

MANITOBA FALL PREVENTION FOR OLDER ADULTS
THINK TANK SESSION

January 24, 2017

CONSULTATION SUMMARY REPORT

March 2017

ACKNOWLEDGEMENTS

On behalf of the Province of Manitoba and Manitoba Fall Prevention for Older Adults Think Tank Session Working Group, we would like to acknowledge and thank the following people for helping make this day a success:

- Charlotte Lwanga, Policy Analyst at Manitoba Health Seniors and Active Living for providing an overview of the data and costs of falls in Manitoba,
- Dr. Kathryn Sibley, Canada Research Chair, Integrated Knowledge Translation in Rehabilitation Sciences at the University of Manitoba and Assistant Professor, Community Health Sciences for her presentation on the importance of balance and strength training in preventing falls,
- Maureen Krauss, Principal at HTFC Planning and Design facilitating the day and preparing the report,
- Active Living Coalition for Older Adults for providing meeting space at the Seven Oaks General Hospital and the Wellness Institute,
- Stephanie Jeffrey, Executive Director, Manitoba Fitness Council and Russell Thorne, Regional Community Health Developer, Northern Health Authority for providing energizer breaks,
- And of course, the delegates for their participation and thoughtful contributions at the Manitoba Fall Prevention for Older Adults Think Tank session.

TABLE OF CONTENTS

Executive Summary	1
Introduction	3
Background	4
Think Tank Session Process and Approach	5
Evaluation	7
Findings	8
Conclusion and Next Steps	10
Appendices	11
A. Falls Prevention Provincial Landscape	12
B. What Does the Evidence Tell us About Using Balance and Strength Exercise for Fall Prevention?.....	23
C. Evidence Informed Fall Prevention Programs and Resources for Older Adults.....	32
D. Workshop Exercise 1 - Table Discussion Responses	36
E. Workshop Exercise 2 – Gallery Walk Responses	42
F. Evaluation Survey Report.....	49
G. Agenda	55
H. Attendee List	57

The Canadian population is aging at an unprecedented rate. Among many threats to successful aging, falls are a major concern for people aged 65 years and older. Too often, a fall is the catalyst for a downward health spiral that is associated with activity restriction, long term care admission and even death. Manitoba had 52% higher fall-related mortality compared to the national rate¹.

The optimum exercise modalities for fall prevention in older adults have been defined as balance enhancing activity and lower limb resistance training. Those people older than 70 years who do engage in balance and resistance training are much more likely to be healthy and functionally capable than those who do not. However, the number of older people who routinely engage in strength training remains low at less than 10% and possibly much lower for activities that challenge balance².

THINK TANK AND KEY MESSAGES

The Manitoba Fall Prevention for Older Adults Think Tank Session provided opportunities to brainstorm new ideas to reduce fall related injury by attempting to explore increased accessibility and affordability of balance and strength exercise options for older adults.

In Charlotte Lwanga's presentation titled: *Falls Prevention Provincial Landscape*, (see Appendix A) the following key points were addressed:

- In 2013, a total of 5,611 Manitobans (4.4 per 1,000 residents) were hospitalized due to a fall
- Falls were the most expensive cause of injury in Manitoba with a per capita cost of \$283
- Most falls occurred at home and most of those who experienced a fall sustained injury to hip or thigh
- In 2010, almost 30% of Manitoba's \$1.2 billion spending on injury was incurred due to fall injuries with \$265 million spent on direct health care costs
- Each hip fracture costs the Manitoba system \$21,285 in the 1st year after hospitalization and \$44,156 if the patient is institutionalized

In Dr. Kathryn Sibley's presentation titled: *What Does the Evidence Tell Us About Using Balance and Strength Exercise for Fall Prevention*, (see Appendix B) the following key points were addressed:

- Take home messages include: exercise that targets balance can reduce falls; exactly what exercise improves balance is not clear; and some parameters of effective balance training are starting to be known
- Understanding of FITT principles for balance training to reduce falls are evolving and include; frequency (2-3 times/week); intensity (moderate to high challenge); time (17-27 hours (over 11-12 weeks) to improve balance: 50 hours (over 6 months to continuously reduce falls)
- More data is required to precisely define effective fall prevention exercises and protocols
- Review of four effective programs including; FallProof Balance and Mobility Program; Lifestyle-Integrated Functional Exercise; Falls Management Exercise; and Otago Exercise Program

1 Parachute – The Cost of Injury in Canada – The clock is ticking... (2015) http://www.parachutecanada.org/downloads/research/Cost_of_Injury-2015.pdf

2 Clemson, L., Singh, M. A. F., Bundy, A., Cumming, R. G., Manollaras, K., O'Loughlin, P., and Black, D. (2012). Integration of balance and strength training into daily life activity to reduce rate of falls in older people (the LiFE study): randomized parallel trial.

OUTCOMES

The Think Tank Session acknowledged the complex issue of preventing falls, in which there is no singular 'right' answer but several possible approaches that involve various sectors. Many solutions straddled multiple themes, multiple jurisdictions, and ultimately landed on the need for collaboration and shared responsibility among stakeholders.

When considering Solutions and Shared Responsibility, strategies were identified within the following five themes:

1) capacity; 2) awareness and knowledge; 3) places and settings; 4) accessibility; and 5) collaboration and systems. A summarization of identified themes and 24 actions related specifically to strength and balance programs was developed and provided within the full summary report. Evaluation, prioritization and action plans will need to be developed around these items.

Five key actions are shared below:

- Capacity: develop a working group specific to exercise programming in addition to or part of the Provincial Fall Prevention Advisory Group
- Awareness and Knowledge: integrate general messages about the importance of strength and balance exercises with other health promotion approaches
- Places and Settings: strength and balance exercise programs are available across settings (from care settings into community)
- Accessibility: identify social determinants of health that act as barriers to accessing fall prevention programming to close health gaps (e.g. income, housing, built environment, etc.)
- Collaboration and Systems: engage, collaborate and coordinate between health and community sectors

CONCLUSION AND NEXT STEPS

The Think Tank Session was an important first step to opening up dialogue and sharing knowledge, ideas and local fall prevention strength and balance and exercise programs and resources. Further analysis and stakeholder support is required to move this area along. Clear objectives, actions, metrics, leads and partners are some of the pieces needed to be identified by a working group. Workshop participants are eager to continue the conversation to further engage in ways to improve accessibility of strength and balance exercise programs.

On January 24, 2017, approximately 40 invited participants came together to brainstorm new ideas for ways to reduce fall related injury through increased accessibility and affordability of balance and strength exercise options for older adults. The intention was to promote inquiry; offer discovery of existing strength and balance exercise programs and current best practices amongst professionals representing health, recreation, exercise, fitness and community development.

The full-day session was hosted by Healthy Living and Healthy Populations Branch of Manitoba Health, Seniors and Active Living and the Winnipeg Regional Health Authority (WRHA), Injury Prevention, Population and Public Health Program and facilitated by HTFC Planning and Design. Active Living Coalition for Older Adults located at The Wellness Institute and Seven Oaks General Hospital, generously provided a highly conducive meeting space that allowed for presentations, round table discussions, collaborative workshop activities, and short instructor-led exercise breaks.

BACKGROUND

The Manitoba Fall Prevention for Older Adults Think Tank Session responds to the need to address the complex issue of preventing falls, where there is no singular 'right' answer but several possible approaches that involve various sectors. The facilitated workshop focused on reducing the incident of falls through increased participation in accessible and affordable balance and strength exercise programs for older adults.

Additional goals for the day included:

- Increase understanding of the importance of strength and balance training in preventing falls in older populations
- Gain a better understanding of evidenced-based criteria for exercise programs that could reduce falls programs
- Identify the challenges and barriers to delivery and participation
- Brainstorm opportunities and new ideas
- Share resources and current fall prevention exercise programs
- Identify solutions, strategies and supports

THINK TANK SESSION PROCESS AND APPROACH

The Manitoba Fall Prevention in Older Adults Think Tank Session involved preparatory advanced readings, presentations, facilitated workshop exercises, and workshop evaluation. This section briefly describes each component and the general approach.

ADVANCE READING

To help prepare for the Think Tank Session, participants were asked to read the following three articles on balance and strength exercise and fall prevention:

- Integration of balance and strength training into daily life activity to reduce rate of falls in older people (the LiFE study): randomized parallel trial
- Exercise for improving balance in older people
- Effects of Balance Training on Balance Performance in Healthy Older Adults: A Systematic Review and Meta-analysis

References are included in Appendix C: Evidence Informed Fall Prevention Programs for Older Adults. Participants also received a listing of programs and resources in a take home package.

THINK TANK SESSION AND WORKSHOP EXERCISES

The session began with a welcome and introduction of all participants in the room. This provided an opportunity for everyone to know what organizations were represented and for individual participants to briefly share their personal history and experience with the role of fall prevention in their community.

Following introductions, the first portion of the day was dedicated to 'Creating A Common Understanding about Fall Prevention'. Two guest speakers provided presentations. Charlotte Lwanga, Policy Analyst at Manitoba Health Seniors and Active Living offered data and insight on falls and fall prevention from the provincial perspective. Dr. Kathryn Sibley, Canada Research Chair, Integrated Knowledge Translation in Rehabilitation Sciences at the University of Manitoba and Assistant Professor, Community Health Sciences presented on current research and the science behind strength and balance exercise for fall prevention. An open question period followed each presentation.

The first workshop exercise, conducted in a round table format entitled 'Starting a Discussion Together' had tables of 6-8 individuals, formed of their own choosing, discussing a series of guiding questions. The following questions were used to build a better understanding and to encourage participants to share their experiences:

- What things are working for your fall prevention practice in the populations you serve?
- What are the challenges?
- What are the barriers to participation?

One person at each table served as the recorder and provided a summary of highlights from their table to the larger group. This exercise sparked conversation and discussion on different and shared perspectives on fall prevention programs and resources. The complete record of table discussion responses is found in Appendix D: Workshop Exercise 1 - Table Discussion Responses.

Following lunch, Taking Care of My Health: Falls prevention video campaign consisting of three short videos titled: Preventing falls is easier than standing on your head; Prevent falls-make your home safe and Report ALL falls were shown (see Appendix C: Evidence Informed Fall Prevention Programs for Older Adults for links). In addition, a short presentation on the Movements that Matter exercise program was shared Please note that this program has not been formally evaluated at this time.

The afternoon was dedicated to identifying 'Solutions'. Five groups were formed and included a cross section of urban and rural representatives, government departments, organizations, academics and program delivery specialists. Using a Gallery Walk format, each group moved five themed stations. The themes were:

- Places and Settings
- Capacity
- Accessibility
- Awareness and Knowledge
- Collaboration and Systems

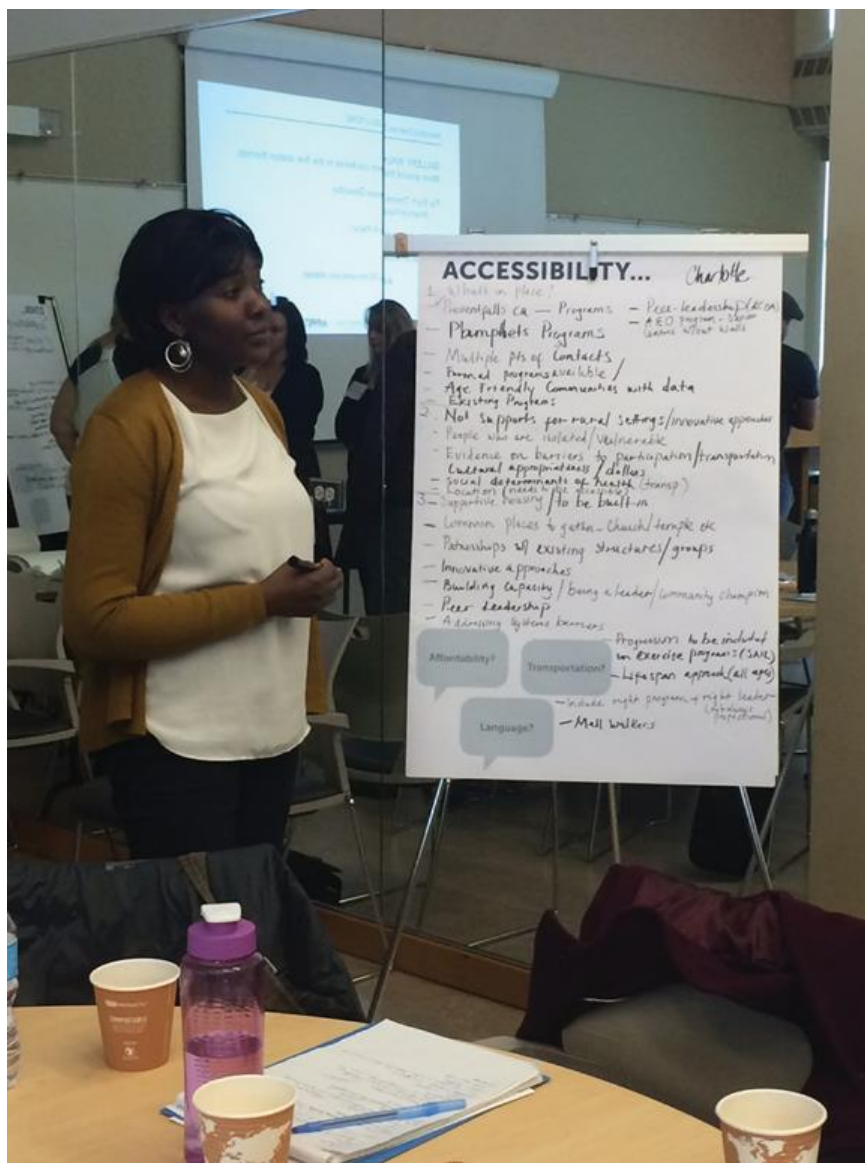
At each station in the Gallery Walk, participants discussed the broad theme in relation to several guiding questions. As participants moved in their groups from theme to theme, they would build on the previous groups' discussion, confirming ideas, adding and enriching the feedback related to:

- What is working well?
- What are the challenges?
- What is possible? – Imagine what might be

The complete record of the Gallery Walk responses is found in Appendix E: Workshop Exercise 2 – Gallery Walk Responses.

The Think Tank session concluded with a final exercise that involved the participants working together on 'Shared Responsibility'. The key findings of each Gallery Walk theme were presented to the larger group for an open conversation to identify priorities and potential partnerships (see Figure 1 for a summarization of identified themes, priorities and actions). Note: time did not permit the presentation and review of all of the gallery walk themes. We acknowledge that the conversation drifted to broader issues of falls prevention that lie outside the scope of the day and capture these within the general responses section of the report. The solutions and next steps will refocus on identified themes, priorities and action items pertaining to affordable and accessible strength and balance programs (see Figure 1).

At the end of the workshop, participants were invited to fill out an evaluation form and provide any additional comments. Participants received an email following the session inviting them to provide their feedback if they had not done so already. A total of 27 participants completed an evaluation survey. Most participants (62%) agreed or strongly agreed that the session was well organized and the goals of the day were well covered. The most valued aspect of the session was resoundingly the networking opportunity. Some participants felt that the afternoon workshop exercise drifted into the broader scope of falls prevention and away from the main focus on accessible and affordable balance and strength programs. The complete evaluation summary is included in Appendix F. Evaluation Survey Report.



The session did a fantastic job of illuminating the sheer number of 'moving parts' involved in coordinating fall prevention efforts...it truly provided a window into the critical nature of collaboration on this issue.

Think Tank Session Participant

FINDINGS

Through the Think Tank workshop exercises, participants moved from identifying or taking stock of the fall prevention resources and assets within their area of practice, their community, or past experience, to identifying the gaps and challenges. When participants were asked the question 'What is possible?' this allowed for more blue-sky thinking, an appreciation of what is working, and what more is required. Insightful solutions and creative ideas were offered. Many solutions straddled multiple themes, multiple jurisdictions, and ultimately collaboration and shared responsibly among stakeholders.

Figure 1 on the following page provides an outline of Solutions and Shared Responsibility - Strategies for accessible and affordable strength and balance programs. Further analysis and stakeholder support is required to move this area along. Clear objectives, actions, metrics, leads and partners are some of the pieces will need to be identified by a working group.

Figure 1: Solutions & Shared Responsibility: Strategies for affordable and accessible strength and balance programs

|

A summarization of identified themes, priorities and actions.

PRIORITIES AND ACTIONS						
THEMES						
Capacity	Develop a working group specific to exercise programming in addition to or part of the Provincial Fall Prevention Advisory Group.	Define exercise program criteria.	Review existing evidence-informed programs to determine applicability in Manitoba (Otago, LiFE, Fall Proof and FaME).	Identify and train leaders who work with older adults across a range of abilities and in variety of settings (from peer leaders to allied professionals).	Engage an across the lifespan approach with younger adults to older adults on the importance of strength and balance exercise.	Develop a registry/repository for fall prevention exercise program information.
Awareness & Knowledge	Integrate general messages about the importance of strength and balance exercises with other health promotion approaches.	Develop strength and balance communication strategy to inform the public, policy makers and planners. For example, media, conference opportunities, leisure guides and senior serving organizations.	Consider community businesses such as grocery stores, banks, doctor's offices, pharmacies, and physiotherapists as places to distribute information and program resources.	Work with the municipal structures to promote programs and resources. (e.g. Mayor's Age-Friendly and Seniors Advisory Committee; Age Friendly communities)	Incorporate fall prevention into existing health and safety training, such as CPR.	
Places & Settings	Strength and balance exercise programs are available across settings (from care settings into community).	Address support for home settings (individual housing, multiple dwellings, assisted living, and supportive housing) using various mediums (DVDs and home exercise sheet).	Incorporate strength and balance programs where older adults are already gathering for activities such as: mall walking, pickle ball, curling and bowling, congregate/senior meal programs, casino and bingo halls, elder gatherings, dances and cultural centres, parks and libraries.	Consider intergenerational settings where you would find children with parents and grandparents for strength and balance programming.		
Accessibility	Identify social determinants of health that act as barriers to accessing fall prevention programming to close health gaps (e.g. income, housing, built environment, etc).	Offer affordable/free strength and balance exercise programs in locations that are easily accessible to older adults taking into account transportation options.	Use an Indigenous/cultural lens when developing strength and balance exercise programs.	Address language barriers to accessing information and training.	Use technology for greater distribution of information.	
Collaboration & Systems	Engage, collaborate and coordinate between health (health care, allied health and health associations) and community sectors such as municipal recreation departments, senior serving organizations and fitness/exercise professionals.	Identify and build on existing systems for dissemination of best practices as well as promotion of programs and tools.	Create a system of data collection on falls (types, where, who) to inform the creation/location of appropriate strength and balance exercise programs.	Collaboration of local researchers and emerging programs to validate strength and balance exercise programs and resources.		

* In Figure 1, the term *exercise* encompasses strength and balance.

CONCLUSION AND NEXT STEPS

The Manitoba Fall Prevention for Older Adults Think Tank Session was an important first step to opening up dialogue and sharing knowledge, ideas and local fall prevention strength and balance and exercise programs and resources. From this event, dozens of possible actionable items and recommendations requiring further investigation have been brought forward. Evaluation, prioritization and action plans will need to be developed around these items. There is support and willingness for continued collaboration to move ahead into the next phases of planning and implementation that will benefit all Manitobans. Workshop participants are eager to continue the conversation to further engage in ways to improve accessibility and affordability of strength and balance exercise programs.

APPENDICES

APPENDIX A

FALLS PREVENTION PROVINCIAL LANDSCAPE

Falls Prevention Provincial Landscape

.....
Falls Prevention for Older Adults

Think Tank Session

Charlotte Lwanga

Health, Seniors and Active Living

January 24, 2017



Outline

- Healthy Living and Healthy Populations branch
- Why Falls Prevention?
- Falls Prevention Statistics
- Economic Impact of Falls
- 5-Year Falls Prevention Plan
- Partnerships and Collaboration

Healthy Living and Healthy Populations Branch

- Focuses on wellness and prevention
- The Branch works to create healthy living opportunities that are meaningful to every Manitoban, of every age, in every community.
- By promoting wellness for each stage of life we work to build a healthier Manitoba.



Healthy Living and Healthy Populations Branch

❖ 8 Areas of Focus:

1. Physical Activity Promotion
2. Workplace Wellness
3. Healthy Eating/Nutrition
4. Healthy Schools
5. Injury Prevention
6. Healthy Sexuality
7. Healthy Together Now- Chronic Disease Prevention
8. Bed Bug Control



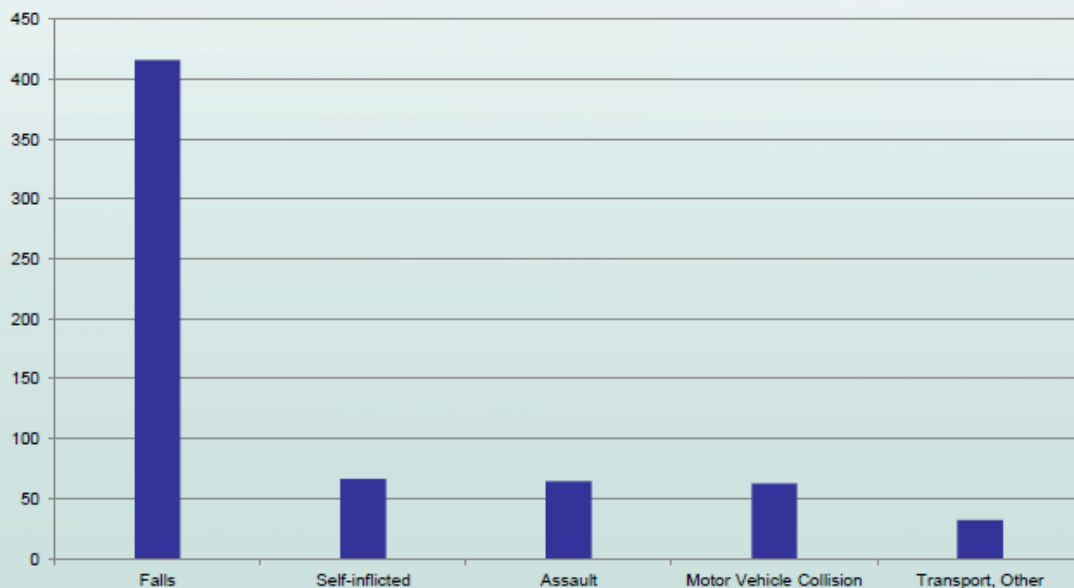
Why Falls Prevention?

- Falls among seniors have become a significant health concern in Manitoba.
- The incidence of falls is likely to increase given Manitoba's aging population.
- Experiencing a fall can result in disability, chronic pain, loss of independence, reduced quality of life, even death.

Why Falls Prevention?

- In 2013, a total of 5,611 Manitobans (4.4 per 1,000 residents) were hospitalized due to a fall. Most falls occurred at home and most of those who experienced a fall sustained injury to hip or thigh.
- Seniors aged 65 and older accounted for approximately 66% of those hospitalized.
- Of the seniors hospitalized, nearly 28% (1,031) of them were transferred to Personal Care Homes.
- 188 seniors died due to a fall which amounts to a total of 586 of potential years of life lost or 3.1 years of life lost per individual.

Leading Causes of Injury Hospitalization, MB (2000-2012) (per 100,000)

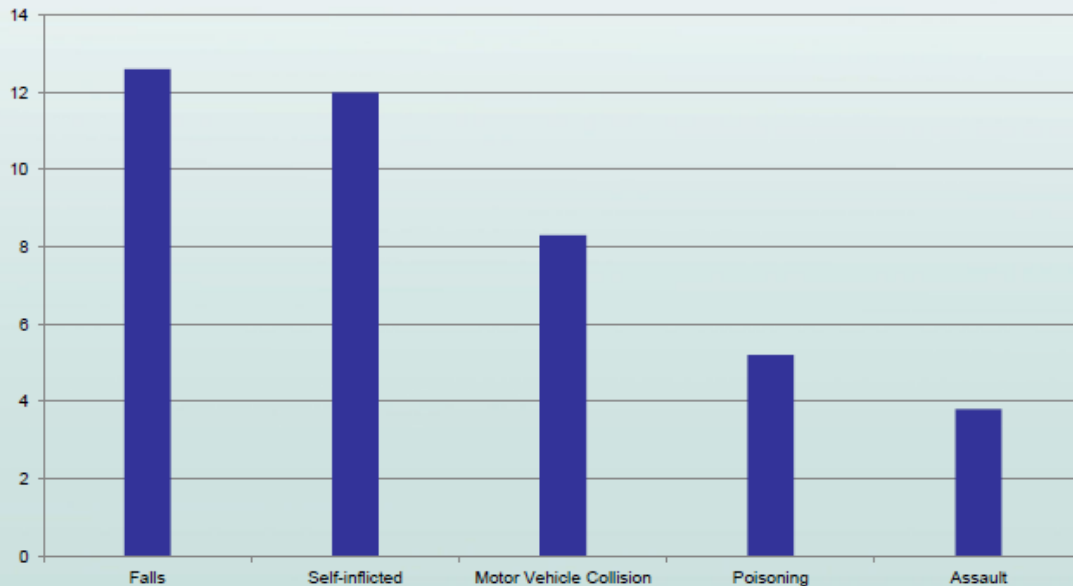


Fall-related Injury Hospitalizations by age group (2000-2012)

Age Group	Rank	No. of Cases
<1	1	224
1-4	1	822
5-9	1	1287
10-14	1	1194
15-19	4	1142
20-24	3	1166
25-34	2	2442
35-44	1	3316
45-54	1	4484
55-64	1	5954
65-74	1	7873
75-84	1	16385
85+	1	18119
Total	1	64408

Source: Injury Report (2000-2012)

Leading Causes of Injury Deaths, MB (2000-2012) (per 100,000)



Fall-related Injury Deaths by age group (2000-2012)

Age Group	Rank	No. of Cases
<1 - 44 (Not in the top 5)		
45-54	5	58
55-64	4	95
65-74	1	156
75-84	1	498
85+	1	1079
Total Falls	1	1949
Source: Injury Report (2000-2012)		

Percentage of Injury deaths by cause

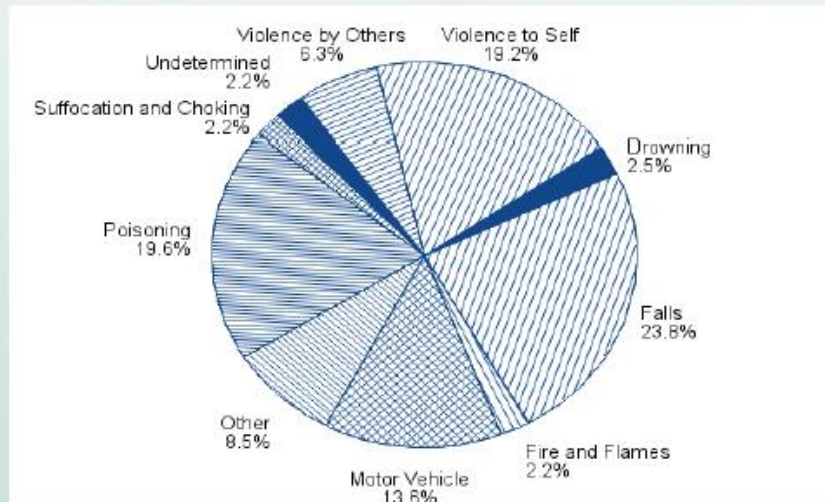


Figure 27: Percentage of injury deaths, by cause, 2012/2013 - Annual Statistics – Manitoba Health, Seniors and Active Living

Percentage of Injury deaths by cause

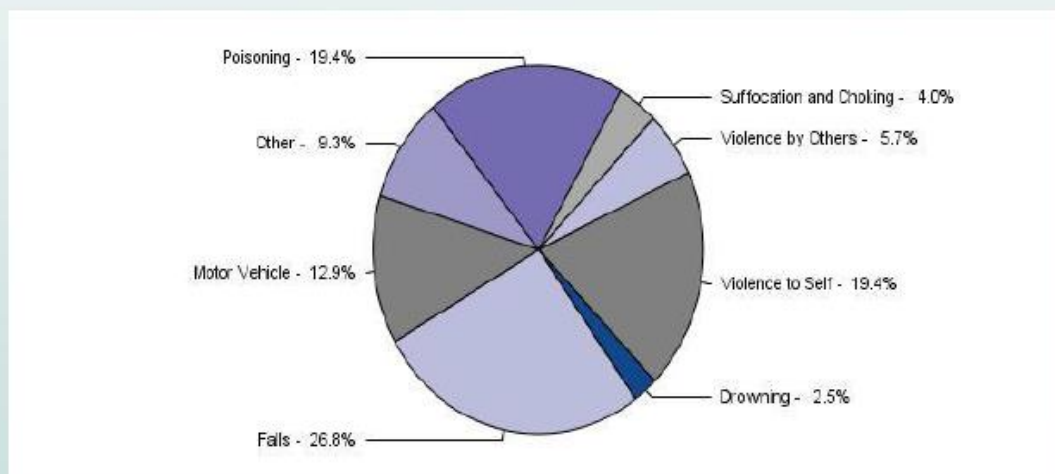


Figure 27: Percentage of injury deaths, by cause, 2013/2014 Annual Statistics – Manitoba Health, Seniors and Active Living

Economic Impact of Falls

- In 2010, almost 30% of Manitoba's \$1.2 billion spending on injury was incurred due to fall injuries with \$265 million spent on direct health care costs (Parachute, 2015)
- Falls were the most expensive cause of injury with a per capita cost of \$283.
- Each hip fracture costs the system \$21,285 in the 1st year after hospitalization, and \$44,156 if the patient is institutionalized.

5- Year Falls Prevention Plan

- Five-Year Falls Prevention Plan and Framework (2015-2020)
- The five-year Falls Prevention Plan and Framework has been informed by the evaluation of the 2006 Strategy, the FP Network Survey, injury prevention data on falls and extensive consultations.

Outcomes

- Strengthened partnerships and increased falls prevention awareness activities.
- Build new and/or strengthen existing innovative approaches to reduce falls.
- Strengthened surveillance, reporting and evaluation to enhance our understanding of falls prevention and reporting in Manitoba.

Key Components of the Falls Prevention Plan

- Establishment of a provincial Community Falls Prevention Advisory Committee
- Identification and dissemination of evidence-informed research, tools, resources and programs with falls prevention stakeholders.
- Promotion of the Falls Prevention Week for Older Adults

Key Components of the Falls Prevention Plan

- Encourage the integration of falls prevention activities/programs with already existing programs in the RHAs.
- Develop a plan to promote affordable and accessible balance and strength exercise programs for seniors in community settings throughout the province.
- Explore opportunities to improve the quality of fall-related injury data in Manitoba.

Partnerships and Collaboration

- Falls Prevention work requires partnerships and collaboration.
- Partnerships - need to work with both traditional and non-traditional partners/stakeholders to reduce fall-related injuries and deaths.
- Integrated falls prevention strategies

Thank you

For more information, please contact:

Charlotte Lwanga

Policy Analyst

Healthy Living & Healthy Populations

Phone: 204-788-6790

Email: Charlotte.Lwanga@gov.mb.ca

QUESTIONS?

APPENDIX B

**WHAT DOES THE EVIDENCE TELL US ABOUT USING
BALANCE AND STRENGTH EXERCISE FOR FALL PREVENTION?**



What Does the Evidence Tell Us About Using Balance and Strength Exercise for Fall Prevention?

WRHA Fall Prevention Think Tank
January 24, 2017

Kathryn Sibley, PhD

Canada Research Chair in Integrated Knowledge Translation in Rehabilitation Sciences
Assistant Professor, University of Manitoba
Scientist, Centre for Healthcare Innovation



COLLABORATION INNOVATION TRANSFORMATION

WHAT DO WE KNOW ABOUT PREVENTING FALLS?

Tricco et al. *Systematic Reviews* 2013, **2**:38
<http://www.systematicreviewsjournal.com/content/2/1/38>

BBOI OCOI

There is no universally effective strategy.

**WHAT DO WE KNOW ABOUT
TRAINING BALANCE & STRENGTH
WITH EXERCISE?**

Three Take Home Messages

1. Exercise that targets balance can reduce falls
Sherrington et al. 2011
2. Exactly what exercise improves balance is not clear
Howe et al. 2011
3. Some parameters of effective balance training are starting to be known
Sherrington et al. 2011, Lesinski et al. 2015

FITT for Training Balance?

Frequency	2- 3 times/ week	Sherrinton et al (2x- falls) Lesinski et al (3x- balance)
Intensity	<i>“moderate to high challenge”</i>	Sherrington et al Farlie et al 2013
Time	17-27 hours (over 11-12 weeks) to improve balance; 50 hours (over 6 months to continuously) to reduce falls	Lesinski et al Sherrington et al
Type	<i>Static, dynamic, anticipatory, reactive</i>	Lesinski et al



The ability to control the center of mass (COM) in relationship to the base of support (BOS)

COM: Point at the center of the total body mass

BOS: Area of the body that is in contact with the support surface

“Types” of Balance

Static	Maintain position of COM in unsupported stance when BOS does not change
Dynamic	Ongoing control of COM when the BOS is changing
Anticipatory	Shift COM before a discrete voluntary movement
Reactive	Recover stability after external perturbation to bring COM within BOS through corrective movements

Intensity of challenge to the balance system is not reported in the prescription of balance exercises in randomised trials: a systematic review


Melanie K Farlie^{1,2}, Lauren Robins^{1,2}, Jennifer L Keating², Elizabeth Molloy³ and Terry P Haines^{1,2}

¹Allied Health Research Unit, Monash Health, ²School of Primary Health Care, Faculty of Medicine Nursing and Health Sciences, Monash University, ³Health Professions Education and Educational Research, Faculty of Medicine Nursing and Health Sciences, Monash University Australia

Balance Challenge “Best Practices”

- Reduce the stance base of support
- Move the center of mass
- Reduce arm movement
- Walking training ok so long as not at the expense of balance training
- Strength training may be included but not crucial for effect on falls

SUMMARY AND EXAMPLES



understanding of FITT principles for balance training are evolving, but more data is required to precisely define effective exercises and protocols.

Four Effective Programs



1. Otago Exercise Program (Otago)
 - Home-based, individually tailored exercise
 - Can be lead by health professionals and exercise instructors with additional training
2. Falls Management Exercise (FaME)
 - Weekly individualized group exercise with 2x weekly home exercise
 - Can be lead by exercise instructors with additional training or health professionals

Four Effective Programs



3. FallProof Balance and Mobility Program (FallProof)
 - 2x weekly individualized group exercise 24 weeks
 - Can be lead by certified instructors with additional training
4. Lifestyle-Integrated Functional Exercise (LiFE)
 - Incorporates balance and strength training into everyday activities and embeds it within daily routines
 - Training manual available for purchase

THANK YOU!

Contact



kathryn.sibley@umanitoba.ca



@kmsibley



kathrynsibley.com

APPENDIX C

EVIDENCE INFORMED FALL PREVENTION PROGRAMS FOR OLDER ADULTS

Evidence informed fall prevention programs and resources for older adults

Programs

Fall Proof - is scientifically tested and shown to improve balance and mobility and to reduce the risk of falls. The program is a structured and progressive program of activities specifically designed to address the multiple dimensions that contribute to balance and mobility.

- Screening with Pre- and Post- Assessment Testing & Interval Testing
- Center of Gravity Control Training
- Multisensory Training
- Postural Strategy Training
- Gait Pattern Enhancement & Variation Training
- Strength & Flexibility Training

Additional information on Fall Proof - http://hdcs.fullerton.edu/csa/FallProof/index.htm#first_entry

Falls Management Exercise (FaME) – FaME is delivered by Postural Stability Instructors (PSI). The programme is delivered over 9 months (once a week in a group and twice a week at home), by trained exercise instructors, significantly reduced falls. The course is designed for professionals working with frailer older people with a history of falls in the community.

Additional information on FaME – <http://www.laterlifetraining.co.uk/fame-effect-of-psi-exercise-on-reduction-in-falls/>

Lifestyle-Integrated Functional Exercise (LiFE) – LiFE is an innovative and non-traditional approach to exercise launched by the University of Sydney. The LiFE program incorporates balance and strength training into everyday activities and embeds it within their daily routines. It has been shown to reduce falls by 31 per cent.

Additional information on LiFE - <http://fallsnetwork.neura.edu.au/blog/uncategorized/life-program-resources/>

Otago Exercise Programme – Otago Exercise Programme is a home-based, individually tailored strength and balance retraining programme with a focus on preventing falls in older adults. The programme was designed specifically to prevent falls. It consists of a set of leg muscle strengthening and balance retraining exercises progressing in difficulty, and a walking plan.

- The exercises are individually prescribed and increase in difficulty during a series of five home visits by a trained instructor.
- Each person receives a booklet with instructions for each exercise prescribed and ankle cuff weights (starting at 1kg) to provide resistance for the strengthening exercises.
- The exercises take about 30 minutes to complete. Participants are expected to exercise three times a week and go for a walk at least twice a week.
- To help them adhere to the programme, participants record the days they complete the programme and the instructor telephones them each month between home visits. Follow-up home visits are recommended every six months.

Additional information on Otago -

http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_providers/documents/publications_promotion/prd_ctrb118334.pdf

Strategies and Actions for Independent Living (SAIL) – SAIL fall prevention program is an evidence-based fall prevention program designed for community health workers (CHWs) and home health professionals (HHPs) who provide support to clients who receive home support services.

The goals of the SAIL program are:

1. To promote the independence and quality of life for home support service clients by reducing their risk of falling and sustaining an injury; and
2. To integrate a comprehensive approach to fall prevention into regular practice.

Additional information on SAIL - <http://sailfallprevention.ca/>

Resources (websites and videos)

Staying On Your Feet-Take Steps to Prevent Falls: www.preventfalls.ca

WRHA's website dedicated to falls prevention for older adults. Features include interactive checklist to help identify personal fall risk factors, an interactive home safety checklist and an inventory of exercise programs that meet fall prevention criteria, searchable by postal code.

Taking Care of My Health: Falls prevention video campaign:

<http://ottawa.ca/en/residents/public-health/healthy-living/injury-prevention/fall-prevention-older-adults#taking-care-of-my-health-falls-prevention-video-campaign>

Ottawa Public Health's "Taking Care of My Health" Falls Prevention video campaign was created to increase public awareness of falls in older adults and encourage healthy and safe behaviours to reduce this risk. The following videos identify 4 key behaviours in relation to prevention falls among older adults.

- Video 1: [Preventing falls is easier than standing on your head](#)
- Video 2 : [Prevent falls – make your home safe](#)
- Video 3 : [Eating for healthy bones](#)
- Video 4 : [Report ALL falls](#)

Articles

1. Clemson, L., Singh, M. A. F., Bundy, A., Cumming, R. G., Manollaras, K., O'Loughlin, P., & Black, D. (2012). *Integration of balance and strength training into daily life activity to reduce rate of falls in older people (the LiFE study): randomised parallel trial*.
2. Howe, T. E., Rochester, L., Jackson, A., Banks, P. M., & Blair, V. A. (2007). Exercise for improving balance in older people. *The Cochrane Library*.
3. Lesinski, M., Hortobágyi, T., Muehlbauer, T., Gollhofer, A., & Granacher, U. (2015). *Effects of balance training on balance performance in healthy older adults: a systematic review and meta-analysis*. *Sports medicine*, 45(12), 1721-1738.

Community of Practice

Fall Prevention Community of Practice-Loop

<http://www.fallsloop.com/>

- Loop connects you with over 1700 CoP members who are your peers and experts in fall prevention.
- A national community of practice that connects you with others who share a passion for fall prevention.
- The CoP informs, allows you to share ideas and support each other to improve the implementation of evidenced-informed fall prevention practices.

Manitoba Falls Prevention Network

<http://preventfalls.ca/professionals/manitoba-falls-prevention-network/>

- The Manitoba Falls Prevention Network is a community of practice that provides an opportunity to connect, share best practices and highlight innovative research projects for the purpose of preventing falls and reducing severity of injuries from falls in Manitoba.
- Led by [Manitoba Health, Seniors and Active Living](#) and in collaboration with the Winnipeg Regional Health Authority, the Manitoba Falls Prevention Network is comprised of experts in the field of falls prevention with members from various organizations.

APPENDIX D

WORKSHOP EXERCISE ONE - TABLE DISCUSSION RESPONSES

The following is a recording of ideas and items offered by participants at the Workshop Exercise one. A series of questions was provided to guide the discussion at the small group tables. The information appears as recorded by the table facilitators and has not been sorted or edited in any manner.

What things are working for your fall prevention practice in the populations you serve?

Group #1

- Falls prevention screening - multi-disciplinary – point of contact
- Exercise programs including balance – i.e. Movement Matters and Movement Matters2
- Embed fall prevention/concepts into all conversations
- Comprehensive multi-disciplinary fall prevention screening (Access St. Boniface)
- Support services for seniors – opportunities to work fall prevention into programs
- Fall prevention in Home Care – programs designed
- Fall prevention resources – WRHA checklists and resources (i.e. Staying on Your Feet)
- Proper footwear information – diabetes education
- Assessments with Home Care includes home environment
- Some resources provided such as grab bars, etc.
- A&O – some funding support for fall prevention

Group #2

- Older adult fitness programs – Provincial
- Introducing basic, low cost exercise in community setting
- Social inclusion
- Taking 'it' to the people

Group #3

- Healthy Aging Resource Team (HART) – Nurse and allied health professionals. 1 of 3 teams
 - Mobile Fall Prevention Clinic (one time) averaging 2-2.5 hours at no cost
 - Private pharmacists, P.T. from school and students, O.T., nurses
 - Small study done – connected with community programs
 - Includes home visits or clinics in apartment blocks
 - Balance exercises included with in-home visits
- Collaboration with HART – excellent programs on fall prevention (Tai Chi)
- Fall prevention tools distributed to public
 - Can leave information at sites
 - Home safety checklist provided at home visit
 - Connection between client and resources (e.g. GPAT)
- Awareness presentations
 - e.g. to Seniors' Centres
- Support Services to Seniors (SSS)
 - 53 funded agencies (Seniors' Centres, tenants, residences, meal programs, special services (A&O) some offering strength and balance training programs

Group #4

A&O Home Safety Education Program

Not sure if fall prevention being addressed in diabetes program

How do we define what is 'working well'?

- Availability – where are programs?

- What are criteria for programs?

- How do we measure prevention?

- Do programs reach all seniors?

Community has a better understanding of fall prevention than in past

Downward trend in falls

Data available is limited (only through hospitalization)

Importance of physical environment and physical abilities – both are key

Awareness of falls prevention – do home and community care assessments include the physical environment?

Group exercise - brings people together and touches various aspects of health

Weaving in balance into daily living looks promising

Group #5

Collaboration

DH – Free Fall Prevention program

'Stepping Up with Confidence' – free program to Senior Housing/Assisted Living

Universal falls symbol (acute care)

Universal falls precautions

'Staying on Your Feet' – all speaking the same language (message)

Asking equity issues – safe and accessible environments

What are the challenges?

Group #1

Screen positive – what is referral process?

Not all on EMR

Follow-up process – who, how, when?

Capacity to teach – Certifications/Qualifications, Sticking to Program

Language barriers

Northern/Remote/Indigenous communities – infrastructure, professionals, multiple jurisdictions

People not receiving Home Care maybe excluded from services

Lack of coordination between sectors, departments, regions

Leadership – from Province, within facilities, and agencies

Group #2

Links between programs (i.e. community stakeholders and RHA programs)

Evaluation of programs

Links between intervention and access

Intervention – understanding that exercise is an intervention

Moving to intervention

Policy vs. 'grassroots' reality

Reaching vulnerable populations

Acute care costs are a burden and therefore a shift of funding dollars to prevention is not possible

Group #3

Resources – only 2 HCP

Tough to keep up with research

Complex clients (i.e. mental health clients) - need case management to prevent falling through the cracks

Time management, competing priorities

Getting public (seniors) to know what is out there – sometimes service providers are not aware, even physicians

Congregate living is easier to work with – how to work with private resident individuals - more challenging but the bulk of the population

Group #4

Systems and behavior change

Where are people gathering to do balance training – balance training incorporated into socializing, language learning, for example.

Sharing of information and educating the public – how do we share ideas?

Understanding how people access information (language barriers, technology knowledge limitations)

Family doctors share information (i.e. exercise is medicine – general movement – this can also be balance training)

Group #5

Measures of effectiveness

Different acute care assessment tools

Audits, Inadequate data – collection systems

What are the barriers to participation?

Group #1

Health care funding challenges to fulfill recommendations

Physical geography

Transportation

Where programs are held

Cost of programs – fees charged

Administration process to gain access – screening, Primary Care visit

Charges for forms to be filled out

Volunteers

MH Proctors and Home Care aids – require training in Movement that Matters

Primary Care - EIM – Exercise Prescription

ALCOA's Presentation – start the dialogue

Opportunities for Provincial system for Fall Prevention – screening, identification, resources

Group #2

Resources

Access

Transportation

Cost

Fear

Not early enough – intervention

Rephrasing talk around 'exercise'

Embarrassment

Fear of labels (frail, fragile, vulnerable)

Group #3

Transportation to and from clinic or programming recommended

Community programs at Seniors' Centres has cost associated

Language barriers for new to Canada populations

Complexity of situation for A&O – Safety Aid Program leaves falls not a top priority

Programs designed using an equity lens; an indigenous lens

Group #4

Need to study implementation, aligning expectations, community development

Is 'falls prevention' name a barrier in itself, should be part of overall health promotion (healthy eating, physical activity, mental health, independent living)

Priorities of individuals

Group #5

Pursuit of excellence vs. doing good

Economic – money for food, transportation

Different health beliefs

Navigation of systems (clients and caregivers, community)

Awareness and knowledge

Reduced self-efficacy

Transportation

Seasons

City/Provincial policy on urban sprawl – car vs. pedestrian friendly communities

APPENDIX E

WORKSHOP EXERCISE TWO – GALLERY WALK RESPONSES

The following is a recording of ideas and items offered by participants at the Workshop Exercise two – the Gallery Walk.. The information is presented as recorded by facilitators at each of the five “gallery” themes. Small groups rotated throughout the gallery to visit each theme to contribute and build upon the previous groups’ discussion.

GALLERY WALK ACTIVITY

THEME – PLACES & SETTINGS

What's in Place?

First Nations communities – nursing stations and health centres
 Informal groups (i.e. drumming, handcraft groups)
Seniors Centres
Outpatient / Rehab programs
Private practice
Wellness/Fitness/Tai Chi community programs at Access Centres
YMCA-YWCA centres
Apartment blocks
University gym
Day hospitals
In hospital stays
Private residences
Legions, churches, community centres and halls
Supportive housing
Homes for older adults
Information promoted in
 Leisure Guides – City of Winnipeg
 Out of Winnipeg – local newspapers, local radio stations
 Publications – Senior Scope and Lifestyle 55

What Needs to be in Place?

Effective Programs – not just focused on fall prevention
Need leadership
Community leaders
Community facilitators
Coordination system
Resources – funding dollars
Signage – awareness and hazards
Primary care needs to be in place
Integration with other wellness – needs to be in place

What's Possible?

Peer led programs
Educate university health discipline students
YouTube videos
Hall and mall walking
Library programs
Mobile library
Intergenerational opportunities
Grocery store – while in line
Balance exercise sheets in grocery bags
Doctor's offices
CPR training – include balance and fall prevention training
Parks in summer time

Congregate meal programs
Home Care
Private physio and group classes
Sobey's community room
Falls Prevention App
First Nations cultural programming – square and round dance
Elder gatherings
Settlement services
Senior meal programs
Meals on Wheels program – insert
Pharmacies
Newcomer groups
Banks
Social media
Digital signage – in clinics
Cultural centres
Curling and bowling programs
Pickle ball programs
Casinos and bingos
Phone-in class
Webinars

THEME – COLLABORATION & SYSTEMS

What Needs to be in Place?

Local research / knowledge transfer
Need additional information on ROI, specifics
Fall Prevention network – needs to be more comprehensive for all stakeholders
More sharing opportunities
Better patient flow – through systems, understand what tools are being used and what referrals
More knowledge transfer/knowledge dissemination of best practices
Better coordination of all sectors
Better data – through input (coding), output (reports)
An upstream investment of program dollars
Risk – fall - assessment – referral – program & resources
Standardization of process
Home assessments/causes
Social determinants of health – lower income – 2x at risk of falling

What's Possible?

Knowledge transfer venues/opportunities and communication
Universal system (symbols, moving with patient)
Innovative approaches using technology
Defining the process and closing the loop
Better engagement between health and community and other sectors (i.e. city planners)

THEME – CAPACITY

What's in Place?

Some evidence to guide practice
ALCOA speaker's bureau – 'Stepping Up' exercise leaders
'Stepping Up' – peer led/leaders
Resources 'Staying on Your Feet' website
Day Hospital – Fall Prevention program
HART – group collaboration, mentorship, training
Support Services to Seniors – functional independence programs
Safety Aid
Manitoba Fitness C – active older adult classes, leader registry available for regions
Health care system
Access Centres – geared toward vulnerable populations
Health promotion network – www.preventfalls.ca website
Centre on Aging – University of Manitoba
MB Institute Patient Safety – presentation available

What Needs to be in Place?

More peer led programs
Training/updating of existing programs – for mentors/leaders
Identification of who is leading
Networking between community and primary care – annual forum for sharing resources
Standardization of language and programs
A 'clearing house' of where to go to get resources
Missing a layer in terms of program referrals – how and where?
Improved navigation – job description, home care, checklist of hazards, how does Health Care Aid training transfer to fall prevention in homes & follow-up
Coaching/health coaches to connect people with programs
Multi-disciplinary teams
Integrated health promotion across lifespan and across communities
Knowledge translation around economics of fall prevention
Resources such as supportive environments, local and connected
Investment additional resources the health level i.e. kinesiology
Stronger partnerships with age-friendly communities (and over 80+ communities)
More research to ensure evaluation component to everything we do
Do we have the capacity to inform decision-making

What's Possible?

Training - select program criteria and train new leaders
Registry – online website
Look at how other systems are working i.e. heart health
Open source systems where people can contribute and add information
Community of Practice – LOOP, support after-training and follow-up
Adopting programs that are currently in place i.e. Otago
Peer leadership + Professional + Individual (self-directed) programs
Peer leaders = sustainability
Support the continuum of learning
Coordination of training = transparency and awareness
Focus on 3 or 4 core programs, versus fragmenting which is overwhelming

THEME – ACCESSIBILITY

What's in Place?

Preventfalls.ca

Peer leadership programs ALCOA

A&O programs, Seniors Centres Without Walls

Pamphlets, programs (tools and resources on falls)

Multiple points of contact

Formal programs available

Age Friendly Communities with data

Existing Programs

Free Fall Prevention Programs - Mobile Falls Prevention Clinics (in Winnipeg and some RHA)

What Needs to be in Place?

No supports for rural settings/innovative approaches

Programs to reach people who are isolated/vulnerable

Evidence on barriers to participation = Transportation, cultural appropriate, costs/fees

Social determinants of health – such as transportation and location of programs

Needs to built into supportive housing

Programs in common gathering places (i.e. places of worship-temples, churches, etc.)

Partnerships with existing structures and/or groups

Building capacity – being a leader, community champions

Peer leadership

Addressing systems barriers – progression to be included in exercise programs (i.e.

B.C.'s SAIL program)

Lifespan approaches for all ages

Include right program and right leader (not always a professional)

Mall walkers – align and integrate with existing programs

Provide incentives to participation

Technology – Webinar/Telehealth/Website

More awareness of existing programs

What's Possible?

Technology

Sell the idea of 'maintenance' (to encourage seniors)

Communication and greater awareness with an Indigenous lens

Addressing language barriers

Provincial support RHA's in seniors falls (ie. Rehab only six weeks)

Focus on built environment

Integrating health promotion approaches

Develop individual's fall prevention program

Intergenerational approach to falls prevention (i.e. Superhero)

THEME – AWARENESS & KNOWLEDGE & EDUCATION

What's in Place?

Programs targeting older adults
Manitoba Fitness Council and ALCOA's 'Stepping Up With Confidence'
Falls Prevention resources (website, brochures, posters)
Risk Assessment (acute care and long-term care)
Home Care – small amount
Community ambulatory care site - WRHA

What Needs to be in Place?

Teaching 'how to fall effectively' and 'how to get up'
Linkages between community programs
Footwear education
Increase in knowledge and awareness through community, practitioners, media, advertising
Diversity of programs across lifespan
A shift of focus – changing mindsets about falls prevention
Provincial standards – lists of websites, and communication of standard care practice
Reduce silos
Upper body exercises – not just emphasis on leg strength
Training for front line staff – many may be new to Canada and understanding and value of fall prevention may differ and depend on their own value system. How do we teach fall prevention in home care setting and the importance of reporting.

What's Possible?

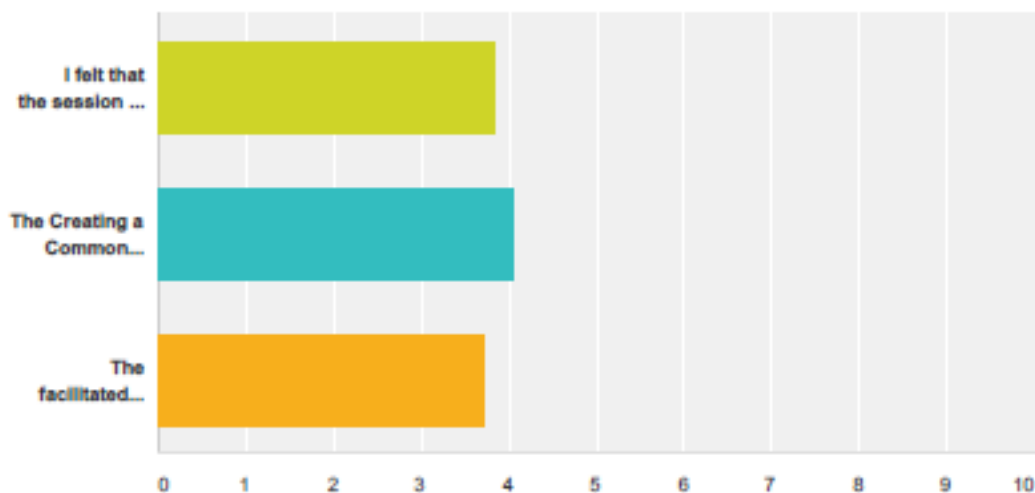
Provincial website
Communicate to Public Health
Media communication
Outdoor environment – role of municipalities' especially winter climate, outdoor fall data
Market severity of falls, cause of death
Addressing ageism – falling does not come with age, fall prevention knowledge
Work with footwear trade
Large organization (with corporate sponsors) pushing falls prevention message
Prime movers – Geriatricians, Activity Practitioners, Kinesiology Recreation Directors
Standard Practice Guidelines – Best Practices
Re-organize to ensure a real push for falls prevention
Build commitment and resources
Apply knowledge into community-based programs
Promote balance as lifestyle
Proactive vs reactive approach
Integration (key component)
At policy level, 'Cycle of Falls'
Inform policy development:
 Where do falls take place?
 What are the circumstances?
 What are the determinants of health care in play?
More and improved out-patient data

APPENDIX F

EVALUATION SURVEY REPORT

Q1 Please rate the following items on a scale from 1 to 5 by selecting the appropriate number: 1=Strongly Disagree (SD); 2 = Disagree (D); 3 = Not Sure (NS); 4 = Agree (A); 5 = Strongly Agree (SA).

Answered: 27 Skipped: 0



	1 - Strongly Disagree	2 - Disagree	3 - Not Sure	4 - Agree	5 - Strongly Agree	Total	Weighted Average
I felt that the session was well organized and the goals of the day were well covered and clarified.	0.00% 0	7.41% 2	29.63% 8	33.33% 9	29.63% 8	27	3.85
The Creating a Common Understanding about Fall Prevention presentations helped me gain a better understanding of fall prevention in older adults.	3.70% 1	7.41% 2	3.70% 1	51.85% 14	33.33% 9	27	4.04
The facilitated exercise sessions helped me to identify what's in place, what needs to be in place and what's possible for fall prevention programs and consider next steps for shared responsibility across the province.	3.70% 1	7.41% 2	22.22% 6	44.44% 12	22.22% 6	27	3.74

Q2 What was the most valuable aspect of the session?

Answered: 26 Skipped: 1

#	Responses	Date
1	Research	1/30/2017 9:01 AM
2	Was the networking. I was able to meet new people, connect with individuals I have not seen for some time and also learn about new resources and programs I was not aware of across MB.	1/27/2017 5:10 PM
3	Interaction with various participants from various agencies.	1/27/2017 2:07 PM
4	Learning of the programs and resources out there.	1/27/2017 9:09 AM
5	Coming together with people from across the province, different jurisdictions, different professions/perspectives...all under the Sybil (sic) Falls Prevention Plan (sic)	1/26/2017 4:12 PM
6	Networking, sharing info	1/26/2017 3:55 PM
7	Network - knowledge exchange - community based.	1/26/2017 3:53 PM
8	The networking and connection.	1/26/2017 3:52 PM
9	Talking about this and trying to find out what was available.	1/26/2017 3:50 PM
10	Conversations and brainstorming with different people/programs.	1/26/2017 3:48 PM
11	The session did a fantastic job of illuminating the sheer number of "moving parts" involved in coordinating fall prevention efforts-- policy elements, resource constraints, logistics of service provision, the education/balance/exercise/lifestyle/environmental components... it truly provided a window into the critical nature of collaboration in this issue.	1/26/2017 2:32 PM
12	I enjoyed the presentation on the status of where MB is at for falls prevention and the best practice presentation of the evidence. It was great to network and re-start the conversation but I don't think we made any real headway to identifying solutions or steps to take to reducing falls by making strength and balance programmes available to all seniors in MB.	1/26/2017 9:49 AM
13	I thoroughly enjoyed hearing from Dr. Sibley on the systematic reviews synthesizing the research. I also felt the statistics that Charlotte shared to be particularly helpful and will likely reference such statistics for the teaching that I do. I also found the gallery walk an interesting and useful way to gather ideas and learn about the perspectives of all in the room.	1/26/2017 8:02 AM
14	Manitoba statistics on incidence & impact of falls. Also there was great value in networking, communicating and envisioning collaborative approaches toward effectively addressing and preventing falls in Manitoba.	1/25/2017 4:13 PM
15	I really appreciated the range of people in the room - their knowledge and experience - and the opportunity to connect. I appreciated the social determinant of health lens at the meeting.	1/25/2017 2:35 PM
16	Networking. Raising awareness about importance of falls prevention.	1/25/2017 12:33 PM
17	Becoming aware of the existing re	1/25/2017 12:32 PM
18	Networking - connected with 2 individuals that I've wanted to meet!	1/25/2017 12:32 PM
19	The variety of perspectives "voices" at the session.	1/25/2017 12:28 PM
20	The collaboration, networking with other aspects/disciplines/other perspectives than mine.	1/25/2017 12:21 PM
21	The group discussions.	1/25/2017 12:20 PM
22	Networking.	1/25/2017 12:19 PM
23	Dr. Kate Sibley's talk.	1/25/2017 12:15 PM
24	Networking.	1/25/2017 11:56 AM
25	The networking.	1/25/2017 11:33 AM
26	Opportunity to connect to many others across the province; to hear their work/thoughts/opportunities.	1/25/2017 11:33 AM

Q3 What could have been done to improve the session?

Answered: 18 Skipped: 9

#	Responses	Date
1	I understand how hard it is to facilitate but I was disheartened with the last part of the day as you could see that individuals were losing interest. Some were leaving, or if they did not, they were packing up or just not engaged. Facilitators should have read the room more and look at ways to shorten this to make the exercise as meaningful as possible. In the end I am not sure I left with what the plan is going forward. I learned a lot and shared but did not feel it help clarify next steps across the province.	1/27/2017 5:10 PM
2	Start broadly - what are indulging root causes, social determinants [sic]...what are the circumstances and evacuation codes when falls occur.	1/26/2017 4:12 PM
3	More time to hear about present state in other organizations/projects to share. Lost of work happening, worry we are all "reinventing the wheel".	1/26/2017 3:55 PM
4	Better research presentation.	1/26/2017 3:53 PM
5	More focus on balance and strength - kept going broader. Maybe at the end of the day that was a good thing.	1/26/2017 3:52 PM
6	Breaking down at some point into policy people - grassroots program operators.	1/26/2017 3:50 PM
7	Well done! Could have used more time for the 1st group session.	1/26/2017 3:48 PM
8	The educational/occupational backgrounds of the attendees were very diverse (a good thing!) and as such the knowledge, foci, and approaches were, too. I actually feel that it may have been beneficial to try and divide the groups for the exercises along lines of occupation/sector. As such, each group would likely have the potential to provide more focused/specialized feedback from their own unique perspective on any given issue to then share with the "think tank" at large. Everyone would still ultimately have access to the same breadth of information through the presentations, but within the subgroups participants would likely get into greater depth where they have specialized knowledge (be it about specific therapies, issues with service provision to given populations, funding, etc.)	1/26/2017 2:32 PM
9	after hearing the evidence of what is best practice in a falls prevention programme, I was confused about the programme from the north being highlighted.	1/26/2017 9:49 AM
10	Some clarity/direction on the Falls Prevention Network. Moving forward it will be important to have a champion organization/department/entity identified that can gather, guide and glue together dialogue on falls prevention in Manitoba and encourage the continuation of efforts to prevent falls.	1/25/2017 4:13 PM
11	I think it would have been useful to have a broader scope and/or any definition of falls prevention. For me, falls prevention is much more than the evidence re: strength and balance and the implementation of a single intervention for behaviour change. We need to keep context at the forefront when thinking about implementing any type of intervention. Health promotion requires an understanding of our own personal biases, an understanding of our colonial context, as well as recognizing the strengths and opportunities within communities. We cannot simply take the evidence from systematic reviews and insert them into the communities. Community involvement is essential to health promotion / fall prevention.	1/25/2017 2:35 PM
12	- The focus was supposed to be on balance and strength programs but drifted to "falls prevention" - Drifted away from balance and strength programs to "falls prevention in MB" - Lost focus - perhaps use a population health framework for assessment/analysis.	1/25/2017 12:32 PM
13	Time management.	1/25/2017 12:21 PM
14	N/A	1/25/2017 12:20 PM
15	A better focus on what the goals were and what the day was about (balance/strength vs. anything related to falls prevention).	1/25/2017 12:19 PM
16	- Not sure goals of affordability and accessibility were the right goals for today - wasn't about science or tested ex programs. - The afternoon sessions did not move discussions along in a worthwhile way. 2 examples of exercise programs were not evidence-based and discussions in the "solutions" component quickly veered away from best practice and ended up being a lot about personal "opinions" of what might work by a number of people not familiar with research literature.	1/25/2017 12:15 PM
17	We need to leave past falls prevention behind and build upon it - we know it's not working, we need to know why.	1/25/2017 11:56 AM

18	Too much time in the report back - particularly the gallery walk. Time was used to talk about the evidence - more time focused on community preferences/community development approaches would be helpful.	1/25/2017 11:33 AM
----	--	--------------------

Q4 Please provide us with any additional comments or suggestions:

Answered: 17 Skipped: 10

#	Responses	Date
1	Thank you for organizing the day and having lunch served is a very nice treat!	1/27/2017 5:10 PM
2	Receiving a summary of the different break out groups would be appreciated. I think it is really important to recognise the disparity in funding between WRHA and rural areas. Access to physiotherapy and occupational therapy rurally is required to build prevention into the system and to respond to assessment and intervention requests.	1/27/2017 2:07 PM
3	Having the background reading 2nd, first presentation focus on balance training was far too narrow a focus in my opinion. See above comment. Thank you for the opportunity to participate.	1/26/2017 4:12 PM
4	How can we better link/support rural to urban, and academia to practice.	1/26/2017 3:55 PM
5	Please don't let this topic end here.	1/26/2017 3:50 PM
6	I hope that all the info from the group sessions will be compiled into one document.	1/26/2017 3:48 PM
7	The speakers were wonderful, as was lunch. Thank you so much for a fantastic learning opportunity and a lovely day. :)	1/26/2017 2:32 PM
8	It was great to see the many representatives from all regions and the provincial government representatives stay. I believe it is crucial for the provincial department to provide leadership and creating a system of access across the province.	1/26/2017 9:49 AM
9	Thank you for hosting such an important event. I think there were so many interesting perspectives shared and I look forward to seeing the results of the think tank.	1/26/2017 8:02 AM
10	We need to talk together more.	1/25/2017 4:13 PM
11	I'm disappointed the province didn't show socioeconomic data when talking about # of falls. Is the data available? This is such a large topic and interventions happen in many many many different settings. We need to each take on shared responsibility - across the healthcare system, public health, community, and research. But it will require resources and leadership - something that will be very challenging in this fiscal environment. Do not lose hope - I'd suggest you provide leadership to keep the conversations and connections going. Are there any small wins we can do together first?	1/25/2017 2:35 PM
12	Sharing of resources already developed or when developed (eg. Northern Health project once completed). The province needs to provide equitable resources to be able to provide programs across the province. I.e. increase rural funding for programming to be equitable with WRHA programs.	1/25/2017 12:28 PM
13	Well done!	1/25/2017 12:20 PM
14	I am not sure why we had a presentation on the evidence related to balance training in the morning and then we disregarded it for the rest of the day.	1/25/2017 12:19 PM
15	Didn't need to review the "solutions" again as a group. More brief summaries would have been appreciated.	1/25/2017 12:15 PM
16	I hope we will be given a summary form the session once it's compiled.	1/25/2017 11:33 AM
17	Falls prevention is huge, involves community to acute. Good job on getting a range of people involved. I think it will take fused areas of work (eg. health promotion is different than hospital settings). Let's focus on the language of this government = prevention. I'd like to know more about differences across different groups (newcomers, Indigenous, poverty).	1/25/2017 11:33 AM

APPENDIX G

AGENDA

**Manitoba Fall Prevention for Older Adults
Think-Tank Session
Wellness Institute Room #4
January 24, 2017
9:30 am-3:30 pm**

9:30-10:00: Welcome & Introductions

10:00-10:45: Creating a Common Understanding about Fall Prevention

- Provincial landscape
- Science behind strength and balance exercises

10:45-11:00: Refreshment Break & Physical Activity (Manitoba Fitness Council)

11:00-12:30: Workshop Exercise 1: Round Table: Starting A Discussion Together

12:30-1:15: Lunch Break

1:15-1:30 Inspirational Moments-precedent videos

1:30-2:15: Workshop Exercise 2: Solutions

2:15-2:30: Refreshment Break & Physical Activity (Manitoba Fitness Council)

2:30-3:00: Workshop Exercise 3: Shared Responsibility

3:00-3:15: Wrap-Up, Closing Remarks & Next Steps

APPENDIX H

ATTENDEE LIST

Manitoba Fall Prevention in Older Adults: Think-Tank Session
Participant List

Gail	Brewis	Rehab Services Client Services Manager	Southern Health-Santé Sud Boundary Trails Health Centre Tel: (204) 331-8828	gbrewis@southernhealth.ca
Wendy	Chapman	Injury Prevention Coordinator	Public Health, WRHA Tel: (204) 391-0949	wchapman@wrha.mb.ca
Chantal	Chevalier	Healthy Living Facilitator	SOUTHERN HEALTH-SANTÉ SUD Tel: (204) 248-8000 ext 268	cchevalier@southernhealth.ca
Wayne	Clark	Director	WRHA, Aboriginal Health Programs Tel: (204) 940-1727	wclark@wrha.mb.ca
Jaymi	Derrett	Consultant	Recreation and Regional Services Branch Department of Indigenous and Municipal Relations Tel: (204) 945-4401	jaymi.derrett@gov.mb.ca
Frances	Desjarlais	Regional Diabetes Coordinator	Program Capacity Development, Manitoba Region First Nations and Inuit Health Branch Tel: (204) 984-5442	frances.desjarlais@canada.ca
Jim	Evanchuk	Executive Director	Active Living Coalition for Older Adults in Manitoba Tel: (204) 632-3947	jevanchuk@sogh.mb.ca
Don	Gamache	Manager Behavioural Health Community Development & Support Services	Northern HealthRegion Tel: (204) 623-9653 Internal Ext. 30084	dgamache2@nrha.ca
Marlene	Graceffo	WRHA/Rehab & Geriatrics Regional Director	Deer Lodge Centre, Tel: (204) 831-2537	MGRACEFFO@deerlodge.mb.ca
Kristine	Hayward	In Motion Coordinator	Public Health, WRHA Tel: (204) 232-7546	khayward@wrha.mb.ca
Kathy	Henderson	Support Services to Seniors Facilitator	Primary Health Care - Winnipeg Regional Health Authority Tel: (204) 791-2066	khenderson@wrha.mb.ca
Jessica	Jaques	Consultant	Manitoba Health, Seniors & Active Living Tel: (204) 788-6611	jessica.jaques@gov.mb.ca
Isabelle	Jarvin	Clinical Nurse Specialist	Quality Improvement and Patient Safety Winnipeg Regional Health Authority (WRHA) Tel: (204) 926-7125	jarvin@wrha.mb.ca
Stephanie	Jeffrey	Executive Director	Manitoba Fitness Council Tel: (204) 235-1245	sjeffrey@manitobafitnesscouncil.ca
Jeff	Kaplan	Regional Coordinator, Community Seniors Healthy Aging	Interlake-Eastern Regional Health Authority Tel: (204) 785-7704	jkaplan@ierha.ca
Madeline	Kohut	Community Development & Seniors Specialist	WRHA - Support Services to Seniors Tel: (204) 791-7848	mkohut@wrha.mb.ca
Maureen	Krauss	Facilitator	HTFC Planning and Design Tel: (204) 944-9907	mkrauss@htfc.mb.ca
Charlotte	Lwanga	Policy Analyst	Manitoba Health, Seniors & Active Living Tel: (204) 788-6790	charlotte.lwanga@gov.mb.ca
Georgia	McDonald	Student - Nursing Initiatives		
Nancy	McPherson	Population Health Planner Analyst	Planning and Innovation, Prairie Mountain Health Tel: 204-578-2314	nmcpherson@pmh-mb.ca
Cynthia	Menzies	Injury Prevention Specialist	Public Health, WRHA Tel: (204) 806-6551	cmenzies2@wrha.mb.ca
Stacy	Miller	Age and Opportunity		smiller@aasupportservices.ca
Hannah	Moffat	Population Health Equity Initiatives Leader	Public Health, WRHA Cell Ph: (204) 330-3751	hmoffat2@wrha.mb.ca
Mariam	Omar	Consultant	Manitoba Health, Seniors & Active Living Tel: (204) 945-6490	mariam.omar@gov.mb.ca
Jessica	Parenteau	RN BN, Tribal Diabetes Coordinator	Dakota Ojibway Health Services Tel: (204) 988-5370	diabetes@dotc.mb.ca
Michelle	Porter	Director	University of Manitoba - Centre on Aging Tel: (204) 474-8795	michelle.porter@umanitoba.ca
Elizabeth	Proskumik	Tribal Diabetes Coordinator	Southeast Resource Development Council Tel: (204) 934-7083	elizabethp@serdc.mb.ca
Nancy	Ryan-Arbez	Instructor II	Department of Physical Therapy College of Rehabilitation Sciences Tel: (204) 977-6637	Nancy.Ryan-Arbez@umanitoba.ca
Mike	Sadowski	Health Promoter	NorWest Co-op Community Health Tel: (204) 938-5972	msadowski@norwestcoop.ca

Manitoba Fall Prevention in Older Adults: Think-Tank Session
Participant List

Vince	Sansregret	Community Facilitator	Winnipeg Regional Health Authority (WRHA) - Point Douglas Community Area Cell: 204-801-7803	vsansregret@wrha.mb.ca
Karen	Senwonka	Senior Policy Advisor, Health Equity	Manitoba Health, Seniors & Active Living Tel: (204) 788-6703	Karen.Senwonka@gov.mb.ca
Kathryn	Sibley	Assistant Professor, University of Manitoba - WRHA	University of Manitoba Tel: (204) 594-5354	kathryn.sibley@umanitoba.ca
Melissa	Skrabek-Senecal	Primary Care Exercise Specialist	Centre de santé Saint-Boniface Tel: (204) 940-1155	mssenecal@centredesante.mb.ca
Leana	Smith	Regional Manager	Interlake-Eastern Regional Health Authority Tel: (204)-739-4450	lsmith1@lerha.ca
Eleanor	Stelmack	Occupational Therapist	WRHA - HART Healthy Aging Resource Team Tel: 204-940-2114	EStelmack@wrha.mb.ca
Tracy	Thiele	Manager	Nursing Initiatives, WRHA Tel: (204) 926-8029	thiele@wrha.mb.ca
Russell	Thorne	Regional Community Health Developer	Northern Health Region Tel: (204) 627-6419	rthorne@nrha.ca
Vicki	Toews		Manitoba Health, Seniors & Active Living	vicki.toews@gov.mb.ca
Heather	VanTeeling	Risk Management & Accreditation Specialist	Prairie Mountain Health	HVanTeeling@pmh-mb.ca
Kristin	Villanueva	Staff Development Instructor	Home Care, WRHA Tel: (204) 940-2522	kvillanueva@wrha.mb.ca
Lynne	Warda	Medical Officer of Health	Public Health, WRHA Tel: (204) 940-3606	lwarda@hsc.mb.ca
Sandra	Webber	Assistant Professor, Department of Physical Therapy	University of Manitoba Tel: (204) 787-1099	Sandra.Webber@umanitoba.ca

Shaded cells: participant not able to attend on the day