

three core components for health care providers: screen for risk factors, assess modifiable factors, and intervene to reduce falls with evidence-based strategies. Barriers to implementation include competing patient demands and limited time during patient visits. Efficient, effective implementation of clinical fall prevention is important to increase the use of multifactorial interventions. In addition, understanding older adult attitudes about the preventability of falls is needed to increase patient adherence to prescribed interventions. This symposium will cover: 1. Background data on older adult falls over time, 2. Description of an initial implementation of STEADI in an outpatient, Southeastern clinical practice including lessons learned, 3. Attitudes of older adults toward fall prevention with implications for health promotion, 4. Process evaluation of an ongoing implementation of STEADI in New York State with lessons learned. Understanding practical methods of implementing the three core components of fall prevention into practice supports wider dissemination of evidence-based fall prevention, while understanding patient attitudes toward falls informs the design of health promotion approaches to increase patient uptake of prescribed interventions. Wider dissemination and increased patient adherence in combination can reduce older adult falls and their associated medical costs.

#### IMPLICATIONS OF OLDER ADULT ATTITUDES TOWARD THE PREVENTABILITY OF FALLS FOR HEALTH PROMOTION

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Older adults' behavioral stage of change for adopting fall prevention interventions, and their use of evidence-based interventions are not well understood. A survey was administered to older adults (65 years+) (n=1063) to understand their stage of change and fall prevention behaviors. Descriptive statistics were calculated and logistic regression conducted to determine factors most related to stage. The distribution of subjects by stage was precontemplation (17%), contemplation (2%), preparation (5%), action (15%), and maintenance (61%). The strongest variable related to being in an action stage (preparation, action, maintenance) was screening positively for fall risk (Risk Ratio: 8.7, 95% CI: 5.4, 14.1). The most common preventive actions for those in an action stage were taking Vitamin D (37%), and having vision tested (30%). Older adults at risk for a fall are ready to take action to prevent falls; health promotion should focus on increasing knowledge and use of different evidence-based interventions.

#### CHANGES IN THE AGE-ADJUSTED RATE OF OLDER ADULTS DYING FROM A FALL AND REPORTING A FALL AND FALL INJURY, 2012–2018

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Falls are a leading cause of injury among older men and women (≥65 years) in the United States. Vital Statistics and Behavioral Risk Factor Surveillance System data were

analyzed to determine the age-adjusted fall death rate, the rates of older adults reporting a fall and fall injury, and associated trends. The fall death rate increased 16% from 55.3/100,000 in 2012 to 64.4/100,000 in 2018 ( $p \leq 0.05$ ). Like the rates in 2012, the rate of falls reported in 2018 was 713/1000 older adults and the rate of fall injuries reported was 171/1000 older adults. When assessing the rates of older adults reporting a fall or fall injury by sex, the rates among men increased from 2012 to 2016 from 637/1000 to 773/1000 (21% increase,  $p \leq 0.05$ ) for falls and from 120/1000 to 153/1000 (28% increase,  $p \leq 0.05$ ) for fall injuries. Understanding how these data change over time can inform targeted interventions to reduce falls.

#### AN EFFECTIVENESS TRIAL OF STEADI IN AN OUTPATIENT, PRIMARY CARE PRACTICE

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The STEADI Options trial uses a randomized, controlled-trial design to assess the effectiveness and cost-effectiveness of the STEADI Initiative. Beginning March, 2020, we will randomize 3,000 adults ≥ 65 years of age at risk for falls seen in an Emory Clinic primary care practice to: (1) full STEADI; (2) a STEADI-derived gait, balance, and strength assessment with physical therapy referrals; (3) a STEADI-derived medication review and management; or (4) usual care. This presentation will discuss decisions made by the study team to facilitate implementation of STEADI including electronically conducting screening prior to the date of encounter, the use of dedicated nursing staff to conduct assessments, implementation of strength, balance, orthostatic hypotension, and vision testing, methods to facilitate medication review, and communication of assessment information to providers. The results from this study will be used to estimate the impact of STEADI on falls, service utilization, and costs over one year.

#### STEADI IN PRIMARY CARE: A PROCESS EVALUATION OF THE NEW YORK STATE IMPLEMENTATION

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This session presents findings from a STEADI process evaluation that was conducted within a primary care setting in New York State. This process evaluation used mixed methods including quantitative analysis of surveys with clinic staff as well as qualitative methods such as intercept interviews with healthcare providers and clinic staff, and structured interviews with key stakeholders. The RE-AIM framework guided development of the process evaluation tools. The process evaluation was conducted over a 2-month