

**FIT** Project



# **FIT for Seniors: Innovation and Collaboration that Works!**







# Objective

**To discuss a successful cross-sectoral partnership between three lead organizations which developed, implemented and evaluated an innovative, evidence-based practice model for falls prevention for frail, community-dwelling older adults.**





# Presentation Overview

**The FIT (Falls Intervention Team) Project demonstrates leadership in community health environments through shared power using an innovative, evidence-based practice model**

- **FIT Project Overview**
- **FIT results to date**
- **Collaboration as a Journey**
- **History & lessons learned**
- **Sustainability of FIT**
- **Challenges**



# Purpose of the FIT Project

**To reduce the incidence and consequences of falls for frail, community-dwelling seniors 65 years and over.**





# Theoretical Basis for FIT Protocol

- **Literature Review**
- **Behavioural Change Theory**



# FIT Project Evaluation Design

**pre and post intervention study over 9 - 10 months**

**baseline assessment**



**intervention (6 visits over 12 weeks)**



**post intervention assessment  
(at 3 months and 9 months after baseline)**



# FIT Intervention Protocol ©

The FIT project is a multi-factorial falls prevention intervention designed for frail, community-dwelling seniors

Home Visit	Health professionals	Activities
V1	PHN and PT	Comprehensive assessment, identification of modifiable risk factors, instruction-Home Support Exercise Program (HSEP)
V2	PT	Monitor and follow up on recommendations from V1 Complete instructions to all 10 exercises on HSEP Reinforce calendar completion and monthly return
V3	PHN	Reassessment for changes in modifiable risk factors Reinforce calendar completion and monthly return
V4	PHN	Reinforce recommendations and calendar review
V5	PHN telephone visit	Telephone reinforcement of above
V6	PHN	Review recommendations and discharge

PHN = Public Health Nurse

PT = Physiotherapist



<b>FIT Completers</b> 9 months after baseline	<b>FIT 1</b> <b>2004</b>	<b>FIT 2</b> <b>2007</b>
<b>Sample Size</b>	<b>61</b>	<b>98</b>
<b>Average Age</b>	<b>84 years +</b>	<b>81 years</b>
<b># of Modifiable Risk Factors</b>	<b>Decreased (p&lt; .0001)</b>	<b>Decreased (p&lt;0.0001)</b>
<b>Balance/ Balance confidence</b>	<b>Improved (p&lt; .05)</b>	<b>Improved (p&lt;0.05)</b> <b>Improved (p &lt;0.001)</b>
<b>Perception of social participation</b>	<b>Increased (p&lt; .0001)</b>	<b>Increased p &lt;0.01</b>
<b>Exercise Adherence</b>	<b>73.9% of clients adhered</b>	<b>77.6% of clients adhered</b>
<b># of Falls</b>	<b>Reduced p&lt;0.0001</b>	<b>32.3% of clients reported a fall in the last 90 days at T1</b> <b>20.4% of clients reported a fall in the last 90 days at T3</b>



# Collaboration - Development of FIT Core Partnership



- World's leading academic health sciences centre focused on advancing care on aging through research and teaching



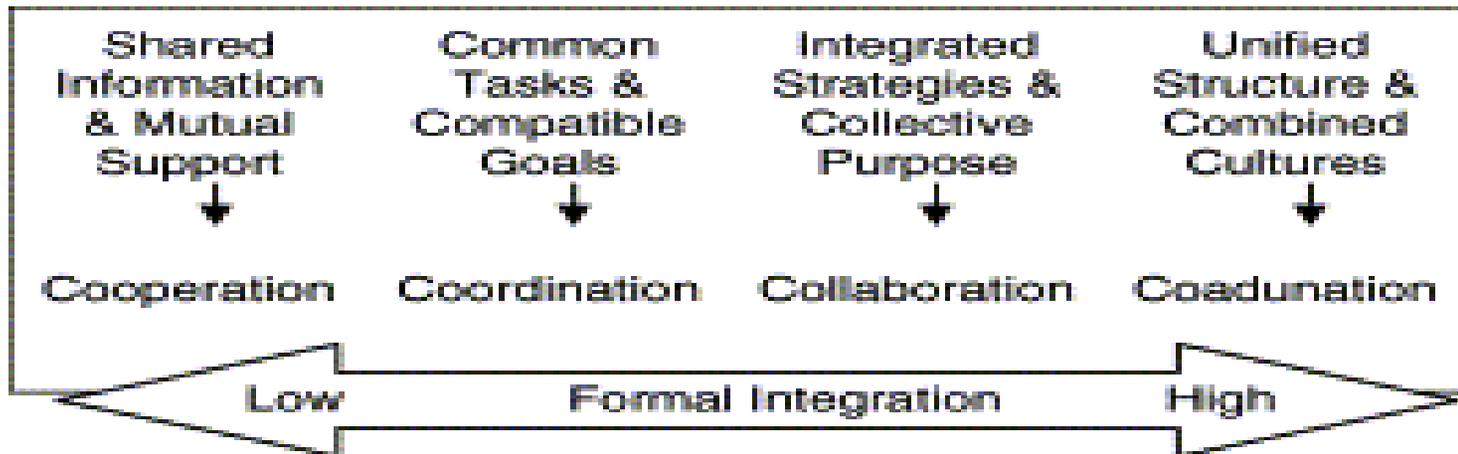
- TPH is the largest health unit in Canada serving a city of approximately 3 million residents



- Serving an urban and rural population of over 900,000, the goal of the Public Health Branch is to protect, promote and enhance the health of the residents of York Region



# Collaboration is a Journey, Not a Destination (Gadja, 2004)



Adapted from Bailey and Koney (2000)

# The History of the Partnership: Lessons Learned (L.L.)

## Formulation of Partnership

- 1990's**                      **YRHS and TPH involved in various falls prevention networks/coalitions**  
*L.L.*                              *Commitment, time and patience*
- **1998**                      **YRHS, TPH and Baycrest began formally meeting**  
*L.L.*                              *Recognition of unique purpose/shared vision*
- **2000**                      **Grant awarded to FIT Core Partnership**  
*L.L.*                              *Achieving goals that would be independently unattainable*



# History & Lessons Learned (Cont'd)

## Development of Infrastructure

- **2001**            **Key community stakeholders identified**  
**Formation of FIT Steering Committee**  
*L.L.            Include a cross section of members*
- **2002**            **Community Advisory Committee formed**  
**MOU signed between 3 partners**  
**Nov. – FIT phase I program implemented**  
*L.L.            The formation of a strong infrastructure propelled the project forward*
- **2003**            **Feb. – Intervention phase delayed for 3 months due to SARS**  
*L.L.            Mutual support builds resiliency to overcome challenges*



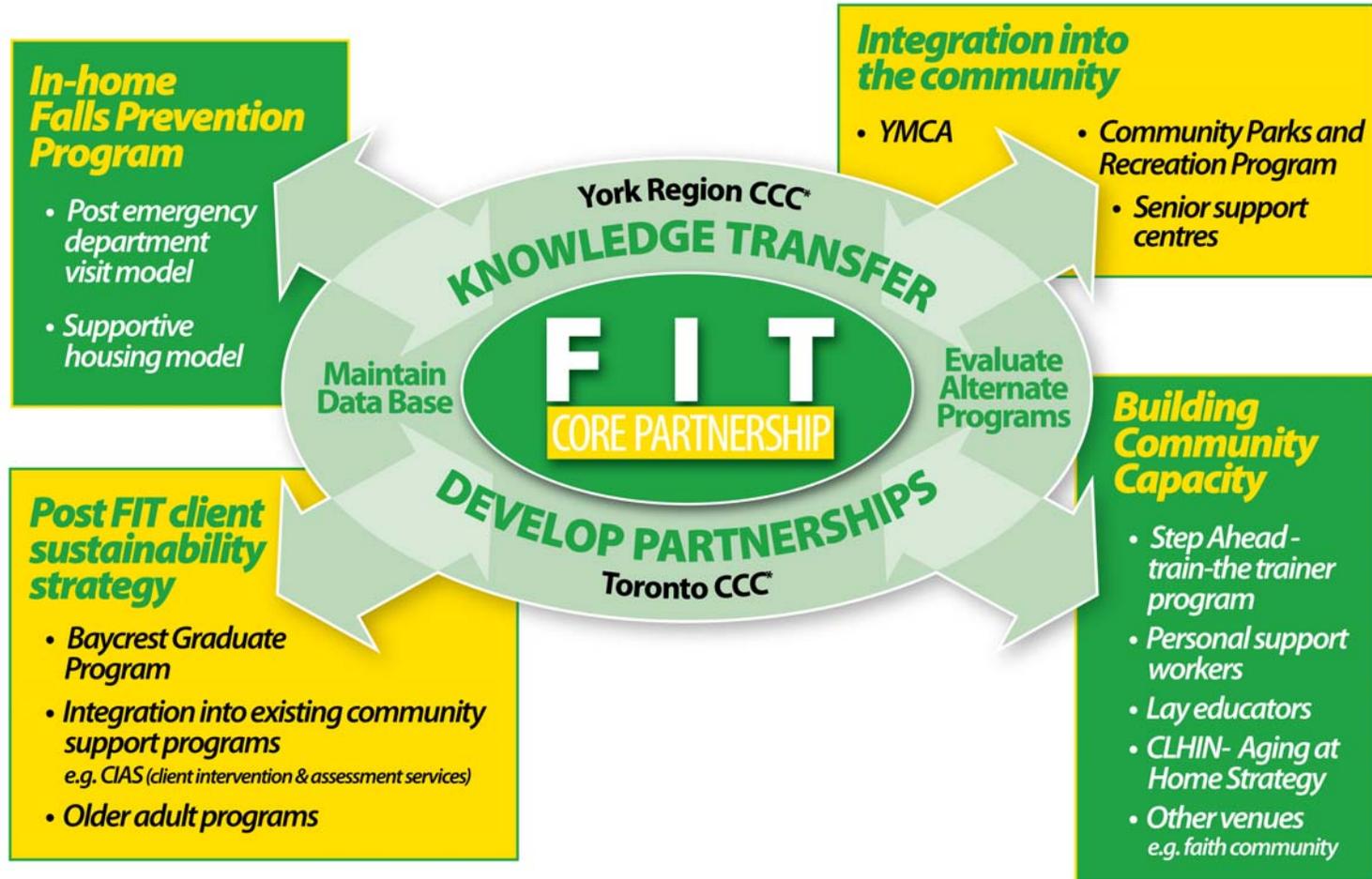
# History & Lessons Learned (Cont'd)

## Implementation, Evaluation & Sustainability

- **2004**                      **May – FIT Phase I completed**  
                                     **Nov. – Data analysis and evaluation completed**  
*L.L.*                              *Process evaluation promotes improvement*
- **2005**                      **Feb/05 to Mar/06 – planning and implementation of phase II**  
*L.L.*                              *Adaptability, flexibility , creative use of in-kind resources*
- **2006 to**                      **Planning, implementation of sustainable projects**  
**present**                      **Ongoing collaboration and presentations at conferences**  
*L.L.*                              *Recognition of diverse leadership & expertise*
- **2007**                      **Recognition of public service – Level 3 award**  
*L.L.*                              *Celebrating achievements sustains commitment*



# FIT Community-based Sustainability Framework©



# Challenges

- **Independent organizational vision vs. shared collaborative vision**
- **Developing and nurturing trust despite constant change**
- **On-going evaluation and quality improvement**





# Shared Power and Innovative Practice Works!



# References

Bailey, D., & Koney, K. (2000). Cited in Gajda, R. (2004). Utilizing collaboration theory to evaluate strategic alliances. *American Journal of Evaluation*, 25, 65-77.

FIT Project (2006). An evaluation Study of a Best Practice Model of a Seniors' Pilot Program.

Gajda, R. (2004). Utilizing collaboration theory to evaluate strategic alliances. *American Journal of Evaluation*, 25, 65-77.

Report on The Toronto Public Health Community Partnership Framework (2002). Retrieved on March 11, 2008 from [http://insideto.city.toronto.on.ca/health/atoz/pdf/partnership\\_framework.pdf](http://insideto.city.toronto.on.ca/health/atoz/pdf/partnership_framework.pdf)



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