the State Fair in honor of the National Fall Prevention Awareness Day. In addition to balance testing, more than 100 adults participated in medication reviews and 50 were screened for postural hypotension.

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[10] Hosseini, Hengameh, and Nooshin Hosseini. Epidemiology and prevention of fall injuries among the elderly. Hospital Topics 86.3 (2008): 15-20.

Governor Susana Martinez issued a proclamation identifying September 22nd as New Mexico Fall Prevention Awareness Day and the New Mexico Department of Health promoted both days with press releases.

New Mexico-Specific Falls Awareness Efforts

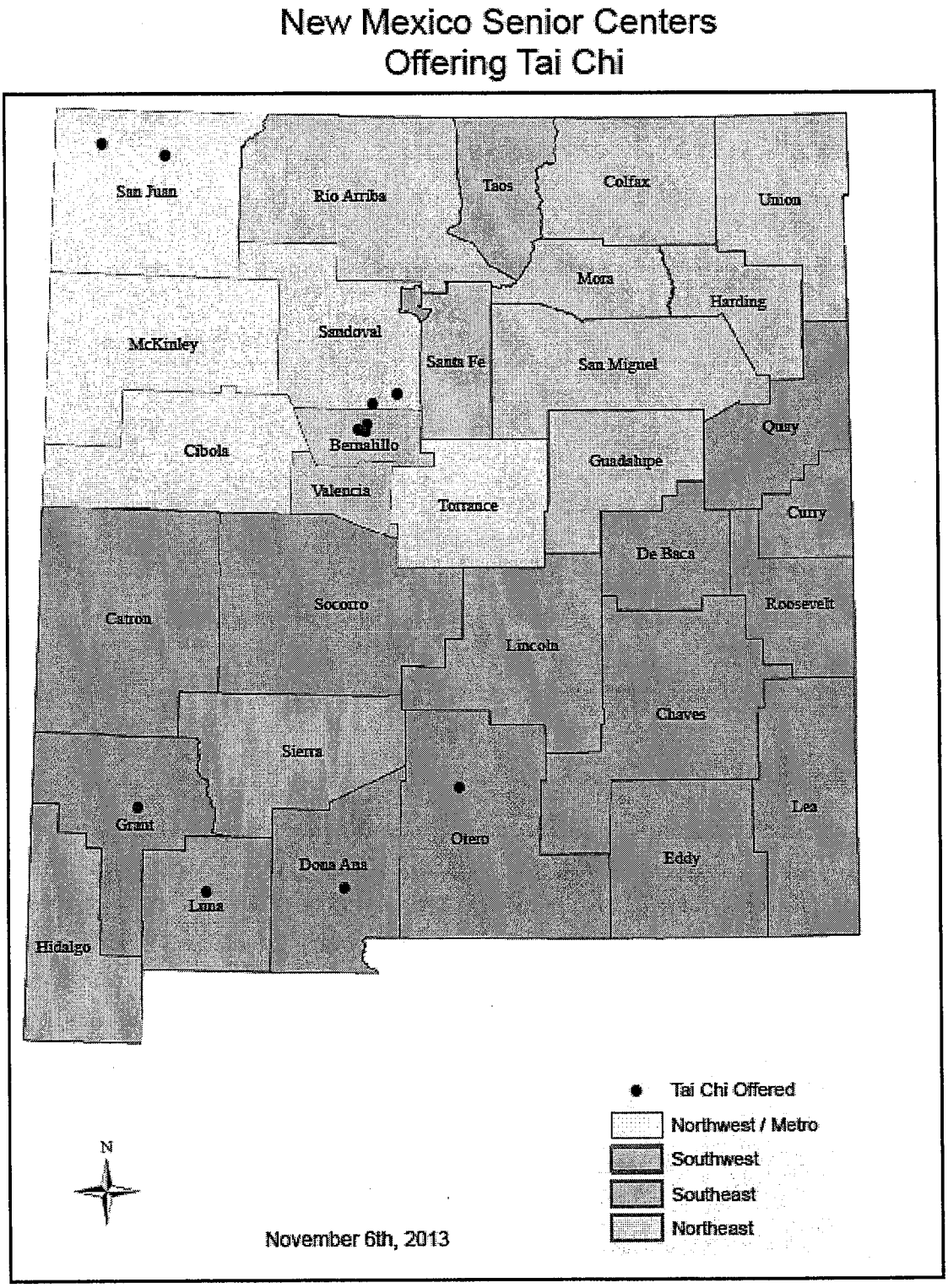
Apart from participation in the National Falls Prevention Awareness Day, public awareness messaging appears to be minimal at this time in New Mexico. Neither the Department of Health nor the Aging and Long-Term Services Department are funding substantial new efforts to raise awareness in addition to the very limited activities that they are already performing.

In 2002, the DOH Office of Injury Prevention (OIP) convened its first meeting to bring together state agencies, nonprofit organizations and other agencies that work with older adult populations to address injuries among this population. There was a consensus among the group that falls was an injury area that needed to be addressed statewide.

The Centers for Disease Control and Prevention, the New Mexico Department of Health, the National Council on Aging, the NM Adult Falls Prevention Coalition, the New Mexico Healthy Aging Collaborative, the New Mexico Injury Prevention Coalition and the Indian Health Service have taken the lead in bringing national and regional attention to the importance of fall prevention as part of the Healthy Aging Initiative. These organizations have leveraged senior services, community- based health centers, health plans, universities, the Veterans Affairs Department, nursing homes, home health agencies and other stakeholders to market healthy aging in communities and develop partnerships and opportunities to coordinate the delivery of evidence- based prevention programs.

There is some outreach by organizations that conduct community-based adult falls prevention classes. However, this outreach is limited and an insufficient response to the impact older adult falls has on the individual and society. A recent survey of 64 of New Mexico's 232 senior centers found that only three centers conduct public awareness messaging about adult falls, and 43 do no falls prevention programming at all. **(Appendix B)**. The map appearing below shows the location of 11 of the 65 reporting centers who offer *Tai Chi: Moving for Better Balance* classes, widely recognized as an evidence-based approach.

New Mexico Senior Center Survey: Surveying activities offered at Senior Centers that impact the reduction of falls among persons 65 years of age and older



Raising Health Care Professionals' Awareness of Fall Risks

The Centers for Disease Control and Prevention (CDC) has created a tool kit to aid health care providers who treat older adults who are at risk for falls or who may have fallen in the past. The STEADI (Stopping Elderly Accidents, Deaths, and Injuries) tool kit contains resources and tools that will help make fall prevention an integral part of the clinical practice of health care providers treating seniors. The STEADI tool kit is based on a simple algorithm adapted from the American and British Geriatric Societies' Clinical Practice Guidelines. The tool kit provides health care providers with basic information about adult falls, case studies, conversation starters and standardized assessments tests (with instructional videos). In addition, there are educational handouts about fall prevention specifically designed for patients and their families and friends.

Access and Participation in Current Programming

The Office of Injury Prevention of the Department of Health has utilized the *Tai Chi: Moving for Better Balance* program to reduce falls and fall injury. The goal is to curb the growing epidemic of falls among older adults in New Mexico.

Tai Chi: Moving for Better Balance is an evidence-based falls prevention program conducted in community or group settings. Rigorous study examined the effectiveness of the 6-month program of Tai Chi classes compared to a program of stretching exercises alone. Participants in the Tai Chi classes had fewer falls and fewer fall injuries, and their risk of falling was decreased by over 50 percent. In addition, fear of falling declined by 55%. The study provided a solid foundation for larger scale implementations and evaluation of the program in community settings. Larger studies have shown similar results.[11]

In collaboration with Oregon Research Institute, the Office of Injury Prevention conducted trainings for individuals interested in becoming Tai Chi instructors for the purpose of implementing the *Tai Chi: Moving for Better Balance* exercise intervention program for older adults in the State. The selected instructors are expected to lead *Tai Chi: Moving for Better Balance* classes for seniors to help them increase balance, strength and flexibility. The primary goal of the Instructor training is to increase the number of individuals teaching Tai Chi and increase the geographic accessibility of this training for seniors throughout New Mexico. There have been several such trainings, beginning in 2010. During this time 65 people were trained to be *Tai Chi: Moving for Better Balance* instructors. Each person completed a 2-day training that included learning the Tai Chi forms, reviewing training materials and class materials, and how to implement the program at their perspective trainer's sites. The candidates were selected for the instructor training based on their experiences offering programming to older adults, ability to

[11] Li F, Harmer P, Fisher KJ, McAuley E, Chaumeton N, Eckstrom E, Wilson NL. Tai Chi and fall reductions in older adults: A randomized controlled trial. Journal of Gerontology. 2005 Feb;60A (2):187-94.

recruit older adult participants, and their ability to maintain program fidelity and sustain the *Tai Chi: Moving for Better Balance* programming. Preference in selection was given to instructors who demonstrated ongoing collaborations with health care providers and/or community service organizations that target older adults. Preference was also given to participants with a plan to maintain program affordability and to reach as many older adults as possible. The primary goal for instructors attending the training was to implement *Tai Chi: Moving for Better Balance* classes in their area. Four hundred fifty seniors throughout New Mexico have attended Tai Chi for Better Balance classes.

The trained instructors were drawn from various regions throughout New Mexico, including Bernalillo, Rio Arriba, San Miguel, Sandoval, Santa Fe, Socorro, Lincoln, Grant, Sierra, and Eddy counties. Several of these counties have some of the highest rates of fall- related injury and deaths among older adults.

According to the survey that was recently conducted by the Office of Injury Prevention, 11 senior centers are currently offering *Tai Chi: Moving for Better Balance* classes. However, current availability of the program has not met demand as indicated by this survey since 58 of the 65 responding senior centers expressed interest in offering this evidence-based program. Such classes are also conducted in other settings, such as community centers and senior residential facilities.

V. EVIDENCE FOR FALLS PREVENTION

The Older Adult Falls Task Force is committed to supporting evidence-based falls prevention programs. *Evidence-based* is a determination, based on peer-reviewed studies, that a program is effective in preventing adult falls. When referred to in this report, evidence-based means that a program is included in the *Compendium of Effective Fall Interventions*[12] that was developed by the Centers for Disease Control and Prevention (CDC). This compendium appears in chart form below.

The National Council on Aging and the Centers for Disease Control estimate the following returns on investment in evidence-based fall prevention programs:

- Tai Chi Moving for Better Balance:
  $1.60 return on a $1 investment in direct medical costs
- Stepping On Fall Prevention Program:
  $70 return on a $100 investment in direct medical costs
- Otago Exercise Program delivered to persons aged 80 and older
  $1 return on a $1 investment in direct medical costs[13]

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[12] Stevens JA. A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults. 2nd ed. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2010.

[13] Beattie BL, Watson E. Preventing Falls: Whose Role is It? National Center for Health and Aging. Presentation to March 2012 Federally Qualified Health Center National Conference, slide 32.

A CDC Compendium of Effective Fall Interventions: What Works for Community Dwelling Older Adults. *National Center for Injury Prevention and Control, 2010*

Intervention	Description of Intervention	Level of Effectiveness
Exercise Based Interventions	Provide resources, training and support communities to provide exercise based intervention that target strength, gait and balance such as Tai Chi or the Otago Exercise program. Exercise can be performed in groups or as individual exercises.	Evidence Based Strategy as recommended in CDC Compendium.
Home Modification Interventions	Provide resources, training and support to communities on home modification intervention by such programs as the Home Visits by an Occupational Therapist and the Falls Home Intervention Team program that have been shown to be effective in reducing falls. Home safety programs consist of a home hazard assessment by an occupational therapist and other health team members to identify environmental hazards, unsafe behaviors, and recommend home modifications and behavior change.	Evidence Based Strategy as recommended in CDC Compendium.
Multifaceted Interventions	Provide resources, training and support to communities to provide Multifaceted interventions such as Stepping On, PROFET, and the No Falls Intervention program that are evidence based and use a variety of strategies to reduce the risk of falls, including balance and strength exercises, home assessment, improving environmental and behavioral safety in the home and community and encouraging visual and medical screenings of both the home and the community.	Evidence Based Strategy as recommended in CDC Compendium.
STEADI: Stopping Elderly Accidents, Deaths and Injuries	Provide education to physicians on the STEADI toolkit, which is a comprehensive resource designed to help healthcare providers incorporate fall risk assessment and proven intervention into their clinical practice.	Promising Practice as recommended by the CDC's National Center for Injury Prevention and Control

APPENDIX A

HOUSE JOINT MEMORIAL 32
51ST LEGISLATURE - STATE OF NEW MEXICO -FIRST SESSION, 2013

INTRODUCED BY Elizabeth "Liz" Thomson and Bill B. O'Neill

A JOINT MEMORIAL REQUESTING AN OLDER ADULT FALLS TASK FORCE TO EVALUATE NEW MEXICO'S CURRENT APPROACHES TO COMMUNITY-BASED FALL PREVENTION AND TO DEVELOP STRATEGIES FOR EFFECTIVE CHANGE.

WHEREAS, older adult falls are a public health crisis, with one out of three community-based adults sixty-five years and older who fall each year, increasing to fifty percent of all adults over eighty years old; and

WHEREAS, the department of health reports that New Mexico ranks first in the nation for the older adult fall-related death rate; and

WHEREAS, the department of health reports that for adults sixty-five years and older, falls are the leading cause of injury-related deaths, hospitalizations and emergency department visits; and

WHEREAS, the department of health reports that, in 2010, for every fall-related death among older adults, there were twelve and one-half hospitalizations and twenty-six and seven-tenths emergency department visits; and

WHEREAS, in New Mexico, among all age groups, adults eighty-five years and older have the highest rate of traumatic brain injury-related death; and

WHEREAS, in New Mexico, falls are the leading cause of traumatic brain injury hospitalization and the second-leading cause of all traumatic brain injury-related deaths; and

WHEREAS, 2011 New Mexico behavioral risk factor surveillance system data indicate that seventeen and nine-tenths percent of adults, or one hundred twenty-nine thousand adults, who are forty-five years or older had fallen at least once in the previous

ninety days, and among those who fell, thirty-six and one-half percent, or forty-seven thousand, sustained an injury that required medical attention; and

WHEREAS, for each of the past three years, the governor of New Mexico has issued a proclamation for a fall prevention awareness day each September; and

WHEREAS, the New Mexico adult fall prevention coalition, composed of professionals in private and public sectors of the aging network, in partnership with the department of health and its office of injury prevention, the aging and long-term services department and the New Mexico healthy aging collaborative, seek to advance a comprehensive and statewide effort to reduce the incidence of older adult falls; and

WHEREAS, this partnership strives to advance awareness and access to evidence-based fall prevention programs, including tai chi: moving for better balance; a matter of balance; enhance fitness; and the Otago exercise program; and

WHEREAS, the federal administration for community living, formerly known as the administration on aging, has directed state-area agencies on aging to utilize federal Older Americans Act of 1965 Title IIID funds for evidence-based community programming; and

WHEREAS, a federal centers for disease control and prevention study indicates that investing in community fall-prevention programs is cost effective and offers a positive return on investment after subtracting the cost of implementing the program; for example, tai chi: moving for better balance returned one dollar sixty cents ($1.60) per one dollar ($1.00) invested; and Otago returned seventy cents ($.70) per one dollar ($1.00) invested; and

WHEREAS, according to United States census projections, from 2000 to 2025, the population of individuals over eighty years old in New Mexico will almost double, reaching ninety-seven thousand, with half of this group projected to fall without effective intervention; and

WHEREAS, falls are not a normal part of aging, and effective interventions can reduce the risk of falls;

NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO that the department of health be requested to convene a task force to evaluate New Mexico's approach to community-based older adult fall prevention and recommend effective change; and

BE IT FURTHER RESOLVED that the fall prevention task force be requested to examine community-based fall risk awareness, access to interventions and surveillance of older adult falls; and

BE IT FURTHER RESOLVED that under the leadership of the New Mexico older adult fall prevention coalition and its executive committee, the task force be requested to meet quarterly; and

BE IT FURTHER RESOLVED that the fall prevention task force include representation from the office of the governor, the office of the lieutenant governor, the department of health, designees appointed by the New Mexico legislative council, the aging and long-term services department, the higher education department, the Indian health service, tribal injury prevention programs, the United States department of veterans affairs, health care systems, the emergency medical systems bureau of the department of health, two older adults who have a history of falls and other members of the New Mexico older adult fall prevention coalition; and

BE IT FURTHER RESOLVED that the fall prevention task force write a comprehensive report and present its findings and recommendations to the interim legislative health and human services committee by November 2013; and

BE IT FURTHER RESOLVED that the report include a section on current approaches to raising fall risk awareness for professionals and consumers, including the number and geography of people reached, a detailed list of expenditures in raising awareness, information distribution practices and fall risk awareness policy recommendations for effective change, such as a public dissemination forum; and

BE IT FURTHER RESOLVED that the report include a section on current statewide and local public awareness messaging and recommendations with consideration to literacy

and cultural appropriateness; and

BE IT FURTHER RESOLVED that the report include a section on currently available community-based fall prevention programming at the state and local level; access and participation in current programming; effectiveness; a local and statewide needs assessment; and recommendations for effective change; and

BE IT FURTHER RESOLVED that the report include a section on the evaluation measures for community-based older adult falls tracked by the department of health and other state agencies, public accessibility to data that may assist in obtaining funds and recommendations for effective change; and

BE IT FURTHER RESOLVED that the task force place special emphasis on raising fall risk awareness, increasing access to evidence-based community programming and establishing short-and long-term recommendations to reduce the impact of older adult falls on the people of New Mexico by utilizing cost-effective initiatives; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the governor, the secretary of aging and long-term services, the secretary of health, the secretary of human services, the secretary of Indian affairs, the secretary of public safety, the secretary of veterans' services, the New Mexico adult fall prevention coalition and the department of health's office of injury prevention.

APPENDIX B:

New Mexico Senior Center Survey: Surveying activities offered at Senior Centers that impact the reduction of falls among Seniors 65 and older

Survey Results:

There 232 Senior Centers in New Mexico. Twenty-two of these are "meal site only" or offer very limited services.

Number of Senior Centers Surveyed: 180 surveys were electronically sent out. After only three responses were received, 62 more senior centers were surveyed by phone; a total of 65 responses.

Number of Senior Centers offering *Tai Chi: Moving for Better Balance* classes: 11

Number of Senior Centers interested in offering *Tai Chi: Moving for Better Balance* classes: 47 definite and 11 maybes

Number of Senior Centers that do public awareness messaging: 3

Number of Senior Centers that have no programming on falls awareness: 43

New Mexico Senior Center Survey:
Surveying types of activities offered at Senior Centers that impact the reduction of falls among Seniors 65 and older
Sent to 180 Senior Centers; 65 responded

Senior Centers In New Mexico	*Senior Center offer Fitness Classes.* *What types of classes are offered at the Center?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
North Valley Senior Center Albuquerque	Yoga Zumba Weight training	Yes/ Tai Chi Moving for Better Balance	No	2 classes per week. w/ 7 participants 65+	Promoting the Tai Chi classes.	None

Senior Centers In New Mexico	*Senior Center offer Fitness Classes.* *What types of classes are offered at the Center?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Palo Duro Senior Center Albuquerque	Aerobics Fitness weight room	No	Yes	N/A	None	None
Barelas Senior Center Albuquerque	Yoga Pilates Fitness room Tai Chi	Yes	Yes	1 class per week. 12-15 participants 65+	'We promote the Yoga and Pilates as classes that focus on strength building and balance."	Conduct several presentations that focus on fall prevention.
Bear Canyon Senior Center Albuquerque	Yoga Zumba Fitness room	No	Yes	N/A	Participation in Senior Day at the state fair	Providing fall prevention brochures to our seniors
Los Volcanes Senior Center Albuquerque	Yoga Tai Chi Chi kung Tai Chi Cha	Yes	Yes very interested	3 classes per week are offered. 15 participants are 65+	Senior Olympics has sponsored fall risk awareness and prevention classes	Participation in Falls Risk Awareness Month and the State Fair
Chavez County J.O.Y Center Roswell	Fitness area for individual exercise	No	Yes	N/A	Enhanced fitness in conjunction with Senior Olympics	No
Cibola Senior Center Grants	Enhanced Fitness classes sponsored by the Senior Olympics Fitness room	No	Yes	N/A	Limited resources on fall risk awareness. Welcomes additional sources of information	No
Cimarron Senior Center Cimarron	No fitness actives offered	No	Maybe	N/A	Suggestions would be welcome for prevention training	No

Senior Centers In New Mexico	*Senior Center offer Fitness Classes.* *What types of classes are offered at the Center?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Raton Senior Center	Fitness room with some weight equipment	No	Maybe (if the Senior's are interested in having Tai Chi classes	N/A	No	No
Springer Senior Center Raton	Low impact exercises conducted in a large group room	No	Maybe	N/A	No	No
Baxter –Curren Senior Center	Fitness room with a Treadmill and Stationary Bike Fit & be Fit class cancelled due to lack of participation	No	Maybe if there is interest among the Senior Center attendees	N/A	No	No training or brochure information on Falls prevention.
Las Casa Buena Salud Clovis	Fitness room with a Treadmill and a few free weights	No	Yes	N/A	No	No
Friendship Senior Center Clovis	Fitness Room	No	Yes if there is interest among the Senior Center participants	N/A	No	No
Ft. Sumner Senior Center Ft .Sumner	Fitness Room	No	Yes	N/A	No	No
Las Cruces Senior Center Las Cruces	Aerobics Tai Chi Line Dancing The Fitness room is available at the Aquatic Center.	Yes	Maybe interested in adding an evidence-based Tai Chi classes.	5 Tai Chi classes are offered per week. Average participation is 20-24 Seniors over the age of 60.	Offering Tai Chi and Fall prevention brochure information and fall prevention presentations.	Fall prevention presentations for seniors are conducted by outside agencies.

Senior Centers In New Mexico	*Senior Center offer Fitness Classes.* *What types of classes are offered at the Center?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Placitas Senior Center Hatch	Fitness Room Aerobics Class	No	Yes	N/A	No	No
Artesia Senior Center Artesia	Fully equip Fitness room Line Dancing Walking groups.	No	Yes	N/A	Occasionally outside agencies do fall prevention education & training.	No
Gila Senior Center Silver City	Fitness room	No	Maybe	N/A	No	No
Grant County Senior Center Silver City	Fitness room Tai Chi Dance class Gentle Chair exercises	Yes	Yes	2x per week with 8-10 attendees	No	No
Campos Senior Center Santa Rosa, NM	Fitness room	No	No	N/A	No	No
Puerto De Luna Senior Center Puerto De Luna	None	No	Yes	N/A	No	No
Vaughn Senior Center Vaughn	Fitness room	No	Maybe	N/A	No	No
Travis Wood Senior Center Roy	Fitness room	No	No	N/A	No	No
Hobbs Senior Center Hobbs	Fitness room Low impact & stretching exercise classes Line Dancing	No	No	N/A	No	No
Eunice Senior Center Eunice	Fitness room Exercise classes	No	No	N/A	Brochure information about fall prevention	No

Senior Centers In New Mexico	*Senior Center offer Fitness Classes.* *What types of classes are offered at the Center?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Jal Senior Center Jal, NM	Fitness room Exercise classes	No	No	N/A	No	No
Lovington Senior Center Lovington, NM	Fitness room Low impact exercise classes	No	Yes (very interested)	N/A	Occasional presentations on that include fall prevention information.	No
Carrizozo Zia Senior Center Carrizozo	Fitness room w/Treadmill & bike. Average age of seniors at the center is 80	No	Yes	N/A	No but would welcome information or trainings that include fall prevention	No
Capitan Zia Senior Center Capitan	Fitness room	No	Yes	N/A	No	No
Corona Zia Senior Center Corona	Fitness room	No	Yes	N/A	No	No
Hondo Valley Senior Center Hondo	Fitness room	No	Yes	N/A	No	No
Ruidoso Downs Zia Senior Center Ruidoso Downs	Line dancing No Fitness room	No	Yes	N/A	No	No
Village of Ruidoso Senior Center Ruidoso	Fitness room Exercise classes	No	Yes	N/A	No	No
Betty Ehart Senior Center Los Alamos	Fitness room Cardio plus Zumba classes Silver Sneakers	No	Maybe	N/A	Offer Matter of Balance Training 2x per year	Coordinates activities connected to Fall Prevention month in September
White Rock Senior Center White Rock	Fitness room Low impact exercise classes	No	Yes	N/A	No	No

Senior Centers In New Mexico	*Senior Center offer Fitness Classes.* *What types of classes are offered at the Center?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Gallup Senior Program Gallup	Fitness room Low impact exercise classes	No	Yes	N/A	Occasional presentations that include fall prevention	No
Smith Lake Senior Center Crownpoint	Fitness room Exercise classes	No	Maybe	N/A	No	No
Alamo Senior Center Alamorgordo	Large fitness facility Yoga classes Tai Chi classes Zumba classes Dance classes Sponsors' Senior Olympics	Yes	Yes Interested in having an evidence-based Tai Chi class	Tai Chi class is held 2x per week w/ 25 participants over 60	Offers a Balance & Fall prevention course to seniors at the center. Conducts brief falls risk assessment at the center for every Senior participant upon registration.	No
Mora Senior Center Mora	Fitness Room Low impact exercises	No	Yes	N/A	No	No
Tucumcari Senior Center Program Tucumcari	Fitness room with a few stationary bikes	No	Yes (very interested)	N/A	No	No
Chama Senior Center Chama	Fitness room	No	Yes	N/A	No	No
Deming Senior Center Deming	Tai Chi Yoga Osteoexercise	Yes	Yes	2 classes/wk 5 participants	Monthly newsletter includes falls prevention	No
Dixon Senior Center Dixon	Fitness room Exercise classes	No	Maybe	N/A	No	No

Senior Centers In New Mexico	*Senior Center offer Fitness Classes.* *What types of classes are offered at the Center?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Bernalillo Senior Center Bernalillo	Fitness room Yoga classes	No	Yes	N/A	No	No
Corrales Senior Center Corrales	Exercise low impact classes Yoga classes Tai Chi classes	Yes	Yes	2 classes per week w/15 attendees	Occasional presentations that includes falls prevention information. Note; Center would like to expand their falls prevention strategies	No
Placitas Senior Center Placitas	Fitness classes Yoga Tai Chi Zumba	Yes	Yes	3 Tai Chi classes per week w/ 12 attendees	Brochure information	No
Torreon Senior Center Cuba	Fitness room	No	No	N/A	No	No
Belen Senior Center Valencia County	Fitness room Low impact exercises	No	Yes	N/A	No	No
Edgewood Senior Center Edgewood	Fitness room Low impact exercises	No	Yes	N/A	No	No
Ken & Patty Adams Senior Center at Eldorado Santa Fe	Exercise low impact classes Yoga classes	No	Yes	N/A	Occasional presentations that includes falls prevention information	No
Las Vegas Senior Center Las Vegas	Fitness room Low impact exercises	No	Yes	N/A	No	No
San Miguel Senior Center Ribera	Fitness room Low impact exercises	No	Yes	N/A	No	No

Senior Programs in Tribal Communities In New Mexico	*Senior Programs offer Fitness Classes.* *What types of classes are offered in the program?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Acoma Pueblo Elderly Program	Fitness room w/treadmill and exercise bike. Walking groups Chair exercises	***No***	Very interested	N/A	Occasional presentations that include falls prevention information from outside agencies	No
Bonnie Dallas Senior Center Farmington, NM	Fitness room Yoga Tai Chi Aerobics Line Dancing Zumba	Yes	Maybe interested in having an Evidence-Based Tai Chi program	Tai Chi taught 1x per week/ 10 participants	No	No
Crystal Senior Center Navajo	Fitness room Low impact exercises	No	Yes	N/A	No	No
Hogback Senior Center Shiprock	Fitness room Tai Chi Low impact exercises	Yes	Yes (very interested in evidence-based Tai Chi training.	Tai Chi 2x per week w/ 25-35 attendees	No but would be very interested in acquiring fall risk information to give to the seniors at the center	No
Zia Pueblo Senior Center program Zia Pueblo	Fitness room Low impact exercises	No	Yes	N/A	No	No
Aztec Senior Center Aztec	Fitness room	No	Yes	N/A	No	No
Five Sandoval Indian Pueblos Elderly Program	Fitness room w/treadmill Low impact exercises	***No***	Very interested	N/A	Occasional presentations that include falls prevention information from outside agencies	No

Senior Programs in Tribal Communities In New Mexico	*Senior Programs offer Fitness Classes.* *What types of classes are offered in the program?*	*Tai Chi classes offered?*	*Interest in having Evidenced—Based Tai Chi taught at your center.*	*# of Tai Chi being classes offered per week. # of attendees 65+*	*Approach to raising fall risk awareness among Seniors*	*Public awareness messaging about senior falls risk.*
Jemez Pueblo Elderly Program	Fitness room w/treadmill and exercise bike Walking groups Chair exercises	***No***	Very interested	N/A	Occasional presentations that include falls prevention information from outside agencies	No
Jicarilla Apache Senior Program	Low impact exercises Zumba classes Walking classes	No	Very Interested	N/A	No. but is very interested in receiving information including presentations addressing fall prevention	No
Mescalero Apache Elderly Program	Low impact exercises Walking classes	No	Yes	N/A	No	No
Kiwa/ Santo Domingo Pueblo Elderly Program	Aerobic classes 1x per week and Chair exercises 2x per week	No	Yes	N/A	No	No
San Felipe Pueblo Elderly Program	Aerobic classes 2x per week and Chair exercises	No	Yes	N/A	No	No
San Ildefonso Elderly Program	Low impact exercises	No	Yes	N/A	No	No
Santa Ana Pueblo Elderly Program	Aerobic & Low impact exercises	No	Yes	N/A	No	No
Taos Pueblo Elderly Program	Low impact exercises classes Walking classes	No	Very Interested	N/A	No. but is very interested in receiving information to share with their seniors including presentations addressing fall prevention.	

APPENDIX C: NEW MEXICO FALLS DATA

Table 6. Number and Rate/100,000 Population of Fall Deaths among Older Adults by County of Residence, NM, 2008-2012*

County	Number	Rate	County	Number	Rate	County	Number	Rate
Torrance	29	167.4	Grant	28	94.2	Harding	1	73.0
Hidalgo	6	153.7	San Juan	61	92.8	Socorro	5	72.5
Santa Fe	123	130.0	Los Alamos	14	91.0	Taos	32	69.3
Cibola	19	123.7	Luna	19	88.8	Guadalupe	2	66.0
Sandoval	86	114.8	Eddy	35	88.1	Lea	20	59.9
Chaves	57	112.6	Dona Ana	106	87.7	Lincoln	10	50.5
Bernalillo	457	109.5	Sierra	15	86.3	Quay	4	50.0
Rio Arriba	27	107.3	Valencia	69	85.8	Mora	2	48.4
Curry	29	104.9	Colfax	11	83.9	De Baca	1	46.0
San Miguel	19	100.7	McKinley	27	81.7	Union	2	25.1
Roosevelt	12	98.7	Otero	32	51.0	Catron	1	21.7

* Age-adjusted to the 2000 standard US population

Table 7. Number and Rate/100,000 Population of Fall Hospital Discharges among Older Adults by County of Residence, NM, 2009-2011

County	Number	Rate	County	Number	Rate	County	Number	Rate
Eddy	342	1497.8	Grant	193	1011.1	Lea	184	872.5
Luna	211	1426.4	Valencia	298	1004.7	Union	21	863.1
Chavez	381	1358.6	Socorro	77	1003.9	Harding	5	807.8
San Juan	547	1300.8	Curry	165	988.3	Mora	22	794.2
Los Alamos	99	1215.3	Torrance	69	972.8	Lincoln	105	769.3
Sierra	132	1187.8	Roosevelt	69	961.0	Be Baca	9	643.8
Rio Arriba	203	1180.7	Santa Fe	642	958.1	McKinley	132	631.2
Bernalillo	2,880	1167.9	Dona Ana	794	956.4	Hidalgo	15	609.3
Guadalupe	25	1139.5	Cibola	98	928.9	Colfax	47	563.3
San Miguel	152	1118.1	Otero	269	926.1	Quay	31	550.0
Sandoval	517	1052.1	Taos	158	920.7	Catron	15	474.8

Table 8. Number and Rate* of Fall-Related Emergency Department Visits among Older Adults by County of Residence, NM, 2010

County	Number	Rate	County	Number	Rate	County	Number	Rate
Chavez	503	5,410.5	Bernalillo	2,334	2,865.4	Harding	3	1,482.5
Taos	258	4,547.4	Hidalgo	22	2,699.4	Torrance	31	1,323.5
Roosevelt	93	3,936.5	Santa Fe	592	2,691.8	Valencia	97	988.4
Grant	240	3,792.9	Socorro	67	2,629.1	Catron	10	952.1
Union	29	3,560.0	Otero	239	2,487.1	Mora	8	871.8
Cibola	119	3,396.4	San Juan	321	2,263.8	Lea	51	729.2
Quay	63	3,381.2	Lincoln	98	2,163.1	Los Alamos	18	667.5
Curry	174	3,144.7	Be Baca	9	1,954.9	Colfax	13	469.9
McKinley	215	3,137.9	Eddy	130	1,724.7	San Miguel	19	423.0
Sierra	113	3,075.3	Dona Ana	414	1,588.6	Guadalupe	2	274.0
Rio Arriba	163	2,866.4	Sandoval	244	1,523.0	Luna	12	244.1

*per 100,000 population

Acknowledgement of Appreciation;

Thank you to all of the Task Force members and other participants for your efforts in evaluating New Mexico's current approaches to community-based fall prevention and developing strategies for effective change.

Task Force Members and Participants

Michael Landen – Department of Health, Task Force Chair

Lynne Anker-Unnever – Aging and Long Term Services Department

Karen Ansera – San Felipe Pueblo Injury Prevention Specialist

Beth Black – New Mexico Adult Falls Coalition

Cipriano Botello – University of New Mexico Hospital

Reba Brane – Veterans Administration Medical Center

Courtney Cameron – Department of Health, Office of Injury Prevention

Stuart Castle – Department of Health, Emergency Medical Services Bureau

Cara Davenport – University of New Mexico Hospital

Sheena Ferguson – University of New Mexico Hospital (for Higher Education Department)

Dona Garin, Older adult with a history of falls

Joie Glenn – New Mexico Home and Hospice Care

Janelle Gonzales- University of New Mexico Hospital

Judith Harris – University of New Mexico

Michael Hely – Legislative Council Service

Forest Jarnagin- University of New Mexico Hospital

Spanda Bhavani Johnson – Good Samaritan Society

Jerry Lee – Indian Health Service

Liana Lujan – Department of Health, Emergency Medical Services

Carmela Martinez – Aging and Long Term Services Department

Janet Popp – New Mexico Adult Falls Coalition

Frances Romero, Older adult with a history of falls

Toby Rosenblatt – Department of Health, Injury Epidemiology and Prevention

James Ross – Office of the Governor

Kyle Thornton – Department of Health, Emergency Medical Services Bureau

Vincent Torres – Office of the Lieutenant Governor

Siona Willie – Indian Health Services

Robert Wood, PhD- New Mexico State University

Theresa Yazzie – Indian Health Service