

MaineHealth

Written Testimony

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Hearing: Falls Prevention: National, State, and Local Solutions to Better Support Seniors

Thank you Chairman Collins, Ranking Member Casey, and Committee Members:

I would like to extend my sincere gratitude for this wonderful opportunity to talk with you today about fall prevention and A Matter of Balance, a program that has reached thousands of older adults through a journey that began twenty years ago.

MaineHealth is Maine's largest integrated healthcare delivery system, covering eleven of the sixteen counties in Maine and one county in New Hampshire. MaineHealth's vision is "working together to make our communities the healthiest in America." This vision led us to focus on fall prevention, which is the leading cause of unintentional injury, Emergency Department (ED) utilization and death among older adults. (<https://www.cdc.gov/homeandrecreationalafety/falls/fallcost/falls-by-state.html>) The health care community has a critical role to play in fall prevention – beginning with screening for falls, assessing fall risk factors, reviewing medications and referring to both medical and community-based fall prevention interventions. Our health system is focused on preventing falls in every care setting.

We know that falls are multi-factorial, and a range of interventions must be available to older adults to address their risks. The need for a range of community-based options led MaineHealth to be a founding member of the Evidence Based Leadership Collaborative, promoting the increased delivery of multiple evidence-based programs that improve the health and wellbeing of diverse populations. I am here today to share our work with the evidence-based program called A Matter of Balance (MOB).

Summary

A Matter of Balance was designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls. It is an evidence-based small group, cognitive restructuring program where participants learn to view falls and fear of falling as controllable, to set realistic goals for increasing activity, to change their environment to reduce fall risk factors, and to promote exercise to increase strength and balance. Eight two-hour classes include group discussion, problem-solving, skill building, assertiveness training, a visiting health care professional, sharing of practical solutions, two videos, and exercise training for strength and balance.

A Matter of Balance is designed to benefit community-dwelling older adults who are concerned about falls, have sustained a fall in the past, restrict activities because of concerns about falling, are interested in improving flexibility, balance and strength, and are age 60 or older, ambulatory and able to problem-solve.

A Matter of Balance was developed through a randomized controlled trial at the Roybal Center for Enhancement of Late-Life Function at Boston University, funded by the National Institute on Aging. (Tennstedt, et al., 1998).

Statistically significant outcomes were found up to twelve months after taking the class in Falls Efficacy, Falls Management, and Falls Control, and up to six months upon class completion for exercise and concern about falling interfering with social activities. (Ibid)

Further analysis published in the 2013 CMS report to Congress: A Retrospective Analysis of over 6,000 claims of A Matter of Balance participants from across the country found A Matter of Balance participation was associated with total medical cost savings, and cost savings in the unplanned inpatient, skilled nursing facility (SNF), and home health (HH) settings. A Matter of Balance participation was associated with a \$938 decrease in total medical costs per year. This finding was driven by a \$517 reduction in unplanned hospitalization costs, a \$234 reduction in skilled nursing facility costs, and an \$81 reduction in home health costs. (Report to Congress, 2013)

Story of Development

In 1999, MaineHealth worked with Boston University to bring the award winning falls program to Maine, using our health system clinical staff to offer the program in the community. A Matter of Balance is team taught and was originally led by clinicians – nurses, physical therapists and occupational therapists. While very well received by the community, the expense of the time for teams of clinical staff, to offer the program limited its dissemination.

In 2003, the U.S. Administration on Aging, using Older Americans Act funding, launched a three year public/private partnership to increase older adults' access to programs that have proven to be effective in reducing their risk of disease, disability and injury. The funding was targeted towards getting the scientifically proven programs off the shelf and into the community. Because MaineHealth had experience offering the evidence-based Chronic Disease Self-Management Program, a proposal was developed to translate A Matter of Balance into a lay leader model. The grant goals were: to test whether a volunteer lay leader model is successful when compared with original research (replicated original research tools and methodology), maintain fidelity to the original Matter of Balance curriculum, and share our approach with others in Maine and around the country. (AoA Grant #90AM2780)

A Matter of Balance: Lay Leader Model

In order to make A Matter of Balance work for lay leaders, the grant team made adaptations to the model, while keeping the class structure and curriculum true to the original research. Adaptations include: classes are taught by lay leaders, called coaches, instead of healthcare professionals; in addition to a Master Trainer manual, participant workbooks and a coach manual; strength and balance exercises were modified to make them safe for people with osteoporosis and joint replacements;; and, finally, the healthcare connection was maintained by adding a guest health care professional to the curriculum for one class to address adaptive equipment, how to get up from a fall, and answer clinical questions.

Maintaining fidelity is critical to the implementation of any evidence-based program. A training structure was developed that includes a two-day Master Trainer session led by two Lead Trainers employed by MaineHealth and deployed around the country. An eight hour coach training was developed based on original Matter of Balance leader manual. The Master Trainers are responsible for

observing coaches during training and while leading A Matter of Balance/Lay Leader class in the community. Wherever possible, organizations use a mentor model in which a new volunteer is paired with an experienced coach. Finally, MaineHealth provides support for Master Trainer sites through networking and sharing of resources, quarterly conference calls, availability through e-mails and phone calls, and assistance with measuring outcomes and participant satisfaction.

Over the course of the three year translation, a repeated measures single group design was employed. Participants from Maine experienced significant increases in Falls Efficacy, Falls Management, and Falls Control at six weeks, six months, and twelve months, thus achieving comparable outcomes with those of participants in the Randomized Controlled Trial. (Healy, et al., 2008) Furthermore, participant satisfaction shows that 97 % are more comfortable talking about fear of falling and feel comfortable increasing activity, and 99 % plan to continue exercising.

A Matter of Balance reaches across the state of Maine. MaineHealth works in partnership with our five area agencies on aging to provide access to classes from the rural communities in Aroostook and Franklin Counties to our more “urban” communities like Lewiston and Portland. Since 2006, over 6,215 Mainers have benefited from the program that are tracked in the database. Nationally, there are 1700 active Master Trainers at 770 licensed organizations in 46 states, Puerto Rico and the Virgin Islands. Since 2006, A Matter of Balance has reached over 96,000 older adults across the country.

This dissemination has been fueled by the use of Older Americans Act funds under Title III D and Fall Prevention funding through the U.S. Administration for Community Living, advocacy from the National Council on Aging Falls Resource Center, and growing collaboration with organizations such as universities, trauma centers and Emergency Medical Technicians/community paramedicine programs.

In order to address diverse populations, access to A Matter of Balance is made available with translations in Spanish, two Chinese dialects, Russian, Albanian, Korean, Portuguese, with a Japanese translation in pilot. A low vision translation is also available. Temple University is currently working on a translation/toolkit for people with developmental disabilities.

Organizations offering A Matter of Balance have access to on-going demographic, class and outcome data collection through partnerships with Sound Generations in Seattle and the National Council on Aging Fall Prevention Resource Center for Administration for Community Living grantees.

Finally, I'd like to share the story of a woman in our health system that took A Matter of Balance. Sandy had problems when her back went out. Following surgery, she left the hospital using a cane. One winter morning, she took her dog outside, wearing her slippers, and fell on the ice breaking her femur. Even after three months of physical therapy, she was still using a walker and “stuck at home”. Sandy's daughter saw an ad in the paper for A Matter of Balance and encouraged her mother to attend. Although skeptical, Sandy started the program. Within four weeks, she was no longer using her walker and had graduated to relying on a cane. By the end of the class, she was able to go on vacation to the Jersey shore. “The program teaches you to think and keep in tune with your body”. Next Sandy took Tai Chi – again, a bit skeptically, she “is not an earth muffin”. Two and a half months into taking Tai Chi, Sandy no longer needed her cane. She has gone on to be certified as a coach for A Matter of Balance and certified to teach Tai Chi. She wants to teach other older adults to know they can get up and move and reclaim their lives. In Sandy's words: “now I am free, I am here again, and I am back to being me.”

Thanks to the support provided by the Older Americans Act, older adults across the country have access to evidence-based programs that enhance their well-being and allow them to take control of their lives. I want to thank you for the opportunity to speak with you, and to express my gratitude to Senator Collins and the Committee for your leadership in the effort to reauthorize the Older Americans Act and requesting increased funding so more older adults across the country can lead healthier, independent lives.

Citations

CDC. Gov: <https://www.cdc.gov/homeandrecreationalafety/falls/fallcost/falls-by-state.html>

Healy, T. C., Peng, C., Haynes, P., McMahon, E., Botler, J. & Gross, L. (2008). The Feasibility and Effectiveness of Translating A Matter of Balance into a Volunteer Lay Leader Model. *Journal of Applied Gerontology*, 27 (1), 34-51.

Report to Congress November 2013: The Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act.

Tennsdedt, S., Howland, J., Lachman, M., Peterson, E., Kasten, L. & Jette, A. (1998). A randomized, controlled trial of a group intervention to reduce fear of falling and associated activity restriction in older adults. *Journal of Gerontology, Psychological Sciences*, 54B (6), P384-P392.

Supporting Tables

A Matter of Balance Salesforce database

Overview for this report period							
	# Orgs	# Classes*	# Sites	# Leaders	# Attended	Avg Class Size**	# (%) Completed
1/1/2006 - 10/3/2019	230	6,334	3,233	4,543	67,590	11.1	54,272 (80%)

National Council on Aging – Administration for Community Living grantees

Overview for this report period							
	# Orgs	# Classes*	# Sites	# Leaders	# Attended	Avg Class Size	# (%) Completed
9/1/2014 - 10/4/2019	378	4,528	2,891	3,220	53,980	12	42,542 (79%)