

## Executive Summary

### **Research Project: A study on the introduction of community-based preventive interventions for fall and dementia in the Thai elderly**

Falls is one of the most dangerous issues for the elderly as it can cause all manners of injuries ranging from minor to more severe ones including hip or wrist fractures. In some cases, it may affect the internal organs and cause internal bleeding or tears that might be fatal. Other than falls, dementia is another health problem for the elderly that results in the afflicted being unable to rely on themselves, thereby relying on cares provided by either relatives or caregivers. Therefore, effective interventions in preventing falls and dementia in the elderly can help reduce the number of accidents, disabilities, and death associated with these two health problems. It also allows for the elderly to help themselves and reduce the burden of care on their family and relatives.

Due to the importance of these two health problems, many organizations have held campaigns and activities to prevent falls and dementia for the elderly; these programs were hosted in various communities via the elderly clubs. However, there is currently no explicit information about how such programs were implemented in Thailand. Thus, the Health Intervention and Technology Assessment Program (HITAP) conducted the “A study on the introduction of preventive interventions for fall and dementia among the elderly in communities in Thailand” to study and analyze the situations of these campaigns. The topics of interest can be divided into 3 main areas: (1) Policies/programs for the prevention of falls and dementia in the elderly; (2) Accessibility/distribution, frequency, and continuity in implementing these interventions; and (3) Types, procedures, conducive factors, barriers and impediments during implementation. This study utilized both quantitative and qualitative approaches, and collected data via 3 methods: document reviews, mailed survey via self-administered questionnaire, and focus group discussions. The results can be summarized as follows:

Policies/programs for the prevention of falls and dementia in the elderly at the department level at the Ministry of Public Health, and mechanisms for implementing these policies

1. The Ministry of Public Health established a health strategy in line with the national development policy framework in both the short- and long-terms. The Department of Health, Department of Medical Services, Department of Disease Control, and Department of Mental Health all have a role in implementing the

development of healthy aging in Thai elderly project to provide the elderly with long-term care in cooperation among families, communities, and hospitals. Moreover, health promotion interventions for screening and prevention of the elderly were also implemented, including falls and dementia.

2. The Ministry of Public Health's policies towards health promotion and care for the elderly were implemented by health regional offices. These policies were transferred to health facilities at all levels as well as primary care unit (PCU) by the provincial health offices and district health offices. In addition to providing health services by public health staff, these health facilities and PCU also supported health activities for elderly clubs. This study's results showed that there were many variations in the implementation of these policies based on areas, and several gaps were found. In some provinces, the provincial health office had policies and health strategic plans for the elderly that were consistent with the policies of the Ministry of Public Health, other ministries, and governor. Other provinces, however, policies and health strategic plans at the provincial level were still unclear and not concise for falls and dementia prevention for the elderly, but emphasized more on health promotion and disease prevention for the elderly in overall.

Accessibility/distribution, frequency, and continuity in implementing interventions for the prevention of falls and dementia in the elderly

1. This study considered the accessibility of interventions of the falls and dementia prevention— which consisted of physical exercises and cognitive trainings – based on 2 key areas:

- Activities organized by elderly clubs – The majority of elderly clubs (75%-86%) held fall and dementia prevention activities. In terms of distribution, it was found that more than three-quarters of the surveyed elderly clubs organized the activities, with very little variation found among them. Other than physical exercises and cognitive training that were found to be effective in preventing falls and dementia, some elderly clubs also conducted other types of physical exercises and cognitive trainings such as folk-dancing, praying, and meditation.
- The quality of activities such as the types of physical exercises and cognitive trainings, durations, and frequency and continuity were the factors affecting to the effectiveness of the falls and dementia prevention interventions. This study found that the quality of activities organized by the elderly clubs was insufficient. For activity duration per session and frequency, the majority of elderly clubs conducted the

activities lasting approximately 30 minutes to 1 hour with 1-2 times per month – which may not be enough to effectively prevent falls and dementia. In addition, some elderly clubs did not have any prevention activities, but they instead provided advices for elderly to practice at home. This may lower effectiveness as it is likely that the elderly would not comply those advices, particularly physical exercises. This is because they may lack of motivation and enjoyment due to no workout partners, as well as lack of awareness and importance regarding the dangers of falls and dementia.

2. Public health officers were responsible for providing advices and assessing the risk of falls and dementia in the elderly by utilizing risk questionnaires by Ministry of Public Health. If an elderly was found to be at risk, it was expected that advice about prevention guidelines and various types of physical exercises should be given so he or she can follow at home. Moreover, public health officers were also responsible for transferring elderly at risk of falls and dementia to health facility, so they can receive proper care and rehabilitation. Regardless, this study found that there were problems with referring the elderly to health facilities and providing health services. This was the case particularly for elderly at risk of dementia because some provinces did not have specialists or elderly clinics.

3. Half of the elderly clubs did not receive any the training manuals. However, the lack of such manuals should not be an important factor in accessing the preventive measures as there are other easily accessible methods that can be taken advantage of, e.g. downloading information from the internet.

Types, procedures, and conducive factors, and barriers and impediments in implementing the interventions

1. Preventing falls and dementia is one of many health services that public health officers must provide to the elderly. Therefore, some provinces placed less emphasis on supporting/providing advice to the elderly on how to prevent falls and dementia compared to other health services.

2. The activities organized by the elderly clubs consisted of physical exercises and cognitive trainings, which was consistent with the guidelines for preventing falls and dementia. However, the actual purpose in organizing these events for some of these clubs may have to gather the members together for social activities or to conduct activities between different clubs.

3. Some elderly groups were unable to attend the activities hosted by elderly clubs due to personal reasons such as physical performance and work burden. As a result, these activities were unable to maximize the effectiveness of the interventions.
4. Most of the elderly clubs received funding from the local administrative organization including the local administrative organization's own budget and local health insurance funds.
5. Health volunteer played a role in providing health knowledge, including interventions for preventing falls and dementia in the elderly. They were also responsible for the general screening of elderly at risk of falls and dementia because they were the public health staff closest to the elderly communities.

### Policy Recommendations

1. The Ministry of Public Health should integrate policies related to providing care for the elderly in a holistic manner to reduce confusion and work burden for various organizations, especially for those that are responsible for planning, screening/assessing risks, and manuals.
2. The local administrative organization should have the major role in implementing activities for health promotion and preventing falls and dementia in the elderly because it is responsible for budget approval from the local health insurance funds. Moreover, they are also the organization closest to the elderly communities. Improving the potential of the local administrative organization, health volunteers, and community volunteers responsible for designing and implementing the activities should be taken into account so that communities may be able to take care of the elderly themselves.
3. Knowledge about falls and dementia should be disseminated to the public to educate and make people of all age groups to be aware of its importance. Consequently, people may take care of themselves better prior to entering the elderly stages as falls and dementia are related to multiple health factors. Moreover, the effectiveness of preventive measures for falling and dementia for the elderly may be less effective compared to other factors.
4. Health facilities, particularly community hospitals and PCU are the most familiar and closet to the communities in terms of both personnel and knowledge. Therefore, they should support the health activities of the elderly clubs and local administrative

organizations to assist them in achieving their goals for implementation of preventive interventions for falls and dementia in the elderly.

For more information: <http://www.hitap.net/documents/173162>