



Commentary

Implementing *Tai Ji Quan: Moving for Better Balance* in real-world settings: Success and challenges

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Received 21 November 2013; revised 25 November 2013; accepted 26 November 2013

1. Introduction

The article by Fink and Houston¹ in this special issue of *Journal of Sport and Health Science* provides an excellent example of implementing an evidence-based fall prevention program in real communities with diverse cultures of elderly populations. Although preliminary, the project revealed a number of interconnected barriers and facilitators that shed light on practical implications (“lessons learned”) for policy-makers and program providers regarding implementation of any evidence-based intervention. While applauding Fink and Houston’s effort, in this commentary we share our experiences with *Tai Ji Quan: Moving for Better Balance* (TJQMBB)² in the state of Maryland, with a discussion of our own set of lessons learned in terms of successes and challenges.

2. Background

The Core Violence and Injury Prevention Program (Core VIPP) at the Maryland Department of Health and Mental Hygiene used funding from the Centers for Disease Control and Prevention (CDC) to provide three mini-grants to two local health departments and one Area Agency on Aging to implement two evidence-based fall prevention programs in the community: TJQMBB and Stepping On. With respect to TJQMBB, since 2011 a total of 28 instructors have been trained and have delivered the program in more than 20 sites in 11 of 24 counties in the state of Maryland, with a reach of

more than 800 community-dwelling older adults. Because the program has been implemented on a larger scale than the one conducted by Fink and Houston,¹ some different insights have been gained in terms of facilitators and barriers for implementation.

3. Successes

The initial success of our program adoption and reach into the intended population of older adults was due to a number of factors. First, as shown with Fink and Houston’s project,¹ implementation of TJQMBB received enthusiastic support from local agencies that provide services to older adults in the community. Thus, it is critically important that implementers gain the support of, and coordinate with, implementation sites (e.g., Area Agencies on Aging, health departments, community centers). Second, as part of the effort to build an instructor infrastructure, Core VIPP supported training for class instructors who would deliver the program in the local community for the mini-grantees as well as training instructors for agencies that could fund TJQMBB with their own resources, provided that a letter of support for the instructor from the management of the non-funded agency was provided.

Next, enthusiasm and ongoing support from agency management (i.e., administrators, program delivery staff) are key to program success. In fact, six out of the 11 counties offering TJQMBB are funding it from their own resources. Finally, the Core VIPP provides ongoing technical support to all agencies to ensure program fidelity and to assist in program sustainability. The technical support includes conference calls with all instructors concerning program implementation progress, successes, challenges, and resources; fall prevention awareness information and resources from state and federal levels; funding opportunities; and refresher training opportunities from the TJQMBB program developer to provide current updates on the TJQMBB program. Thus, the ability to commit sufficient financial and other resources to the program (such as

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Peer review under responsibility of Shanghai University of Sport



the funds to pay for the necessary training and technical assistance for program delivery staff) during implementation is important for ensuring the sustainability of implementation.

4. Challenges

Core VIPP has faced some challenges in implementing TJQMBB. When identifying mini-grantees at the beginning of TJQMBB implementation, Core VIPP searched for agencies that had already formed a local fall prevention coalition. Because they have the coalition's support, the mini-grantees faced fewer difficulties when recruiting instructors and participants and in identifying program sites. However, there is a practical issue. To date, most of the program sites have been in Departments of Aging, senior centers, and health care facilities where there are large recreation rooms for senior gatherings/activities. Because of this, interested seniors from smaller communities need to travel to these facilities. This leads to a transportation issue for most seniors which becomes a barrier for maximizing participation. Providing transportation for participants to program sites poses a fiscal challenge to some agencies.

As Fink and Houston¹ indicate, attention to fidelity is critical for achieving the effects that the evidence predicts, but maintaining key components of the program during program implementation represents a different challenge. For many interventions, successful implementation requires that instructors delivering the program possess specific qualifications and experience. Therefore, without a master trainer or senior instructor with adequate expertise in the program, it is not possible to conduct fidelity checks of TJQMBB classes to ensure that the program is being implemented as designed. In Maryland, the program developer trains Core VIPP staff members at instructor training sessions, and these staff members conduct site visits to the mini-grant communities to ensure program fidelity. This top-down approach has worked well in practice but has limitations. For example, due to limited resources, staff members are not able to visit classes offered by the non-funded agencies. This limitation may be overcome if community-based master-level instructors are available on an as-needed basis to visit site classes, conduct fidelity checks, and provide mentoring and technical assistance to class instructors.

A final issue is staff turnover, which was not explicitly mentioned by Fink and Houston but has implications for future implementation. Of the 28 instructors trained by the program developer, six are no longer teaching classes due to change of job responsibilities or retirement. Thus, staff turnover is always a practical issue and presents a challenge to local program coordinators attempting to implement the program in their communities or recruit quality instructors. Fortunately, staff turnover has not been a significant problem for our mini-grantees.

5. Conclusion

In summary, as the public health awareness of the significance of falls in older adults increases,^{3,4} there is growing interest among funding agencies for greater use of evidence-based programs such as TCJMBB in real-world settings.⁵ While Fink and Houston's initial implementation work in Minnesota and our own in Maryland indicate the feasibility of TCJMBB program implementation, continued effort is needed to make the program widely disseminable and scalable across a broad range of community settings. To achieve this public health goal and produce meaningful effects, it is clear that this evidence-based intervention must be carefully implemented. In this regard, we join Fink and Houston in emphasizing some critical tasks, including establishing a "train-the-trainer" program as a way to build infrastructure for developing instructors at local or state levels, providing timely technical updates of the program, offering ongoing instructor support, and using qualified instructors to monitor program fidelity.

Conflict of interest

No financial disclosures are reported by the author of this paper. The contents of this article are solely the responsibility of the author and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Acknowledgment

The Maryland Core Violence and Injury Prevention Program was supported by the Cooperative Agreement Number 5U17CE002001 from the Centers for Disease Control and Prevention.

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