Participants' Perceptions of Factors in Preventing Falls

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Introduction
• Approximately 3.5 million community-dwelling older adults reported at least one fall in a three-month period (Boyd & Stevens, 2009)
• Multifactorial fall prevention programs have been developed in response to the public and individual health concerns of community-dwelling older adults (Boyd & Stevens, 2009)
• Few multifactorial fall prevention programs have integrated participants’ feedback to enhance program effectiveness (McMahon, Talley, & Wyman, 2011)
• The program under evaluation:
  • Includes: medication review, exercise programs, home modifications, basic visual screening, and follow-up volunteer calls
  • Provides 2 home visits and a 1-year follow-up visit by an occupational therapist from the agency

Literature Review
• Older adults who have multiple medications, home hazards, and compromised balance are more likely to experience a fall (Ferreri, Roth, Casteel, Demby, & Blalock, 2008)
• Falls can result in injuries, fear of falling, financial consequences (Kwan, Close, Wal, & Lord, 2011)
• Research indicates that multifactorial fall prevention programs are more effective than single factor programs for older adults with a history of falls (Costello & Edelstein, 2008)

Purpose
• To interview participants who have completed the program to explore which aspects of the program were most beneficial for them

Method
• Based on self-report that the program was beneficial in helping them reduce their rate of falls or fall risk factors, five female participants (average age of 88.4; SD = 5.8) volunteered for a semi-structured interview with two program evaluators and an occupational therapist from the agency
• Interviews were transcribed verbatim
• Program evaluators read and coded the transcription while searching for recurring themes
• Program evaluators and the agency discussed the outcomes to ensure neutrality, veracity, and integrity of the themes

Program Recommendations
• Three primary themes were identified: integration of exercises into daily life, implementation of home modification recommendations, and appreciation of follow-up volunteer calls
• There were no significant findings regarding the medication review component
• Based upon the identified themes, the following recommendations were made:
  • Exercises
    • Purposefully teach participants how to integrate exercises into daily routines
    • Offer an interactive and social option through Skype exercise sessions
  • Home Modifications
    • Include an additional mid-year occupational therapist visit to ensure adherence to environmental modification recommendations
  • Follow-Up Volunteer Calls
    • Recruit additional volunteers to increase consistency and frequency of follow-up calls

Conclusion
• This program evaluation utilized a unique approach compared to previous program evaluations by going directly to the participants about their perceptions of a multifactorial fall prevention program
• Participants expressed greatest appreciation for the home modifications and volunteer calls
• Small, purposeful sampling yielded five female participants with an average age of 88.4
• This sample is not reflective of the program participants who are of mixed sexes with an average age of 81.8
• Participants may have stated what they believed would meet the expectations of the program evaluators (Hawthorne Effect)
• Future program development may consider strengthening components of the program participants found beneficial in order to optimize program benefits

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References