



# **Southern Grampians & Glenelg Primary Care Partnership "Striking A Balance" Falls Prevention Project**

## **February 2004 – April 2007**

### **Final Report**

#### **BACKGROUND**

An evaluation framework was prepared for use by the Falls Prevention Steering Committee in order to evaluate the effectiveness of the Southern Grampians & Glenelg (SGG) PCP's Falls Prevention project as part of the planning phase using process and impact methods. The evaluation framework was supported by local evaluation frameworks developed by local action groups in 4 local areas.

#### **GOALS**

- To reduce the number of falls in people over 65 years of age (over 45 yrs for Kooris) living in their homes in townships in SGG Shires
- To reduce the severity of fall related injuries in people over 65 years of age living in their homes in small townships in SGG Shires

#### **OBJECTIVES**

1. To build the capacity for successful implementation of the Falls Prevention project by July 2006
2. To engage consumers in the development of local falls prevention action plans
3. To achieve planned and shared responsibility for falls prevention addressing the following components:
  - i) education/awareness
  - ii) exercise/balance programs
  - iii) referral and reporting
  - iv) risk assessment
  - v) environmental factors

To implement local action plans to reduce the number of reported falls & reported fall related injuries of people over 65 years (over 45 years for Kooris).

## PROJECT DESIGN/METHOD

The project design utilises an evidence based approach that acknowledges that falls prevention programs achieve the best outcomes when they implement a multi-strategic approach to address the five identified areas of education/awareness, physical activity/balance programs, referral and reporting, risk assessment and environmental factors (NARI, 2004).

Project management combined a dual approach to management with the appointment of the Steering Committee consisting of multidisciplinary managers and experts from primary care and local government aged care services, allied health, NARI, Deakin University and the Otway Division of General Practice that monitored the overall project's direction and outcomes. Implementation of the falls prevention strategies were undertaken by the four local coalitions whose membership included local service provider clinicians and consumer representatives with affiliations with local seniors clubs and services. The Steering Committee was responsible for initiating development or selection of evidence based resources and programs as identified at both levels of project management, with the local coalitions responsible for providing consumer testing/feedback and endorsement of newly developed resources. With best practice programs and resources identified by the Steering Committee, the local coalitions were able to select and prioritise implementation of these options according to local services/community groups needs, capacity and integration with local service community health and local government community health plans.

Interviews conducted with local service providers and consumer representatives belonging to the local coalitions identified the major service gaps as the lack of trained fitness instructors, affordable community based physical activity programs for Seniors – Strength and Balance Training and Tai Chi, and the lack of opportunity for social connectedness in the outlying smaller rural communities. Therefore leverage funding was acquired to meet these goals of the coalitions. Funding was sought successfully to align with the goals of the Falls Prevention Project through the 'Participation In Community Sport and Recreation' (PICSAR) grant for \$30,000 in partnership with the South West Sports Assembly for training Fitness Instructors and Tai Chi Instructors; and the 'Active Living' (now 'Go For Your Life') Office of Senior Victorians, Department of Victorian Communities - \$40,000 over 2 years. Both projects assumed management under the Falls Prevention Project Officer and the Steering Committee.

Process and Impact evaluation was conducted for all programs (with budgets reported where possible) using qualitative and quantitative methods such as survey, interview and documentation review. However, detailed impact assessment was not possible due to resource and data constraints.

## PROGRAM IMPLEMENTATION & EVALUATION:

- **Education and Awareness**
  - **GP & Pharmacist Education Program:** Home Medication partnership with the Otway Division of General Practice, a Professional Development Program with accreditation points was developed with the ODGP Medication Review Program Project Officer, a local pharmacist from the region and a General Practitioner. The evening program titled "*Therapeutic Management of Medications in Older Adults*" was conducted at Hamilton with satellite link up across the catchment and SW PCP. The speakers were the local Geriatrician Dr. Jennifer Schwarz, South West Aged Care Assessment Team

(University of Melbourne/NARI/Melbourne Health) and Pharmacist Jenny Gowen, APA.

Implementation & (Process) Evaluation conducted– *Home Medication Review (HMR)* evening seminar March 05 for GPs/Accredited Pharmacists in partnership with the Otway Division of General Practice, Pharmaceutical Guild Victoria and Regional Geriatrician - 13 Pharmacist and 2 GP

Participants

- Cost: \$500 – catering & accommodation + FP Project Office Hours (16 hours @\$60/hour) Total: \$1460

- **Falls Prevention Assessment for Nurses:** Attendance of 6 nurses from the SGG PCP at the regional Falls Prevention Quickscreen © Program in partnership with SW PCP/Lyndoch & Australian Association Rural Nurses held at Lyndoch, Warrnambool
- **Falls Prevention Best Practice Management Seminar:** SGGPCP in partnership with SW PCP & the Otway Division of General Practice – hosted the 7-hour program at Port Fairy. The program was accredited with the Royal College of Nursing Australia and designed by a working party from nursing, allied health, practice nurses and local government. Speakers included Keith Hill, NARI, as well as other speakers from the Royal College of Optometry, Local Government, Local health services – ACAS, Occupational Therapy, Pharmacy Guild Victoria, Dept Veteran Affairs & district nursing; Attendance of 22 staff (3 HACC Assessors + 17 community and acute care nurses+ 2 Practice Nurses) from 7 service providers within the SGG PCP; Impact: Uptake of Falls Prevention Quickscreen © Program across 10 agencies by community nursing staff of 'at risk' patient/clients; Quickscreen tools on CD Rom were issued to all participants in addition to necessary equipment package including a portable stool, an eye chart from the Royal College Optometrists, squares, and microfilaments to ensure tools to complement the assessment CD Rom. The cost in total of the program including catering, accommodation of guest, travel, equipment, photocopying, venue and so forth was \$5000 with positive process evaluations and recommendations received.
- **Home And Community Care Agencies Inservices** on Falls Prevention using - 53 HACC participants undertook FP training program at 2 Shires; Process Evaluation found that participants identification of environmental hazards – individual environmental items was well identified by participants, and from an OH&S perspective this is commendable. Following the session, post knowledge increased overall predominantly in the area of the causes of falls. The participants' knowledge of interventions that could possibly prevent falls was less significant or remained unchanged. Recommendations made to managers re: implementation into orientation of HACC workers; Impact Evaluation: National Program implemented and South West Tafe – HACC Training Program of undergraduates.

**“Involvement in this program has enabled us to utilise resources to encourage & educate our clients & the wider community i.e. Senior Citizen’s Clubs”**

**Project Officer(s) have played a key role in supporting Council to promote falls awareness to staff and wider community and participate in local run events e.g. seniors festival and their assistance has been most gratefully received.”**

Linda Malseed, Team Leader Aged & Disability Services, Southern Grampians Shire

- **Fitness Instructors:** 9 Fitness Instructors trained/ qualified with Certificate III Fitness Instruction/Aged Care & Disability Module + 1 Fitness Instructor with Certificate III undertook the Aged Care/Disability Module. Cost of training of Fitness Instructors of which SGGPCP funded six positions @ \$1360 each totaled: \$8160.
- **Tai Chi Instructors (Wolfe's 10 Steps):** Tai Chi Australia's Grand Master Song wrote the program with input from Keith Hill, NARI to train instructors on this evidence based type of Tai Chi that prevents falls. A total of 12 instructors across six agencies completed the program. The cost of the Tai Chi training to the SGGPCP was a total: \$4520; A total of 4 programs have been implemented that are conducted on a weekly basis at Dunkeld, Glenthompson, Portland YMCA and Coleraine are conducted with an average of 6 - 12 participants weekly.
- Many of the Strength Training Programs addressed health promotion issues as part of education and increasing awareness at the end of training over a cup of tea and to provide social connectedness opportunities for its participants. E.g. Topics included Diabetes Self Management, Stroke, Breast Screening, untraditional

**Community awareness programs** were conducted by the Project Officer in some areas due to lack of local health service capacity, otherwise local health services conducted awareness training based on provision of 'in kind' funding and local newsletter/display of flyers advertising local programs.

Use of the performing arts/the fictitious character "Reen the beauty Queen" often made surprise guest appearances at launches and expos to promote falls prevention with an injection of humour – with her "smalls", tiara, sash and walking frame in her exercise apparel. The use of "Reen" (short for Maureen) was used to role play and drive home the idea of being once young and beautiful and now due to the ageing process, strength and balance program attendance is the way of maintaining her independence.

The PCP purchased 10 videos/teaching education packages from WA.

- **2004-2005** implementation of FP Community Awareness Program 13 target groups = 306 participants (12 Koori) 65+ years
- 4 Community Awareness Displays – Penshurst, Hamilton (2) & Heywood – target – approx. 400
- 2 FP Articles – 5 Regional Community Newsletters – Dunkeld, Glenthompson, Penshurst, Merino & Heywood – target approx. 500
- **2005-2006** implementation of 8 newspaper/local newsletter articles on benefits of local physical activity programs/launches of programs and launches of environmental awareness campaigns e.g. Paint the Line on the Step Campaign; Community Group Presentations – 3 by local service clubs in Coleraine
- **2006-2007** implementation of 16 newspaper/local newsletter articles on benefits of local physical activity programs, environmental awareness campaigns and local health service screening opportunities e.g. Strength & Balance Programs, Tai Chi Programs, Risk Screening using Quickscreen (1)
- Dissemination through local service providers including HACC Services of over 3500 FP Booklets - *Preventing Falls A Guide For Seniors* (3000) developed in partnership with SW & SGGPCP at a cost of \$1800, Commonwealth Dept. Health & Ageing (450), Glenelg Outreach Environmental Falls Prevention Booklets (50) & 1500 Fridge Magnets *If You Fall*
- A total of 860 school children from Portland, Heywood, Branxholme and Merino primary schools received either a Christmas Card or Easter Card to color in + gift vouchers for 2 free Tai Chi Lessons (YMCA Portland) or 1 Living Longer

- Living Stronger Program (Vitality Gymnasium at Hamilton Indoor Leisure & Aquatic Centre) to send to their special older person. Teachers from the seven participating schools received copies of the *Preventing Falls A Guide For Seniors* Booklets as a teaching guide to promote to the children 3 key take home messages for seniors: Check for slips & hazards, Turn on the light & Stay Active
- *From the Cowshed to the Catwalk* – 5 programs were conducted over 2 years with a reach of over 180 women. The program introduced the risk and impact of falls in the community, and addressed demystifying the barrier of wearing hip protectors for at risk women due to fashion/body image.

**"I still consider the event you conducted 'From the cowshed to the catwalk' as one of the most imaginative strategies we have seen. It remains in my memory as a very practical way to demonstrate how hip protectors don't need to be considered a deterrent to fashion. We should encourage more of it."**

Margaret Thomas  
DHS Aged Care /Services Unit

- The SGGPCP Self Risk Screen; *How Safe Are You From Falling* and the Seniors FP Booklets were disseminated at all community awareness sessions.

## Exercise and Balance Programs

- Total of 9 Strength and Balance community based programs based on the 'Active Penshurst Model' were implemented by local service providers in partnership with the SGGPCP and South West Sports Assembly located at Dunkeld, Penshurst, Cavendish, Casterton, Digby, Dartmoor, Balmoral, Portland (2). This complements Strength and Balance Programs implemented by local service providers prior to the project commencement at Hamilton and Heywood, in addition to Senior Programs located at gymnasiums in Hamilton and Portland. Attendance at these programs average from 6 to 20 participants per session, with sessions conducted ongoing weekly to three times per week.
- DVC funded the piloting of eight physical activity programs for seniors of which five programs complemented the falls prevention project goals by implementation of 3 Strength Training + 2 Tai Chi Programs.
  - Total number of seniors participating across all DSV activity programs-130 with > 50 years of age
  - 99 new seniors participating in physical activity
  - 61 seniors self reporting that they were not previously active
  - 83 reported taking up a new type of exercise
  - Approx. age ranges of participants and number in each range:
    - 50-60 yrs of age: 32
    - 60-70 yrs of age: 46
    - 70-80 yrs of age: 43
    - 80+ yrs of age: 9
  - Total 6 participants from indigenous backgrounds
- Process evaluation of strength programs has been conducted with clinical indicators collected at the Active In Casterton Program developed in partnership between the Casterton Memorial Hospital, the SGGPCP and local fitness instructor, with support of the local GPs.

- Process Evaluation: Very positive feedback with changes made to individual programs completed. Attrition rates of programs have resulted in coordinators readvertising programs on a 3-6 month basis. Fees have been capped across the board as per PCP agreement with public and private providers at \$5 per head.
  - Impact Evaluation of Strength & Balance Pilot Program:
  - *Active In Casterton* - average participant age of 72 years. Attendance rates within the first three months of the program range from 10-23 participants, with an average attendance range of 12-15 participants. Frequency of Sessions: weekly breaks for school holidays to allow grandparents to care for children and the FI annual leave. Home exercise program is prescribed for participants.
- Impact Evaluation at 3 months post program:
- 83% participants perceived that both their health and their fitness had improved;
  - 67% perceived that there had been no change in their chronic illness
  - 87% reported that their reliance on their health practitioner had remained the same
  - 87% participants of the *Active In Casterton* Program reported having improved their social connectedness
  - Regular physical activity participation was reported by participants to have increased with the top three activities walking (16), home based strength training exercises (10), Tai Chi (3). (Results are comparative with the *Active Penshurst* program that reported similar findings in response to self-perception of chronic illness by participants);
  - Clinical Indicator: Blood pressure of 33% participants decreased BP < 130/80; 21% participants BP remained same < 140/100;
  - 3 participants reported that they were not undertaking any physical activity before commencing the program,
  - Only one participant reported having experienced a fall at home since commencing FP as compared to three prior to commencing the program – The *Active Penshurst* Program reported 1 participant from 8 respondents reporting that they had fallen in the last 12 months, and that this individual self reported having not experienced a fall in the last 6 months since commencing the S&B program, however, 3 participants self reported a fear of falling despite attending the program and obtaining physical, health and social benefits from attending

As the *Active In Casterton* Program reaches its second birthday clinical data has been extended to include BP, and "Stand to Sit" test. Results of this will follow this report as a supplementary. Sustainability of the program has been attributed by the Coordinator to regular advertising – quarterly, and having established clear referral pathways, in addition to engaging GPs to support the program during planning, at the launch and ongoing at regular intervals.

Mentorship of Strength Trainers – A mentorship program was initiated by the SGGPCP in partnership with the South West Sports Assembly through the implementation of a Southern Grampians & Glenelg Fitness Instructors Network. The Network, currently facilitated by Portland YMCA runs newsletters with links to relevant fitness and health promotion websites, resources and training and conducts quarterly member meetings in support of newly graduated and FIs located in isolated practice in the community. The membership has approximately 15 members at present and receives ongoing support on a needs basis.

Funding was also provided for provision of one on one mentorship for newly graduated Fitness Instructors implementing their first community based Strength & Balance Program at Balmoral, Winda Mara, Dunkeld/Glenhompson, Portland Kyeema and Glenelg Shire, and Balmoral Bush Nursing Service. Funding allowed mentorship and supervised practice by an experienced, including some cover of travel from Hamilton to the site, of a Certificate IV trained FI for up to 10 sessions of a pilot program for seniors.

## **REFERRAL AND REPORTING:**

Referral guidelines on Falls Prevention were developed based on the Barwon PCP model for Royal Ambulance Victoria Area 2. The strategy was initiated by the SGGPCP in partnership with SW and the Wimmera PCPs with RAV Area 2. A training package was developed by SW & SGGPCP for implementation by Area 2 Clinical Educator on FP and preventing the second admission, reporting to the GP and the pathway (See Appendix.) Evaluation of RAV Area 2 satisfaction in response to the FP Project in SGGPCP was found to be Effective, that they do use and promote the pathway 18 months after its implementation, and have used other resources such as the Falls Prevention Booklets to promote FP to paramedics and patients.

Other resources endorsed by the PCP Steering Committee to support appropriate referral include the following: *FP Referral Guidelines for South West Victoria* (developed in partnership with the SW PCP) and the self risk screen *How Safe Are You From Falling* based on the Central Bayside PCP Risk Screen Tool.

The Active Script Program has been implemented at the Coleraine Health Service in partnership with Western District Health Service – Coleraine, West Vic Division of General Practice and the Casterton Memorial Hospital, Merino Bush Nursing Service. The enabler, a trained Fitness Instructor with Certificate III & IV qualifications, at Coleraine Health Service has had a slow response from the GPs despite conducting two presentations with the Division. However, she has received anecdotally a “small number of referrals” to date and retention in exercise through regular telephone coaching and prescribing of appropriate exercises to participants is growing momentum.

The collection of data reflecting actual referrals received by allied health, general practitioners and fitness instructors has only been anecdotal due to capacity/funding issues – however, seniors ‘at risk’ of a fall or who have been admitted to hospital due to a fall are being referred to Occupational Therapists, Physiotherapists, GPs and to physical activity programs e.g. Strength and Balance, Tai Chi.

Both Dr. Keith Hill, NARI and Dr. Adrian Schoo, Deakin University cautioned the Steering Committee about the validity of Victorian Admission Emergency Dataset (Ref: Latrobe University, VAED Report 2007) in relation to “cause and effect” within the FP Project, however, we have included the patient admission data of 10 of our geographical targeted areas for the financial years 02/03,03/04 and 05/06 that generally demonstrates “trends” in decline of falls requiring admission to emergency departments and data is not based on per head of population ratio. The project commenced in February 2004.

Yr. Pt Ad	Cast 3311	C'raine 3315	P'land 3305	H'ton 3300	H'wood/D'moor 3304	D'keld 3294	B'moral 3407	Glen 3293	Pens 3289	C'dish 3314
02/03	30	19	59	77	13	<5	<5	<5	6	<5
03/04	31	29	46	80	17	6	<5	0	8	0
04/05	32	20	55	73	18	<5	<5	<5	8	<5
05/06	14	9	20	32	8	<5	<5	0	<5	0

**Figure: 1.** Graph – comparative VAED admission data for financial years 02/03, 03/04, 04/05 & 05/06 in the Southern Grampians & Glenelg Shires. Data trending down in the year 05/06

Total number of falls in over 65 years = 222 for 2003/2004 (VAED); Fractures sustained due to a fall in 2003/2004 totalled 109 for the SGG Shires with 64 of those being hip fractures. Admissions for falls in over 65 years in 2005/06 total 90 reported (VAED) – For the period 05/06 there were 49 fall-related fractures. Of these, 18 (36.7%) were hip fractures.

#### **Risk Assessment**

Over 3000 self risk assessments for falls were reported to have been disseminated over the 3 years of the project through community awareness programs, community newsletters and HACC services newsletters.

#### **Environmental Factors**

'Paint the Line on the Step' is a community awareness environmental program conducted by the PCP FP project in partnership with Rural Access (disability) SGG Shire, Vision Australia and Lions Clubs – Heywood, Coleraine, Peshurst, Dunkeld & Glenthompson clubs with local businesses, clubs and services and private home owners. A pilot was first conducted at Heywood and with a 50% response rate from local businesses in painting their steps the program continued. Process evaluation was undertaken at the end of the Heywood pilot and the strategy has continued to be refined and implemented according to each communities needs. The most recent launch at Coleraine was driven with by the local WDHS-Coleraine, with media and the Lions Group Coleraine. Over 33 businesses had registered for the club to participate. The PCP understands that recent plans are in place for this initiative to be implemented into Casterton.

#### **Evaluation of Participant Satisfaction (Service Providers) in the Falls Prevention Project:**

**"A serious commitment to the Falls Prevention (Strength & Balance Program) twofold: A positive attitude to the resources forthcoming received by other Department at Casterton Memorial Hospital; A definite link created between the Medical clinic re: Referrals, Feedback and talking up the program to many of their patients."** Sheila Brammall, Community Health Nurse, Casterton Memorial Hospital

Response Rate (n=9, 29%)

- i) Project effectiveness** –Very Effective (7)
- Effective (2)



**ii) Uptake of Resources in order of popularity:**

- Preventing Falls Guide for Seniors (7)
- SW Hip Protector Info Sheet (6)
- 'How Safe Are You From Falling?' Self As Risk Screen (5)
- ST Pamphlets (5)
- If You Fall' Fridge Magnet (5)
- AARN Kits (4)
- WA 'Steps to Stay on Feet' Video (3)
- FP Referral Guidelines for SW Vic (3)
- Consumer Reimbursement Policy (2)
- RAV FP Referral Pathway (2)
- Bundoora Extended Care 'Upright & All Right" Video (0)

**iii) Expectations of the Project reported: -**

- Support to implement local community awareness training (8)
  - Acquisition of Resources (8)
  - Staff Training (6)
  - Support to implement local community based PA programs (6)
  - Increased Risk Assessment & Referral to health service &/or GP (6)

**iv) Expectations were reported by all respondents as being achieved (9)** as outlined above.

**v) Unexpected Outcomes identified by service providers in the – Yes (5) -OT**

referral & patient compliance to step painting

- Residential Care Units (Penshurst Health and Casterton Memorial Hospital)

implementing adapted Strength Training programs

- Self employment of 4 Fitness Instructors

- Glenelg Shire now undertaking Paint the Line on the Step in partnership with with Casterton Memorial

**vi) Reported change in FP Practice in the Organisation – Yes (9)**

Comments:

- "A serious commitment to the Falls Prevention (S&B Program). A positive Attitude to the resources forthcoming by other Department at Casterton Memorial Hospital. A definite link created between the Medical clinic re: Referrals, Feedback and talking up the program to many of their patients." Sheila Brammall, Community Health Nurse, Casterton Memorial Hospital
- "Involvement in this program has enabled us to utilise resources to encourage & educate our clients & the wider community i.e. Senior Citizen's Clubs"
- Project Officer(s) have played a key role in supporting Council to promote falls awareness to staff and wider community and participate in local run events e.g. seniors festival and their assistance has been most gratefully received." Linda Malseed, Team Leader Aged & Disability Services
- " A very positive and beneficial program which as contributed to a strengthening of community links" Darren Clarke, Manager WDHS – Penshurst

**Additional Comments:**

- “Thankyou for the opportunity to provide our community with a program that enhances their strength thus leading to a healthier lifestyle and prevention of falls.”

*Pam Godfrey-Smith, Manager/RN, Dartmoor Bush Nursing Service*

- “More community general awareness programs are required – attitudes entrenched –I’ll be right - Programs work well within areas covered by health service facilities – but areas without a health service located within that rely on community based programs provided by private providers – very difficult and costly to maintain without ongoing support.”

*Julia Booth, Fitness Instructor ‘Active DunGlen’ Strength & Balance Program*

- “The Project Officer is a great coordinator, has the right mix between provision of support, assistance, education, resource provision and believes in projects coming from the “bottom up”.

*Sheila Brammall, CHN, Casterton Memorial Hospital*

## **LESSONS LEARNT:**

- The project structures of a steering committee with local coalitions (4) worked very well to ensure expert knowledge with a multidisciplinary focus, local knowledge, buy in of local service providers and community groups. The project officer served as the conduit between the two levels and members of the coalitions were invited and did attend a number of meetings where relevant.
- Consumer engagement worked well but all consumers should be carefully selected, must be constituents of a larger community group and be reimbursed according to the organisations/projects Consumer Reimbursement Policy, particularly in rural/remote settings where travel is so expensive and other social determinants compete with their time - our experience consumer participation is a valuable human resource.
- The Project Officer must be prepared to fill gaps where there is no local service capacity to either plan and/or deliver a program – however, service providers need to look outside of their local town boundary to deliver services with the project funding some travel costs if possible as this is where costs escalate. For example, it took the project officer a minimum of 20 kilometres up to 150 kilometres one way to travel to a coalition meeting! Higher reliance on videoconferencing will be able to be made with local health services – but of course not all health services have the luxury of this resource yet.
- Collection and collation of data has to be agreed upon with a contingency plan if good intentions do not come to fruition, for example, the agency agrees to collect the data and collate according to the time lines, or if time runs out, the raw data is to be sent to the Project Officer who will collate the data, no more than 5 working days from the collection date.
- The Steering Committee must endorse the percentage of the total budget that will be spent on evaluation from the onset of the project, for example, 5%. We did not allocate a percentage of the budget specifically for evaluation which resulted in varying amounts of data being collected depending on agency capacity/resources and workload of the project officer at the time.

- Letters were all sent to agency managers at the commencement of the project alerting them to the fact that we had been funded for falls prevention. This information does not always filter through, as we found with some clinicians confused as to why they were being requested to participate on a local coalition.
- Consumer representatives are powerful champions for program implementation, particularly in communities that are located a great distance from the Project Officer site. For example, the Glenthompson community is located over 200 kilometres from the SGGPCP office in Portland and engagement of local seniors was greatly assisted by the consumer representative.
- The Cavendish Strength and Balance program lost momentum after the completion of the pilot program and the fitness instructor was unable to justify travel, venue hire, insurance and her time to continue to roll out the program for three seniors. The equipment purchased was being utilised by the local young mothers group. After consulting a number of times with the local coalition and conducting extensive advertising, the onus was put back onto the young mothers group (who had membership on the local FP coalition) to support a recruitment drive or potentially lose the equipment (the equipment was funded for seniors by DSV). The numbers grew to 12 following the combination of other strategies such as change of fitness instructor, recruitment drive to a neighbouring town and reintroduction of a day time held program according to the a survey conducted by the young mothers of the seniors for day preference, barriers etc.
- If FI s are not employed in a gymnasium, isolated practice can be very daunting and opportunity to network and acquire mentorship is very valuable. Mentorship opportunities should be part of project planning.

#### **RECOMMENDATIONS:**

- The SGG PCP together with the SWSA continue to monitor the progress of the SGG Fitness Instructors Network and assist them to acquire funding to support locally provided expert training as identified by the membership with accreditation points attached
- Continue the investment in the local coalitions by utilising the partnerships and relationships built with local communities in future programs e.g. Integrated Chronic Disease Management – “Go For Your Life”
- SGG PCP website to have a link to the DHS Victorian FP resource website so service providers can continue to access evidence based resources for various community programs
- All agencies engaging consumers should develop a Consumer Reimbursement Policy – travel, time, local knowledge and experience is a precious commodity + build reimbursement of consumers into budget/business plan
- HACC Services and primary care services should be provided with regular inservicing and staff orientation on falls prevention strategies and reporting/referral pathways.

Fiona Heenan

Project Officer  
Falls Prevention  
Division 1 RN  
Southern Grampians & Glenelg Primary Care Partnership