

Down with Falls Coalition

Survey Results from Orange County Older Adults and Service Providers Report 2007

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Introduction

Two surveys were developed and administered during Fall 2006, through a collaborative effort with members of the Down with Falls Coalition, to better understand and assess Orange County fall prevention needs. The Down with Falls Coalition is a network of community members working together to decrease the number of falls among older adults in Orange County. The first survey was completed by Orange County older adults and the second was a provider survey, completed by one representative from 34 different agencies that provide services to older adults. .

Older Adult Survey

I. Method

Participants and Procedure

A convenience sample of 838 older adults were recruited by Down with Falls (DWF) Coalition members from a variety of venues including older adult day care services, fitness classes, senior centers, and private homes. A 20-question survey (see Appendix F, p 28) was developed and administered by trained coalition members. Three different methods were used to collect data: self-administered survey (84.6%), face-to-face interview (12.5%), and phone interview (2.9%).

Participant Demographics

A wide range of age groups were represented as follows: 4% were younger than 60 years, 8% were 60-64 years, 11% were 65-69 years, 17% were 70-74, 20% of the sample was age 75-79 years, 17% of the sample was age 80-84, 17% were 85 years and above, and 2% did not report age. The sample was comprised mainly of women (66%). The ethnic breakdown was 74% White/Caucasians, 10% Asian, 9% Hispanic, 2.7% African American, with 1.4% declining to answer. A large percentage of the sample completed the survey in English (90%). Fewer respondents completed the survey in Spanish (6%), Korean (3%), Vietnamese (1.4%), and Chinese (1%). Most participants reported living in a house (56%), while others lived in a condominium/apartment (21%), a senior apartment facility (10%), or in a mobile home, assisted living facility, or retirement community (12%). A majority of participants (57%) did not live alone.

II. Results

The results of the older adult survey are organized into three sections. The first section outlines the fall prevalence rate and fall risk factors for this sample. The second section, Health Education Results, outlines the resources that Orange County older adults tend to rely upon for general health information and fall prevention information. It also lists how many older adults have sought fall prevention, why they have sought it, and what suggestions they have for resources needed in Orange County. The third section, Fall Risk Results, Perceived and Actual Risk Results, outlines participants' perception of their own risk and of other's risk of falling. It also summarizes risk factors for falling for the participant sample in this study.

A. Fall Prevalence Rate and Fall Risk Factor Results

Overview: This section includes the rate of falling (in the past 6 months) and where a fall occurred (at home or not). Risk factors for falling in this sample were also identified. A “fall” was defined as “when a person unintentionally comes to rest on the ground or a lower level”.

Question: How many older adults fall in Orange County, and where do they fall?

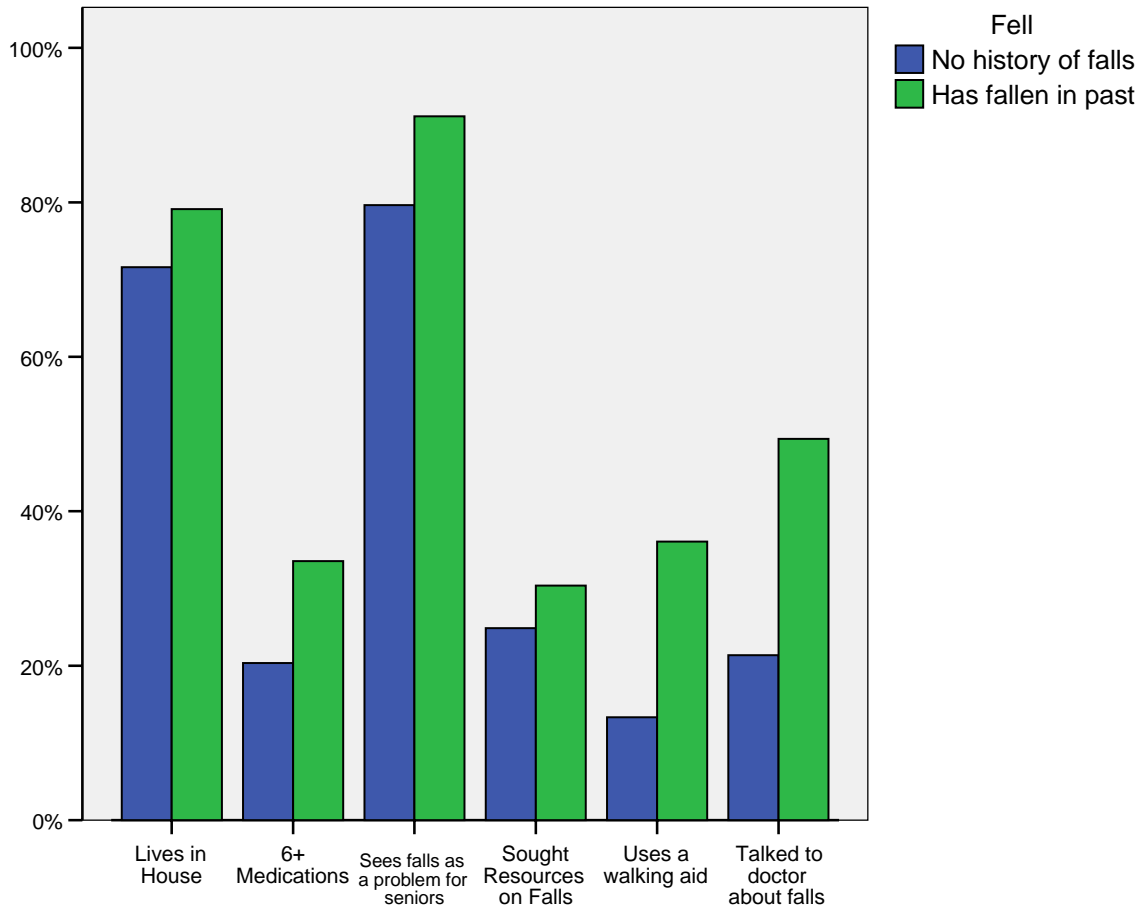
Answer: **219** out of 810 respondents (**26%**) responded yes to the following question: “Have you had a fall in the last 6 months?”. This rate is consistent with the rates in other studies. (National statistics have indicated that a higher rate--1 in every 3 older adults have fallen¹—but that rate was for a period of 12 months, not 6 months.) A large majority of fallers (170 of 219 participants, or 77%) reported that they had fallen at home, rather than away from home.

Question: What are some risk factors for falling among Orange County adults? What factors differentiated older adults who had recently fallen from those who had not fallen?

Answer: The following factors were found to be associated with having fallen.

- **Residence:** Older adults who live in houses were more likely to have fallen than people who live in condominiums.
- **Medication use:** Older adults who take many medications (more than 6 medications including over-the-counter medications) were more likely to have fallen than people who took fewer medication.
- **Exercise:** Older adults who reported exercising 2 or fewer days per week are about 1.5 times more likely to have reported falling than those who exercise 3 or more days per week.
- **Risk perception of others:** Older adults who believed falling was a problem for people in their age group (i.e. other people) were twice as likely to have believed falling was not a problem for themselves.
- **Fall prevention resource seeking:** Older adults who had fallen were 1.3 times more likely to seek fall prevention resources as those who had not.
- **Walking aid:** Older adults who use a walking aid were twice as likely to have fallen as those who had not fallen.
- **Talking to a doctor:** Older adults who had fallen were twice as likely to have talked to their doctor about falling as those who had not fallen.

Table 1: Comparison of fallers vs non-fallers and associated risk factors. (Appendix B also shows these results).



The following factors were not found to be associated with falling:

- Gender: Men fell more than women, but there was not a significant association (as 32% of men and 27% of women fell).
- Alcohol: Very few older adults reported drinking alcohol and it did not appear to be related to whether or not a person fell.

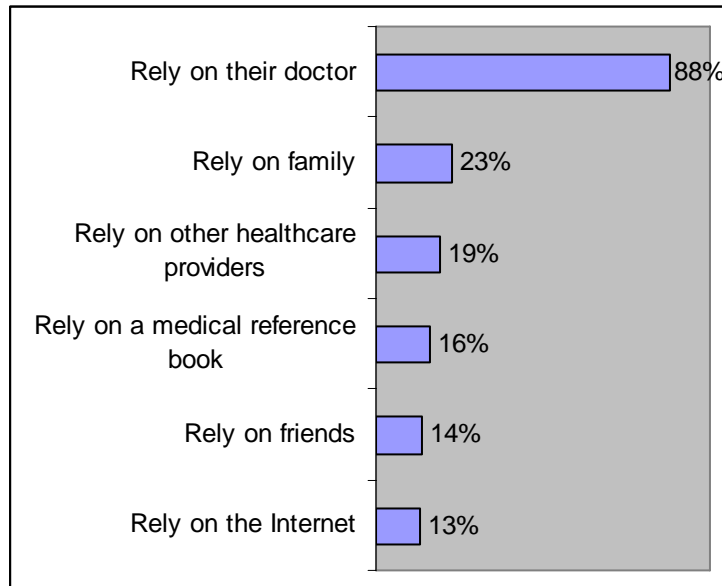
B. Health Education Results

Overview: This section covers the following health education topics:

- Where older adults look for general health information.
- Where older adults might look for fall prevention information (e.g., doctor, friend, newspaper, etc).
- How many older adults sought fall prevention resources and their reason for doing so.
- Respondents' suggestions of fall prevention resources that they would like to see in Orange County.
- Whether older adults might be willing to drive or get themselves to a senior center or other location that was not near their home.
- How many older adults talked to their doctor about falls.

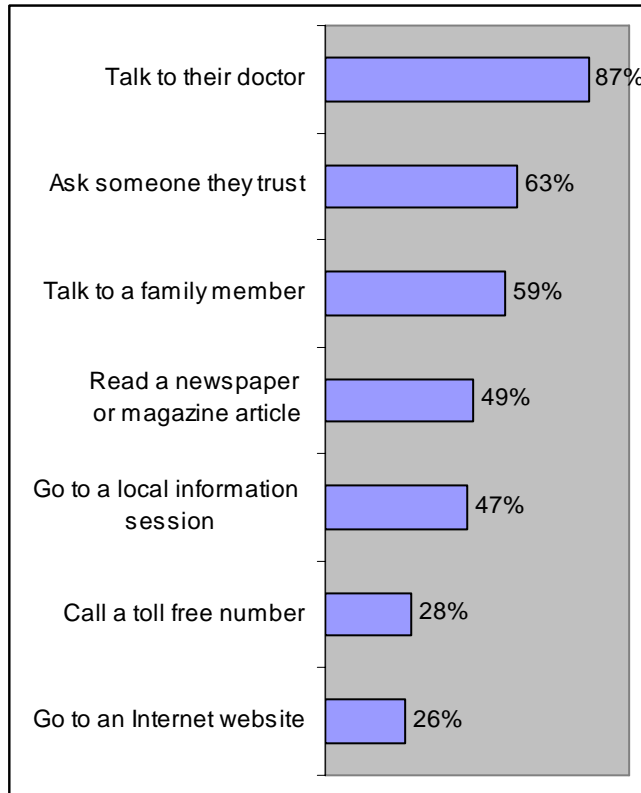
Question: What health information sources do older adults rely upon?

Answer: When asked to report where they looked for health information the last time they had a health question, a very large percentage of older adults reported relying on their doctor. This suggests that doctors may be an important intervention point. All other sources were less frequently cited. The top 6 most frequently reported sources were the following:



Question: What sources of health information do older adults say they rely on for fall prevention?

Answer: When asked hypothetically to report what they would do if they wanted to know how to prevent falls, the following pattern emerged, from most frequent to least frequent responses:



These numbers suggest points of intervention for future fall prevention efforts. The top 6 reported resources may be good options for intervention points, especially medical doctors. Older adults rely on their doctor not only for general information, but also for fall prevention information. While doctors may be a good intervention source, the fact that not everyone uses that resource (13% do not rely on their doctor) suggests other sources could be good points of intervention as well.

Question: How many older adults have sought fall prevention resources in Orange County, and why did they seek the information?

Answer: When asked “Have you looked for resources on fall prevention”, 24% of participants answered “yes” they had. These were not entirely the same older adults who had fallen in the last 6 months. Some older adults reported seeking resources because they were *concerned* about falling (13% of those who had fallen) or *knew someone* who had fallen (22% of those who had fallen).

Among older adults who had searched for fall prevention resources, the most frequently reported resource was balance and mobility classes (52%), followed by programs that teach fall prevention (34%), and physical therapy (8%).

The survey respondents were given the opportunity to provide suggestions for fall prevention programs for Orange County . 16.2% of survey participants chose to comment. Responses revealed the following themes:

- Physical environmental changes were desired by 28% respondents. External modifications, including adding rails on all stairways, flattening sidewalks, and having more light at night. One person commented that she/he would like to have steps all the same height. Examples of internal home modifications were also given (i.e., rubber mats, etc.). One person felt stores should offer more places to sit.
- Exercise classes are of interest to respondents. Some people specified a desire for aquatics, tai chi, and strength training classes.
- A common suggestion was that more fall prevention education be provided. Specifically, 22% of respondents suggested that classes, brochures, or other materials be provided. Some participants wanted a guest lecturer to come to their location (senior center and other locations) to educate people on fall prevention. Other people offered praise for the classes they had already attended at their center. One person suggested having classes at multiple times, not just early morning. Some participants suggested more information in newspapers would be helpful and some hoped that a list of resources would be provided and advertised.
- A few respondents mentioned that they hoped the doctor would have more time to talk with them about their fall risk. They reported that better fall prevention (rather than just medical treatment after a fall) might occur if their doctor spoke with them before a fall occurred.
- Some older adults offered advice on how to avoid falling:
 - “Be extremely careful and go slowly”
 - “Use your arms when walking-it helps a lot”
 - “Take special care in going up and down stairs, good lighting, use handrails”
 - “Walk with someone”
 - “Be careful”

Question: Will older adults go to a senior center or location that is different from where they live?

Answer: 62% of the older adult respondents reported living in a zip code that was different from where they completed the survey. This suggests many of the survey responders were able to physically get to a distant location.

Question: How many older adults talk to their doctor about falls?

Answer: Only 23% of survey respondents have talked to their doctor about fall prevention. It might seem logical to assume that these 23% were also the same older adults who had fallen. However, that was not the case. Some older adults who fell had not talked to their doctor while others talked to a doctor for a loved one or to obtain fall prevention information.

C. Fall Risk Results: Perception of Others' Risk, Own Risk, and Actual Risk

Overview: This section includes survey respondents' perception of other older adults' risk of falling, perception of one's own risk of falling, actual risk of falling, and perception of the cause of falls. It also includes estimated top reasons older adults fall, which provides information about not only how educated and accurate most Orange County older adults are about falls, but it also has interesting and unexpected implications related to locus of control. Locus of control researchers would suggest that when older adults think the cause of a health condition is internal (e.g., taking medication) they are more at risk for the condition. If they think the cause is external to their body (e.g., stairs), they tend to think that they are not at risk for falling.

Question: How concerned are older adults about falling, and how do they perceive the risk?

Answer: Most older adults perceive falling to be a problem for *others*, but not *themselves*. The data indicated that 83% perceived falling to be a risk for others in their age group, and yet only 36% felt they, personally, had a moderate or high risk for falls.

Question: How educated and accurate are older adults about risk factors for falling?

Answer: Older adults are not very educated or accurate about risk factors for falling. When asked to mark the top 3 reasons people their age fall, less than 50% provided accurate answers.

The top three risk factors, according to Rubenstein & Josephson (2002), are muscle weakness, problems with balance, and vision problems. The #1 risk factor (muscle weakness) was chosen by only 34% of older adults, whereas a greater number of respondents (45.1%) listed problems with balance (ranked second) as their number one choice. Vision problems (ranked third in the Rubenstein & Josephson study) garnered 21.4% of the responses. Medication, dizziness, position changes, and osteoporosis were each endorsed, incorrectly, as among the top 3 risk factors by about 20% of participants.

Question: How many survey participants have an already known risk factor for falling (i.e., take many daily medications, rarely leave home, or use a walking aid)?

Answer:

- 25% take more than 6 medications.
- A little less than half of the respondents do not leave home daily. 16% rarely leave their residence (e.g., leave less than once per week or only 1-2 times per week)
- 15% do not exercise at all during the week.
- 26% used a walking aid.

Question: Among older adults who think they are *not* at risk, how many actually have 1 or more fall known risk factors (i.e., many medications, rarely leave home, use a walking aid, etc.)?

Answer: A very large number of respondents (91%) who rate their risk for falls as “None” or “Low” actually have at least one of the following risk factors: 6+ meds, over 70 years of age, live alone, leave home less than once per week, or use a walking aid. 53% have 2 or more risk factors, 15% have 3 or more. Among people with one or more risk factor, 35% see their risk as moderate to high, whereas only 18% of individuals with zero risk factors see their risk as moderate to high.

Question: What else might we learn from the data related to perceived fall risk or actual risk?

Answer: Falling, perception of risk of falls, and beliefs of fall cause (internal cause vs. external cause) form an unusual pattern of results. Older adults who believe they have a high risk of falling are more likely to have fallen. However, they are not more likely to have *sought* fall prevention *resources*. In other words, some people know they are at high risk and/or they have fallen, yet they are not seeking resources. So, what convinces an older adult to look for fall prevention resources?

Instead of just looking at the *level* of risk for falls perceived by respondents, we also examined the *types* of risk believed to be most important. Respondents were asked to select from a list the top 3 reasons they believe older adults fall (the top three responses were problems with balance, muscle weakness, and uneven surfaces). Some of these reasons were related to aspects of the respondents’ physical condition (e.g. muscle weakness, taking medications, dizziness). We refer to these as *internal* risk factors. Other reasons dealt with aspects of the individual’s environment (e.g. stairs, uneven surfaces, pets, etc.). We labeled these *external* risk factors. It turns out those respondents who selected two or more internal risk factors among their top three reasons for falls reported different resource-seeking behaviors as well.

Even after statistically controlling for the level of personal risk for falls they perceived, we found that older adults who believe the causes of falling are *internal* sought resources to prevent falls and discussed falls with their doctors. Older adults who believe the causes of falling are *external* have not sought fall resources. This suggests that when older adults

believe the cause of a problem is within them, they seek information to make a change. Perhaps they believe it is a controllable problem. When they believe it is external, they do not seek information. Perhaps they believe it is not a controllable problem.

Interestingly, individuals who have previously experienced a fall are *less* likely to believe the causes of falls are internal, and are actually no more likely to seek resources to prevent future falls than others. However, since this survey was a cross-sectional study, causal direction cannot be established.

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D. Other Results

Question: Do non-English speakers and non-Whites differ in their needs?

Answer: To better understand if non-English speakers and non-Whites had different perceptions or needs, a few questions were analyzed by ethnicity and language. In particular, the type of resources relied upon, perception of risk, resources sought, primary source of health information, and other topics were analyzed. Non-English speakers were defined as participants who took the survey in a language other than English.

- When asked what general health resources they rely on (question #7), older adults of different ethnicity tended to give similar answers—89% of whites and 87% of non-whites rely on their doctor for health resources. However, whites relied on the following more often than non-whites: “Other health care providers”, the Internet, and medical books. Older adults who spoke English were more likely to rely on friends, the Internet, and medical books than non-English speakers. Non-English speakers reported relying on senior/community centers more than English speakers.
- When asked to identify the top 3 risk factors for falls, a few ethnic differences emerged. Whites were more likely than nonwhites to believe taking medication, uneven surfaces, and problems with balance were the top reasons a person falls. Nonwhites were more likely to state stairs, foot problems, and arthritis were the top risk factors for falls. The pattern was similar for English speakers and non-English speakers.
- English speakers were significantly more likely to have sought balance and mobility classes as a resource. They were almost significantly more likely to have sought programs that teach fall prevention. Non-English speakers were almost significantly more likely to endorse free vision exams (Perhaps this is related to Non-English speakers typically having low SES and less medical care.)
- There was a difference between English and non-English speakers seen when reporting on perceived risk. 59% of non-English speakers and 31% of English speakers perceive themselves to be at risk (moderate or high risk) for falls.

III. Conclusions and Recommendations

A variety of implications and conclusions can be drawn from the needs assessment data and results.

1. Fall Prevalence Rate and Fall Risk Factor Results

- “Fall-ers” (or older adults who have fallen in the last 6 months) are an interesting group. They tend to: live in a house (rather than a condominium), fall at home (rather than away from home), take many medications, and use a walking aid. They also tend to be male and of older age; however these were not significant predictors.

2. Health Education Results

- Older adults are not very well educated about the top causes of fall prevention, and thus further education might be appropriate. Future health education efforts may focus on reaching out to individuals who have fallen to raise their awareness of internal risk factors and encourage them to utilize resources to prevent future falls.

- Doctors might be a good point of intervention. A very large majority of older adults rely (or would rely) on their doctor for general health and for fall prevention information. Older adults seem to rely on their doctor much more than any other source. Older adults who are not seeking other types of resources are relying on their doctor. This suggests doctors could be a good resource or target for fall prevention. Most older adults have not already talked to their doctors about falls, so more education might be warranted. Other points of intervention should also be considered because, still, about 10% of English speakers and 20% of non-English speakers do not seek health information from their doctor.
- Older adults would like more resources for fall prevention (including more classes, improvement of their physical environment, etc), as indicated in participants' interesting qualitative comments.
- A few themes emerged related to ethnicity. Whites (and English speakers) were about twice as likely to have sought balance and mobility classes for fall prevention. Among non-English speakers in our sample, no one reported using or looking for balance/mobility classes for fall prevention. Perhaps non-English speakers could benefit from education about and such classes and how to access them. Whites were less likely to have sought or relied upon free vision checks, so perhaps free medical programs might be more useful to non-Whites (or low-income people). Compared to English speakers, Non-English speakers were more likely to rely on a senior/community center for health information but they were very unlikely to report using a medical reference book or the internet. Thus, it would not make sense to target a website on fall prevention to non-English people, at this time, but it might make sense to conduct more education by bilingual health educators in non-English-based centers, or perhaps conduct train the trainer or peer education programs.

3. Fall Risk Results: Perception of Others' Risk, Own Risk, and Actual Risk

- Older adults think falling is a problem for others but not for themselves, possibly putting them at greater risk. Older adults could benefit from a better understanding of their fall risk, therefore better education of older adults who think falling is not a problem for them may be helpful.
- Falling, perception of risk of falls, and beliefs of fall cause (internal cause vs. external cause) form an unusual pattern of results, as described above.
- Future health education efforts may focus on reaching out to individuals who have fallen to raise their awareness of internal risk factors and encourage them to utilize resources to prevent future falls.

References:

¹Falls Free: Promoting a National Falls Prevention Action Plan-Research Review Papers (2005)
National Council on Aging.

²Rubenstein, LZ & Josephson, KR (2002). The epidemiology of falls and syncope. *Clinical Geriatric Medicine*. 18(2) 141-158.

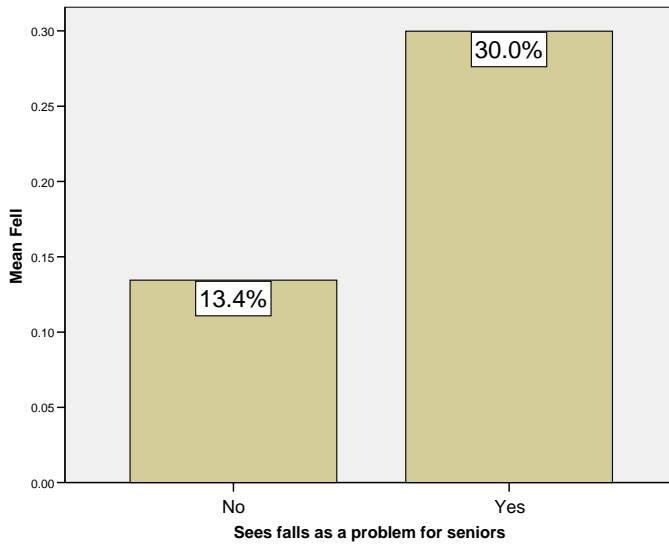
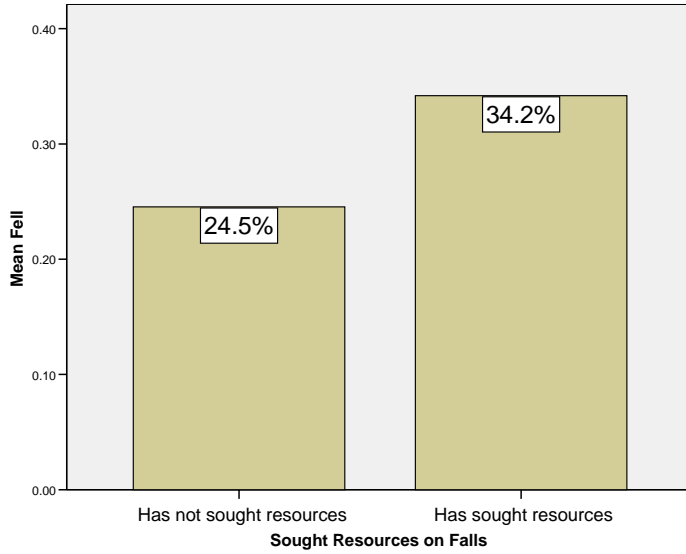
Appendices

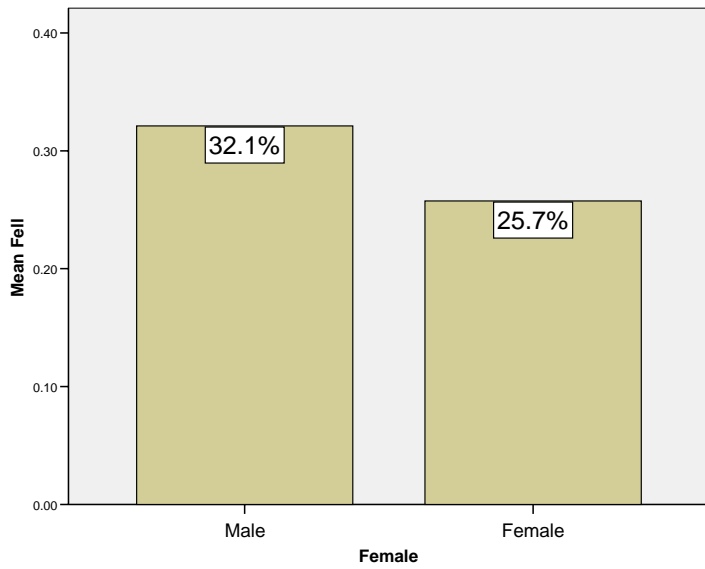
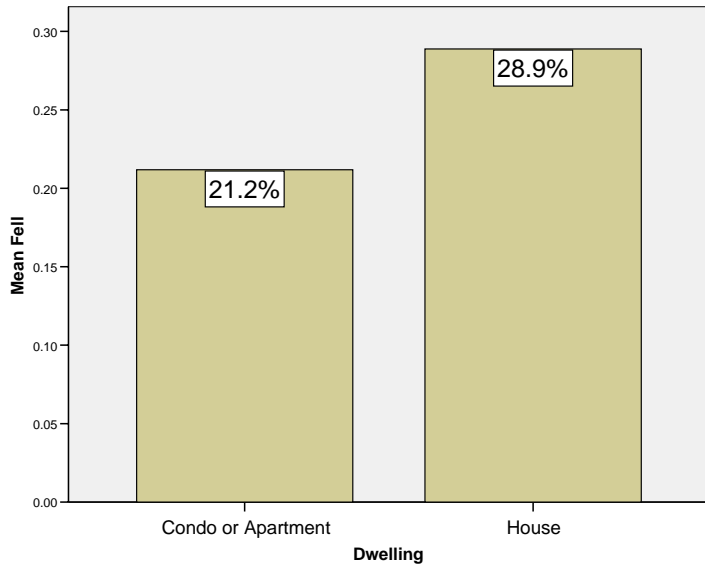
Appendix A. The following diagram depicts risk factors and correlates of falling.

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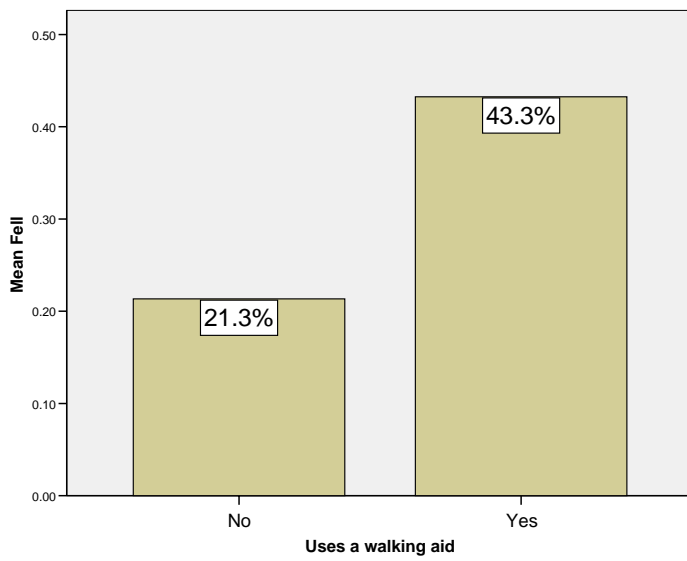
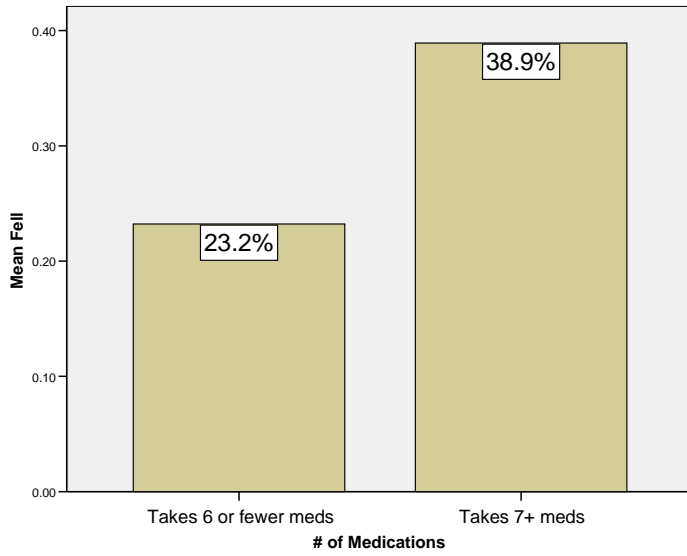
Appendix B. Fall Risk Factor Tables.

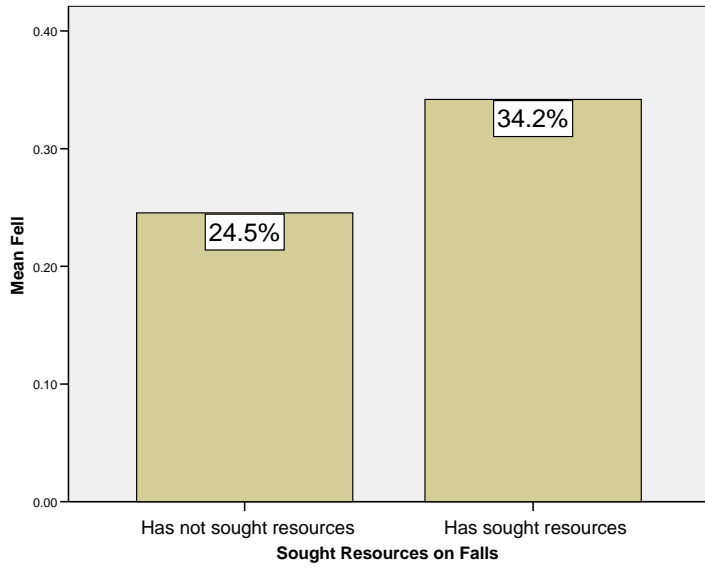
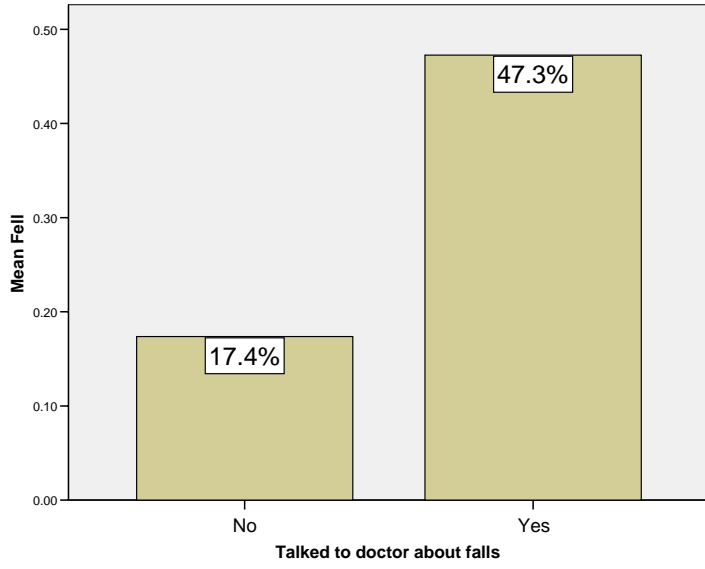
These tables illustrate that older adults with certain characteristics were more likely to fall than other older adults. Each bar represents the mean percentage of this sample who had fallen.





* Being male was nearly statistically significant.





Appendix C. Hypothetical fall prevention resources table for Question #13

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Appendix D: Older adult survey questions

1. How old are you?
2. Are you: Male Female
3. What type of residence do you live in?
4. Do you live alone?
5. What is your ethnicity?
6. What is the zip code where you live?
7. Think about the last time you had a health question or problem. Where did you look for health information?
8. Do you think falling is a problem for people in your age group?
9. Which of the following do you think are the top three reasons that people your age fall?
- 10A. In Orange County, there are some resources available to prevent falls from happening. Have you looked for resources on fall prevention?
- 10B. If you answered yes in 10A, what types of resources did you search for?
- 10C. If you answered yes in 10A, why did you seek these resources?
 11. If you wanted to know how to prevent falls (for yourself or someone else), would you do the following?
 12. How many different medications (including over-the-counter) do you take each day?
 13. In a typical week, how often do you leave your residence (for shopping, errands, appointments, meetings, church, or socializing)?
 14. How many days each week do you exercise? By exercise, we mean physical activity that is strenuous enough to cause an increase in breathing, heart rate, or perspiration.
 15. Do you use an assistive device such as a cane, walker, or wheelchair?
 16. Think about how much alcohol you had on average each day during the last 7 days. How many drinks did you have each day? By a drink, we mean a can of beer, a glass of wine, or 1 oz of hard liquor.
 17. In general, how would you rate your likelihood of falling?
 18. Have you talked to your doctor about falls?
- 19A. Have you had a fall in the last 6 months? By a fall, we mean when a person unintentionally comes to rest on the ground or a lower level.
 - B. If you answered yes in 19A, where did you fall?
20. Optional: Please provide any additional comments or suggestions for fall prevention programs you would like to see in Orange County. You can write your comments below or on the back of this page.

Service Provider Survey.

This appendix provides an outline of the survey method and survey results for the provider survey.

Method: The Down with Falls Provider Survey was developed and administered during Fall 2006, through a collaborative effort with members of the Down with Falls Coalition, to better understand and assess Orange County fall prevention needs. The Provider Survey was completed by one representative from 34 different agencies that provide services to older adults.

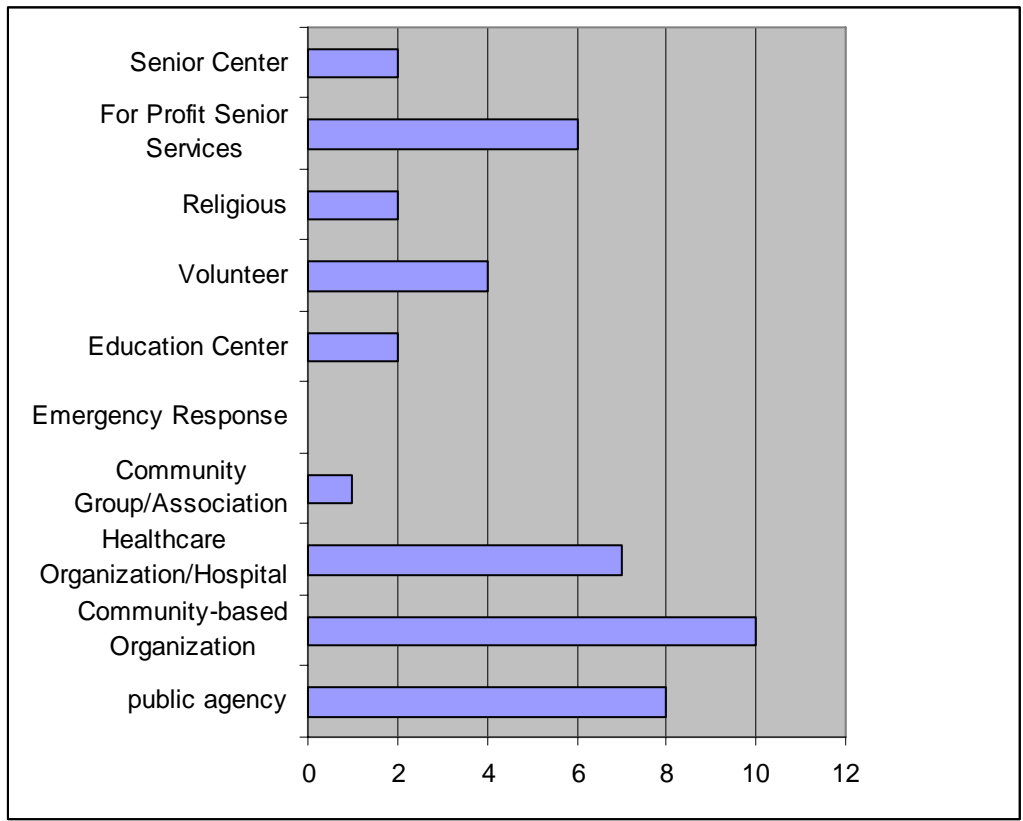
I. Selected Responses and Qualitative Written Comments by Providers on Provider Survey

Question #1: Organization and Program of Participants

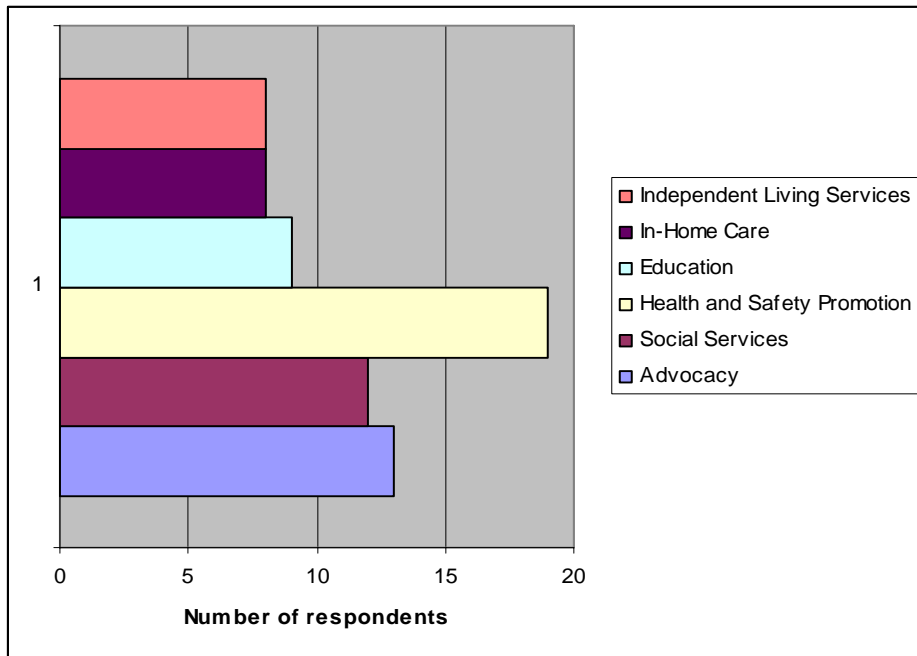
Your Organization and Program	
1	Community Home Support, Private duty home care
2	St. Jude Senior Wellness
3	Cypress Senior Center
4	North Orange County Community College District-School of Continuing Education/Older Adult Program (OAP)
5	South County Senior Services
6	Exclusive Elder Care, Assisted Living and Memory Loss Care
7	SCAN Medical Advantage Plan
8	EmLiv
9	Gateway Regional Medical Center
10	City of Laguna Woods
11	South County Adult Day Services
12	Talbert Medical Group, Senior Services and Advocacy-Community Outreach
13	Orange County Senior Center/Orange Elderly Services-Focal Point Services for Senior Citizens Weekdays
14	Preventive Healthcare for the Aging
15	Alternative Senior Care
16	UCIMC
17	Absolute Health Care
18	Community Temple Church
19	Disabled Resource Center
20	UCIMC Geropsychiatry
21	PHCA
22	Arthritis Foundation-Orange County branch
23	Saddleback Memorial Medical Center Rehabilitation Department
24	Feedback Foundation, Inc

25	Adult Day Services of Orange County
26	OCHCA Public Health
27	Catholic Charities-Casa Santa Maria
28	Rebuilding Together Social
29	Orange County Social Services-Multipurpose Senior Services Program
30	HCA OAS-START and SHOPP
31	Rebuilding Together

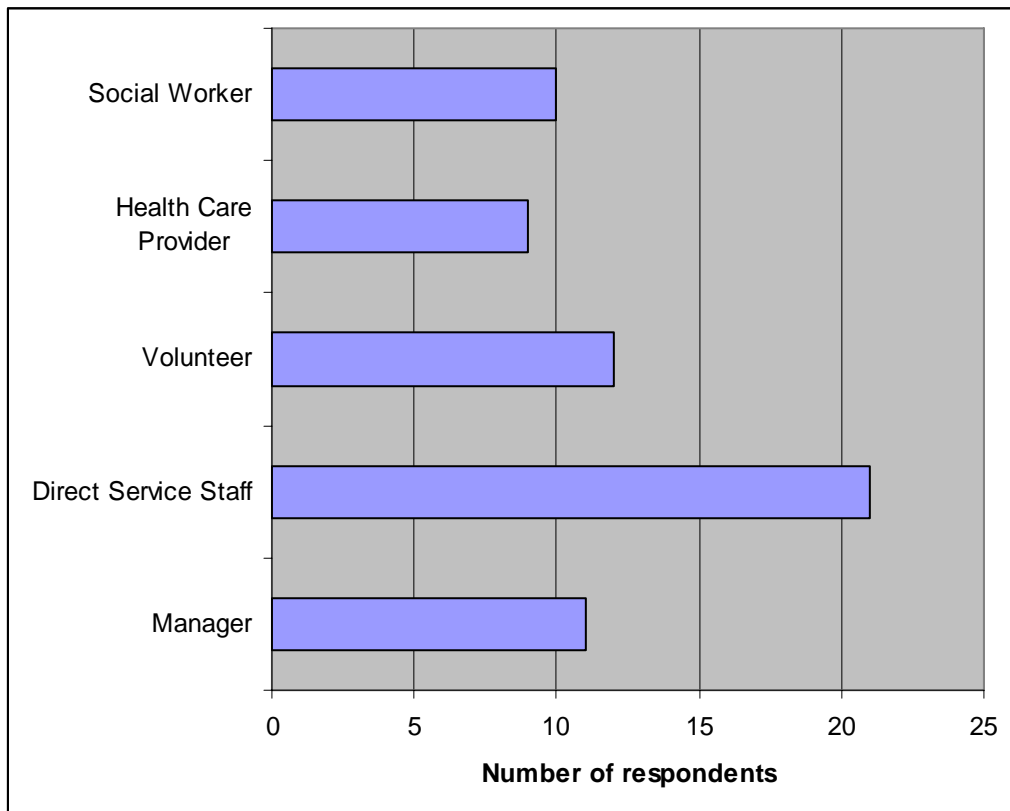
Question 2: Organization type



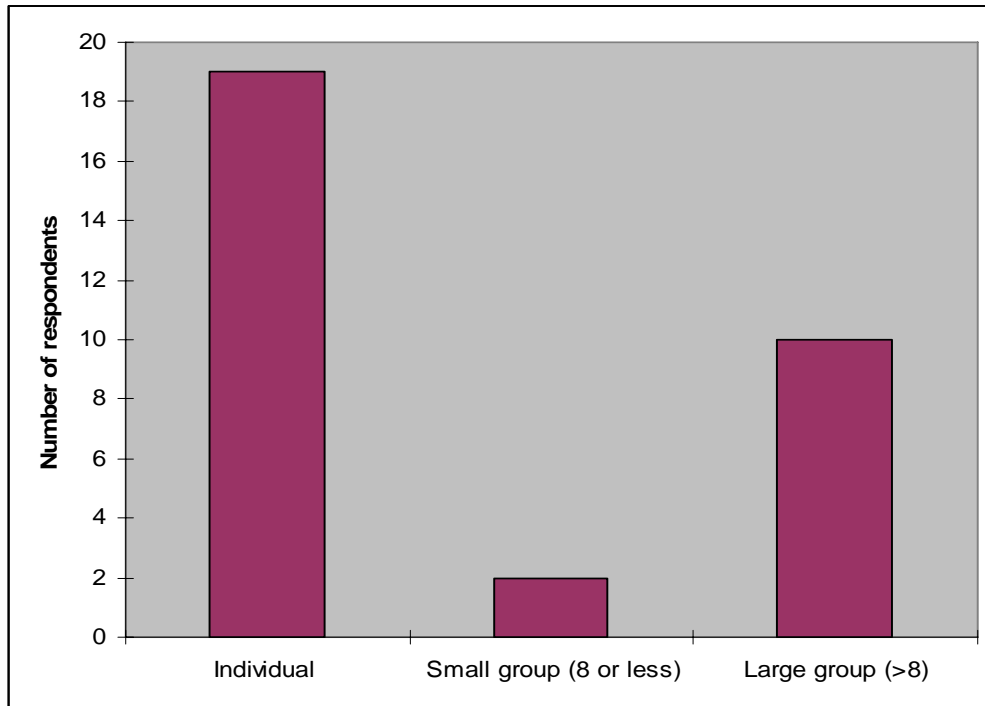
Question #3: Which areas best describe the mission and/or services of your organization/agency? Top 6 answers only.



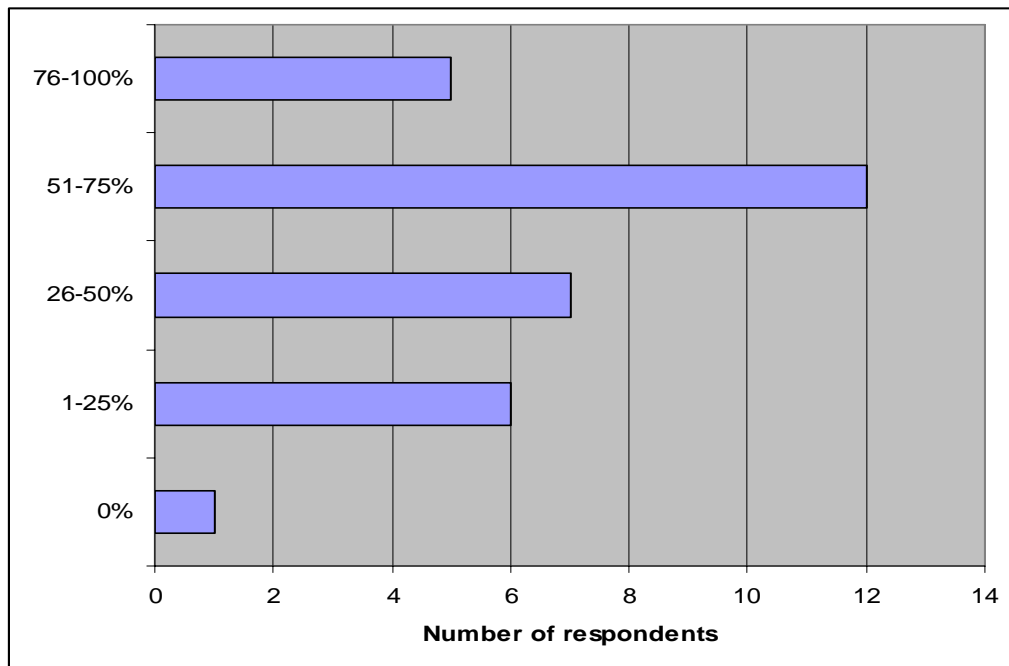
Question 7: In your organization, who works the most with seniors? Please mark the top five people who work the most with the senior population. Top 5 responses indicated.



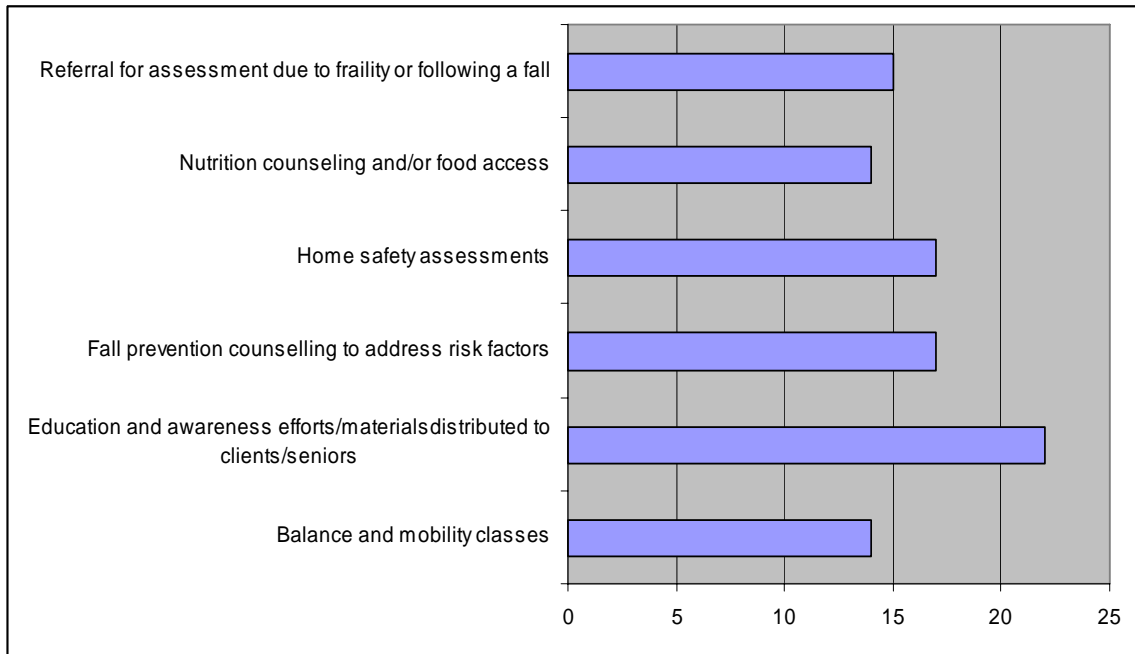
Question 8: What is the most frequent type of contact that your agency has with a senior?



Question 9: Please estimate the percentage of your organization's older adult client population who is at moderate to high risk for falling.

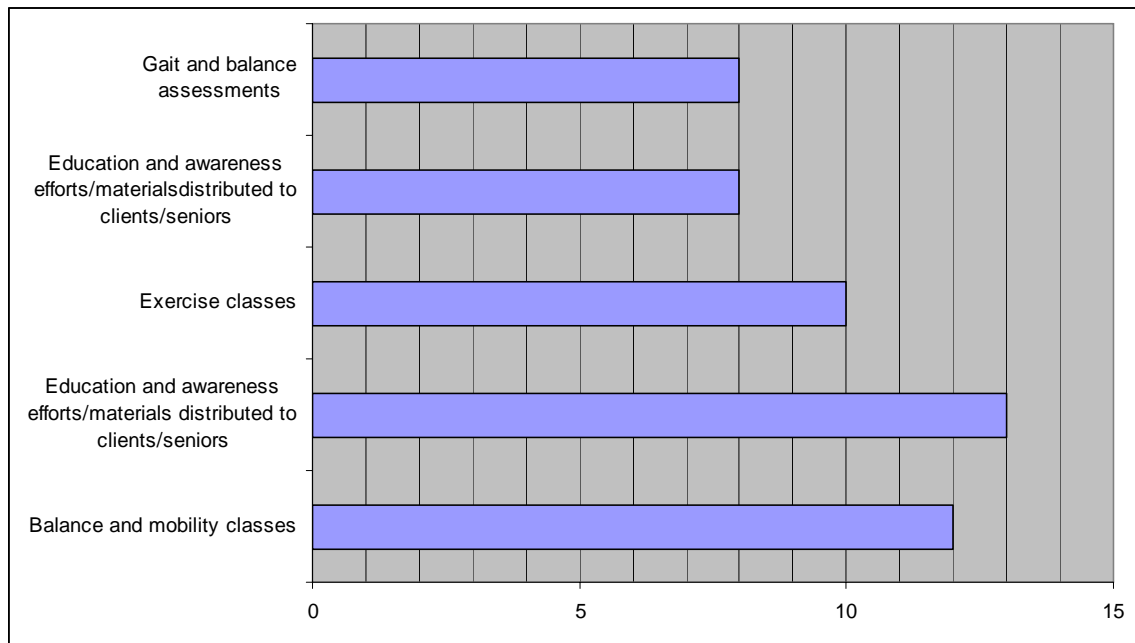


Question 11: Does your organization offer any of the following older adult fall prevention resources/programs? Top six responses listed.



Other possible responses included: Exercise classes, Fall risk reduction in client's home or at your site, Fall reporting, Follow-up/case management following a non-debilitating fall, gait and balance assessments, multifactorial risk assessment, reporting unsafe conditions

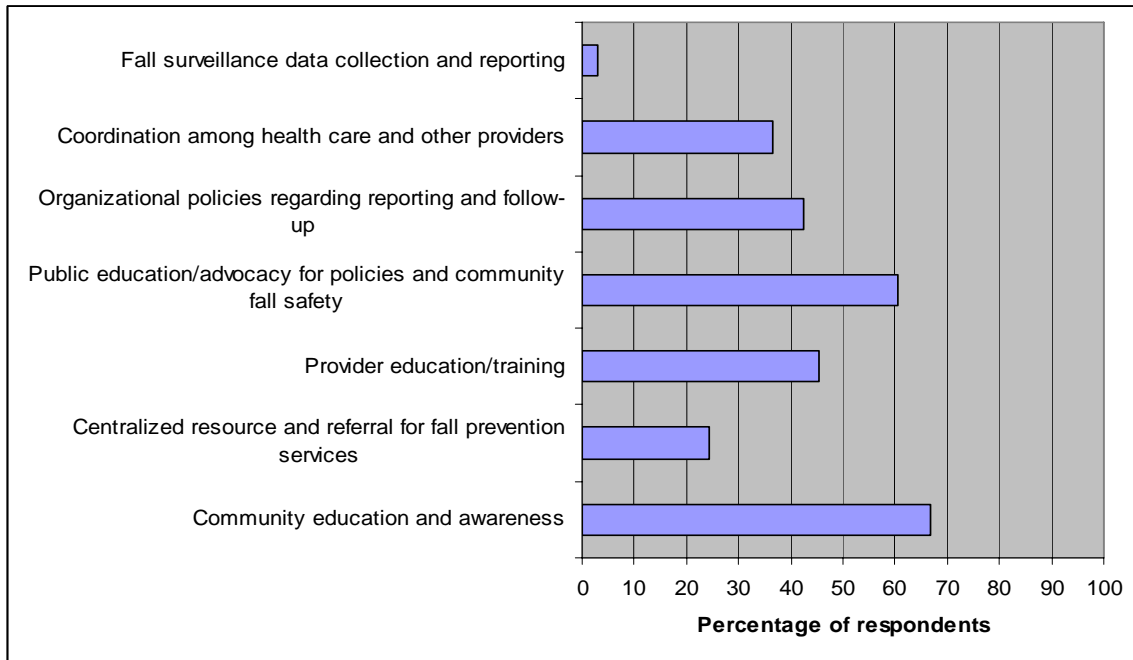
Question 13: What three services or activities are/would be most valuable to you in your work with older adults at risk for falls? Top five responses listed. Qualitative answers included.



Other possible responses included: culturally competent fall prevention services, fall prevention counseling to address risk factors, fall reduction in client's home or at your site, fall reporting and referral for assessment, follow-up or case management, home safety assessments, nutrition counseling/food access, multifactorial risk assessment, reporting unsafe conditions or increased frailty of older adults

Additional suggestions	
1	Mental health assessment for safety awareness and neuron muscular sequencing
2	Would be good to have an in-service from a professional
3	Home repairs
4	Fall Prevention counseling
5	Comprehensive medical evaluation team all in one building. Screening eval done by staff with ability to refer directly to health professional, social worker
6	Gait and balance assessments in exercise classes
7	Fall prevention counseling to address risk factors

Question 15: What three programs and services do you think are most critical in developing and improving fall prevention in Orange County? Qualitative responses also included.



Question 16: What senior fall prevention services/interventions would your clients be most likely to utilize if referred and available?

