

Participation in Evidence-based Falls
Prevention Programs among Tribal
Communities: Results and Lessons Learned

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Background

- American Indian/Alaskan Natives (AI/AN) represent a growing, yet underserved population of older adults.
- Social, cultural, and physical barriers to participation
- AI/AN have the highest rates of falls among any racial group.
- AI/AN elders often have multiple co-morbid conditions, increasing fall risks.

The Data

- National Falls Prevention Database
 - 24 state grantees, 8 tribal grantees
- Organizational and Individual-level Factors
 - Site Type
 - Participant demographics
 - Falls risk factors
- Evidence-based falls prevention programs
 - Reach: Attendance, Completion
 - Effectiveness: Reduction in falls risk factors

Programs – AI/AN Participants

MOB – 48.8%

Stepping On – 16%

Tai Chi for Arthritis – 15.7%

Tai Ji Quan – 14.2%

Stay Safe Stay Active – 4.2%

SAIL – 0.5%

FallScape – 0.4%

Otago – 0.2%

Results

Variable		AI/AN <i>n</i> = 1010	Non-AI/AN <i>n</i> = 55343
Age		71.69 (9.99)	76.11 (9.41)
% Female		75.5	70.5
Education			
	Less than HS	8.6	3.0
	Some HS	8.3	3.3
	HS grad or GED	20.6	18.1
	Some college	28.1	22.2
	College grad or higher	21.0	27.3
% Live Alone		41.9	39.4
<i>Note.</i> Percentages do not add up to 100 due to missing data.			

Variable		AI/AN (n = 1010)	Non-AI/AN (n = 55343)
# Falls Past 3 months		0.91 (3.87)	0.59 (1.71)
# Falls with Injuries		0.31 (0.76)	0.20 (0.62)
General Health			
	Excellent	4.0	4.3
	Very Good	20.2	22.2
	Good	44.9	35.6
	Fair	18.2	11.9
	Poor	2.8	1.1
Referred to program by healthcare professional		15.0	12.1
% 2 ≥ co-morbid conditions		54.4	41.3
Cardiovascular Condition		28.8	24.3
Musculoskeletal Condition		54.7	44.2
Metabolic Condition		36.4	17.0
<i>Note.</i> Percentages do not add up to 100 due to missing data.			

Tribal Grantee AI/AN

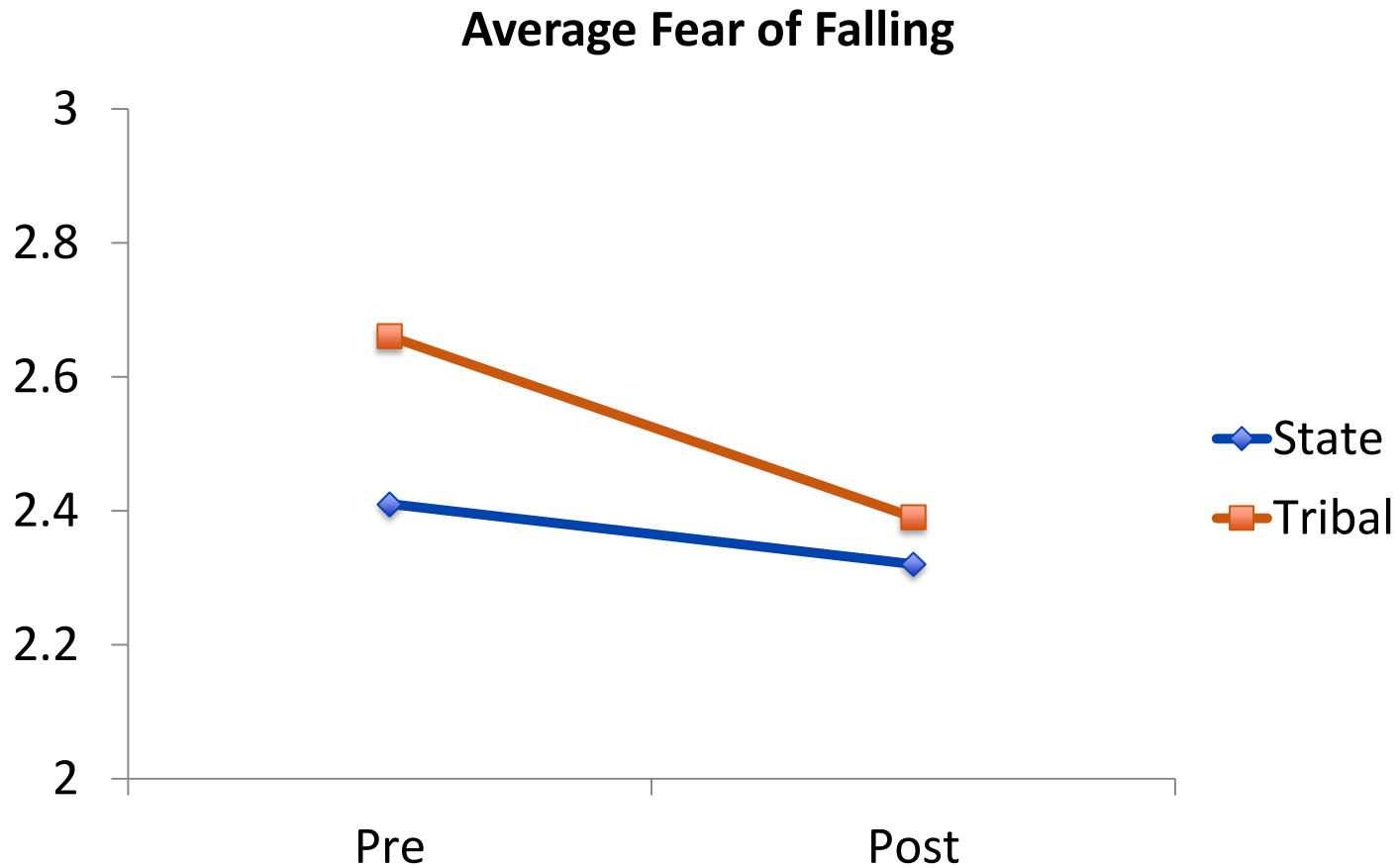
Vs.

State Grantee AI/AN

Results – State vs. Tribal Grantees

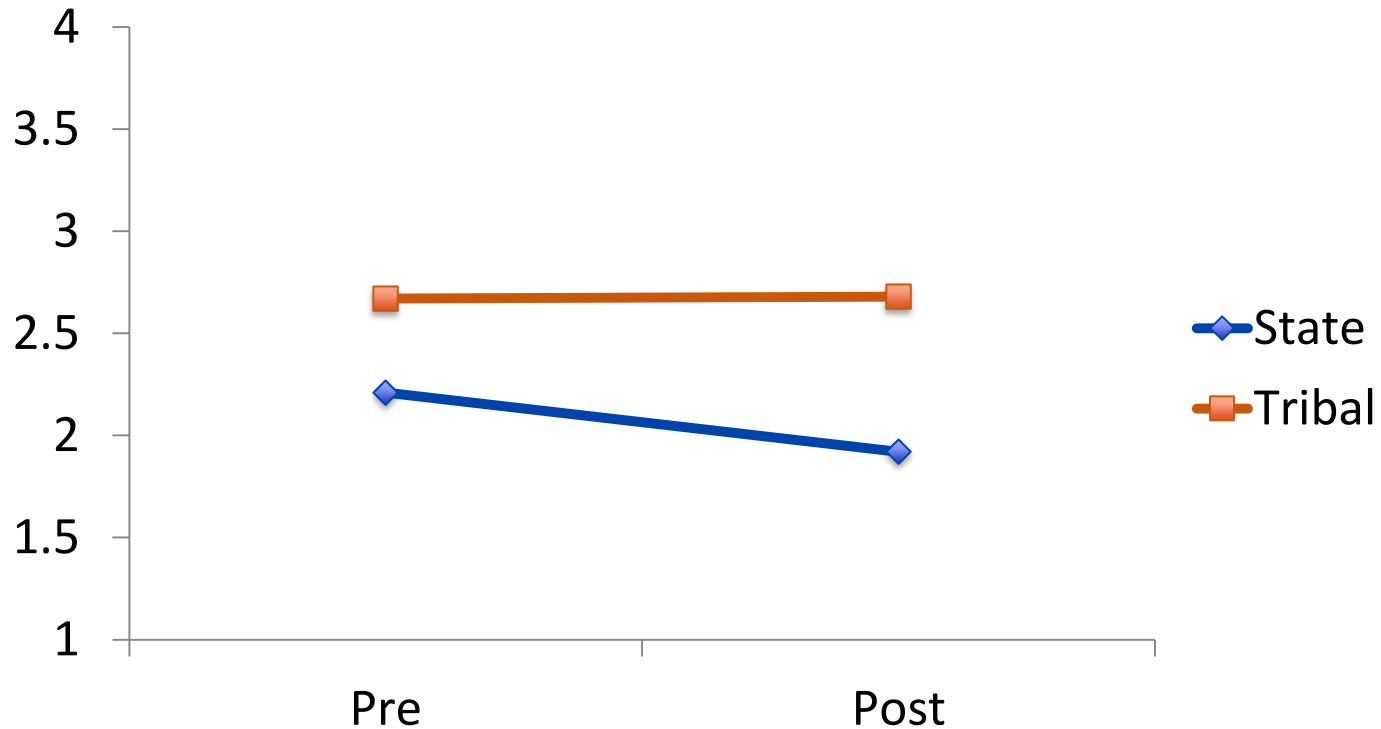
REACH	State Grantees AI/AN Participants N = 731	Tribal Grantees AI/AN Participants N = 279
Attendance (average # of classes)	6.95 (4.73)	8.87 (10.51)
Completion	70.1%	30.3%

Results – State vs. Tribal Grantees



Results – State vs. Tribal Grantees

Average Falls-related Activity Restriction



Discussion

- There is a need to adapt falls prevention programs for AI/AN elders to reduce dropout and participation
- Some program components may not be relevant (e.g., elevators & escalators)
- Need for buy-in from potential instructors/program facilitators, community and health providers
- Tribal AND State grantees can help reach this population

Future Work

- Explore participation by program type
- Adapt programs to meet the needs of tribal communities
- Examine program effectiveness among tribal communities and racial minorities

American Indian/Alaskan Native/Native Hawaiian Evidence-Based Program Advisory Council

- NCOA, ACL, and 13 organizations focused on serving AI/AN/NH elders
- Convened in Feb. 2018 to work towards increasing AI/AN/NH access to and participation in evidence-based programs
- Goal: Develop a strategic plan, with recommendations to reduce barriers to access, guidance on culturally relevant program adaptations, and funding sources to support evidence-based programs in tribal communities.

American Indian/Alaskan Native/Native Hawaiian Evidence-Based Program Advisory Council Members

- ACL National Resource Center on Native American Aging
- ACL National Resource Center for Alaska Native Elders
- Hā Kūpuna, ACL National Resource Center for Native Hawaiian Elders
- Indian Health Council
- Indian Health Service
- National Council of Urban Indian Health
- National Indian Council on Aging
- Northwest Regional Council
- Salt River Pima-Maricopa Indian Community
- UniteMKE, A Bridge to Community Health
- University of Oklahoma Health Sciences Center
- University of Arizona, College of Social & Behavioral Sciences, American Indian Studies
- Western Carolina University, College of Health and Human Sciences

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