Program: A Matter of Balance

Program History:

A Matter of Balance: Managing Concerns About Falls is a program designed to reduce the fear of falling and increase the activity levels of older adults who have this concern. It is based upon research conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University. In October 2003, Southern Maine Agency on Aging, MaineHealth’s Partnership for Healthy Aging, Maine Medical Center Division of Geriatrics, and the University of Southern Maine School of Social Work received funding from the US Administration for Community Living (formerly the US Administration on Aging) to translate A Matter of Balance into a program that uses volunteer lay leaders instead of healthcare professionals as facilitators. The new lay-led format would serve as an innovative national model for addressing fall prevention.

The volunteer lay leader model utilizes trained lay people, called coaches, to conduct the class. The A Matter of Balance Volunteer Lay Leader Model reduces the cost of the intervention. Thus, the program can be offered more frequently and in a wider variety of settings, thereby reaching a significantly higher number of older adults.

Program Description:

A Matter of Balance is a community-based, small-group (8-12 participants) program that helps older adults reduce their fear of falling and increase activity levels. It is a train-the-trainer program with highly trained Master Trainers training the Coaches (lay leaders). Coaches work in pairs to lead small group community classes consisting of eight two-hour sessions. The program includes behavior change strategies, as well as practical exercises. The behavior change curriculum addresses the fear of falling, helping participants to view falls and the fear of falling as controllable. Exercises are introduced and performed in 6 of the 8 sessions. Participants are involved in group discussion, problem-solving, skill-building, assertiveness training, sharing practical solutions, and exercise training. Participants develop well-defined goals that address ongoing exercise, reducing risk factors, and changing behaviors, all of which contribute to long-term reduction in the fear of falling.
A Matter of Balance was designed to benefit community-dwelling older adults who:

• Are concerned about falls
• Have sustained falls in the past
• Restrict activities because of concerns about falling
• Are interested in improving flexibility, balance and strength
• Are age 60 or older, ambulatory and able to problem solve

Program Outcomes:

After completing A Matter of Balance:

• 97% of participants are more comfortable talking about fear of falling
• 97% feel comfortable increasing activity
• 99% plan to continue exercising
• 98% would recommend A Matter of Balance

Preliminary findings of the participant outcome evaluation indicate that there were significant improvements for participants regarding their level of falls management (the degree of confidence participants perceive concerning their ability to manage the risk of falls and of actual falls); falls control (the degree to which participants perceive their ability to prevent falls); level of exercise; and social limitations with regard to concern about falling. These measures indicate that the program has been successful to date in reducing the fear of falling by increasing participants’ confidence that they can manage falls risk better and actual falls if they occur and that they can take action to help reduce the risk of falling. In addition, participants indicated that their concerns about falling are interfering less with their social activity, and they report that they have increased their exercise levels (1).

A 2013 retrospective study by CMMS (2) of evidence-based programs found:

• Cost reductions in unplanned hospitalization, skilled nursing, and home health
• $938 decrease in total annual medical costs

Program References:

2. Report to Congress: The Center for Medicare and Medicaid Services’ Evaluation of Community-Based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act, September 30, 2013.

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