

FINAL & QUARTERLY REPORT

Project Title:

Project Upright: NL Falls Prevention

Project Number:

6793-01-2001/1430245

Sponsoring Organization:

Seniors Resource Centre Association of Newfoundland and Labrador

Organization Address:

280 Torbay Rd
Ste W100
St. John's, NL
A1A 3W8

Project Coordinator:

Lisa Paton

Project Assistant:

Clarice Cole

Phone/Fax:

709 737 2333
709 737 3717

Report Period:

March 1, 2002 – March 31, 2004
With focus on final quarter December 31, 2003 – March 31, 2004

Project UPRIGHT: NL Falls Prevention
Final Report: March 1, 2002 – March 31 – 2004
Combined with Quarterly Report:
December 31, 2003 – March 31, 2004

This report will be based on all the project activities March 1, 2002 to March 31, 2004. No separate quarterly report is required for December 31, 2003 – March 31, 2004 therefore notes will be added regarding this period. The work plan for this phase of the project is included in Appendix A for reference purposes.

Project UPRIGHT: Newfoundland and Labrador Falls Prevention, is sponsored by the Seniors Resource Centre Association of Newfoundland and Labrador (Seniors Resource Centre), through funding provided in a partnership between Health Canada and Veterans Affairs Canada. Project UPRIGHT is a community capacity building initiative, which seeks to "...create relevant partnerships at regional levels to develop strategies and initiatives to prevent falls and injuries from falls among Veterans and other older adults, including high risk groups, at home and in the community." A project coordinator and project assistant hired by the Seniors Resource Centre, work closely with a provincial advisory committee, provincial working group, and regional working groups to lead the project activities.

According to the work plan and proposal, the program:

- educates and motivates the general community to identify and eliminate risk factors leading to falls;
- highlights that good personal health practices can reduce or eliminate significant risk factors, including high risk behaviours, leading to falls.

This project quarter (months 22-24) has continued with the promotion and implementation of project activities. Activities for the evaluation including interviews completed by peer interviewers, have been completed and the results are being compiled by the external project evaluator, Integrated Human Resources Development Consultants. In partnership with other projects and programs of the Seniors Resource Centre and external partners plans have been made to establish support for sustaining project activities. Progress was made through the project with partner organizations and the provincial wellness committee in recognition and development of strategies to address seniors needs in a number of wellness areas including injury prevention.

PROJECT STRUCTURE

(senior and veteran involvement, project partners, project management)

The core of this program is based on emphasizing senior and veteran ownership and involvement in the design, implementation and evaluation of this

program. The program has adopted a grass roots community development approach to reach this goal.

The project was funded through a partnership of Health Canada and Veterans Affairs Canada and sponsored by the Seniors Resource Centre Association of Newfoundland and Labrador. The Seniors Resource Centre also sponsored a project for Phase I of this initiative and received funding during the bridge period. There were definite benefits to the two phase approach. Phase I allowed an opportunity to generate interest and mobilize the community to address this issue. However, the uncertainty during the bridge funding period and when completing phase I work did complicate the community mobilization aspect. It was difficult to respond to partners and commit to activities when there was uncertainty that the proposal for the following phase would be accepted. The numbering of the phases, progressing from phase I to phase III also led to some confusion at times, as there were no phase II projects funded in this province. The funding during the bridge period was extremely beneficial, however it again led to some difficulty in committing to activities. The program consultant from Health Canada for this project was supportive throughout the various phases of the project, clear in expectations, provided direction and access to information as requested. Throughout the project there were a number of opportunities to meet and share ideas with other projects nationally and regionally. This was very helpful and in multiple instances led to activities and approaches that may not have otherwise been realized. Health Canada and Veterans Affairs Canada were also helpful in the provision of resource materials (Go For It, Fact sheets and brochures etc) unfortunately at times the delivery period and quantities available did present challenges.

The project partners remain intact from phase I and efforts to strengthen involvement and commitment were made throughout the project. The focus of partnership has been on the grass roots level. Partners continuing from phase I have involved Veterans Affairs Canada, The Royal Canadian Legion, The Seniors Resource Centre internal programs (Diabetes project, Caregivers project, Peer Advocate program, Mall walkers, Grocery Bus, Friday Friendship Club), The Department of Health and Community Services, Various Health and Community Services Boards, The Provincial Injury Prevention Coalition, Various Institutional Boards, The NL Public Service Pensioners, Mount Pearl Seniors Independence Group, The NL Occupational Therapy Association, Various 50+ Clubs, Labrador Friendship Centre, Various Home support individuals, and Various Service clubs. Various seniors clubs, health and community services agencies, and community agencies. Other project partners were identified and involved later in the project including Seniors Resource Centre Friendly Visitors, Seniors Resource Centre ABC's of Fraud, Avalon East Home Builders Association, CNIB, Red Cross, various church groups, the Friendly Visitors (Seniors Resource Centre), KENT building supplies, Lawton's Drug store, Academy Canada, the Association for Community Living, Walmart Pharmacy various clergy and lay clergy home visitors, Emergency Alert Foundation,

Community Recreation Programs, Personal Care home owners and the evolving regional wellness coalitions.

Most of the partners involved in the provincial working group were involved and committed to the project since phase I. The nature of the partnerships ranged considerable. The formal partnering of the diabetes and the falls prevention project led to participation of that project coordinator in the falls working group. In kind staff support for the provincial working group was not only received from the Seniors Resource Centre but also the Department of Health and Community Services, The Royal Canadian Legion, and Veterans Affairs Canada. Volunteer support of the provincial working group was also received from CARP. With in the regional group structure a combination of in kind staff support and volunteer professional involvement was received. This involved health and community services boards, institutional boards and private practice professionals. Meeting space in community rooms at grocery stores, legion halls, Seniors Resource Centre, Seniors clubs, Labrador Friendship Centre, in volunteers homes, in store demonstration areas were in many cases accessed for no or reduced fees for meetings and presentations. In kind provision of display boards were accessed through two different Health and Community Services Boards. The number of volunteer hours generated was not formally tracked however, it was the primary means that all project work was completed. Cost sharing and covering of travel costs for both project staff and volunteers were received through coordinating travel with project partners on multiple occasions. Partners in the project opened new doors to opportunities that were not initially anticipated when the partner was approached.

The original intent of the program was to have a provincial steering committee which would act in a management capacity with respect to Project UPRIGHT. This proved unworkable given the amount of time required of members, many of whom were also the key actors on the regional level. The alternative was to establish a smaller working group, to oversee the ongoing administration of the program and to change the status of the provincial group to advisory and have them meet less frequently. This occurred seamlessly, as the steering committee from phase I of the project had remained intact during the bridge funding and was providing interim support in the establishment of the project. The interim evaluation found that informants were very positive about the effectiveness of the structure, and felt that roles and responsibilities were generally clear. The provincial advisory committee met face to face four times over the life of the project. The agendas and minutes of the provincial working group and the provincial advisory committee are included in Appendix B.

The central vision of the program was the creation of six action teams (one in each health and community services regions in the province, St. John's, Eastern, Central, Western, Grenfell and Labrador) to guide regional initiatives aimed at addressing falls prevention at the community level through awareness, education and eliminating factors contributing to falls.

Although the project activities have followed the work plan fairly closely, there has been some variation in the structure of the regional working groups across the province and activities have varied region to region. There has also been a number activities coordinated through project staff and provincial representatives. Contacts have been established throughout the province, networks have been formed and in some instances more formal partners have been established. Regional activities tend to be driven by one or two senior champions in the community.

Each region has a unique structure and nature of activities some “regional” groups have adopted a regional mandate and extended beyond their own home communities in other cases activities have been based primarily in the champion’s own home community. In other cases a “regional group” has not formally identified itself but a seniors club or group has adopted a falls prevention project or activity to complete or support. There has also been some activity that has been driven and completed directly by project staff. The shift from the original structure was reported in the interim evaluation report to be viewed as adopting a “flexible and realistic response” by the key informants. In retrospect, as the project is completing it is apparent that the less formal structures also offer a better potential for sustainability of activities.

REGIONAL STRUCTURES

| Region | Structure |
|---------------|--|
| St. John’s | regional action committee and other groups in region |
| Eastern | Informal regional action committee and sub-committees |
| Central | primarily one person leading regional activities, some involvement of continuing care nurses |
| Western | no structure at present, as there was an existing program in the region (Steady as You Go) |
| Grenfell | regional action committee |
| Labrador | no committee |

St. John’s Region

The committee in this region had considerable challenges initially. There were some expectations for activities that involved budgets considerably beyond the intention and potential of this project such as high cost media campaigns, professionally developed television ads, and direct service provision by health care professionals. As these members recognized that their goals would not be met through their participation in this project, the group transformed from one that

was dominated by health care professionals to one where health professionals played a consultative role and senior volunteers played lead roles. The committee identified a number of seniors clubs/groups that could benefit from presentations on falls prevention. The committee was trained by an Occupational Therapist to deliver the presentation and oriented to other resource material available through the Seniors Resource Centre. Efforts were made to support the committee to coordinate and complete their presentations without the support of project staff. This was successful for instances where the volunteer was a member of the group receiving the presentation. However, in other cases, the project staff was required to coordinate the dates and make arrangements with the host group. This level of assistance cannot fully be sustained beyond the life of the project. However, the Seniors Resource Centre will be able to sustain a list of the volunteers willing to complete the presentations, and availability of the presentation kits will be available upon request. This will be available in the St. John's and Mount Pearl areas.

Other contacts in the St. John's region were involved in project activities, but were not members of this committee. These activities were supported under regional funding and directly by project staff and are discussed below in the project activities. Their structures varied but were focused on a both exercise and education components.

Eastern Region

The committee is composed of a range of professionals and community volunteers. The volunteers have a strong sense of ownership of the project and initiative in developing project activities. This group has also initiated the development of subgroups through their legion based contacts. The subgroup in one region of the province operated on a limited basis and the individual involved shared information on a word of mouth basis. This subgroup did not choose to participate in further project activities. The subgroup in the other area involved two pairs of community volunteers from neighbouring communities. This group was quite active in promoting project information and completed activities with minimal project staff support.

Central Region

There is no actual Regional Action Committee in this region, however, much of the overall initiative has been spearheaded by one individual who is a veteran and very committed to the project.

Labrador Region

Early in the project contacts were made in both Happy Valley Goose Bay and Labrador City. Attempts were made to link contacts in both locations by teleconference to coordinate project activities. This was not successful and people felt it was difficult to coordinate community based activities over such a

vast distance. Focus was turned to Happy Valley Goose Bay, however, at that time there was limited uptake of the project. The project led to an increased connection and an opportunity to share resources through the project with area partners outlined below in project activities. Late in the project contacts were made with the Lab City Legion and this did allow completion of project activities. As the interim evaluation report indicated it needs to be reinforced that the struggle to develop community capacity in Labrador is common in projects of this nature. Mitigating issues, in terms of population, geography, transportation, culture / ethnicity, and social issues, add to the challenges of identifying and supporting community capacity.

Western Region

In the Western region efforts were made to partner with the Seniors Health Promotion Committee. The committee did not identify strategies to formally partner. This could be related to the capacity of key players to partner effectively and not feel like their organizational goals or ability to compete for funds was compromised. Care was taken to ensure that the activities that were completed within this region did not conflict with the same target group as projects of the Seniors Health Promotion Committee. The existing peer advocate group in Cape St. George was involved in project activities and directly linking with this existing contact of the Seniors Resource Centre facilitated supporting their activities over a great distance.

Grenfell Region

This regional group had a small core of volunteers that are supported by the regional health educator. This regional group has partnered effectively with the regional health educator and the diabetes project to carry the message out to other communities in their region. Despite this program beginning later than most, efforts in this region were considered strong and due to the partnering were moved forward with activities occurring in Black Duck Cove, Green Island Cove, Roddickton, Flowers Cove, St. Anthony and the Southern Labrador Coast.

PROGRAM ACTIVITIES AND STRATEGIES

It is estimated over 4,510 people have directly received information pertaining to Falls Prevention in the program. It is important to note that in the evaluation many people reported passing the information along to others. This includes veterans, caregivers and other seniors, professionals and para-professionals and others. The majority of the direct presentations and information displays were completed by volunteers (seniors and veterans) involved with the project or local community contacts such as community health nurses, local pharmacist, therapists, etc. The regional action groups completed tasks unless otherwise specified as an activity of project staff. Efforts were made to recognize the contributions of these volunteers and contacts including awarding of certificates, project pins, calendars for working groups and for the advisory committee project bags and fridge magnets with the Seniors Resource

Centre contact information. Below various categories of activities are outlined in this section.

Manual for personal care home owners/operators:

This manual was provided to personal care home owners who requested a copy and were present at a meeting of one of the personal care home association meetings which project staff attended and discussed the project. This resource has also been provided to home care workers. Over 125 manuals have been distributed. This manual was developed by project staff and a copy is in appendix D.

Resource Packages

An adaptable resource package on falls, for delivery with veterans, caregivers and other seniors, and relevant other groups was compiled. Forty-six have been distributed to legion service officers or other representatives. Follow up calls were made by project staff and responses were varied, 2 reported not receiving the package, 3 reported they have received it but not used it, 2 reported finding it very informative but reported they had not had a chance to use it, 6 reported finding the information helpful and used it at a meeting or in a presentation, the other branches (numbering 33) did not return messages left.

Sixty five were distributed to caregivers, home visitors and personal care homes. Since that time resource packages have been provided as requested and to key contacts. These contacts have included three 50+ Federation link directors, and fifty professionals who work with seniors and have requested the materials. In March, 2003 the resource packages were distributed at the two home visitor workshops, fifty two in St. John's and area and thirty two in Corner Brook area. Follow up was completed with the people who attended the home visitor workshop and the findings are included in the evaluation report. Approximately ten professionals heard about the package through a colleague and requested a copy. Project staff also provided a copy to NL Housing and CNIB. Plans are in place for a workshop to be delivered about falls prevention through the Newfoundland and Labrador Occupational Therapy Association to professionals once the project is completed. Thirty resource packages have been provided for use in this workshop in May 2004. The resource package drew on compiling existing resources such as The Safe Living Guide, Bruno and Alice, The Fact Sheets from HC/VAC, Go For It, The Seniors Guide to Programs and Services (a listing of community based resources compiled by the Seniors Resource Centre), a handout called Issues in Discussing Falls (developed by the project included in Appendix D),

Workshop Guide and Overheads

This resource package has been promoted through our project newsletter and word of mouth among project partners. The intended group to use this resource is health professionals or groups interested in a workshop format. Project staff have facilitated the use of local professionals for presentations and provided this resource materials. A number of seniors volunteers have also used

the material and reported finding it manageable. These materials have been delivered in:

| | |
|------------------------|----------------------------------|
| Clarenville | (9 attended), |
| Happy Valley Goose Bay | (17 attended), |
| Cape St. George | (18 attended), |
| Lab City | (15 attended), |
| Marystown | (22 attended). |
| Gander | (15 attended) |
| Trepassey | (63 attended) |
| Springdale | (8 attended, and 12 on March 31) |
| Port Au Port East | (26 attended) |
| Witless Bay | (5 attended) |

These workshop packages were used as part of a half day session that typically included skits and guest speakers. The workshop guide was developed by project staff and is included in Appendix D.

Presentation Guide and Overheads

This resource package has been promoted for a shorter presentation for use by senior volunteers. It is included in Appendix D. Project staff have demonstrated the use of this material to members of one of the action groups that plans to adopt this presentation and offer it to various seniors groups in the St. John's/Mount Pearl area. The presentation was delivered to:

| | | |
|--|----|----------|
| Kiwanis club in St. John's | 14 | attended |
| Grand Falls Winsor | 40 | attended |
| Mall Walkers in St. John's | 25 | attended |
| Glen Brook Lodge | 5 | attended |
| Seniors Bridging Cultures Club: | 22 | attended |
| Paradise Seniors Club: | 87 | attended |
| Mount Pearl 50+ club: | 25 | attended |
| Kelly's Brook Apartments: | 30 | attended |
| Caregiver Support Group: | 9 | attended |
| Kilbride 50+ Club: | 38 | attended |
| Bishop Meade Manor: | 29 | attended |
| Maplewood Apartments with City of St. John's Recreation outreach worker: | 25 | attended |
| Flowers Cove | 16 | attended |
| Friday Friendship | 31 | attended |
| Eastport Link Meeting | 54 | attended |
| Elizabeth Towers | 18 | attended |
| Golden K | 14 | attended |

Presentations of Varied Nature

There have been numerous falls prevention presentations made across the province, by staff and volunteers. Attendance at presentations completed by project staff is estimated as 300 at a Legion based event and 254 at non Legion based events. Estimated attendance at presentations completed by non project

staff to date is 300 that did not use the presentation kits. Other presentations that did not specifically follow the workshop or presentation package were completed in:

| | |
|---|----------------|
| St. Anthony | (22 attended), |
| Seniors Bridging Cultures Club | (10 attended), |
| Diabetes workshop in Gander | (50 attended). |
| Two day long workshop for home visitors were developed and offered by project staff one in: | |
| St. John's | (52 attended) |
| Corner Brook | (32 attended). |
| 6th Annual Recreation Conference on Shaping the Future for Older Adults. | (76 attended) |
| Seniors Policy and Programs Committee in conjunction with the Diabetes project. | (10 attended) |
| Friendly Visitors | (23 attended) |
| Clarenville Inn Seniors information | (40 attended) |
| Grand Falls a care giver day away - used adapted equipment kit | (26 attended) |
| Annual conference of the Canadian Association of Gerontologists. | (20 attended) |
| St. John's regional personal care homes | (5 attended) |
| KENT Building Supply – grab bar installation | (2 attended) |
| Avalon East Home Builders Association Symposium | (100 attended) |
| Academy Canada –plumbing &carpentry students | (15 attended) |
| Mall Walkers | (22 attended) |
| Friday Friendship | (30 attended) |
| Port Hope Simpson | (18 attended) |
| Forteau | (10 attended) |
| Humber Valley Complex | (61 attended) |

Support in Exercise Programs

The program has had an influence in initiating and supporting some exercise programs, e.g. walking, as a result of workshops and discussions. Approximately 111 individuals have started or been supported in an exercise program since the start of the program. Support to exercise groups has taken a number of different forms including providing written materials, providing advice, loaning VCR and exercise videos and linking contacts. Support to existing exercise programs:

| | |
|----------------------------------|---------------------|
| Bell Island | (26 attended), |
| Trepassy | (10 –12 attended), |
| Clarenville (open times program) | unknown numbers |
| Deep Bight | (8-10 attended), |
| Calvert | (3-4 attended), |
| Cape St. George | (5-6 attended), |
| Golden Legion Manor | (10-12 attended) |

| | |
|-------------------------------------|-----------------|
| Mount Pearl Rhythm and Dance group` | (7-12 attended) |
| Personal Care home in Torbay | (15 attended) |
| Personal Care home in Kilbride | (6 attended) |
| Personal Care home in Witless Bay | (8 attended) |

The success, expansion and ability to sustain of these groups has been varied and is influenced by the amount of grass roots interest and support.

Through a partnership with Health and Community Services St. John's a workshop was offered in St. John's promoting the Moving for Health Program. Approximately twenty people attended this program. Offering the workshop served as a valuable means to strengthen the partnership with Health and Community Services Board and with various Seniors organizations that were involved with the workshop. Representatives at the workshop included leaders from seniors groups, community leaders, peer advocates, personal care home operators, staff and a personal care home resident. The workshop was attended by people from a variety of urban and rural areas including Mount Pearl, Trepassy, Bay Bulls, Bell Island, Deep Bight, Torbay, Foxtrap, St. John's and Conception Bay South. The program was successful and new exercise programs have since started in a personal care home in Bay Bulls and a rhythm and dance group in Mount Pearl. Others who attended the workshop were currently involved in supporting a community based activity group. For those individuals the workshop served to link them with resource people and support, provide them with new information and provide support and encouragement in their work.

Video tapes of exercises were also loaned to a personal care home in Bay Bulls, Torbay and Carmelite house in Grand Falls Windsor. Project staff were contacted by a student nurse who had started an exercise program at a separate personal care home, for assistance to sustain the program upon her departure. The project was able to identify a volunteer interested in going and facilitating the exercise group. The personal care home also contributed by agreeing to assist the volunteer with transportation to the exercise program.

Skits:

Skit materials were received from other sources. These materials have been used by project staff and volunteers. There has also been some improvised skits and songs used. The use of skits and song has been promoted and has been built in as a component of workshops offered in the home visitor workshops in St. John's and Corner Brook, Clarenville, Trepassy, Springdale, Port Au Port West, Marystown, Cape St. George, St. Anthony, and Gander.

Poster Displays / Other Activities

Poster displays have been established and maintained in hospitals, doctor's offices, seniors' residences, Legions and pharmacies. A copy of the glossy posted developed through the project is included in Appendix D. In addition to the actual brochures distributed, it has been noted by one informant

that often people will read this information, and leave it at the display, or share it with others, meaning one piece of written information can be directly used by and be of benefit to several persons. Resource materials distributed at poster displays manned by project volunteers numbered 310. Other specific events that had a display booth included:

- Seniors day organized by Walmart pharmacy (attendance 20),
- St. Anthony Seniors Day (200 attended)
- Mount Pearl Independence Group Information day, 2002 & skit performed (175 attended),
- Mount Pearl Independence Group Information day, 2003 (200 attended)
- Women's Auxillary Meeting in cental Newfoundland (100 attended),
- Provincial Conference of Legion in Labrador (150 attended),
- National 50+ Convention in Gander (approx. 300 attended).
- Lions Club Convention in Milltown and set up a display in the hotel lobby. (unknown)

A display booth was sent or manned at an annual human rights fair for highschool students (100 attended)

Therapeutic recreation conference which had (125 conference registrants).

- Labrador City Community Inclusion project (100 attended)

- Grand Falls Windsor Community Inclusion project (72 attended)

Nain RCMP were provided resources for a display and presentation that will occur after project completion

Adapted Equipment Kit

This kit was developed and the resource guide that accompanies this kit is included in Appendix D. This kit has been used at various presentations and is available on loan for demonstration purposes.

Project Newsletter

Twice a year, each year (September and late December) a project newsletter was issued. This newsletter was sent to active volunteers, project partners, project contacts and others with inquiries about project activities. This served as a valuable way to update people briefly on project activities, promote the availability of resource materials, promote the access to regional funding and connect people at the grass roots level to the wider activities of the project. The project newsletter also served to stimulate inquiries and activities by contacts who had not been active. The newsletter distribution list grew to 200 people. At the close of the project a final letter and a form that could be used to access resources upon the completion of the project was distributed. This letter is included in Appendix C.

Media Coverage

The uptake of covering project activities by the media has been good. Media releases were issued with the project launch (June, 2002), Seniors Safety week (November 2002 & November 2003), and for various workshops. The coverage for the project launch included a story in The Evening Telegram, A

second story a week later in The Evening Telegram, A story in the Western Star, a story in Charter Argentia, a 3 minute radio spot on VOXM, a 5 minute radio spot on CBC radio noon, and television news clips on CBC and NTV news.

Seniors Safety week 2002 included coverage in The Evening Telegram and two stories in The Western Star. During Seniors Safety Week 2003 there was information about falls prevention in the Lawtons flyer, the Kent Flyer (promoting the seminar) and two articles in The Evening Telegram. Also during seniors safety week project staff in partnership with the diabetes project, of the Seniors Resource Centre were on CBC radio Crosstalk, a one hour radio call in show, discussing senior wellness issues including falls prevention and healthy active living.

Workshops in Clarenville, Lab City, Springdale and Corner Brook were also covered in their local newspapers. The Lab City workshop led to a 2 minute interview with CBC Labrador by the project coordinator that ran for the two days preceding the workshop. The Occupational Therapist that partnered to complete the Homebuilders Association presentation was interviewed for 2-3 minutes on CBC radio on the day of the symposium about designing to prevent falls.

There has also been some ongoing coverage of project activities in media sources. A seniors corner was developed in the Northern Penn that covers a number of seniors issues. There has been submissions run in the NL Public Service Pensioners Newsletter, and in the Journal of Continuing Medical Education. The NL Public Service Pensioners newsletter, the Seniors Pride and cable 9 St. John's, Coffee News, all run the tip of the month. The Seniors Pride Newsletter of the Seniors Resource Centre has run stories about hip protectors, icers and general safety tips. The Caregiver newsletter of the Seniors Resource Centre has run stories. The newsletter to personal care home owners has carried stories as well based on the encouragement of project staff. The diabetes project of the seniors resource centre ran a story about icers in their newsletter. Two articles about the project were submitted to different CHPNA newsletters, one issue about falls prevention, the other issue about diabetes (the article highlighted the partnership with the SRC diabetes project). One of the regional action groups also completed an interview with SCAN TV, their local cable station. Copies of the print media coverage from this quarter are included in Appendix E.

There was a photo of project volunteers and staff meeting with a federal politician about the project included in the politicians constituent newsletter that went out to all the residents of that riding.

Supporting Information in Resource Materials

During this phase of the project a new provincial curriculum for home support workers was developed. Resource material about falls prevention was

provided to the curriculum developer. This curriculum has not been finalized however, the developer indicated that falls prevention information was incorporated in to the resource materials.

New manuals for personal care home owners were also developed during this project phase. Materials were provided to the developer of this resource manual.

The brochures developed by CAOT were provided at point of purchase (Kent, Canadian Tire, Eastern Medical, Northern Medical, Lawtons, AIM Services, Parkdale, Red Cross, Home Builders). Follow up was also completed with the medical supply stores in the St. John's/Mount Pearl area that were provided copies of the brochures developed by CAOT through a national falls prevention project. Eight stores initially were sent the brochures 5/8 reported that the brochures were still on display and reported that they were used by customers, 1/8 did not respond to messages and 2/8 either did not recall having the brochures. Comments by vendors about the brochures were all very positive and included comments such as they were helpful and although not everyone took them they were used.

Regional Funding

As outlined in the initial project proposal, funding for regionally selected activities was made available. A formal review form with set criteria was developed and all applications were reviewed by the provincial working group. Most applications were completed with suggestions and support of project staff and with only a few minor changes all applications were accepted. The numbers associated with attendance at presentations etc are outlined above.

Activities receiving regional funding:

- Tea and Social in Gander (with falls presentation)
- Travel assistance in Eastern region
- Materials for a display board in St. John's region
- Transportation for a workshop in Trepassy
- Workshop in Happy Valley Goose Bay
- Workshop in Springdale
- Workshop in Clarenville
- Video equipment for an exercise group in Gander
- Video equipment for an exercise group in Trepassey
- Video for an exercise group in Calvert
- Video for exercise group in Happy Valley Goose Bay
- Workshop in Port Au Port East
- Workshop in Cape St. George
- Workshop in Marystown
- Workshop in Lab City
- Door prize for booth at 50+ national Convention

Transportation of volunteers, peer advocates and Legion members to home visitor workshop
Support for meals and display 2 displays at St. Anthony annual seniors event
Workshop in St. Anthony
Workshop in Flowers Cove
Photocopying for Eastern Region public display
Videos for Peer Advocate program
Video for exercise group on Bell Island

The response to this funding has been very positive it has generated involvement in project activities for groups who are not involved in the regional action group structure as well as support the activities of those involved in the regional action groups.

Private Sector Partnerships

Partnerships with the private sector are being highlighted as this represents a non-traditional and unanticipated partnership. The Eastern Avalon Home Builders Association agreed to promote inclusion of home safety equipment and partnered to develop a presentation for their annual symposium. See Appendix F. Kent has agreed to partner during senior safety week to offer a seminar on how to install grab bars and other appropriate home safety equipment. See Appendix F. Despite a limited registration the seminar did go ahead for the benefit of this individual and any passerby interest. A number of contacts and inquiries following the seminar were received at the Seniors Resource Centre. Lawtons agreed to print some information about falls prevention and promote home safety equipment during Senior Safety Week. See the partner outline and the materials provided in Appendix F. An instructor at Academy Canada arranged through the project to partner with NLAOT to present information about falls prevention and accessibility to plumbing and carpentry students.

Policy Building Strategies

A kit including a policy building manual was developed for use by the regional action groups and other interested parties. A list of the contents of the kits and the manual are included in Appendix D.

A number of hazards were identified in the community and initiatives were taken on by project volunteers including:

- In St. Anthony the Lions Club was approached about making adaptations to their stairs. The construction was completed and the volunteers found it acceptable and awarded a certificate
- In St. Anthony the group presented a certificate to Pizza Delight and Co-Op for making their establishments safer.
- In St. Anthony the ARP Pharmacy in the Mall has agreed to make improvements to their entry step when the snow clears and allows the work to be done in the spring

- In Gander the Arts and Culture Centre improved lighting and marking over stairs, following a request. A certificate was presented
- In Gander efforts continue to be made to improve the seating in the Gander Mall
- In St. John's a letter was sent to the airport regarding slippery flooring, improvements were noted and a response was received outlining the floor mat policy
- In Gander changes were suggested to a local restaurant to incorporate in their renovations. A certificate was awarded once completed
- In St. John's suggestions were provided to improve signage and signal stairs in a restaurant. A certificate was awarded when this was completed. Media also covered this change.

There have also been other activities supported to influence falls related policy. A letter supporting injury prevention funding was sent on behalf of the project to various federal representatives. A response was received from both the prime minister's and the local member's office.

The project also wrote an article for use with the Economic Burden of Unintentional Injury. Project staff presented this report to a federal representative. Project staff have been promoting the use of this report with the provincial injury prevention coalition and as a tool for use with the provincial wellness council injury prevention working group.

The project contacted the provincial and national Occupational Therapy Associations to alert them to the consultation in the building codes. The project completed a submission regarding the national building code consultation.

Notification of the workbook consultation for the National Injury Prevention Strategy was received and project partners were alerted to the process. On behalf of the project and The Seniors Resource Centre a submission was completed and submitted. An invitation to the provincial consultation was received and project staff attended that consultation.

The project was requested to respond to a complaint about the municipal watering regulations. The concern identified was about walking on wet grass in the dark (as the hours that watering can be completed were not all during day light hours). The individual with these concerns was contacted and strategies such as improved outdoor lighting and automatic timers on watering devices were discussed. The municipal environment office was also contacted and the issues discussed.

Work on establishing partners and injury prevention as a policy priority was ongoing throughout the project. Participation in the Provincial Injury Prevention Coalition was also ongoing. The project worked closely with various

Health and Community Services Boards and with the Seniors Resource Centre Provincial Coordinators committee to help establish this priority. As a means to establish this priority area the Deputy Minister of Health and Community Services was invited to an advisory committee meeting of the project. Follow up letters were sent and involvement of this project played a significant role in the invitation of the Seniors Resource Centre to participate in the Provincial Wellness Advisory Council. The Seniors Resource Centre has been represented and participating in the provincial wellness advisory council. Participation in this group appears to be critical to ensure that seniors issues are not missed. There continues to be some concern that key decision makers in this group do not see the need to address seniors issues. Sub groups of the council have been struck to provide background and input around key issues, including injury prevention. The Seniors Resource Centre and this project are participating in the provincial injury prevention working group. This group has been meeting regularly and worked in consultation with the provincial injury prevention coalition to establish injury prevention priorities, and provide information and support to the wellness council with respect to injury prevention issues. The injury prevention subgroup and the Provincial Injury Prevention Coalition have not met during this quarter. The Seniors Resource Centre has also been participating in the chronic disease working group. The diabetes project has been representing the Seniors Resource Centre on this committee. The chronic disease subgroup is working to determine focus on primary or secondary prevention issues. This subgroup has not met during this last quarter.

The regional wellness coalitions (previously the heart health coalitions) are each in various stages in the process of changing to wellness coalitions. In partnership with the diabetes project and other project partners the Seniors Resource Centre has promoted the involvement of seniors organizations in this process. In Eastern region a project volunteer (who is also a peer advocate) has agreed to participate in their coalition. In Western region a response letter was received from the coalition suggesting that a more appropriate place for partnership was with the Seniors Health Promotion Committee. Project Staff and the Peer Advocate program manager did join this group via teleconference to reiterate programs and resources available through the Seniors Resource Centre. The Royal Canadian Legion is represented on this committee. In St. John's a workshop was held and project staff participated in the planning committee of this workshop. Multiple representatives of the project participated and identified themselves as interested in further participating in the coalition/network formation process. Central region has invited a volunteer through the project and the Seniors Resource Centre to participate in their regional coalition, and agreed to assist with transportation. No further meetings have been reported to date. In Grenfell region project participants and Seniors Resource Centre volunteers will continue with their involvement in the regional wellness coalition. In Labrador a staff person from a partner organization, The Labrador Friendship Centre participated in their one day workshop. In general each coalition is at a different stage in their development and has varied

resources and opportunities to draw upon. Involvement and support in the provincial wellness advisory council and the regional wellness coalitions is a key strategy that is being pursued to sustain the project activities and regional working groups.

Evaluation Activities

An external project evaluator, the Institute for Human Resources Development played a participatory role in this project. The final project evaluation of this project was completed during this quarter. Trained volunteer peer interviewers were used to complete all the telephone interviews of project participants and audiences for presentations. The feedback from the peer interviewers was very positive, not only did they enjoy the experience, take their time in completing the interviews, receive an honorarium but they also increased their understanding and capacity to address falls prevention and evaluation issues. A brief summary of the evaluation findings will be shared with project contacts (almost 200 people including politicians, policy makers, CEO's of Health and Community Services Offices, Seniors club representatives, and volunteers). This report is available separately through the Seniors Resource Centre. The project staff and a volunteer also participated in the EKOS focus group held in Halifax. The executive director of the sponsoring organization also completed a phone interview with EKOS. Project staff also completed a survey and inventory completed through Spectrum Solutions. Assistance was provided to Spectrum Solutions to identify grass roots individuals/organizations that were anticipated to continue to address falls prevention. A telephone interview was also completed with the University of Ottawa for the Division of Aging and Seniors in Ottawa regarding sustainability issues.

Summary

This project has followed a grassroots community development model in its formation, structure, delivery of project activities and evaluation. Despite some refinements to the workplan and project activities the project has completed the activities outlined in the workplan. The project has served to raise the awareness of falls as a health issue, open a dialogue and foster ways to reduce the risk of falling in this province. This project has been an effective vehicle for the Seniors Resource Centre to extend activities throughout the province. New opportunities and partners were identified through this project. The project also served as a means for the Seniors Resource Centre and the Royal Canadian Legion branches and provincial command to enhance their knowledge, understanding and capacity to partner in community based programs. New contacts have been identified and existing contacts have had an opportunity to focus on this area of interest. The project has increased the profile of the Seniors Resource Centre, bringing media coverage, opportunities to

promote programs and services, and played an important role in the inclusion of seniors in the provincial wellness advisory council and regional wellness coalitions. The profile of falls prevention and the availability of resources related to falls prevention have increased significantly in the Seniors Resource Centre partner organizations, and the community at large through the work of this project.

Highlights and sustainable activities over the life of the project are featured below:

HIGHLIGHTS

- Identification and establishing new partners in all 6 regions of the province
- Development, implementation of project activity in all 6 regions
- Involvement in the Provincial Wellness Council and Injury Prevention Subgroup
- Direct project reach to over 4,510 individuals
- Development of 6 exercise groups
- Delivery to 2,082 at workshops/presentations
- Training of 84 home visitors
- Changes in 7 places of business to prevent falls
- Submissions regarding National Building Codes and National Injury Prevention Strategy
- Information now available through a number of community partners including vendors, Legions, Health and Community Services offices, CNIB, personal care homes, and church groups
- Numerous forms of media coverage including local and provincial newspapers, radio, television, professional newsletters, academic presentations
- Development of extensive list of new materials and loan library at Seniors Resource Centre

SUSTAINED ACTIVITIES

The peer advocate program of the Seniors Resource Centre is at the heart of the Seniors Resource Centre. The support of this program will continue to promote falls prevention and seniors wellness issues. The capacity to address falls prevention through the 1800 line and regional network of peer advocates has been enhanced. Resources that will be offered through the SRC directly include:

- Resource library of materials including posters, brochures, printed information, policy change kit, workshop and presentation kits, exercise videos, on a limited basis VCR to play exercise videos
- Support, referral and information about falls prevention through peer advocates and 1800 line
- Continued offering of snow busters, grocery bus, and mall walkers
- Continued involvement in provincial wellness council and representation of seniors and falls prevention issues

- Orientation information about falls prevention to friendly visitors through the SRC
- A list of volunteers that would be willing to present upon request in certain geographic areas
- Continued representation on the Provincial Injury Prevention Coalition

Information/activities that will continue through partners

- provision of adapted equipment brochures by certain vendors
- Exercise groups in 6 different communities (including a personal care home)
- Dissemination of information provided during home visitors workshop to a variety of project partners including legion, veterans affairs, church groups and other senior home visiting groups
- Ongoing participation in regional wellness coalition in 5/6 regions, and representation of a partner organization in the 6th region
- Display boards provided to 2 separate groups to remain permanent fixtures
- Video resources on loan through a Labrador project partner