

Agenda
Advisory Committee on Aging
Friday, September 25, 2026
11:00 a.m. – 1:15 p.m.
Virtual Meeting

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Times listed with each agenda item are approximate. It is requested that all cell phones be silenced during the Advisory Committee on Aging meeting. Persons in need of auxiliary aids or services, such as interpretation services or assisted listening devices, are asked to contact the Denver Regional Council of Governments at least 48 hours in advance of the meeting. If you have difficulty using this document's content, please email access@drcog.org or call 303-455-1000.

- 1 11:00 a.m. Call to Order and Introductions
- 2 11:05 a.m. Public comment
Up to 45 minutes is allocated now for public comment and each speaker will be limited to 3 minutes. If there are additional requests from the public to address the Committee, time will be allocated at the end of the meeting to complete public comment.
- 3 11:10 a.m. Report of the Chair – Barbara Boyer
- 4 11:20 a.m. Report of the AAA Director – Jayla Sanchez-Warren

Consent agenda

- 5 11:35 a.m. Move to Approve Consent Agenda
Minutes from August 28, 2026, meeting. (Attachment A)

Informational briefings

- 6 11:40 a.m. Nymbi and Kaiser Permanente Falls Prevention Study – AJ
 Diamontopoulos (Attachment B)
- 7 11:55 p.m. How AgeTech and Longevity Ecosystems Support Older Adults – Cambria
 Jacobs (Attachment C)
- 8 12:25 p.m. Open Discussion for Advocacy – Jayla Sanchez-Warren (Attachment D)
- 9 12:55 p.m. DRCOG Board Report
- 10 1:00 p.m. County Reports

Administrative items

- 11 **Next meeting October 23, 2026.**
- 12 1:10 p.m. Other Matters by Members
- 13 1:15 p.m. Adjourn

Calander of future meetings

October 23, 2026 – In person
November 2026 – To be determined
December 2026 – To be determined
January 22, 2027 – Virtual
February 26, 2027 – Virtual
March 26, 2027 – Virtual
April 23, 2027 – Virtual
May 28, 2027 – Virtual
June 25, 2027 – Virtual
July 23, 2027 – To be determined
August 27, 2027 – Virtual
September 24, 2027 - Virtual

ATTACH A

Advisory Committee on Aging (ACA)

Meeting Summary

Friday, August 28, 2026

If you have difficulty using this document's content, please email mmpatton@drcog.org or call 303-480-6723. Please expect a response within 72 hours (three business days).

Members Present

Ada Anderson	Douglas County
Andrea Suhaka	Arapahoe County
Anna Cool	City and County of Denver
Barbara Boyer	Arapahoe County
Bob Brocker	Denver
Connie Ward	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Edward Moss	City and County of Broomfield
Greg Kahler	Adams County
Gretchen Lopez	Douglas County
Judi Kern	DRCOG Board Louisville
Paula Hillman	Arapahoe County
Shari Haidvogel	Clear Creek County
Sharon Tessier	City and County of Broomfield
Val Robson	Jefferson County
Wynne Shaw	Douglas County

Guests Present

Courtney Stryker, Arapahoe County, Chandra Matthews, Seniors' Resource Center, Kim Smith, Douglas County, Nikki Crouse, City and County of Broomfield, Carol Johnson, Adams County, Shannon O'Brien, Castle Rock.

DRCOG Staff Present

AJ Diamontopoulos, Senior Management Analyst, Fonda Buckles, ADRC Program Manager, Jayla Sanchez- Warren, AAA Division Director, Kelly Roberts, Community Resource

Specialist, Kelsie Jurin, Program Manager Transportation Services, Krystin Slaybaugh, Community Resource Specialist, Mindy Patton, Division Assistant, Rich Mauro, Director Legislative Affairs, Shannon Gimbel, Ombudsman Manager, Travis Noon, Manager AAA Business Services, Yvette Del Conte, Intake Specialist, Zara Otifah, Community Resource Navigator.

Call to Order

Barbara Boyer, Committee Chair called the meeting to order at 11:03 a.m.

Public Comment Period (Non-ACA Members)

There was no public comment.

Report of the Chair – Barbara Boyer

Chair Boyer reported that she attended the DRCOG annual dinner and awards banquet, which was positive overall and well received.

Report of the AAA Director – Jayla Sanchez-Warren

Jayla Sanchez-Warren shared early Area Plan feedback, noting stronger participation from adults age 85 and older. Key concerns included in-home help, food, transportation, caregiving stress, respite, adult day services, scams, and uncertainty about Medicare and state and federal policy. The plan will combine community input and demographic data, with ACA review expected in November or December and state submission due in February.

Food and Nutrition Services

Jayla reported that DRCOG is working with food providers to expand congregate meals and address meal quality, while exploring additional partnerships with Volunteers of America, Golden Corral, and smaller providers.

AAA Funding Challenges and Statewide Coordination

DRCOG and Pikes Peak Area Council of Governments discussed shared AAA funding challenges, service coordination, and advocacy. Jayla noted rising statewide demand, provider and staffing shortages, and possible funding formula changes around July 1, 2028, which could create difficult tradeoffs without new funding.

County Commissioner and County Manager Engagement

Jayla reported that she is attending the Metro Area County Commissioners (MACC) meetings with the goal of keeping aging issues visible and encouraging an aging lens in regional planning. Discussions included fire safety, evacuation planning, and DRCOG's updated map of long-term care facilities.

Federal Grant Rule Concerns

Jayla discussed proposed Office of Management and Budget (OMB) rule changes that could increase federal oversight of grants, add reviews and documentation, and make suspension or termination easier. While some provisions may help address fraud and abuse, grant recipients are concerned about the administrative burden. Jayla and Rich Mauro plan to meet with federal lobbyists to better understand the impact.

Move to approve consent agenda

Items on the consent agenda included: June 25, 2026, meeting summary.

Donna Mullins motioned for approval. Wynne Shaw seconded the motion; the consent agenda was unanimously approved.

Informational Briefings

The DRCOG Community Care Hub – AJ Diamontopoulos

AJ Diamontopoulos presented DRCOG's Community Care Hub as a coordinating model that connects healthcare systems, Area Agencies on Aging, and community-based organizations through one point of contact for services such as food, transportation, in-home assistance, respite, and adult day.

Community Care Hub Development and Infrastructure

DRCOG's hub development builds on earlier Denver Health navigation work, retained health navigators, and closed-loop referral infrastructure. DRCOG has also learned from other hubs, with a long-term goal of expanding partnerships across the region and statewide through other Area Agencies on Aging.

Community Care Hub Funding

DRCOG expects more than \$800,000 in congressional funding and has also received an Administration for Community Living Health at Home Challenge award, with potential for additional funding. AJ emphasized that the hub's long-term success depends on partnerships and the service model, not grant funding alone.

Target Population and Medicare/Medicaid Enrollment

The Community Care Hub will initially focus on dual-eligible and near-dual-eligible Medicare participants, including those at or below 400% of the federal poverty level. DRCOG will enroll as both a Medicare and Medicaid provider and first focus on Medicare reimbursement for navigation services such as outreach, intake, care planning, scheduling, and follow-up, with billing expected to begin in January or February.

Community Care Hub Client Workflow

The client workflow begins with a healthcare referral to DRCOG after a social need is identified. Staff assess needs, provide navigation, connect the person to services, and securely share information with contracted providers so service updates can support future care.

Community Provider Participation

Community-based organizations would generally work through one Community Care Hub contract, document services for DRCOG claims, and receive reimbursement when appropriate. AJ said the goal is to reduce duplication and create a structure that benefits both DRCOG and community providers.

Community Care Hub Questions and Discussion

Discussion covered referrals, staffing, provider participation, revenue, and future certification requirements. AJ said referrals can begin now, but Medicare billing requires a clinician, and DRCOG will add staff as volume grows while using financial review processes to manage risk.

Healthcare Partnerships and Expansion

Initial partners include UCHHealth, CommonSpirit Health, and Denver Health Medical Plan, with AdventHealth considered for future outreach. AJ said DRCOG may later expand to

Medicare Advantage plans and other insurers after learning the original Medicare billing process.

Purpose and Long-Term Value of the Community Care Hub

The hub is intended to generate new funding for services, not just referrals to waiting lists, while gathering data to show the value of social supports. It was presented as a key strategy for sustaining services amid uncertain Older Americans Act and state funding.

Arapahoe County Update on Senior Programs – Courtney Stryker

Courtney Stryker, Division Manager for Senior Resources and Veteran Services at Arapahoe County, provided an overview of the county's older adult services, including the homemaker program, chore services, and resource referrals. The division receives about 400 calls each quarter from older adults seeking help or information, and staff are increasing outreach to connect residents with county and community resources.

Homemaker Program

The homemaker program supports eligible older adults and people with disabilities who are at or below 200% of the federal poverty level. Staff visit clients every other week for 90 minutes to provide routine housecleaning and grocery shopping, while referring clients with more intensive needs to Medicaid long-term care or other providers. Courtney emphasized that the program also helps reduce isolation because clients often build long-term, trusting relationships with their homemakers.

Chore Services

Chore services, funded in part by DRCOG, help older adults with larger household and yard-related tasks after a phone assessment. The program can assist with cleanup needs when conditions are safe, but staff cannot enter homes with hazardous materials, pests, or other safety risks. The current waitlist for homemaker and chore services is about 30 days, with emergencies prioritized when possible.

Funding

The programs rely on grant funding, county funds, and limited staffing. Courtney noted that funding has remained relatively stagnant as community needs grow, making volunteer partnerships increasingly important.

Volunteers

Arapahoe County uses volunteers, including county staff and high school partners, to help meet growing demand through cleanup projects and seasonal events. Courtney said these partnerships expand capacity and connect volunteers directly with residents. Together, the homemaker and chore programs serve about 600 older adults and maintain satisfaction rates of 97% or higher.

Top Needs

The county's 2026 Community Needs Assessment identifies housing, transportation, and food as the top needs, with transportation especially difficult for rural older adults. Courtney also noted barriers related to housing affordability, food insecurity, pests, accessibility needs, and hoarding or cluttering.

Courtney emphasized the need for more one-on-one case management and resource navigation, especially for applications, online systems, benefits, health care, and VA-related services. Arapahoe County is also exploring Medicaid as a possible income source to expand homemaker capacity.

Discussion

During the discussion, participants praised Arapahoe County's work and asked about age trends, service frequency, rural access, and cross-generational care needs. Courtney noted that clients are aging, multi-generational households are increasing, and new housing models may be needed to support both older adults and younger family members.

Arapahoe County is also expanding outreach in rural areas, including the Eastern Plains, by shifting a homemaker position to focus on those communities and scheduling chore services there when possible. Courtney emphasized that relationship-building is important so residents know what is available and feel comfortable accepting help.

DRCOG Board Report

Judi Kern shared highlights from the DRCOG Board meeting, including updates on federal transportation performance measures aimed at reducing congestion and emissions and revisions to the 2050 Regional Transportation Plan. Updated projections show slower growth than previously expected, with approximately 270,000 fewer residents and 212,000 fewer

jobs projected by 2050. She also noted increased interest in shared micro-mobility options, including three-wheeled trikes that may offer a more stable and practical transportation option for older adults.

County Reports

Adams County

Greg Kahler announced a resource fair on September 23 at the Northglenn Recreation Center. Building on the success of the well-attended spring event, the fair will provide information and resources for older adults, and attendees were encouraged to stop by if available.

Arapahoe County

Donna Mullins shared news of a groundbreaking in Aurora for an 80-unit affordable housing development by Brothers Redevelopment that will serve people experiencing homelessness and individuals involved in the justice system. The project has been more than 10 years in the making and has received strong community and county support, making it a significant milestone for the region.

Arapahoe County will be having an Older Adult Resource Fair October 30th at the Koebel Library.

City and County of Broomfield

Ed Moss shared that Broomfield's Aging Well Expo will take place on October 9. He also highlighted the annual Broomfield Days Parade on September 19, where Senior Resources of Broomfield and the Senior Services Division will provide transportation and reserved seating for older adults from local senior living communities so they can comfortably enjoy the event.

City and County of Denver

Anna Cool reported that Denver's Age-Friendly Initiative recently held its second convening and plans to release a report by year-end with recommendations to improve age-friendliness across city services. She also highlighted upcoming events, including the Denver Commission on Aging's annual event in October and Denver Parks and Recreation's Senior Prom on September 26. Additionally, she shared the success of the Aging Well Initiative, a

neighborhood-based program that provides monthly education and hands-on assistance to help older adults access resources and services.

Douglas County

Gretchen Lopez reported that the Parker Senior Center will host a resource fair on September 9, featuring nearly 80 vendors. She also shared that Karie Erickson's Aging Resources of Douglas County new location is expected to open in early October. In addition, the Seniors Council will host a Creativity and Healthy Aging event on September 24 at the Castle Rock Library, featuring a presentation on the benefits of creativity and older adult artists sharing their creative experiences to encourage healthy aging.

Jefferson County

Connie Ward reported that the Jefferson County Human Services Advisory Council recently met with Jefferson County Human Services to learn about services for older adults and will meet with county commissioners in September. The discussion also touched on a proposed regionalization of human services, potentially combining Jefferson, Gilpin, and Clear Creek counties. Participants noted the proposal could improve efficiency and reduce administrative costs, though discussions between counties and the state are still evolving.

Other Matters by Members

Kelly Roberts thanked staff who hosted community conversations and key informant sessions. She shared that DRCOG's Four-Year Plan webpage includes surveys that have generated 223 community conversation responses and 33 key informant responses, adding to the input gathered through in-person events. She also noted that Senior Planet will host a community conversation with its participants in September.

Next meeting – September 25, 2026.

Adjournment

The meeting was adjourned at 12:59 p.m.

ATTACH B

Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: September 25, 2026

Agenda Item #: 6

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Nymbl and Kaiser Permanente Falls Prevention Study

Agenda item type: Informational briefing

Summary

Area Agency on Aging staff will present a Journal of the American Geriatrics Society article that evaluates whether the Nymbl Falls Prevention application was associated with fewer falls.

Background

In the Fall of 2024 staff from Nymbl and Kaiser Permanente asked DRCOG to help them evaluate the Nymbl intervention. The evaluation they completed was published in the June issue of the Journal of the American Geriatrics Society. The evaluation highlighted many positive outcomes from DRCOG's delivery of the Nymbl falls prevention application in the Denver Region. Highlights include a 3.83 percentage-point reduction in acute fall-related injuries and that a minimum number of sessions is required to realize improvement.

Action by others

None

Previous discussions/actions

None

Recommendation

None

Attachment

1. Kaiser Permanente & Nymbl Fall Prevention Study Presentation
2. Evaluating the Association of a Self-Guided, Asynchronous, Balance Exercise Application on Fall-Related Injuries

For more information

If you need additional information, please contact AJ Diamontopoulos, Integrated Health Manager, Area Agency on Aging, at adiamontopoulos@drcog.org.





Kaiser Permanente & Nymbl Fall-Prevention Study

Evaluating the Association of a Self-Guided, Asynchronous, Balance Exercise

Application on Fall-Related Injuries

WHY THIS STUDY MATTERS

- Falls are a major health issue for older adults.
- More than 1 in 4 adults age 65+ falls each year, leading to about 3 million emergency department visits and 800,000 hospitalizations annually.
- Exercise-based fall prevention is recommended, but participation is often low because of transportation, scheduling, and other access barriers.
- This study asks whether a self-guided digital balance program can help reduce medically attended fall-related injuries.

WHAT WAS STUDIED

- Nymbl is a smartphone/tablet balance application that combines balance or strength exercises with cognitive “dual-task” activities.
- Through a partnership between Nymbl Science and DRCOG, adults age 60+ in the Denver metro area could access the app at no cost beginning in 2019.
- DRCOG promoted the program through community outreach and local media.
- Kaiser Permanente Colorado researchers later linked Nymbl participation data with Kaiser medical and claims data to study outcomes.



HOW THE STUDY WAS CONDUCTED

- Design: retrospective cohort study using Kaiser Permanente Colorado data linked to clients Nymbl registration and their app-usage records.
- Researchers compared clients with similar older adults who did not register for Nymbl.
- They looked for a fall-related injury during the 12 months after registration (or an assigned index date for non-registrants).
- A major strength is that the study looked at medically attended injuries, not just self-reported falls.

**3,735
Nymbl
registrants**

**114,219
age-eligible non-
registrants**

**12-month
follow-up**

**Outcome:
medically attended
fall-related injuries**

LIMITATIONS

- This was an observational study, so it shows association, not proof of causation.
- Participation was low: only 3.2% of eligible older adults registered for Nymbl.
- Participants were disproportionately white, female, and from less marginalized neighborhoods, so results may not generalize to all older adults.
- The follow-up period was 12 months, so longer-term impact and cost savings remain unknown.

KEY FINDINGS

- No statistically significant reduction was found among people without a prior fall-related injury.
- Dose matters: at least 5 Nymbl sessions were needed to see a meaningful reduction in injuries.
- **Among people with a prior fall-related injury, Nymbl registration was associated with a 3.83 percentage-point reduction in acute fall-related injuries.**
- Fall prevention programs like Nymbl can overcome transportation, scheduling, and other access barriers many older adults face.
- Programs like Nymbl are associated with reductions in Fall-related injuries, strengthening the evidence for integrating them into the USPSTF guidelines for fall prevention

Thank you

Questions and Discussion

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CLINICAL INVESTIGATION

Evaluating the Association of a Self-Guided, Asynchronous, Balance Exercise Application on Fall-Related Injuries

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Keywords: asynchronous application | balance exercise | digital health | fall prevention

ABSTRACT

Background: More than one in four older adults experience a fall each year. While exercise programs are effective in reducing fall-related injuries (FRI), participation remains low due to access barriers. The primary aim of this study was to evaluate whether older adults who registered for NymbL, a self-guided, asynchronous, balance application, were associated with fewer FRIs as compared to age-similar individuals non-registrants.

Methods: This retrospective cohort study used data from Kaiser Permanente Colorado, linked to NymbL registration and usage records based on patient name and demographic information between February 2018 and September 2024. The cohort included individuals aged 60 and older with continuous health plan enrollment for 12 months before and after NymbL registration (or a randomly assigned index date). Logistic regression models with inverse probability of treatment weighting estimated the association between NymbL registration and FRIs during the 12-month follow-up, stratified by history of FRIs. Marginal effects reported the absolute risk difference associated with NymbL registration. Secondary analyses examined dose-response associations of NymbL usage and whether the association of NymbL was additive to participation in other exercise programs.

Results: We identified 3735 individuals who registered for NymbL and 114,219 age-eligible non-registrants. Among individuals with a prior FRI, NymbL registration was associated with a 3.83 percentage point reduction in acute FRIs; however, no significant association was estimated for individuals without a baseline FRI. Secondary analysis indicated that at least five sessions were required to achieve a meaningful reduction in FRIs, and associations were limited to those not already participating in other exercise programs.

Conclusion: Findings from this study suggest that asynchronous, self-guided balance applications may reduce FRIs among older adults with a history of falls who are not otherwise engaged in structured exercise programs. Remotely delivered fall prevention programs may help overcome access barriers and can be used to supplement in-person and guided exercise programs.

1 | Introduction

More than one in four adults aged 65 and older experience a fall each year, resulting in approximately 3 million emergency department visits and 800,000 hospitalizations annually [1]. In response to this significant healthcare burden, the US

Preventive Services Task Force (USPSTF) recommended exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk with a Grade “B” recommendation, indicating moderate certainty of a net benefit [2]. Despite the high prevalence of fall-related injuries (FRIs), participation in fall prevention programs remains

Summary

- Key Points
 - Registering for Nymbl, a self-guided balance application for fall prevention, was associated with a 3.83 percentage point reduction in fall-related injuries among older community dwelling adults with a history of falls.
 - No reduction in fall-related injuries was associated with Nymbl registration among individuals who were already participating in the Silver Sneakers Fitness program.
 - Self-directed digital balance programs may reduce recurrent fall-related injuries and should be considered as an option for preventive care, especially for individuals with a history of falls who are not already engaged in other exercise interventions.
- Why Does This Matter?
 - The U.S. Preventive Services Task Force recommends exercise-based interventions for adults aged 65 and older at increased risk of falling; however, participation in fall prevention programs is low and access is a significant barrier. Findings from this study suggest that self-directed, asynchronous, digital balance programs may help reduce recurrent fall-related injuries, supporting their potential value in expanding access and improving health outcomes.

low [3, 4]. Limited access remains a significant barrier, as many older adults struggle to attend in-person programs due to transportation challenges or scheduling constraints [5, 6]. To address access barriers, the USPSTF's most recent recommendation emphasized the need for interventions that improve the availability and accessibility of effective fall prevention strategies, including asynchronous, remotely delivered exercise programs [2].

Prior evaluations of asynchronous, remotely delivered fall prevention interventions are limited. While findings have been mixed, access to a self-directed digital exercise program has been shown to reduce FRIs by up to 18%, particularly among individuals at low to intermediate fall risk [7, 8]. However, these studies typically have relied upon patient-reported fall outcomes, which often have very high reported rates of fall outcomes, with limited ability to identify severe fall injuries that require medical attention vs. minor falls, and may be affected by recall bias [7, 9]. Additionally, it remains unclear whether remotely delivered interventions offer benefits that are additive to those of traditional, in-person exercise programs. Moreover, individuals who participate in clinical trials tend to be healthier and more motivated than the broader population, which may limit the generalizability of trial findings [10–12].

To better understand the association of asynchronous exercise programs in reducing FRIs using real-world evidence, the primary aim of this study was to evaluate whether registration for Nymbl, a self-guided balance training application, was

associated with reduced FRIs among community-dwelling older adults compared with age-similar adults who did not register. We examined the association of Nymbl on both primary fall prevention (preventing initial FRIs) and secondary prevention (preventing recurrent FRIs). This research addresses a key knowledge gap identified by the USPSTF by examining the association between a digitally delivered fall prevention program and fall-related outcomes, which may support efforts to expand access for individuals who face barriers to traditional in-person or guided exercise interventions and inform the design of future randomized trials [2].

2 | Methods

2.1 | Study Setting and Data

This study was conducted within Kaiser Permanente Colorado (KPCO), an integrated healthcare system that provided both clinical care and insurance to approximately 550,000 members, of which 110,000 members were enrolled in Medicare, which KPCO offered exclusively through Medicare Advantage plans. KPCO's coordinated care model delivers comprehensive care management for patients with FRIs, encompassing initial treatment, recovery-focused care, and outpatient follow-up [13, 14]. To improve physical well-being and help prevent FRIs, KPCO offers various exercise programs, such as Silver Sneakers, a fitness program for older adults that provides free access to thousands of fitness centers and guided classes.

Through a partnership between Nymbl Science and the Denver Regional Council of Governments (DRCOG), all adults aged 60 and older living in the Denver metro area were eligible to download the Nymbl app at no cost starting February 1, 2019. DRCOG promoted Nymbl through community-based outreach and local media to individuals meeting age and residency criteria; however, KPCO did not advertise or encourage Nymbl use among members during the study period. Nymbl is an asynchronous mobile application, accessible via smartphone or tablet, designed to improve balance and walking stability to help prevent falls [15, 16]. The Nymbl application uses a dual-tasking approach, combining physical activities such as balance or strength exercises with simultaneous cognitive challenges, like image recall. Evidence suggests that dual-task training can improve both static and dynamic balance, as well as executive function, particularly among older adults with a history of falls [17]. A more detailed description of the Nymbl balance application can be found in Figure S1.

Nymbl Science provided KPCO with a complete list of individuals who downloaded and registered for the Nymbl application during its partnership with DRCOG in accordance with a data transfer agreement. The list of Nymbl users was linked to KPCO members at the individual level using name, birthdate, and demographic information. Data provided by Nymbl Science included the date of registration and timestamps of when the application was used. Electronic health record (EHR) and administrative data were obtained from the KPCO Virtual data warehouse (VDW), which captured care delivered within KPCO as well as claims data for services provided outside the KPCO system. The VDW is a standardized

data repository containing information on diagnostic and procedural codes, patient-reported responses to health questionnaires, demographics, enrollment, and census-based socioeconomic status measures [18]. The cohort was limited to KPCO members aged 60+ who were insured between February 1, 2019 and September 30, 2024. Study protocol and human subjects considerations were reviewed and approved by the Kaiser Permanente Interregional Institutional Review Board (#2163506).

2.2 | Measures

The primary outcome was a FRI episode during the 365-day period after the index date (described below). To quantify FRI episodes, we applied a previously published algorithm that identified FRIs using International Classification of Diseases version 10 diagnostic codes [19]. This algorithm categorized FRI episodes into three levels of acuity based on injury type and care setting are as follows: (1) the acute care algorithm, which captured the most severe and clinically valid injuries, including those to the head, face, limbs, neck, and trunk treated in hospital or emergency department settings; (2) the balanced algorithm, which built upon the acute care definition by including severe injuries treated in non-emergency outpatient settings, offering a middle ground between specificity and comprehensiveness; and (3) the inclusive algorithm, which maximized FRI detection by incorporating nearly all injury types regardless of setting, allowing for broad identification of FRIs.

The primary exposure was registration for the Nymbl application. Participants were classified into two groups: individuals who registered for Nymbl and an age-eligible comparison group who did not register for Nymbl. The date of registration was used as the index date among those who registered for Nymbl. Because the comparison group lacked a natural index date for evaluating FRI outcomes, each individual in the comparison group was assigned a randomly selected index date based on the distribution of registration dates among Nymbl users (Figure S2) [20, 21]. This approach ensured equivalent follow-up intervals across both groups to assess FRI outcomes. All individuals were required to have continuous enrollment within KPCO for 12 months before and 12 months after their index date.

Baseline covariates were measured during the 12-month period prior to the index date and included data on an individual's demographics, comorbidity profile, healthcare utilization, and socioeconomic status. Age in years was included as a continuous measure. Race was self-reported and categorized into mutually exclusive groups: Asian, Black, Unknown, White, and, due to small sample sizes, a combined single category labeled "Other Minority Races," which included Native Hawaiian/Pacific Islander, Native American/Alaskan Native, and Multiracial individuals. Ethnicity was captured as a separate binary variable indicating Hispanic or Non-Hispanic/Unknown. Frailty was included as a binary indicator based on diagnostic and procedural code value sets defined by the National Committee for Quality Assurance [22]. Comorbidity burden was measured using the Deyo adaptation of the Charlson comorbidity index, based on diagnoses codes from the year prior to the index date [23]. The

number of diagnosed chronic conditions was grouped into four categories are as follows: 0 conditions, 1 condition, 2 conditions, and 3+ conditions. Utilization of acute medical services was captured using two binary indicators: one indicator for a hospital admission and a separate indicator for an emergency department visit. Socioeconomic status was assessed using the neighborhood deprivation index (NDI), a composite measure incorporating housing, poverty, employment, occupation, and education at the census tract level. Higher NDI values indicated greater levels of deprivation within the census tract [24].

2.3 | Statistical Analysis

Baseline characteristics of Nymbl registrants and age-eligible non-registrants were compared using chi-square tests for categorical variables. Unadjusted differences in FRI outcomes between groups were calculated to help illustrate absolute differences in FRI outcomes. Inverse probability of treatment weighting (IPTW) was used to balance baseline characteristics by Nymbl registration [25]. The predicted probability (propensity score) of Nymbl registration was estimated using a logistic regression model. Overlap of propensity scores between Nymbl registrants and age-eligible non-registrants was depicted using density plots. Standardized mean differences were used to examine the balance of covariates after applying IPTW.

The association of Nymbl registration on FRI outcomes during the 12 months after the index date was estimated using a logistic regression weighted by the IPTW [26]. To better understand Nymbl's association with both primary fall prevention (preventing initial FRI) and secondary prevention (preventing recurrent FRI), our primary analysis stratified individuals by whether they experienced any FRI in the 12-month period prior to the index date. Separate models were estimated for each of the three FRI acuity outcomes: acute, balanced, and inclusive. Marginal effects (ME) and 95% confidence intervals (CI) were reported holding all other covariates at their mean values. In this study, the ME is interpreted as the percentage point (pp) difference in the probability of an FRI outcome between Nymbl registrants and the age-eligible comparison group.

2.4 | Pre-Specified Secondary Analysis

To assess whether the amount of Nymbl utilization was associated with differential associations on FRI outcomes, we conducted a dose-response analysis limited to individuals who registered for Nymbl. We summed the number of Nymbl sessions for each individual during the first 90 days after registration and categorized them into three groups are as follows: 0 sessions (registered but did not use Nymbl), 1–4 sessions, and ≥ 5 sessions. FRI outcomes were then assessed during days 91–365 post-registration. Because we allowed for three levels of exposure, multinomial regression models were used to estimate the dose-response association using registrants with 0 sessions as the referent group. Due to a sharp reduction in sample size when limiting our cohort to Nymbl registrants, it was necessary to collapse race into White versus Non-White and diagnosed chronic conditions were regrouped as 0, 1–2, or 3+ to maintain model stability.

TABLE 1 | Baseline characteristics by Nymbl registration.

	Nymbl registrant			<i>p</i>
	No	Yes	Total	
Unique patients, <i>N</i> (%)	114,219 (96.8)	3735 (3.2)	117,954	
Pre-index FRI, <i>N</i> (%)				
Acute algorithm	2302 (2.0)	117 (3.1)	2419 (2.1)	<0.001
Balance algorithm	2541 (2.2)	128 (3.4)	2669 (2.3)	<0.001
Inclusive algorithm	3594 (3.1)	194 (5.2)	3788 (3.2)	<0.001
Self reported fall risk, <i>N</i> (%) [*]				0.719
Yes	6333 (5.5)	242 (6.5)	6575 (5.6)	
No	7402 (6.5)	292 (7.8)	7694 (6.5)	
Pre-index silver sneakers use, <i>N</i> (%)				<0.001
Yes	16,439 (14.4)	1136 (30.4)	17,575 (14.9)	
No	97,780 (85.6)	2599 (69.6)	100,379 (85.1)	
Age at index date, mean (Std)	71.4 (7.9)	73.3 (7.0)	71.5 (7.9)	<0.001
Gender, <i>N</i> (%)				<0.001
Female	62,728 (54.9)	2718 (72.8)	65,446 (55.5)	
Race, <i>N</i> (%)				<0.001
Asian	3375 (3.0)	31 (0.8)	3406 (2.9)	
Black	4704 (4.1)	72 (1.9)	4776 (4.0)	
White	88,069 (77.1)	3367 (90.1)	91,436 (77.5)	
Native hawaiian/pacific islander, American indian/alaska native, Multi-race, or other race	14,907 (13.1)	217 (5.8)	15,124 (12.8)	
Unknown	3164 (2.8)	48 (1.3)	3212 (2.7)	
Hispanic, <i>N</i> (%)				<0.001
Yes	11,742 (10.3)	133 (3.6)	11,875 (10.1)	
No/missing	102,477 (89.7)	3602 (96.4)	106,079 (89.9)	
Charlson comorbidity index, <i>N</i> (%)				0.882
0	81,324 (71.2)	2672 (71.5)	83,996 (71.2)	
1	11,148 (9.8)	369 (9.9)	11,517 (9.8)	
2	8873 (7.8)	278 (7.4)	9151 (7.8)	
3 or more	12,874 (11.3)	416 (11.1)	13,290 (11.3)	
Frailty indicator, <i>N</i> (%)	1981 (1.7)	61 (1.6)	2042 (1.7)	0.641
Utilization (binary indicator), <i>N</i> (%)				
Emergency department	17,237 (15.1)	6.04 (16.2)	17,841 (15.1)	0.070
Inpatient admission	8656 (7.6)	316 (8.5)	8972 (7.6)	0.045
Neighborhood deprivation index quintile, <i>N</i> (%)				<0.001
1 (least deprived)	47,981 (42.0)	1821 (48.8)	49,802 (42.2)	
2	30,352 (26.6)	1031 (27.6)	31,383 (26.6)	
3	17,560 (15.4)	498 (13.3)	18,058 (15.3)	

(Continues)

TABLE 1 | (Continued)

	Nymbl registrant			<i>p</i>
	No	Yes	Total	
4	14,449 (12.7)	312 (8.4)	14,761 (12.5)	
5 (most deprived)	3877 (3.4)	73 (2.0)	3950 (3.3)	

Note: Neighborhood Deprivation Index measures 13 dimensions of socioeconomic status at the census-tract level including: wealth and income, education, occupation, and housing conditions.

*Self-reported fall risk limited to individuals who completed a health risk assessment (HRA) for Medicare beneficiaries.

2.5 | Post Hoc Secondary Analysis

In a complementary analysis, we stratified our models by self-reported fall risk among a subset of our cohort who completed a health risk assessment (HRA) for Medicare beneficiaries. The HRA collects self-reported medical, functional, and social data, including information on recent falls and balance concerns (Figure S3) [27]. Among individuals who completed the HRA, we re-estimated logistic regression models stratified by a binary variable of self-reported fall history or balance impairment.

To evaluate whether Nymbl was additive to other exercise interventions, we re-estimated our primary regression models further stratifying by whether individuals participated in the Silver Sneakers fitness program at any point during the 12-month pre-index period. All analyses were performed using SAS Software version 9.4 (SAS Institute Inc., Cary, North Carolina) and STATA Statistical Software version 18.0 (StataCorp. 2019. Stata Statistical Software: Release 16. College Station, TX: StataCorp LLC).

3 | Results

After applying exclusion criteria, our cohort included 117,954 individuals (Figure S4), 3735 (3.2%) who registered for Nymbl, and 114,219 (96.8%) who were age-eligible but did not register for Nymbl (Table 1). Compared to age-eligible non-registrants, Nymbl registrants were more likely to have a pre-index FRI (acute: 3.1% vs. 2.0%, balanced: 3.4% vs. 2.2%, Inclusive: 5.2% vs. 3.1%), be 76 or older (35.6% vs. 28.1%), female (72.8% vs. 54.9%), White (90.1% vs. 77.1%), and reside in the least deprived census tracts (48.8% vs. 42.0%). No statistically significant differences were observed between groups in the number of diagnosed chronic conditions or in utilization of acute medical services during the pre-index period. When stratified by both Nymbl registration and Silver Sneakers participation, elevated pre-index FRIs were only present among Nymbl registrants, and not among Silver Sneakers users (Table S1).

Unadjusted analyses are shown in Table S2. Among individuals with a pre-index FRI, Nymbl registration was associated with a 4.90 pp. lower probability of an acute FRI (3.61% vs. 8.51%), a 4.43 pp. lower probability of a balanced FRI (4.64% vs. 9.07%), and a 3.91 pp. lower probability of an inclusive FRI (7.22% vs. 11.13%) compared to non-registrants.

Propensity scores showed a high degree of overlap between Nymbl registrants and age-eligible non-registrants, indicating

there was adequate common support to satisfy the positivity assumption (Figure S5) [28]. Mean standardized differences were <10% for most covariates after applying IPTWs, suggesting that observable characteristics were well balanced between groups (Table S3) [29].

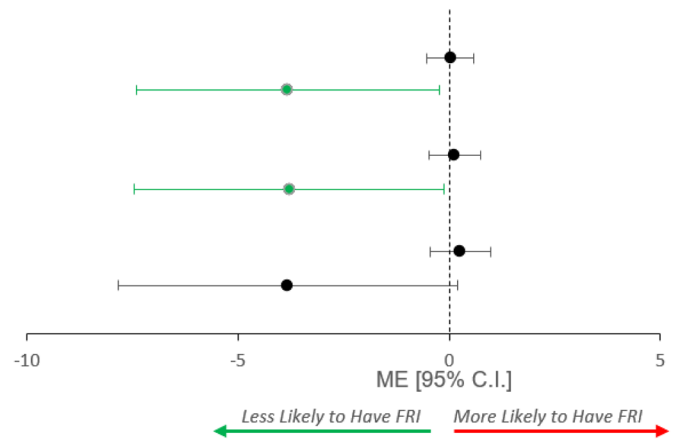
Primary results from IPTW weighted logistic regression models stratified by pre-index FRI status are presented in Figure 1. Among individuals with a pre-index FRI episode, Nymbl registration was associated with a 3.83 pp. reduction in acute FRIs (ME = −3.83; 95% CI: −7.40 to −0.25), a 3.80 pp. reduction in balanced FRIs (ME = −3.80; 95% CI: −7.46 to −0.13), and a non-statistically significant 3.83 pp. reduction in inclusive FRIs (ME = −3.83; 95% CI: −7.85 to 0.19). In contrast, among individuals who did not have a pre-index FRI, no significant association was estimated between Nymbl registration and FRI outcomes.

Estimates from dose–response analyses among Nymbl users are shown in Figure 2 (corresponding distribution of Nymbl sessions shown in Figure S6). Compared to individuals who registered but did not use Nymbl, logging five or more sessions was associated with a 1.19 pp. reduction in acute FRIs (ME = −1.19; 95% CI: −2.25 to −0.12), a 1.38 pp. reduction in balanced FRIs (ME = −1.38; 95% CI: −2.52 to −0.23), and a 1.81 pp. reduction in inclusive FRIs (ME = −1.81; 95% CI: −3.25 to −0.37). No significant associations were estimated among individuals who used Nymbl 1–4 times compared to those who registered but did not use Nymbl.

Results using self-reported fall or balance impairment as the stratification variable are shown in Figure 3. Regardless of whether individuals did or did not report prior fall or balance concerns, we estimated no significant associations between Nymbl registration and FRI outcomes at any acuity level.

Estimates stratified by both pre-index FRI episode and participation in the Silver Sneakers Fitness program are shown in Figure 4. Among individuals who had a pre-index FRI but did not participate in Silver Sneakers, we estimated that Nymbl registration was associated with a non-statistically significant 4.47 pp. reduction in acute FRIs (ME = −4.47; 95% CI: −9.07 to 0.12), a 5.44 pp. reduction in inclusive FRIs (ME = −5.44; 95% CI: −10.38 to −0.50), and a non-statistically significant 4.52 pp. reduction in balanced FRIs (ME = −4.52; 95% CI: −9.21 to 0.16). No significant associations were estimated for individuals with a pre-index FRI episode who participated in Silver Sneakers, or for those without a pre-index FRI episode, regardless of Silver Sneakers participation.

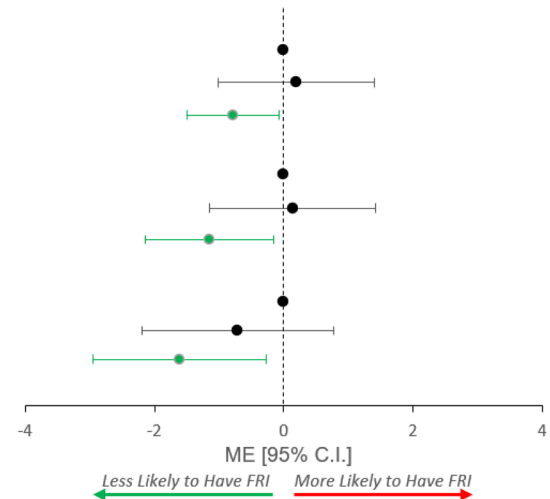
Algorithm Type	Pre-Index FRI Episode	Obs	ME	95% C.I.
Acute	No	114,166	0.03	[-0.54 to 0.59]
	Yes	3,788	-3.83	[-7.4 to -0.25]
Balanced	No	114,166	0.13	[-0.48 to 0.73]
	Yes	3,788	-3.80	[-7.46 to -0.13]
Inclusive	No	114,166	0.26	[-0.45 to 0.98]
	Yes	3,788	-3.83	[-7.85 to 0.19]



- Results reported as absolute difference in fall-related injury episode by Nymbl registration with mean values for all other covariates
- Covariates include age, gender, race, ethnicity, count of diagnosed chronic conditions, baseline utilization of inpatient and emergency department, and socioeconomic status

FIGURE 1 | Adjusted marginal effect (ME) of Nymbl registration on occurrence of a fall-related injury (FRI) episode by acuity level stratified by Pre-index FRI episode.

Algorithm Type	Number of Sessions	Obs	ME	95% C.I.
Acute		3,735		
	0: Registered Only		Ref	Ref
	1 to 4: <= Median		0.19	[-1.02 to 1.41]
Balanced		3,735		
	0: Registered Only		Ref	Ref
	1 to 4: <= Median		0.14	[-1.16 to 1.43]
	5+: > Median		-1.38	[-2.52 to -0.23]
Inclusive		3,735		
	0: Registered Only		Ref	Ref
	1 to 4: <= Median		-0.71	[-2.19 to 0.77]
	5+: > Median		-1.81	[-3.25 to -0.37]



- Referent category includes individuals who registered for Nymbl but did not log any sessions.
- Results reported as absolute difference in fall-related injury episode by Nymbl use with mean values for all other covariates.
- Covariates include age, gender, race, ethnicity, count of diagnosed chronic conditions, baseline utilization of inpatient and emergency department, and socioeconomic status.

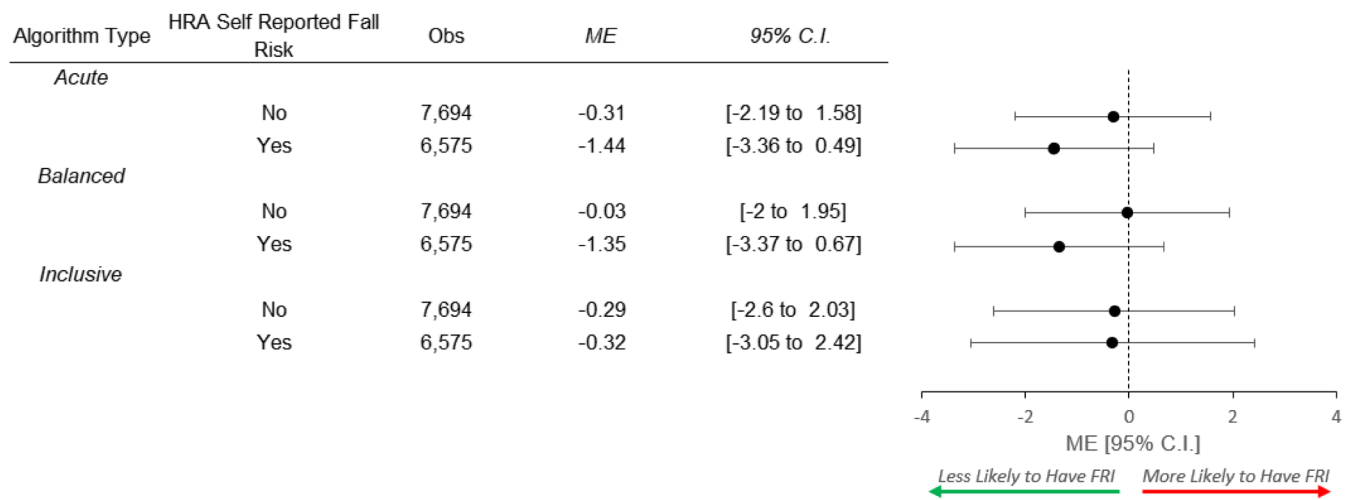
FIGURE 2 | Among nymbl registrants: Adjusted marginal effect (ME) of Nymbl use during 90 days post-registration on fall-related injury (FRI) episode during days 91–365 post-registration (dose–response).

4 | Discussion

In this study, the use of an asynchronous, digital application designed to improve balance was associated with a 3.83 pp. reduction in acute FRI episodes among individuals with a prior FRI. These findings suggest that self-directed digital fall prevention programs may provide an effective and more accessible alternative to in-person or instructor-led exercise programs for secondary fall prevention [7, 8, 19, 30]. Prior randomized trials of unsupervised digital exercise interventions, widely regarded as the gold standard for evaluating efficacy, have reported fall injury reductions between 8% and 18% among at risk populations [7, 8]. Differences in outcome ascertainment and study inclusion criteria may partially explain the larger estimated reduction in

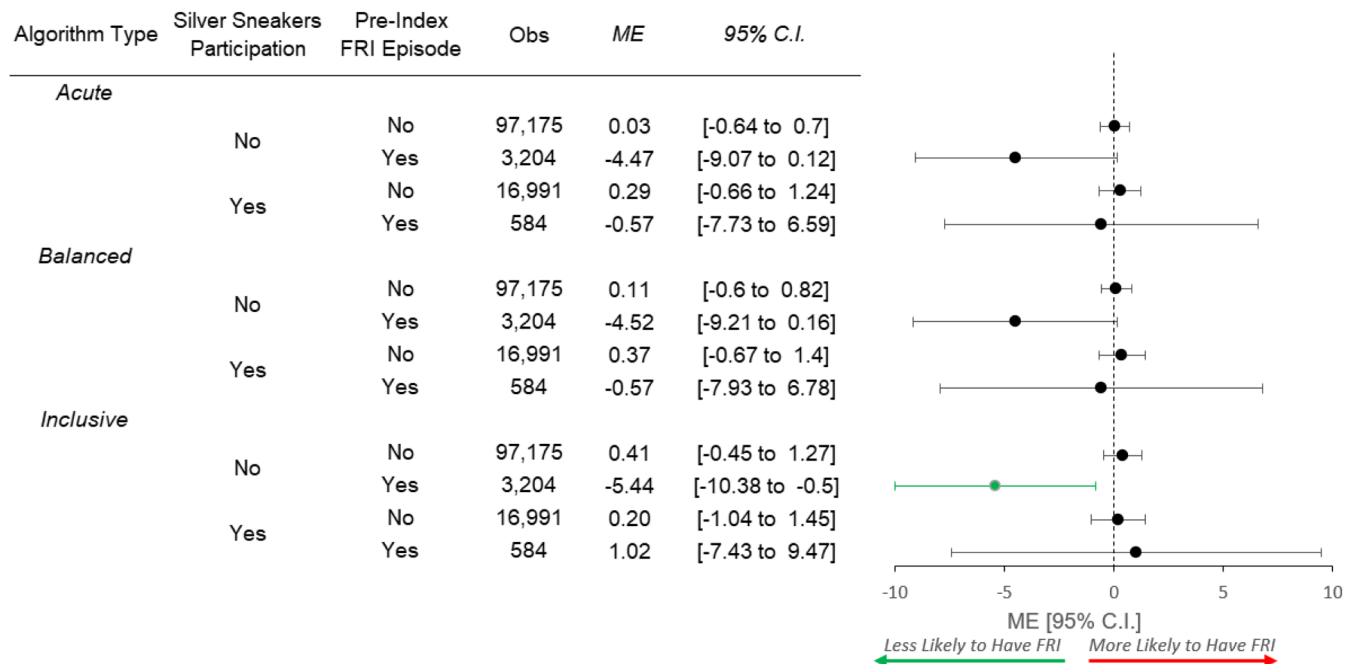
FRIs associated with the digital exercise program evaluated in this study. The FRI algorithm used in this study was specifically designed to capture medically attended fall injuries using utilization and diagnosis codes (prioritizing specificity over sensitivity). In contrast, participant selection and outcomes in randomized trials have often relied on patient-reported falls, which are subject to high reporting rates (> 50% of patients reported a fall) and may not distinguish between severe and minor falls.

The cohort in the present study and participants in prior randomized trials of unsupervised digital exercise interventions were predominantly White females, underscoring the need for targeted efforts to increase participation among minority and male



- HRA refers to the Health Risk Assessment
 - Limited to individuals who completed the HRA
 - Results reported as absolute difference in fall-related injury episode by Nymbl registration with mean values for all other covariates.
 - Covariates include age, gender, race, ethnicity, count of diagnosed chronic conditions, baseline utilization of inpatient and emergency department, and socioeconomic status.

FIGURE 3 | Adjusted marginal effect (ME) of nymbl registration on occurrence of a fall-related injury (FRI) episode by acuity level stratified by self-reported risk of fall or balance difficulty.



- Results reported as absolute difference in fall-related injury episode by Nymbl registration with mean values for all other covariates.
 - Covariates include age, gender, race, ethnicity, count of diagnosed chronic conditions, baseline utilization of inpatient and emergency department, and socioeconomic status.

FIGURE 4 | Adjusted marginal effect (ME) of nymbl registration on occurrence of a fall-related injury (FRI) episode by acuity level stratified by pre-index FRI episode and silver sneakers participation.

populations. While fall risk may vary by sex, race, and ethnicity, fall-related mortality rises with age across all groups and has been increasing over the last 20years [31]. Personalizing digital fall-reduction interventions to align with individual preferences and cultural contexts may improve engagement and increase accessibility across diverse populations [5].

Findings from our dose-response analysis among Nymbl registrants indicated that completing at least five sessions was

necessary for an associated reduction in FRIs. However, of the 3735 individuals who registered for Nymbl, only 789 (21%) completed five or more sessions. This is consistent with previous studies showing that most participants in fall prevention interventions do not achieve the recommended dose of exercise activity [7, 8]. Given the abundance of digital exercise applications, sustaining user engagement over longer time horizons is critical to realizing the full benefits of these programs. As digital fall prevention strategies become increasingly embedded

into routine care, efforts should focus on promoting sustained engagement through approaches such as integration with primary care providers, personalized goal setting, and continuous refinement of the user experience [32–34].

Analysis stratified by self-reported fall risk factors found that Nymbl was not associated with reduction in acute FRIs using self-reported data, although the direction of the association suggests Nymbl could be associated with FRI reductions among those reporting fall risk factors. This may indicate that reliance on patient reported fall risk factors may be insufficient to adequately identify individuals at high risk. For example, one study found that fewer than 40% of healthcare providers routinely assess fall history among older adults, highlighting missed opportunities for prevention [3]. Moreover, randomized trials of fall prevention interventions that used self-reported fall risk to identify participants, such as STRIDE, reported no reductions in medically attended FRIs despite employing interventions more intensive than Nymbl [35, 36]. Additionally, specific components of fall risk such as gait impairment are more nuanced, with the relationship between gait speed and fall risk being non-linear [37]. Individuals with faster gait speeds may be more agile and experience less severe injuries, while slower gait speeds may reflect underlying frailty, increasing the likelihood of more serious FRIs, complicating efforts to predict FRIs [38, 39]. Moreover, long-term risk factors such as gait speed and impaired balance can interact with short-term triggers, including acute illness or environmental hazards, adding additional complexity to FRI prediction [40–42]. Although many fall risk assessment tools are available, current evidence suggests that no single measure offers sufficient accuracy to predict FRIs in community-dwelling older adults [43, 44]. As such, a patient's history of prior falls remains one of the most reliable indicators of future FRI risk [43].

Sensitivity analyses evaluating the association of Nymbl registration among individuals who were already participating in an exercise program indicated that the associated reductions in FRI were limited to those who were not taking part in the Silver Sneakers program. This finding suggests that engaging in exercise, regardless of its primary intent or mode of delivery, may be effective in reducing FRIs. Prior evidence has suggested that brisk walking can be more effective than structured balance training in preventing fall injuries [45]. Offering individuals a choice in program format (e.g., in-person vs. virtual, synchronous vs. asynchronous, guided vs. self-directed) may enhance long-term engagement, contributing to larger and more sustained reductions in FRI episodes.

5 | Limitations

This study has several limitations. Participation in Nymbl was voluntary and registration among age-eligible individuals was low (3.2%), which may reflect selective participation. If those who chose to register for Nymbl were more aware of their fall risk, motivated, or simultaneously engaged in other fall prevention strategies, the estimated association of Nymbl may be overstated. Because the study cohort was predominantly White, non-Hispanic females, our findings may not extend to more diverse populations. While our EHR data likely captured

hospitalizations and emergency department visits related to severe fall injuries, less severe FRIs may have gone unreported for individuals who did not seek medical care, nor could we determine if there were injuries attributable to Nymbl use [46, 47]. If individuals who registered for Nymbl were more engaged with the healthcare system, they may have had more opportunities to report FRIs and been less susceptible to recall bias than non-registrants, potentially resulting in an underestimation of Nymbl's true impact [40]. Additionally, the 12-month follow-up period limited our ability to assess the long-term associations of Nymbl or to evaluate multiple FRI episodes within the same individual.

6 | Conclusion

Findings from this study suggest that asynchronous, self-directed digital balance programs are associated with FRI reductions, strengthening the evidence for integrating remote digital interventions into USPSTF guidelines for fall prevention [2]. However, these associations appear to be limited to individuals with a history of prior FRIs and those not already engaged in other exercise programs, thus implementation should target high-risk, sedentary populations. Alternatively, the mechanism explaining these findings may involve other unobserved factors, such as an individual's motivation to prevent secondary FRIs being associated with Nymbl registration. With the increasing number of fall prevention applications readily available, sustained patient engagement will be essential to realizing the full impact of digitally delivered interventions. Future research should assess the effectiveness of asynchronous exercise programs through randomized trials and across multiple different fall-prevention programs, evaluate whether effects vary by participation in other fitness programs such as Silver Sneakers, and quantify long-term durability and potential cost savings.

Author Contributions

All authors met the criteria for authorship as follows: Study concept and design: Kris Wain, Wendolyn Gozansky, John Litten, Deanna McQuillan, Claudia Steiner. Acquisition of data: Andrea Daddato, Andrew Jessen, Chris Jentz, Kris Wain. Analysis and interpretation of data: Kris Wain, Wendolyn Gozansky. Preparation of manuscript: Andrea Daddato, Wendolyn Gozansky, Andrew Jessen, John Litten, Deanna McQuillan, Claudia Steiner, Chris Jentz, Kris Wain.

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Disclosure

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Conflicts of Interest

The authors declare no conflicts of interest.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Figure S1:** Description of Nymbl balance application. **Figure S2:** Distribution of index dates among nymbl participants as compared to distribution of randomly assigned index for age-eligible non-participants. **Figure S3:** Patient self-reported fall-related injury risk factors from the health risk assessment (HRA) tool. **Figure S4:** Consort diagram. **Figure S5:** Propensity score distribution after IPTW by Nymbl registration, stratified by Pre-index fall-related injury. **Figure S6:** Distribution of Nymbl sessions in the first 90 days following registration among registrants. **Table S1:** Baseline characteristics by Nymbl registration and silver sneakers use. **Table S2:** Calculation of unadjusted marginal effects (ME) of Nymbl registration on fall related injury (FRI) episode by acuity level stratified by pre-index FRI episode. **Table S3:** Standardized mean differences by Nymbl registration, stratified by pre-index fall-related injury.

ATTACH C

Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: September 25, 2026

Agenda Item #: 7

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How AgeTech and Longevity Ecosystems Support Older Adults

Agenda item type: Informational briefing

Summary

Cambria Jacobs will present an introduction to AgeTech Connect Colorado and Longevity Global Colorado.

Background

AgeTech Connect Colorado and Longevity Global Colorado are two business-to-business ecosystems that bring together people and organizations working to improve longer lives. Longevity Global Colorado focuses on upstream efforts such as science, prevention, and healthspan, while AgeTech Connect Colorado focuses on downstream efforts, including technology, services, care, and real-world adoption. Together, they support older adults by helping innovators, investors, researchers, and providers develop, fund, and implement solutions rooted in real human needs.

Action by others

None

Previous discussions/actions

None



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Recommendation

None

Attachment

None

For more information

If you need additional information, please contact Cambria Jacobs, at cambria@collaborationinaging.com.



ATTACH D

Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: September 25, 2026

Agenda Item #: 8

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Open Discussion for Advocacy

Agenda item type: Discussion

Summary

Area Agency on Aging staff will lead the Advisory Committee in a discussion on advocacy strategies to support Fiscal Year 2028 and beyond funding priorities.

Background

As the possibility of funding reductions becomes increasingly real, the Area Agency on Aging (AAA) is seeking to engage the Advisory Committee in a thoughtful discussion about advocacy opportunities and strategies. Given the committee members' diverse professional backgrounds, expertise, and community connections, AAA would like to explore how these strengths can be leveraged to build a coordinated advocacy effort. The goal is to develop both short-term and long-term strategies to help sustain existing funding streams, identify potential new funding sources, and increase awareness of the vital services provided to older adults in the region. Through collaboration, relationship-building, and strategic outreach to policymakers, community leaders, and other stakeholders, the Advisory Committee can play an important role in helping ensure the continued availability and growth of programs that support older adults and caregivers.



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Action by others

None

Previous discussions/actions

None

Recommendation

None

Attachment

None

For more information

If you need additional information, please contact Jayla Sanchez-Warren, Director Area Agency on Aging at (720) 375-1738 or jswarren@drcog.org.

