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Elderly Falls



Evaluation Research

Using the RE-AIM Framework to translate a research-based falls prevention intervention into a community-based program: Lessons Learned

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Abstract

Problem

Exercise-based research interventions demonstrate reduced risk and rates of falls for community dwelling older adults; however, little is known about effective mechanisms for the translation, implementation, and maintenance of these interventions in community settings.

Method

The RE-AIM framework was used to assess the translatability of an effective exercise-based research intervention in a community setting. Questions included: Reach — Would the target population attend? Effectiveness — What was the adherence and compliance to the program? Were there individual improvements in falls risk factors? Adoption: Would staff at the center adopt the program and offer it past the funding period? Implementation — What adaptations, including optimal frequency and duration, should be made to meet the community needs, still adhere to core elements and achieve similar outcomes? Maintenance — Would the program be sustained by our community partners?

Discussion

The process of translating a controlled research intervention targeting older adults at risk of falls into a community setting was challenging. Licensed professionals developed the infrastructure to safely and effectively deliver the program. The end product was highly appealing program to our target audience, resulted in improved outcomes and was successfully adopted and maintained by the community partner.

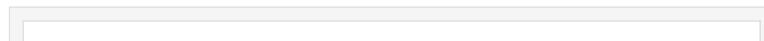
Summary

Partnerships between community and healthcare providers are key to successful implementation of falls prevention interventions. Lessons learned from this experience can be applied to the translation of future exercise-based falls prevention interventions.

Keywords

Falls prevention; Translational research; Aging; Community-based; Balance

Figures and tables from this article:



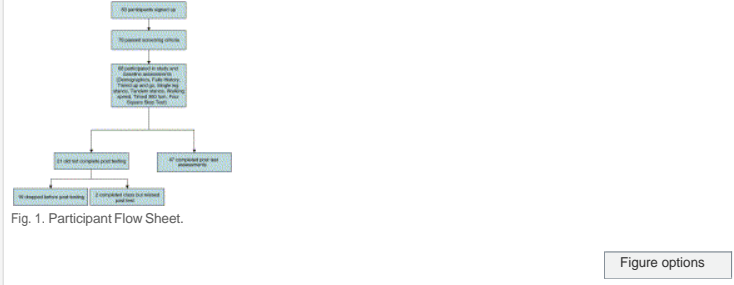


Figure options

Table 1. Participant Demographics.

* Significant at $p < .02$.

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Table 2. Number of participants with risk factors at baseline and post test.

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Table 3. Paired t-tests comparing baseline and post test measures.

* Significant at $p < .02$.

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Table 4. Example class curriculum.

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Dr. Tiffany E. Shubert is the president of Shubert Consulting, and holds adjunct positions as a Scientist at the UNC Center for Aging and Health, the Institute on Aging and the UNC Division of Physical Therapy. She is recognized as a leader in falls prevention and has worked with the CDC to identify key components in the translation and dissemination of evidence-based falls prevention programs. Dr. Shubert received a BA in Communication at the University of California at San Diego, a Master's of Physical Therapy from the University of California at San Francisco, and her Ph.D. from the Curriculum in Human Movement Science at UNC Chapel Hill. Dr. Shubert's research is focused on identifying factors that contribute to healthy aging, falls prevention, and developing multi-disciplinary community based interventions to create a continuum of care for older adults. Dr. Shubert was the team lead for a project to develop, implement, and evaluate an evidence-based balance improvement program delivered at senior centers by physical therapists in collaboration with fitness professionals. She is the lead author of the North Carolina Roadmap for Healthy Aging, an interactive wiki designed to inventory health promotion programs for each county to facilitate referral and utilization of community-based programs. She is currently funded through the Carolina Geriatric Education Consortium to develop and disseminate best practice falls prevention for clinicians across the continuum of care. As president of Shubert Consulting, her work is focused on improving current clinical practice and identifying non-traditional delivery systems, including gaming technology, to create a continuum of care for older patients. Dr. Shubert is a founding member and leader of the North Carolina Falls Prevention Coalition, and an active member of the American Physical Therapy Association.

Dr. Mary Altpeter Dr. Altpeter is Healthy Aging Program Lead and a Senior Scientist at the IOA. She is trained in social work, gerontology and public administration. Her research and research translations interests focus on designing and testing community-level health promotion interventions for older adults, and building infrastructure and provider capacity to plan, implement and evaluate health promotion programming. She has participated in numerous multi-disciplinary health promotion research and education projects and has published in the areas of evidence-based health promotion for older adults, participatory action research and building community partnerships to address preventive health care for marginalized older adults. Since 2001, she has been an active investigator and PI of the CDC-funded Prevention Research Center NC Healthy Aging Research Network, a member campus of the nine-campus national Healthy Aging Research Network (HAN). The mission of the HAN is to better understand the determinants of healthy aging in older adult populations; to identify interventions that promote healthy aging; and to assist in the translation of such research into sustainable community-based programs throughout the nation. Dr. Altpeter also served as Co-investigator of the CDC-funded three-year project designed to determine whether the Walk with Ease (WWE) program (in group-assisted and self-directed versions) can increase physical activity and fitness levels among adults with arthritis over the long-term (Dr. Leigh Callahan, PI) and currently is Principal Investigator of the "Bringing Walk With Ease to the Workplace" research project funded by the Mid-Atlantic Region Arthritis Foundation.

Dr. Jan Busby-Whitehead is the Chief of the Division of Geriatric Medicine at the University of North Carolina at Chapel Hill. Dr. Busby-Whitehead is responsible for heading up several research initiatives within the division totaling approximately \$5 million. These grants include the Carolina Geriatric Education Center grant funded by the United States Bureau of Health Professions and the Geriatrics Practice and Teaching Program funded by the Donald W. Reynolds Foundation. Dr. Busby-Whitehead oversees the fellowship in geriatric medicine training program.