

Falls and Fall-Related Injuries Among Older Adults

A Practical Guide to State Coalition Building to Address a Growing Public Health Issue

Acknowledgements

This publication would not have been possible without the creative and enthusiastic contributions of states working tirelessly to bring awareness to the growing public health issue of falls and falls-related injuries among their most vulnerable citizens. They are working tirelessly to bring evidence-based solutions and resourceful partnerships to bear in communities across the country. Forty-two states are now active members of the State Coalitions on Fall Prevention Workgroup - a dynamic, peer-learning network that works collectively to address the growing public health issue of falls and falls-related injuries among older adults. These coalitions, led by energetic and devoted leaders in public health, aging, and health care, are making a real difference in the lives of older adults. We salute them for their foresight and dedication.

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The online tool is accessible at www.ncoa.org/FallsToolkit. Send any recommendations or suggestions to fallsfree@ncoa.org.

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I. Introduction

Purpose

This guide has been prepared in recognition of the special role of states and local communities in reducing falls and fall-related injuries within the older adult population. It provides a compendium of practical tools, resources, and strategies to assist coalition building efforts. It also provides the framework, infrastructure, and guidance that states can share with local communities collaborating to implement fall prevention interventions. The guide is grounded in *real world* experiences – its primary source is the State Coalitions on Fall Prevention Workgroup (a component of the [National Falls Free® Initiative](#)) which now enfolds forty-two states that have established state or large regional coalitions. In the original 2007 publication coordinators for each of the original 10 state efforts agreed to share their historical development, tools, resources, and lessons learned. They offered to share their advice to those working to develop similar coalitions across the remaining states. Since that time the workgroup has quadrupled providing us with additional initiatives, strategies and resources to highlight within this revision.

Coalition:
A group involving multiple sectors of the community, coming together to address community needs and solve community problems (Berkowitz & Wolff, 2000).

Much has been written about effective group dynamics and engagement processes for creating and managing coalitions which will serve the reader well and should be reviewed as part of the preparation. A list of those resources is provided. This guide is more narrowly focused on fall prevention and how states have organized effective, sustainable fall prevention coalitions that are making a difference at the community level.

In order to remain relevant to emerging coalitions and in acknowledgment of the vibrant and dynamic nature of coalitions, this revised resource will need to undergo frequent revisions and is therefore offered as a web-based tool. Such a communication mode will facilitate routine updates. It has been developed as an html document to facilitate direct linking of the user to a myriad of resources and references.

If you experience difficulty with this publication or care to submit suggestions and new examples please write to us at fallsfree@ncoa.org.

Why Falls? Why Now?

Falls and fall related injuries among older adults account for 37% of unintentional injury-related deaths. Fully 30% of people over the age of 65 who live in the community fall each year. The risk of being seriously injured in a fall increases with age. In 2001, the rates of fall injuries for adults 85 and older were four to five times that of adults 65 to 74 (Stevens, 2005). Two-thirds of those who fall do so again within six months (Parra & Stevens, 2000).

In 2010, over 20,000 people 65 and older died from injuries related to unintentional falls; about 2.3 million people 65 and older were treated in emergency departments for nonfatal injuries from falls, and more than 650,000 of these patients were hospitalized (<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>). Twenty to 30% of falls cause moderate or serious injuries such as fractures (most frequently hip, wrist or shoulder) or head traumas which are associated with significant morbidity, reduced mobility, decreased functioning, and loss of independence (Alexander et al., 1992; Sterling et al., 2001; Seeley, et. al., 1991). Falls are the most common cause of traumatic brain injuries (TBI). In 2000, TBI accounted for 46% of fatal falls among older adults (<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>).

Falls and fall-related injuries are attributed to a complicated constellation of individual and environmental risk factors. We know the risk of falling increases with age, especially after age 85, and this risk is loosely associated with our trend toward more sedentary lives. Aging related declines in reaction time, vision, and other sensory capabilities are additional risk factors. Growing functional losses and increasing medication usage associated with chronic conditions and geriatric syndromes are also recognized risk factors for falling.

The older adult population is expected to soar as baby boomers reach retirement age. In 2000, the U.S. Census Bureau reported over 34.8 million adults over the age of sixty-five, with this number expected to grow to almost 54 million in 2020 and 77 million by 2040. Starting in 2011 baby boomers began turning 65 at a rate of 10,000 a day and will continue to do so until 2029. Given the association of falls and fall-related injuries with increasing age, we can anticipate that fall injuries and deaths will also grow rapidly. Such unprecedented growth in the older adult population and anticipated falls and fall-related injuries could easily overwhelm the resources available to address these issues. Thus, this growth alone presents the imperative to address falls and fall related injuries *now*.

National Strategies Guide Efforts

The [*National Action Plan*](#) to prevent falls was published following the landmark Falls Free® Summit that was convened in Washington, DC in December 2004. Fifty-eight national organizations, professional associations, and federal agencies met with leading experts in fall prevention to grapple with the causes of and available evidence for falls prevention. From that group process, we produced a consensus document that outlines 36 strategies and supporting action steps that should be implemented to reduce falls and fall related injuries in older adults. The National Action Plan is based on a simple long range vision: *Older adults will have fewer falls and fall-related injuries, maximizing their independence and quality of life.*

The National Action Plan is not intended to undermine the *medical interventions* for at-risk older adults and those with a history of falls, but to develop and enrich supplemental and complementary *community-based* programs and services that together provide a continuum of care aimed at reducing falls and fall related injuries. Its basic premise is that everyone in the community has a contribution to make to reduce falls among older adults.

At the time the Plan was released, there was insufficient funding to mount a national campaign to promote action on its 36 strategies. In recognition of the dedication and enthusiasm of summit participants, the Falls Free® Coalition was created as a loose knit

organization of attending organizations, each charged with working toward making progress on one or more of the strategies that aligned with their respective organizational missions. Since its inception, the Coalition has grown to 70 organizational members. The goal of the coalition is to launch a *National Action Plan* with specific goals and strategies to affect sustained initiatives that reduce falls among older adults.

In the spring of 2007, the National Council on Aging, as the Coordinator of the Falls Free® Initiative, conducted a progress review to identify and assess the coalition members' contributions toward the advancement of all 36 strategies. The final [Progress Report](#) is posted on the web. Although the progress was uneven across the strategies, significant efforts and advancements had been realized.

Perhaps the greatest contribution of the Coalition has been creating a growing national momentum in fall prevention activity at the national, state, and local levels. In addition to metrics tracking high downloads of this report, states and local organizations routinely report using the Plan to support new initiatives, funding requests, policy changes, and to raise interest about falls. The National Action Plan has assisted the development and sustainability of 42 state coalitions now part of a growing collaborative called the [State Coalitions on Fall Prevention Workgroup](#).

Limitations of the National Action Plan

The National Falls Free® Summit was intentionally focused on addressing *community residing* older adults at risk for falls and fall related injuries. The cognitively impaired are addressed tangentially through strategies that are appropriate for caregivers. However, it is estimated over 65% of older adults in residential facilities and nursing homes fall each year and 20% of all fall-related deaths occur among older adults in such facilities. This is not surprising given such residents tend to be more frail, older, and have more physical and cognitive impairments than community residing older adults. States therefore need to expand their focus to address falls that occur in residential long term care facilities in their planning. One state that focused residential care settings is New Hampshire; it is featured later in this guide.

Up to ten percent of fatal falls occur in health care settings. Standards put into place by the Joint Commission on Accreditation of Health Care Facilities over the past several years have served to emphasize fall prevention to health care providers; further attention is now warranted given a recent decision by Medicare not to cover fall related injuries occurring in the hospital beginning in FY08. New initiatives under the Affordable Care Act to fund activities focused on stemming readmission are also raising interest in reducing falls among those hospitalized and recently hospitalized. A new resource page is now available from the Agency for Healthcare Research and Quality (AHRQ), entitled [New Tools Help Health Providers Reduce Patients' Risk of Falls](#) focuses on preventing falls within hospitals and long-term care settings. Additionally the most recent Rand Report, [Review of the Evidence on Falls Prevention in Hospitals: Task 4, Final Report](#) is available on the web.

State and local coalition building efforts would find it useful to identify programs and services offered in facilities as well as key health care leaders in fall prevention to include in the coalition effort.

Recommendations from the Falls Free® Initiative

The key recommendation from many of the national coalition members is to be inclusive; all members of a community, including consumers, providers, policy makers, older adults themselves, and others, have a role to play in reducing the number of falls and falls related injuries among older adults. Other recommendations include the following:

- Given that states and communities are unique entities, it is important to use the state and local data to define the issues and their impact and to design strategies.
- Target those older adults at risk, but create expectations and increase the availability of tools, resources and programs so that all aging adults will endeavor to reduce their individual risks.
- Inventory what programming and partnerships already exist in the state or region that can be leveraged or used to identify state and community leaders.
- Seek out opportunities to create and nurture effective partnerships between health care providers and the aging services network – include the Home Care Agencies as bridge to home bound older adults.
- Seek out opportunities to engage students in professional training programs.
- Develop strategies to link health care, aging, and research networks.
- Seek out and adapt evidence-based solutions to those state and community issues.
- Employ strategies that are measurable, feasible and reflect collaboration and partnership.
- Employ sustainable strategies that make effective use of resources.
- Enfold an advocacy and policy change initiative that seeks to expand and sustain fall prevention efforts across the state – NCOA recently published the [*State Policy Toolkit to Advance Fall Prevention*](#) to help coalitions advocate for effective systems change. The toolkit includes recommended policy change options, strategies to affect change and relevant examples.

Why create a state-based coalition?

The Plan fully recognizes that *systems change in addressing fall prevention* must occur at the local community and individual level. However, state leadership, which can guide and mobilize communities to take action, is recognized as key to making and sustaining true systems change. Staffing resources to help launch and support state and community level coalitions are potentially available. Every state health department has a designated contact for aging, but the responsibilities of the individual vary in capacity and level of activity; most states have a similar designee for injury. Similarly, the State Units on Aging have designated health promotion contacts. Although both types of these state organizations have different mandates and priorities, the

Coalitions have been recognized as a mechanism to create opportunities for communities to maximize resources they already have and to develop sustainable new approaches to societal problems. The impetus is usually a response to a threat, an opportunity, or a funding possibility (Wolff, 2001).

infrastructure is in place to collaborate on falls prevention interagency policy development, programming and pooling of resources. States that have already begun addressing falls and older adults may be found on our [State Coalitions Falls Map](#) where the user can access information about each state. [State profiles](#) have also been posted to demonstrate the impact of this issue.

The CDC/National Center for Injury Prevention and Control (NCIPC) has compiled a national database with figures and facts concerning falls among older adults in the United States. [WISQARS™ \(Web-based Injury Statistics Query and Reporting System\)](#) is an interactive database system that provides customized reports of injury-related data. (The data indicate that most states will be facing a future with an increasing number of older adults and a growing number of falls and fall related injuries as well as an increasing rate of death due to falls; therefore, it is imperative to take a holistic, statewide approach to this issue.

The State Coalitions on Fall Prevention Workgroup members reported that developing a state or large regional coalition to address falls and fall related injuries offered a variety of opportunities and advantages, including:

- Providing a common forum for diverse organizations to address the falls.
- Fostering trust and communication among member organizations.
- Creating a nonpartisan forum for addressing fall prevention on a community level.
- Providing opportunities for a variety of stakeholder contributions.
- Raising public awareness across multiple stakeholders.
- Fostering the maximization of state and local resources.
- Identifying gaps in resource utilization and allocation to target infrastructure building efforts.
- Building upon current ongoing efforts.
- Deterring duplication of efforts.

While the benefits are great, there are also many challenges to effective collaboration which were noted in the report entitled [Opportunities for Collaboration: Linking Public Health and Aging Services Networks](#) (Palombo, et. al., 2005). The lack of a clearly designated lead in aging health promotion and disease prevention activities within the public health department was the key challenge in this 2005 report and remains a challenge today. Additionally, most State Health Department Injury Prevention designees are responsible for a long list of intentional and unintentional injuries across all age groups and may not be focusing on aging falls.

Members of State Coalitions on Fall Prevention Workgroup shared recommendations to promote effective collaboration between public health and aging at the state and local levels.

These include:

- Designating a point person for affecting regular communications between agencies on health promotion issues.
- Clarifying organizational relationships for lead roles and joint planning activities.
- Promoting collaboration in the cross agency planning, design, implementation, and evaluation of their agency programs for older adults.
- Including a focus on older adults when appropriate health promotion and disease prevention programs are directed by the health department.
- Fostering expansion of community partnerships between aging and public health.

NCOA included strategies from the Safe States Alliance report and from state coalition recommendations in the [*State Policy Toolkit to Advance Fall Prevention*](#). Look to the introduction to see suggested strategies for enhancing collaboration and effectiveness of state health departments and state units on aging collaboration in fall prevention.

As an example of effective collaborative leadership at the national level, look to the Intra-Agency Agreement between the National Center for Injury Prevention and the ACL in collaboration with the National Council on Aging. The collaborative effort is focused on promoting the Falls Free[®] Initiative and the dissemination of evidence-based fall prevention programming and services.

Another example of effective collaborative leadership at the state level to promote falls prevention programming can be found in the US Administration on Aging (AoA) Disease Prevention and Health Promotion Services (OAA Title IIID). Section 361 of the Older Americans Act (OAA) of 1965, was amended in 2012 to enhance the definition of evidence-based programming with criteria for funding under Title IIID. Within the first tier of approved programs five fall prevention programs are noted: Matter of Balance, Stepping On, Stay Active and Independent for Life Strength and Balance Program (SAIL), and Tai Chi.

Yet another exciting example of collaboration is the [*State Coalitions on Fall Prevention Workgroup*](#) which is designed to facilitate collaboration between states working on similar issues with similar challenges to statewide fall prevention efforts. The forty-two state and large regional coalitions who contributed to this guide also launched numerous cross-state and intrastate collaborative activities, including the intrastate sharing of training opportunities wherein states open training or share costs with contiguous states and regions.

II. Getting Started

Developmental Stages

Community Action Theory proposes three key developmental stages for effective coalitions, namely formation, maintenance and institutionalization (Butterfoss, 2007). Keeping that larger framework in mind, this section provides the reader with nine practical steps, suggestions and strategies for initiating a statewide fall prevention coalition in your state. Please note that many of the “Getting Started” ideas and recommendations are applicable to launching smaller regional or community fall prevention collaborative activities. Although the steps are outlined in a particular order, you may find you need to follow them in a different sequence or concurrently in order to “fit” your state’s needs.

Resources

The steps and recommendations offered in this compendium are largely offered by members of the [State Coalitions on Fall Prevention Workgroup](#) as well as a variety of resources. Another key resource for this work is the coalition building framework outlined in the [University of Kansas, Community Toolbox](#).

This user-friendly Web site includes detailed information about creating and maintaining coalitions and partnerships, assessing community needs and resources, developing strategic and action plans, writing a grant application for funding, and many other topics that will be highly useful in planning and developing a coalition; we recommend you include this resource in your preparation.

A wealth of information specific to the creation and maintenance of fall prevention coalitions can also be found at the [Fall Prevention Center of Excellence](#) and its informative web site. The issue briefs that are available at this Web site are excellent for states or organizations that are considering the launch of a fall prevention coalition. Examples of available issue briefs include “Strategic Planning for Coalitions,” “Recruitment of Fall Prevention Coalition Members,” and “Integrating Fall Prevention Components into Existing Organizational Structures.” The Fall Prevention Center of Excellence, sponsored by the Archstone Foundation, is a leader in the field of falls prevention, primarily serving the state of California. Its tools, resources and issue briefs serve a broader audience, however, and the site is being utilized as a national resource.

The recommended nine steps to “Getting Started” include many subtasks, which are discussed in this resource. They are generally sequential in nature but often overlap and integrate some tasks across steps:

Formation Stage:

1. Reviewing the National Action Plan
2. Identifying Key Partners
3. Making the Case for Fall Prevention in Your State
4. Creating a Planning Group

Maintenance Stage:

5. Developing a Mission, Goals, and Objectives
6. Launching the Fall Prevention Coalition

Institutionalization Stage:

7. Sustaining the Coalition
8. Reaching Beyond the Coalition Membership
9. Evaluating the Coalition and Its Activities

It is also suggested you refer to the [Falls Free® Logic Model](#) as a template for formulating the coalition to advance fall prevention. The model may be locally adapted but serves to demonstrate the relationship between the **resources** used to operate the coalition, the **activities** the coalition conducts, and the **outcomes** and **impact** the coalition will achieve.

III. Formation Stage

Step One: Reviewing the National Action Plan

We encourage you to get started by reviewing the [Falls Free® National Action Plan](#) that represents the best thinking of leading experts in fall prevention. It lays out strategies and action steps that should be initiated to reduce falls and fall related injuries. Several states, communities, and individual organizations and researchers have found the National Action Plan to be a valuable tool in garnering community support, promoting awareness, obtaining funding for fall related initiatives, and building goal and mission statements. We also encourage you to access the compendium of [Research Review Papers](#) commissioned in support of the Falls Free® Summit, which reflects the evidence in support of the Plan strategies. Although both of these publications are becoming dated, the National Action Plan and its supporting evidence remain viable. More current literature reviews can be found: [Interventions for preventing falls in older people living in the community \(Review\)](#) - Cochrane review, 2004; and the [2012 updated Review](#).

The US Preventive Services Task Force under the Agency for Healthcare Research and Quality conducted its own review of the evidence: [Prevention of Falls in Community Dwelling Older Adults](#).

Step Two: Identifying Key Partners

No one strategy for identifying key partners stood out among the members of the State Coalitions on Fall Prevention Workgroup. Generally, either the state public health department or the state aging unit took the lead to meet with their counterparts to discuss an overall fall prevention strategy. Often the discussion was precipitated by the rising costs of Medicaid and/or growing injury or death rates. Once the associates reached a mutual agreement over the need to address the issue of falls, a variety of key leaders in academia, the medical community, and state government structure were asked to join the discussion of specific state strategies and to form a core leadership and exploratory team. In other instances, large community-level efforts led the charge to bring in state level leadership. But first, the case had to be made that fall prevention was a priority among all of the competing state prevention interests.

Step Three: Making the Case for Fall Prevention in Your State

To fully understand the magnitude and impact of falls and fall-related injuries, states with active coalitions have recommended taking time early in the deliberative process to collect older adult falls data. Additionally, they recommend conducting a scan to inventory the programs and services that may already be in place in the state to address the issue, as well as researching evidence-based and best practice solutions.

Older Adult Falls Data and Information Collection

State coalition leaders have recommended a collaborative strategy between public health and aging to jointly collect and assess state injury data and aging demographics. These data should address questions such as, “What is the magnitude of the falls and injuries in this state?”, “What is it costing the state?”, and “How will the growth of the aging population in this state affect the future magnitude of the problem and related costs?”

Reviewing the available epidemiological and other available state and local data on community-residing older adults can identify related health issues, functional disabilities, specific regional concerns, or risk factors that could be addressed through a statewide or community fall prevention initiative.

It is recommended that the leadership team open a dialogue with the state health department or state chapters of national nonprofit groups to identify what data are available for use in planning efforts. To be most effective, we recommend that older adults be included in the planning activities and as partners in assessing the relevant data; their insight can be invaluable in keeping efforts grounded in their most important needs. In order to flourish, the leadership team and early coalition partners should ultimately come to a consensus that something can and must be done to address the state’s current and future needs.

Resources: Data and Information Collection

The following are sources for falls data and information, plus other pertinent health-related data.

- **The Agency for Healthcare Research and Quality** posted a statistical brief on the impact of falls: [Emergency Department Visits for Injurious Falls among the Elderly, 2006](#) uses the Healthcare Cost and Utilization Project (H-CUP) Data.
- **Behavior Risk Factor Surveillance System (BRFSS)**
National Center for Chronic Disease Prevention and Health Promotion
Web site: <http://www.cdc.gov/brfss>

The BRFSS is a continuous telephone survey that examines patterns in eating habits, physical activity, and other individual behaviors that affect health. In all states, the state health department is responsible for collecting information through the BRFSS. The BRFSS Web site is user-friendly and provides information for each state and some large metropolitan areas. Results can be sorted according to age group to find information on older adults residing in the state of interest.

Questions concerning falls are not asked annually, but are periodically inserted into the BRFSS survey. Two questions regarding falls were included in the 2006 BRFSS survey:

- 1) In the past 3 months, how many times have you fallen?
- 2) Did this fall (from the previous question) cause an injury?

A preliminary analysis of falls by state for adults 45 and older has been completed by the CDC and published as a Mortality and Morbidity Weekly Report: [Self-Reported Falls](#)

and Fall-Related Injuries Among Persons Aged >65 Years — United States, 2006. A more complete analysis will be available on the BRFSS Web site

If the Web site does not provide the information you need, the state health department can help you locate the latest figures for chronic disease, including diabetes, nutrition and physical activity (BRFSS data), heart disease and others. For contact information, visit the Chronic Disease Directors' Web site (<http://www.chronicdisease.org/>) and select "Membership Directory." Select the state from the drop-down menu; a listing of contacts for each type of disease will be provided. Each state has a BRFSS coordinator.

Additionally, a recent change to the state resources for Injury Prevention has been the addition of Regional Network Leaders (RNL) Five of the 20 funded state partners serve as and provide a structure for cross-state collaboration and assistance to all states within their designated regions. Together they address injury and violence prevention across all 50 states. RNLs develop partnerships with appropriate organizations and research centers, and also work with CDC and each other to identify common issues and shape effective program infrastructure at the state, regional, and national level. (<http://www.cdc.gov/injury/stateprograms/>) RNLs are located in: Kansas, Maryland, Massachusetts, North Carolina, and Washington State

- **CDC Falls Among Older Adults: An Overview**
<http://cdc.gov/ncipc/factsheets/adultfalls.htm>. The site offers a wealth of data concerning older adult falls and has links to fact sheets on the
 - [Cost of Falls Among Older Adults](#)
 - [Hip Fractures Among Older Adults](#)
 - [Falls in Nursing Homes](#) and
 - a wealth of [CDC Fall Prevention Activities](#)

- **CDC Falls Among Older Adults: Figures and Maps**
This [CDC site](#) contains falls information specific to adults 65 years and older including (1) national unintentional fall death rates from 1994 to 2003 for both men and women; (2) nonfatal fall injury rates from 2001-2005 for men and women; (3) hip fracture hospital admission rates from 1994 to 2003 for men and women; and (4) state fatal fall injury rates among men and women, 2000-2003.

- **State of Aging Report (produced by the CDC and the Merck Institute)**
The [2007 State of Aging and Health in America Report](#) provides an overview of the nation's progress in promoting the health and well-being of older adults. It also highlights three key areas that can significantly improve quality of life: reducing falls, maintaining cognitive health, and improving end-of-life care. The special focus given to fall prevention includes information on the National Action Plan, a state-by-state view of unintentional deaths due to falls, and how states are developing coalitions to address this growing problem. In this issue, four of the state fall prevention coalitions are highlighted; they are also recognized as being key components to address falls and fall related injuries among older adult residents.

The 2013 State of Aging and Health in America Report is available at <http://www.cdc.gov/features/agingandhealth/>.

- **MedlinePlus: Falls**
Presented by the US National Library of Medicine and the National Institutes of Health, this [Web site](#) provides a comprehensive list of links to various Web sites and documents on falls and fall prevention, including: latest news, research articles, statistical information, prevention/ screening, and related issues. A link to PubMed's most recent listing of research articles on falls is also provided.
- **QuickStats on Falls**
A [Quickstats sheet](#) on the annual rate of nonfatal medically attended fall injuries among adults age 65 and older was released in August, 2006 by the Center for Disease Control and Prevention in MMWR Weekly. A [2012 update](#) looks at nonfatal, medically consulted falls across age groups
- **Surveillance of Falls and Fall-Related Injuries**
[Consensus Recommendations for Surveillance of Falls and Fall-Related Injuries](#) was released by the Safe States Alliance, Injury Surveillance Workgroup on Falls. This publication covers the public health burden of falls, challenges of fall surveillance, methods and sources for identifying fall-related injuries, recommendations for improving fall and fall-related injury surveillance, and detailed descriptions of data sources. It is free for members.
- **Web-based Injury Statistics Query and Reporting System (WISQARS™) Database**
[WISQARSTM \(Web-based Injury Statistics Query and Reporting System\)](#) is an interactive database system that provides customized reports of injury-related data. Learn more about WISQARS™ and how to find fatal and nonfatal injury rates.

State Specific Injury Data

- **AHRQ/HCUP Injury Data**
This [AHRQ site](#) features state-level data on injuries resulting in a hospitalization, including falls. Please note that not all states are included. The site is provided by the West Virginia University Injury Control Research Center, in collaboration with the Children's Safety Network's Economics and Data Analysis Resource Center (CSN EDARC) and the Agency for Healthcare Research and Quality (AHRQ). Injury incidence is based upon 2003 data obtained from the State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), and Agency for Healthcare Research and Quality (AHRQ).

Other data sources may be explored through the sets housed within the National Hospital Care Survey (NHCS). NHCS is designed to provide accurate and reliable health care statistics that answer key questions of interest to health care and public health professionals, researchers and health care policy makers. [Injury databases](#) are available for access.

As with planning any health promotion or disease prevention program, it is essential to understand the context of the local older adult community. Characteristics such as income

levels, educational attainment, culture and ethnicity, geographic considerations, and service access are important contextual issues to consider.

Conducting a Scan of State and Other Agencies

To make the case for falls prevention in your state, the State Coalitions on Fall Prevention Workgroup members recommend conducting a scan to identify falls prevention initiatives that are currently in place. This scan will help to discover gaps or overlaps in programming, education, or services. It is important to leverage activities and resources already available in the community or within the state. Sources might include the state's public health unintentional injury or injury prevention branch head; the health promotion coordinator at the State Unit on Aging; an older adult expert at the Area Health Education Center; or through local providers, hospitals, health plans and state health care organizations. A scan may also identify potential partners and existing collaborations that can be leveraged to build interest and state activities and to maximize the efficient use of limited and disparate resources.

The following list of questions may help to start the conversation with potential sources and partners:

- Are there any current state fall prevention initiatives currently in place? If so, who are the players?
- What older adult fall prevention programs are being implemented in the state?
- What opportunities and needs exist?
- Is there broad interest and support for fall prevention?
- What resources are available to support fall prevention efforts?
- What service gaps and overlaps exist?

The following resources may assist in conducting a scan:

- **CDC Public Health Injury Surveillance and Prevention Program**
States may already have an injury prevention program or coalition in place under the auspices of the CDC's [Public Health Injury Surveillance and Prevention Program](#). Twenty states are current grantees under the program. Several of these states have older adult fall prevention as one of their areas of focus or they may have included fall prevention in their state injury prevention plans. Many states have put these plans online. To [access the plans](#), then select your state and follow the link, if available, under "State Plan."
- **The Kansas University Community Toolbox** provides vital resources to use in community scans: [Assessing Community Needs and Resources](#) helps support the preparation of a community assessment.
- **Needs Assessment**
Before developing fall prevention efforts in your community, it is important to understand the nature of the problem you are seeking to address, determine what services are needed to effectively address the problem, and who needs your services

the most. The Center offers a number of strategies and examples from their local coalitions including: [Needs Assessment \(Overviews, Surveys, Focus Group Questions, and Results Reports\)](#). Create an overview of your coalition's planned needs assessment activities to share with needs assessment participants and to publicize your efforts in the community.

Researching the Evidence-Based and Best Practice Solutions

It is important to recognize that there are several evidence-based or best practice programs available to address fall management and prevention. Choose the program or programs that best meet the needs of the state or community and that can serve to enhance linkages between health care providers and the aging services network. Recall the strategies of the National Action Plan are intended to develop and enrich community-based programs that supplement and/or complement appropriate medical interventions for high risk older adults. Effective linkages and partnerships should be a goal of any and community effort. The following resources may be helpful in your review:

[CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults](#), 2nd Edition was published in 2011 and is available on line: Contained within the user will find 22 programs assessed by the CDC to be evidence-based fall prevention programs. To be recognized programs were required to meet the following criteria:

- Published in the peer-reviewed literature
- Included community-dwelling adults aged 65 or older
- Used a randomized controlled study design
- Measured falls as a primary outcome (did not include intervention studies using other outcomes such as balance improvement or reduced fear of falling)
- Demonstrated statistically significant positive results in reducing older adult falls

Although these programs have been shown to affect falls, most are not readily available for dissemination. Those programs with training guides, manuals and other resources are currently limited to:

- [Tai Chi: Moving for Better Balance](#)
- [Stepping On](#), or go to the national dissemination center for Stepping On: [Wisconsin Healthy Aging Institute](#)
- [Otago or go to \[www.phconnect.org\]\(http://www.phconnect.org\)](#) Otago program materials including the training manual and online training portal can also be found on www.phconnect.org by joining the **Otago Falls Prevention Exercise Program Forum**. Other program materials or additional programs translated for community use will be posted on this site as they become available.

CDC has been working to increase accessibility to these programs by posting materials on www.phconnect.org where users can join the fall prevention community. In addition, a companion implementation guide was published to help researchers and organizations

translate other programs to practice. [Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults](#). An updated version is pending publication.

In addition, other programs that CDC recognizes as affecting intermediate outcomes include:

- [Matter of Balance \(MOB\)](#)
- [Staying Active and Independent for Life \(SAIL\)](#) (or to the [State Health Department web site](#))
- [FallProof™ Balance and Mobility Program](#), and others.

In collaboration, the partners can select among various program options, agree upon an intervention and expected outcomes, and define the contributions and roles of each partner. Coalition members should understand that one organization does not need to own or offer all required resources. Whatever intervention is chosen should be appropriate for the target population, particularly ensuring that it is sensitive to participants' cultural characteristics, history, values and belief systems. Programs like Matter of Balance are available in Spanish and in a low vision format. It is important to note that in 2011 a partner in Minnesota, along with the Duluth Lighthouse for the Blind received funding from NEI to translate A Matter of Balance for those with low vision. [Learn more](#).

When selecting a specific evidence-based or best practice program, consider the following when comparing it within to specific communities:

- Was the program under consideration conducted with people who had similar:
 - Socioeconomic status
 - Resources
 - Ethnicity
 - Traditions
 - Priorities
 - Community structure and values
- Is the program appropriate for the age of the target audience?
- Is it inclusive of a multifactorial intervention?
- Is the program well-matched with what the target audience is already doing about fall prevention and management?
- Remember that different programs will take different commitments of time, money, and/or labor.

Source: National Cancer Institute (2006). [Using What Works: Adapting Evidence-Based Programs to Fit Your Needs, Module 3, NIH Publication No. 06-5874](#).

Evidence-based community programs have published findings and demonstrated benefits. Comparative information on these and other evidence-based health promotion programs can be found on the NCOA web site in a convenient chart format [Title IIID Highest-Level Criteria Evidence-Based Disease Prevention & Health Promotion Programs](#)

Evidence-Based and Best Practice Resources

The following online and print resources are mapped to the framework of the National Action Plan.

Physical Mobility which includes clinical assessment and intervention:

- [Stopping Elderly Accidents, Deaths and Injuries \(STEADI\)](#) is a provider toolkit that is based upon the [American Geriatric Society Clinical Guidelines for Fall Prevention](#).
- The [International Council on Active Aging](#) lists several helpful resources to promote active aging and physical activity.
- The World Health Organization features [WHO Global Report on Falls Prevention in Older Age](#). This Report reflects the recommendations and conclusions from the WHO Technical Meeting on Falls Prevention in Older Age which took place in Victoria, Canada in February 2007. Additionally on the web page is a paper that [discusses the link between physical activity and falls](#).

Medications Management

- The National Institute on Aging/National Institutes of Health Senior Health offers a good [overview of medications and how they work](#) in the body with additional handouts on side effects and taking medications safely.
- Food and Drug Administration offers an educational brochure Information for Consumers on [Using Over-the-Counter Medicines Safely](#).
- National Council on Patient Information and Education created a program that can be used by older adults, caregivers and healthcare professionals for self-education: [Medication Use Safety Training \(MUST\) for Seniors™](#).

Home Safety

- The [Homemods site](#) features information and resources for home modification and safety for older adults and people with physical impairments.
- [Rebuilding Together](#) Safe & Healthy Homes Initiative responds to the needs of elderly and disabled homeowners and their wish to live in safe, warm and dry homes with dignity and independence. The site features a home safety checklist.
- The CDC has compiled a consumer home safety checklist: [Check for Safety: A Home Fall Prevention Checklist for Older Adults](#).

Environmental Safety

- [U.S. Environmental Protection Agency's Aging Initiative Web site](#) features a variety of fact sheets and other useful information on environmental hazards that can affect older adults and their caregivers.

- North Carolina's [Livable and Senior Friendly Communities](#) provides an overview of the vision, components, evaluation, and best practices of a livable and senior-friendly community.

Cross Cutting

- National Institute on Aging, AgePage provides useful tips and strategies that can support general education and awareness. Their [Preventing Falls and Fractures](#), also includes a section on Make Your Home Safe.
- [A Matter of Balance/Lay Leader Model](#) is designed to reduce an older adult's fear of falling while increasing activity levels among community-dwelling older adults. *A Matter of Balance* focuses on practical coping strategies to reduce both the fear of falling and the risk of falling by addressing physical, social, and cognitive factors.
- NCOA's Center for Healthy Aging, [Fall Prevention Home Page](#) is useful to those interested in healthy aging programs that deal with falls prevention. The links provided on the site will lead to a more detailed description of each resource and a link to the resource itself.
- The [Fall Prevention Center of Excellence](#) provides a wealth of information on fall prevention and management for service providers, individuals and families, and researchers and educators. The resources cover the major risk factors for falls: physical mobility, medications management, home safety, and environmental safety.
- [Patient Safety and Quality Healthcare Inpatient Falls: Lessons from the Field](#) This article discusses patient fall risk factors, assessment tools, environmental safety in hospitals, continuous learning, effective communication, and other pertinent information concerning falls in hospitals.
- A new resource page is now available from the Agency for Healthcare Research and Quality (AHRQ), entitled [New Tools Help Health Providers Reduce Patients' Risk of Falls](#) focuses on preventing falls within hospitals and long-term care settings.

Evidence-based fall prevention programs for community implementation

The following evidence-based fall prevention programs have been identified for as acceptable under the Administration on Aging Title III D funding:

- [Matter of Balance \(MOB\)](#)
- [Otago](#)
- [Staying Active and Independent for Life \(SAIL\)](#) (or to [the State Health Department web site](#))
- [Stepping On](#) or go to the national dissemination center for Stepping On: [Wisconsin Healthy Aging Institute](#)
- [Tai Chi: Moving for Better Balance](#)

Program overviews for these and other healthy aging programs may be found at: Comparative information on these and other evidence-based health promotion programs can be found on

the NCOA web site in a convenient chart format [Title IID Highest-Level Criteria Evidence-Based Disease Prevention & Health Promotion Programs](#).

A [checklist](#) to assess the quality of community-based fall prevention programs was developed by selected experts of the National Falls Free® Coalition to help community teams to “ask the right questions” about a specific fall prevention intervention and to weigh the pros and cons of different interventions.

Investment in prevention makes sense. Look to appendix A for Return on Investment information in the delivery of Otago, Stepping On or Tai Chi: Moving for Better Balance.

Practical State Example

Colorado currently has eight classes running and is partnering with the [Holistic Healing Institute](#), the YMCA, and the local Parks and Rec Department both of whom are proving to be great partners. DPH is actively coordinating with the AAAs to enhance access without creating competition for participants and funding.

Health care and facility-based programs

A key element of an effective fall prevention intervention is affecting strong collaboration between health care providers and the aging services network to provide an integrated intervention that can deliver tailored risk assessment and modification services. The State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup members each addressed this challenge through a variety of strategies. An assortment of resources are offered below. In addition, relevant professional associations often provide practice related guidelines, tools and resources. Several members of the National Falls Free® Coalition have created practice guidelines and resources, including the American Physical Therapy Association, the American Occupational Therapy Association, the American Academy of Orthopedic Surgeons, the American Board of Internal Medicine, the American Geriatrics Society, the American Society of Consultant Pharmacists, and others.

- An exciting new resource developed by CDC to facilitate the use of practice guidelines by health care providers is known as the [STEADI \(Stopping Elderly Accidents, Deaths and Injuries\)](#). The STEADI toolkit is a comprehensive and easy-to-use resource designed to help healthcare providers incorporate fall risk assessment and proven interventions into their clinical practice. The toolkit contains provider resources including: fact sheets; training materials such as case studies, a chart to help different types of practices incorporate falls prevention, and suggestions about how to talk with patients about falls; assessment tools for three gait and balance tests; and a number of patient education brochures. The toolkit also features a pocket guide for providers to use as a quick reminder of key information, and which includes a flowchart outlining the most important steps in assessing and managing fall risk in older patients. The STEADI toolkit materials, as well as additional resources, are available online. CDC considering online training and CME for providers broadly, as its use is not confined to physicians.

- Key resources within the STEADI are referral forms for use in referring at-risk patients to other medical specialties and to appropriate community-based programs. CDC is funding a 5 year demonstration of the integration of health care interventions and community programs in three states: NY, OR, and CO.
- For consideration in healthcare facilities:
 - The VA National Center for Patient Safety created [*The National Center for Patient Safety 2004 Toolkit*](#), which includes an introductory monograph and PowerPoint presentations to provide background information on falls and the falls toolkit.
 - Resources can also be found on www.consultgeriRN.org, which houses resources from the Hartford Geriatric Nursing Initiative and the [*Hartford Center for Geriatric Nursing's NICHE*](#) (Nurses Improving Care for Healthcare System Elderly).
 - A new resource page is now available from the Agency for Healthcare Research and Quality (AHRQ), entitled [*New Tools Help Health Providers Reduce Patients' Risk of Falls*](#) focuses on preventing falls within hospitals and long-term care settings.
 - Currie L. [*Fall and Injury Prevention*](#). In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 10.

Resources on Coalition Building

As discussed in the Introduction, this compendium provides practical tools, resources, and strategies to develop state and local fall prevention coalitions. For general information on how to build a coalition, the resources outlined below will help to get you started.

Online Resources

- [***Building Coalitions That Work: Lessons From the Field***](#). Foster, D., Wolff, T. (1993). This paper organizes the principles of coalition success into eight broad areas: mission and goals, inclusive membership, organizational competence, planning, action and advocacy, hope and celebration, time and persistence, monitoring and assessment. The authors provide tips for success in each of these areas.
- [***Developing Effective Coalitions: An Eight-Step Guide***](#) Prevention Institute
This paper is written from the perspective of an organization that is considering initiating and leading a coalition, but it can be helpful to anyone eager to strengthen a coalition in which he or she participates. Although the examples given in this paper are specific to injury prevention coalitions, most can be applied to coalitions working on a variety of health-related issues. Written in the format of eight specific steps, this paper attempts to give structure to a process that is somewhat variable. Therefore, this paper is to be used as a general guide. Each group will find ways of interpreting the eight steps to best suit its own needs. The particular details of the solutions arrived at by each coalition will be unique.

- **[The Tension of Turf: Making It Work for the Coalition.](#) L. Cohen and L. Gould. (2003). Prevention Institute**

This paper responds to a concern generally described as among the hardest issues faced in collaborating: turf struggle. It offers a realistic perspective on dealing with issues of turf and gives tools and tips for successful turf management.

- **[The Collaboration Primer: Proven Strategies, Considerations, and Tools to Get You Started.](#) Health Research and Educational Trust**

The Primer is a tool to assess collaboration readiness, to compare examples of successes and failures, to evaluate the status of collaboration efforts, and to identify areas for improvement.

- **[Community Tool Box.](#) University of Kansas. Lawrence, KS**

The goal of the Community Tool Box is to support work in promoting community health and development. The Tool Box provides over 6,000 pages of practical skill-building information on over 250 different topics. Topic sections include step-by-step instruction, examples, check-lists, and related resources.

- **Fall Prevention Center of Excellence**

The [Fall Prevention Center of Excellence Web site](#) also includes a wealth of information for service providers, individuals and families, and researchers and educators on fall prevention. They have a technical assistance brief discussing "[Strategic Planning for Coalitions.](#)"

Print Resources

- ***The Spirit of the Coalition.*** Berkowitz, B. & Wolff, T. (2000). Washington, DC: American Public Health Association. The authors, working under a grant from the WK Kellogg Foundation, offer a broad-based primer of coalition building and maintenance strategies and lessons learned from a variety of local coalition building projects. This book provides public health practitioners and other public health community workers details of how coalitions work most effectively. Samples of materials that coalitions have used, such as planning documents, membership brochures, and publicity flyers, are provided as models.
- ***Coalitions and Partnerships in Community Health.*** Butterfoss, FD. (2007) San Francisco, CA: Jossey-Bass. This book provides an in-depth analytical and practical approach to building, sustaining, and nurturing a successful coalition. It is intended to serve as a compendium of the tools needed to make a difference.
- ***Collaboration: What Makes it Work.*** Mattessich, PW, Murray-Close, BA, and Monssey, BR (2001) St Paul, MN: Fieldstone Alliance. This publication establishes the theoretical framework for successful collaborative practice. In addition to a review of the literature it includes confirmation of the factors of successful collaboration.

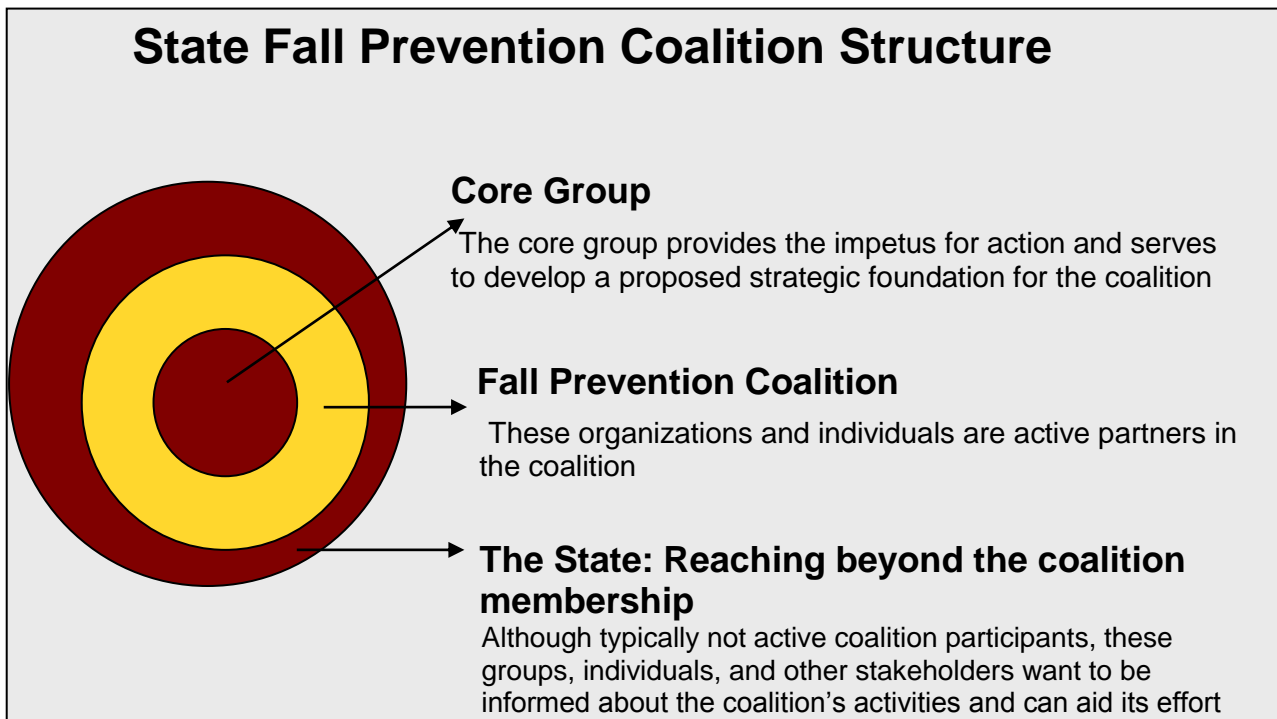
Step Four: Creating a Planning Group

Once the magnitude of the problem has been clearly defined, the key state players identified, and the infrastructure is in place, the next step is enlarging the core working group.

The process of building coalition membership has a natural progression. In many states, the efforts of the coalition begin with a smaller core group that is central to its creation. This small group may be called by various names: a planning group, steering committee, taskforce, facilitating body, coordinating team, or core group. However, their role is still the same. This core group establishes the groundwork for the coalition by recruiting members, planning the first coalition meeting, and drafting the coalition's mission and goals.

An enlarged membership of stakeholders is responsible for debating and agreeing to the coalition's mission, goals and activities. The coalition then reaches out to even more organizations, individuals, policymakers, and stakeholders in the state who may not be active coalition members, but nevertheless, want to be informed about its activities and who can potentially aid its efforts.

The typical fall prevention coalition is structured as follows:



Establishing the Core Group

Many of the effective state coalitions have been spearheaded by the state health department. State and local health departments have a natural role to play in the promotion of fall prevention coalitions, and fall prevention can be integrated into their overall goal of injury prevention. Under the California falls initiative, the role of coalition building is seen as a logical

fit within the public health model of fostering constituency building and mobilizing communities. Public health is seen as a neutral convener, yet has all the data to support the need for action.

There are several reasons why a core group, rather than an individual, should lead the organizing effort. A core group will:

- Have more contacts and more knowledge of the community than a single individual
- Give the concept of a coalition more standing among potential members
- Make finding and reaching potential members a much faster process
- Spread the work among the individuals involved so that it is more likely to get done
- Show that the effort has wide support.

Some suggested strategies to assembling a core group, tested in the development of California county coalitions, are offered by the Fall Prevention Center of Excellence in an issue brief entitled “[Recruitment of Fall Prevention Coalition Members](#)”. Other recommended strategies from members of the Workgroup include the following:

- Start with well known, trusted people. Use those contacts now, either to pull them into the circle or to get the names of others who might be part of a core group.
- Invite community champions to join the group.
- Contact people in agencies and institutions most affected by the issue. Places to start include the State Health Department, the State Unit on Aging, older adult advocacy groups, healthcare professionals and/or their organizations, and academic faculty in geriatric medicine and gerontology.
- Talk to influential people, or people with many contacts. These may be business or civic leaders, ordinary citizens with high credibility, or someone like an AARP State Director whose job it is to know most organizations in the state concerned with older adults.

Source: *The Community ToolBox*, http://ctb.ku.edu/tools/en/sub_section_main_1057.htm

The State Coalitions on Fall Prevention Workgroup members also recommend starting with a relatively small core group whose members are enthusiastic about fall prevention, have the interest and energy to initiate and organize the coalition, and are obvious stakeholders in older adult fall prevention.

This core planning group establishes the strategic groundwork for the coalition by gathering input from stakeholders, identifying fall prevention champions, creating proposed coalition goals and objectives, recruiting additional partners, and identifying resources. Details about each of these activities are described next.

Coalition Leadership

Although a small core group may provide the impetus to initiate a fall prevention coalition, someone will need to be responsible for being “the glue” to nurture the group, coordinate activities, and follow-up on actions after meetings. The characteristics and skills of effective coalition leaders or coordinators include the following:

- The ability to guide the group toward the collaborative goal, while seeking to include and explore all points of view
- Comfort with consensus building and small group process
- Respect in the state and knowledge about the issues the collaboration will address
- Skill to negotiate turf issues
- The belief in the process of collaboration
- Knowledge about the state and its organizations
- Skill and persuasiveness in oral and written communication
- Time to commit to leadership

Source: [*Building and Maintaining Community Coalitions*](#)

Gathering Input from Stakeholders and Potential Partners

Stakeholders are those individuals who have an interest or stake in the efforts and outcomes of the falls prevention coalition. Typically, the core group will gather input from stakeholders to insure that the coalition’s proposed work is relevant to the specific needs of the state. Advice from stakeholders can help to focus the coalition’s efforts, provide direction for programs, and gain buy-in from those who may help to influence the coalition’s success.

Identifying stakeholders and potential partners is driven by common sense, networking, and detective work. Typical stakeholders and partners may include aging services organizations; public health departments; local, regional, and statewide legislators, policymakers and civic leaders; advocacy groups; consumer and voluntary organizations; academic faculty in geriatric medicine and gerontology; the healthcare industry; and importantly older adults themselves. It is best to be inclusive. The following questions can help organizers think about the people to contact as potential stakeholders:

- Who represents the older adult populations most likely to be affected by falls prevention efforts?
- Who is currently responsible for driving older adult fall prevention in your state?
- Who is likely to mobilize for or against fall prevention?
- Who can make the coalition’s efforts more effective through their participation or less effective by their nonparticipation or possible opposition?
- Who can contribute financial and technical resources?
- Whose behavior has to change for the fall prevention coalition’s efforts to succeed?

- Who can move the fall prevention agenda forward? Who has influence? Who has access? Sometimes people need to be at the table but they have no idea that they need to be there.
- What groups can influence fall management or prevention? Think about fall experts in the health care field, physical activity and exercise, housing, state government (particularly public health and aging), and state advocates.

Adapted from: The World Bank (1996). World Bank Participation Sourcebook.

<http://www.worldbank.org/wbi/sourcebook/sb0302t.htm#B2>. However, the strategy of gathering input from stakeholders and potential partners was employed by all members of the State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup and was central to their sustainability.

Recruitment and Membership

The Fall Prevention Center of Excellence notes that a crucial step in creating a successful and long-standing coalition is to identify and recruit stakeholders to participate. On the web site, they provide strategies and examples from their local coalitions.

Using the data and feedback from the environmental scan, as well as dialogue with current partners, can help to identify and recruit additional community partners interested in fall prevention. The partners of the National Falls Free[®] Coalition may provide ideas for partners to include in your state or local community fall prevention coalition. NCOA actively promotes the engagement of state and local chapters of national organizations, using the [state coalition overviews](#) and [state falls data profiles](#) to promote engagement. State fall prevention coalition leaders recommend thinking inclusively, strategically, and broadly when identifying potential partnering organizations.

Once the coalition has taken form states have generally found that hosting a web site as part of its communication and recruitment strategy makes sense. A listing of state coalition and state health department sites dedicated to this work can be found in Appendix B.

Identifying “Champions” in Fall Prevention

It is important to identify and engage the “movers and shakers” who can help drive the state fall prevention coalition efforts forward. These are the people who are dynamic catalysts for change. Studies have shown that programs most effective at forming coalitions had champions who satisfied three conditions:

- Held a strategic “linking” location in an organization, typically sitting in the mid- to upper-level administration of his or her organization
 - Had access to the people responsible for implementing a program
 - Also had access to important decision makers
- Had sophisticated analytical and intuitive skills in discovering the various aspirations of partners and stakeholders
- Possessed well-honed interpersonal and negotiating skills that fostered the formation of coalitions (Goodman & Steckler, 1989).

Champions may be very interested in joining the statewide coalition, or they may choose not to be on the coalition but support it in other ways. Champions can help to identify people who should be invited to join the effort or assist in locating resources to support the coalition's work. Local champions can also be tapped to initiate community fall prevention initiatives or to drive statewide fall prevention activities or initiatives in their areas. In each of the state coalition efforts we learned of the key role played by local and state level champions in fostering the development and sustainability of coalitions.

Source: [Community Toolbox](#) and, Goodman, R., & Steckler, A. (1989). *A model for the institutionalization of health promotion programs*. *Family and Community Health*, 11(4), 63-78.

Suggestions from the Field

California's Fall Prevention Partnership

On February 5-6, 2003, an invited group of over 140 leaders of key stakeholder groups throughout the State of California assembled in Sacramento to begin a strategic planning process for prevention of falls among older adults. Participants represented a diverse group including: aging services and programs; public health; local, regional, and statewide legislators, policymakers and civic leaders; advocacy groups, consumer organizations, and voluntary organizations; academic faculty in geriatric medicine and gerontology; and the healthcare industry.

Through an asset-mapping exercise, participants identified a total of 762 associations/groups who could be engaged in fall prevention work, including not only the traditional professional and network affiliations (e.g., Area Agencies on Aging, public health networks, healthcare organizations), but also the informal associations and groups that exist in local neighborhoods and communities (e.g., arts groups, volunteer associations, faith groups). These associations/groups clustered into several categories which are listed here to help the reader generate broad lists of potential members.

Potential Partners

Healthcare organizations

- Medical groups, nursing homes, hospices, home health care agencies, public health
- Pharmacists, optometrists, physical therapists, occupational therapists and rehabilitation centers, parish nurse programs
- Health maintenance organizations

Government agencies/public works

- Area Agencies on Aging, senior centers, Meals on Wheels
- Law enforcement, fire departments, emergency medical services
- City and urban planners, traffic and safety, parks and recreation departments, licensing, code enforcement

- Transit/para-transit authority

Education systems

- Schools and school districts
- Parent and teacher associations
- Adult schools, community colleges and universities

Business groups

- Developers, contractors, architects, local boards of realtors
- Chambers of commerce
- Home repair and handyman services, home builders associations, hardware stores
- Retirement/leisure communities, property managers, mobile home parks
- Fitness centers/health clubs

Advocacy groups/networks

- AARP, Retired Public Employee Association, Retired Teachers Association
- Commission on the Status of Women, American Medical Association
- Neighborhood associations

Voluntary associations

- Faith groups
- Arts groups
- Service clubs/civic groups, sports clubs, other volunteer associations (e.g., United Way, Senior Action Network)

Media

- Fall prevention video
- Newspapers, radio, editorials
- Grocer bags/public awareness campaigns

Philanthropy/foundations

- Grant writers
- Grantmakers in health and aging, local foundations

Source: "[*Creating a California Blueprint for Fall Prevention: Proceedings of a Statewide Conference*](#)"

Montana

When trying to locate key stakeholders, the Montana Coalition on Aging (based in Missoula, MT) utilized a few University of Montana graduate students (public health, social work, physical therapy). As part of coursework projects, these students identified, contacted, and educated area stakeholders including Aging Service providers, for-profit and not-for-profit corporations serving older adults, nursing home owners and administrators, and others. Much of the time-consuming “leg work” of establishing an effective coalition was accomplished by students who in turn received invaluable “network-building” skills.

New Hampshire

New Hampshire recommends considering the following as potential coalition members or partners:

- NH Pharmacy Board
- Local pharmacist
- Hospital pharmacist
- NH Housing Authority
- Local housing authorities
- NH Emergency Medical Services
- NH Injury Prevention Center
- NH Osteoporosis Program
- Hospital Outpatient Rehabilitation Programs
- Professional and Volunteer Fire Departments
- Local ambulance/Emergency Medical Services providers
- Hospital education department professional staff
- Staff from Long Term Care facilities (nursing home)
- Staff from assisted living facilities
- State Injury Prevention Program
- State Office of Elderly and Adult Affairs (our Bureau of Elderly and Adult Services)
- Area emergency response companies (Lifeline, etc.)
- Hospital Inpatient Rehabilitation Staff
- Inpatient and Outpatient Hospital Staff (in addition to PTs and OTs)
- Visiting Nurse Associations and other home care associations
- Emergency Room Staff
- Safety and Health Council of Northern New England

- AARP
- Brain Injury Association of New Hampshire
- Durable Medical Equipment providers (beds, alarms, etc.)
- Service Link (hotline providers)
- Rehab hospitals and staff
- Community based organizations working with the elderly
- Senior center staff
- Geriatricians
 - Staff from Adult Day Centers
 - Area agencies on Aging (board members)
 - Pharmaceutical representatives
 - Injury epidemiologists

Minnesota

In Minnesota the Long Term Care Options Counselors have a rigorous set of Standards and Assurances they follow. In collaboration with the Minnesota Department of Public Health and the State Unit on Aging protocols have been developed and provided to these staff to guide connecting consumers to falls prevention information and classes where offered and chronic disease self-management classes. The staff have also been instructed to use and utilize the healthy aging calendar to seek out **classes**.

IV. Maintenance Stage

Step 5: Developing a Mission, Goals, and Objectives

The State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup stresses the importance of having a *well-defined mission and agreed-on goals and objectives*. The core group can draft the mission, goals, and objectives for the broader coalition to debate and edit. The Workgroup members emphasize the importance of setting reasonable target goals that can be monitored. The core group should also consider drafting an action plan and proposing coalition workgroups before the first coalition meeting is held. The Fall Prevention Center of Excellence has produced an issue brief entitled “Strategic Planning for Coalitions” that provides an overview of strategic planning for fall prevention coalitions that has been tested in California and may be found on the [Fall Prevention Center of Excellence Web site](#).

State Fall Prevention Initiatives

The following examples of existing state fall prevention initiatives provide useful ideas for developing a state plan. Whenever available, the State Injury/Fall Prevention Strategic Plans are listed in Appendix C. One page overviews of each of these state fall prevention initiatives along with contact information is available on the NCOA [Falls Free® Interactive Map](#).

[California StopFalls Network](#)

California StopFalls Network is an outgrowth of the 2003 California Blueprint on Fall Prevention Conference which engaged over 125 participants from all over the state in developing a plan and creating strategies to build an infrastructure of fall prevention programs and to raise awareness about fall prevention as a public health priority. Building a constituency to influence systems change is a key element of the [Fall Prevention Center of Excellence](#), a five-year initiative funded by the Archstone Foundation. The Network was launched in conjunction with a popular annual senior injury conference and meets at least annually. Due to its size, California chose to work through a statewide network for local coalitions, obtaining Archstone Foundation funding grants to jumpstart local coalition activity.

The California statewide initiative served as a model for the National Falls Free Summit and creation of the National Action Plan. The Archstone Foundation, which funded both the state and national initiatives as well as the State Coalition Workgroup and this resource is to be commended for its foresight and dedication to the safety of older adults.

StopFalls Mission and Goals

Mission: Our mission is to work in partnership to help older adults in California maintain their independence and enhance the quality of their lives by reducing senior falls and fall injuries.

Goal: Foster stronger ties between organizations involved in senior fall prevention.

Objectives:

- Make fall prevention an integral, well-funded part of a coordinated system of programs and services.
- Create a statewide structure to interconnect fall prevention programs/coalitions to each other and to state experts and resources.
- Identify and engage influential champions to help create system change.
- Develop a policy agenda for the state.
 - A new Falls Free® resource now available to support the development of a policy agenda is the [State Policy Toolkit to Advance Fall Prevention](#).
- Assure quality continuing education for health and service providers.
- Share best/promising practices.
- Raise awareness that falls are preventable.

[Connecticut Collaboration for Fall Prevention](#)

The opportunity to facilitate the translation of research results into practice arose when a report was released showing that falls were the most common and costly cause of emergency department and hospital utilization for unintentional injuries in the state. The statewide association of health care organizations called for efforts to reduce fall-related injuries, resulting in the Connecticut Collaboration for Fall Prevention.

Connecticut Collaboration for Fall Prevention Goal: To imbed fall risk factor assessment and management into the health care of older adults throughout greater Hartford. The coalition has worked with health providers in the Hartford area for 10 years to translate *Yale Frailty and Injuries: Cooperative Studies of Intervention Techniques (FICSIT)* trial and other clinical trial evidence into practice by enhancing the knowledge, skills, and practice behaviors of health providers concerning fall risk factor assessment and management. The targeted groups of health providers include emergency departments, hospital care coordinators, physicians, nurses, home care agencies, physical therapists, and occupational therapists. While this strategy and targeted approach has recruited health care providers there is little outreach to Aging or Public Health at the state level,

[New Hampshire Falls Risk Reduction Task Force](#)

In 1999, a New Hampshire injury surveillance report was released, indicating that the rate of falls deaths, hospitalizations, and emergency department visits in the elder population (65 and older), unlike other injury cases, had either stayed the same over time or had risen. The New Hampshire Falls Risk Reduction Task Force was organized soon after that to address these issues. Originally facilitated by the state's Osteoporosis Prevention Program, the leadership soon changed hands to the state's Injury Prevention Program. With an electronic membership of over 200 professionals statewide, the Task Force is made up of a variety of disciplines, all working with older adults, and all sharing a commitment to reduce the risk and number of falls among New Hampshire's elderly.

New Hampshire's Falls Risk Reduction Task Force goals are as follows:

- Reduce the rate of death and disability in the elderly due to falls.
- Reduce the risk of falling in the elderly population.
- Educate and train professionals working with the elderly.

The unintentional falls injury data used to support New Hampshire's Falls Risk Reduction Task Force's efforts can be found on their [web site](#).

New Hampshire also established a Best Practice, Falls Risk Reduction Project with 20 teams across the state. These teams were initially trained in March of 2005 and completed a yearlong project in June of 2006. Teams worked with mentors from the Task Force Teams on facilitating a falls risk reduction project in community based, long term care, and acute care settings. The findings will be presented at the 2007 Injury Research Conference in Ohio.

Maine Falls Prevention Coalition

Maine's coalition was spawned as an extension of the Matter of Balance Project Advisory Committee (PAC) that was formed to guide a three year Administration on Aging-funded Evidenced-Based Prevention Programs for the Elderly grant. While working with the National Council on Aging, Center for Healthy Aging, they learned of proposed federal legislation, the Keeping Seniors Safe from Falls Act of 2005 (S 1531) to fund a national awareness and provider education initiatives, research, and demonstrations related to falls prevention. The group asked a Maine state legislator who was a member of Southern Maine Agency on Aging's Advisory Council to sponsor a similar bill in Maine. He did, and after a considerable amount of negotiation with the Governor and state Commissioner of the Department of Health and Human Services (primarily over the cost of proposed demonstrations), a state Resolve was enacted creating the Maine Falls Prevention Coalition (which included all members of the Matter of Balance PAC, plus other stakeholders). The Coalition was charged with developing a report for the next legislative session with recommendations and strategies for intervention approaches, demonstration projects, and suggested legislation.

Maine's Falls Prevention Coalition tasks (as legislated by their state fall prevention resolution) include:

1. Consider strategies to improve the identification of older adults who have a high risk of falling;
2. Consider strategies to improve data collection and analysis to identify fall risk, health care cost data and protective factors;
3. Consider strategies to maximize the dissemination of proven, effective fall prevention interventions and identify barriers to those interventions;
4. Assess the risk and measure the incidence of falls occurring in various settings;
5. Identify evidence-based community programs designed to prevent falls among older adults;

6. Review fall prevention initiatives for community-based settings, including: the Senior Fall Prevention Screening Kit, Minnesota; Slips, Trips and Falls - Avoid Them All - Designing and Implementing a Community Based Multifactorial Falls Reduction Intervention Program, New Hampshire; Health, Education, Research Outreach for Seniors - Reducing Falls and Serious Injuries, Temple University; and the Connecticut Collaboration for Fall Prevention, Yale School of Medicine; and
7. Examine the components and key elements of the above fall prevention initiatives, consider their applicability in Maine and develop strategies for pilot testing, implementation and evaluation.

Source: [Maine Fall Prevention Coalition Legislation](#)

Massachusetts Fall Prevention Task Force

The first meeting of the Massachusetts Fall Prevention Task Force was held on Jan 26th, 2007. The mission of the Massachusetts Fall Prevention Task Force is:

- To promote healthy lifestyles, behaviors and strategies to prevent falls and fall-related injuries and maintain independence and autonomy.
- To reduce the incidence and severity of falls and fall-related injuries across the lifespan in Massachusetts.
- To promote collaboration, communication and training among the subgroups (individual task forces), so that information and best practices can be shared across settings for individuals transitioning from one setting to another.

Michigan Fall Prevention Partnership

Three cornerstones formed the foundation for this partnership:

#1: Statewide Fall Prevention Workgroup

The Statewide Fall Prevention Workgroup brought together experts from public health, the aging services network, health care, and academia around the issues of fall prevention and aging. These key people and systems were interested in making existing fall prevention interventions more widely known, readily available, and easily used.

#2: Hospital-Based Fall Prevention Clinic Demonstration

In October 2002, the Michigan Department of Community Health (MDCH) received a three-year grant from the Centers for Disease Control and Prevention (CDC) to develop, implement, and evaluate two hospital-based fall prevention clinics. These clinics implemented several of the proven interventions for fall prevention. The clinics offer balance and gait training and strengthening exercises. Clinicians review and adjust the medications of participants as necessary and review participants' home environments, making suggestions for modifications where appropriate. Other services offered through the clinics include bone mineral density testing and treatment for osteoporosis, vision testing, and other medical referrals as

appropriate. Results of the evaluation showed that participants in the fall-prevention clinics had 33% fewer falls than those in the control group.

The grant also supported the development of a step-by-step manual for implementing hospital-based fall prevention clinics based on experience with the model. In addition, health care provider training courses were developed to build the knowledge and skills of providers around fall prevention, risk assessment, and evidence-based interventions.

#3: National Council on Aging Action Plan

The National Council on the Aging plan outlines four primary risk areas for falls among seniors: physical mobility, medications management, home safety, and environmental safety in the community. The Plan identifies a comprehensive list of strategies that states can adopt to prevent falls among older adults within each of these risk areas. By its design, the Plan suggests that to prevent falls among seniors, new interventions do not need to be identified; existing, evidence-based interventions need to be brought to the forefront.

From April 2005 through June 2006, the Injury and Violence Prevention Program at the Michigan Department of Community Health (MDCH) contracted with Public Sector Consultants (PSC), a health policy research firm in Lansing, to engage high level stakeholders to promote integration of comprehensive and effective fall prevention strategies in clinical and community settings throughout Michigan. PSC worked with MDCH staff and some members of the Michigan Fall Prevention Workgroup to identify key stakeholders and arrange meetings with Central Michigan University's College for Health Professions, the Michigan Pharmacists Association, and the Michigan State Medical Society. Each of these organizations agreed to become a founding member of Michigan's Fall Prevention Partnership (MFPP). It was anticipated that this new partnership would elevate the efforts of the Fall Prevention Workgroup to a new level of visibility and activity in the state, bringing fall prevention efforts into the mainstream of patient safety improvement endeavors and the design of communities to maximize health and independence for older adults.

The Michigan Fall Prevention Partnership identified five priority areas:

- Educate health professionals about the issue, as well as risk assessment and reduction.
- Raise consumer awareness and provide fall prevention strategies.
- Increase availability of appropriate physical therapy and exercise programs.
- Maximize the opportunity to address medication review and management by nurses and pharmacist as part of the new prescription benefit.
- Develop a database of best practices in fall prevention, especially focused on the home.

Michigan's Call to Action discusses the need for a fall prevention plan and outlines the above priority areas. While Michigan has struggled to keep a coalition presence the Health Department has continued **to monitor and promote fall prevention.**

Minnesota Falls Prevention Initiative

The Minnesota Board on Aging, in partnership with the Minnesota Department of Health, is leading the coalition of public and private organizations to prevent falls through the implementation of a statewide coordinated evidence-based, multi-factor fall prevention effort. The Minnesota Falls Prevention Initiative is working to link healthcare and social service providers and to integrate fall-prevention interventions into existing service delivery methods targeted to older adults.

Minnesota Falls Prevention Initiative Vision: Older Minnesotans will have fewer falls and fall-related injuries, maximizing their independence and quality of life.

Objectives include the following:

- Increase awareness of the prevalence and risk factors for falls.
- Increase assessment of fall risk.
- Increase the availability of evidence-based fall prevention interventions statewide.
- Increase access to these interventions.
- Enhance quality assurance efforts related to fall prevention.

Key elements of the initiative include education, exercise to increase lower body strength and balance, home assessment and modification, medication review and management, and support for self-management of risk factors and fear.

Ohio Older Adults Fall Prevention Coalition

Ohio's Older Adult Fall Prevention Coalition grew out of the **Hamilton County Fall Prevention Task Force** whose mission of the Hamilton County Fall Prevention Task Force was to reduce falls and related injuries in senior adults through community collaboration. In 2008 a Fall Prevention Action Group was formed among interested Ohio Injury Prevention Partnership members.

Falls Free Washington

The foundation for Washington's senior fall prevention initiative, "Falls Free Washington," comes largely from a four-year (2002-2006) CDC injury prevention grant targeting falls among older adults. A final report that addresses the grant deliverables and the statewide dissemination that resulted from the grant can be found in Washington State Department of Health Targeted Injury Prevention Programs Preventing Falls Among Older Adults Final Report, **Falls Among Older Adults: Strategies for Prevention**. Through the grant funding, the Department of Health, together with its community partner, the NorthWest Orthopaedic Institute, developed materials and momentum around senior fall prevention. Also under the CDC grant, a model coalition was developed in Pierce County, WA. This coalition is serving as a model for other local coalitions and the state coalition.

Senior fall prevention is one of the priority issues identified in Washington's State Injury Prevention Plan, and developing a state fall prevention coalition is one of the identified activities.

Goals and objectives of Falls Free Washington:

- Reduce hospitalizations due to falls among older adults.
- Engage multiple constituencies in developing fall prevention initiatives.
- Develop tool kits to facilitate update and integration of fall prevention by constituencies.

Wisconsin Falls Prevention Initiative

In 1999, Age Advantage (an agency working with county aging units in the southern part of the state) contacted the Wisconsin Department of Health and Family Services Injury Prevention Section Chief to discuss elderly falls in the state. At that time, CDC reported indicated that Wisconsin had the second highest rate of deaths from falls in the country. After this meeting, additional stakeholders were identified and invited to meet to further discuss the problem, identify activities and resources already in place, and to share other pertinent information. To reverse the falls trend as reported in the CDC data, the Wisconsin Falls Prevention Initiative began. A large interdisciplinary statewide coalition has evolved to address falls, fall prevention, and fear of falling in a more systematic manner.

The Wisconsin Falls Prevention Initiative addresses this issue on several fronts. The state has a working group chaired by the Department of Health and Family Services Strategic Finance Director. They are cultivating community fall prevention coalitions throughout the state. The group holds quarterly teleconferences.

Wisconsin Falls Prevention Initiative Mission: Reduce the number of falls and the seriousness of injuries resulting from falls; reduce the fear of falling; integrate community-based and medical prevention methods. Wisconsin Falls Prevention Initiative goals include the following:

- Promote healthy lifestyles among older adults as a way of reducing falls and limiting their negative consequences.
- Develop relationships with public service agencies to foster the prevention of injurious falls in local communities.
- Develop community-based programs that complement medical approaches, i.e., exercise programs to develop strength and balance, volunteer handyman projects to make homes safer, distribution of self-assessment tools to adults at risk, in-home assessments and interventions.
- Encourage medical and social service professional to assess older adults annually for risk factors that contribute to falls, i.e., environmental factors, lifestyle factors, physical factors, etc.
- Promote research on preventing falls and the benefits of treatment and prevention.
 - Prepare for future grant writing and other funding opportunities.

- Develop and pilot an In-Home Fall Assessment and Intervention Tool.
- Develop and pilot a screening tool to identify persons at risk of falling.
- Provide technical assistance and disseminate best practice models to stakeholders.

As exemplified above, each coalition's mission, goals, activities and partnerships are unique to the state or region's needs. Nevertheless, it is useful to review the sample state plans that are provided as examples of coalition missions and goals that can be customized to local needs. The National Action Plan is an evidence-based consensus document that several states and communities have used to sketch out missions and goals, garner community support, promote awareness, and to obtain funding for fall related initiatives. As you prepare your plan, review your state and local data to address specific areas of concern, and take into account the strengths and resources that individual coalition members bring to the table.

Step Six: Launching the Fall Prevention Coalition

Once the core group is in place, key stakeholders, champions, and partners have been identified, and the draft mission, goals, and objectives have been written, it is time to recruit and engage coalition members, kick off the first meeting and set the course for the coalition mission and activities. State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup members have advised that while it is important to take the time to build a strong foundation, this needs to be balanced with capitalizing upon growing momentum and unexpected opportunities that may arise. Bringing new partners in early in the planning process is an important strategy. Through informal means, Maine capitalized upon the interest of a state congressman who was eager to promote legislation; using the federal bill as a template, they were able to garner congressional support for the development of a state plan to address falls. Within the bill was sufficient funding to host the first state wide meeting of the coalition.

Before contacting potential members, the date and agenda for the first coalition meeting should be set, but at a time far enough in the future that people can arrange their calendars to attend. StopFalls offers sample [recruitment materials](#) inviting potential members to join California's StopFalls initiative.

Recruiting and Engaging Coalition Members

When recruiting members, states with successful statewide fall prevention coalitions have stressed that it is important to be as inclusive as possible and to use the networking capacity of the core group to the fullest. The core group can brainstorm a list of possible members, in addition to those deemed essential. Then each member can identify individuals on the list whom s/he knows personally, or organizations where s/he has a personal contact. If there are names left on the list without a contact, they can be divided among the members of the core group to be contacted.

Michigan's fall prevention coalition met three times in its first year, and at each gathering, members were asked to identify potential new members and then bring them to the next meeting.

In addition to specifying key individuals, identify key organizations that should be part of the coalition. Then ask the leadership of the organization to select a representative for the coalition. Individuals often change positions or move to other organizations, so *it is important to institutionalize and embed membership on the coalition within an organization, not just with one person*. To embed coalition membership within an organization, the coalition's mission and goals must be compatible with those of the organization. Additionally, membership on the coalition should generate a mutually perceived benefit (Goodman and Steckler, 1989).

Both the Workgroup members and the literature point out the most effective member recruitment methods include, in order of effectiveness, face-to-face meetings, phone calls, e-mails, and personalized letters. Less successful methods are mass mailings, public service announcements or ads in the media, and flyers or posters.

The list of member organizations in the National Falls Free[®] Coalition may provide suggestions organizations to include in a statewide fall prevention coalition recognizing that states are unique entities that should capitalize upon the diversity of organizations residing within its boundaries. As we stated before, it is important to emphasize the role of older adults on the fall prevention coalition to help keep efforts grounded in their experience and needs.

A key strategy is to include potential funding organizations, foundations, and services from the beginning. Such organizations may not be active coalition members but early engagement may be key to future support.

The Kick-Off Fall Prevention Coalition Meeting

The first meeting of the coalition is extremely important to get attendees excited about older adult fall prevention and make them feel like they are part of a vital and timely movement. The core group will plan the first meeting, and depending on the direction taken after the coalition is established, this group may or may not continue as the steering committee thereafter, or other key coalition members may assume the leadership.

At the first meeting, the following strategies have been offered by State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup members:

- **Take time for introductions:** Ask attendees to introduce themselves and address their interest in older adult falls.
- **Make the case for fall prevention:** Review state falls data. How to find falls data: (link to data section).
- **Review findings of the environmental scan of the fall prevention activity in the state (link to that section):** Present highlights of that information.
- **Formulate the organizational structure and mission:** Ask the group, "Do people agree that a coalition is needed?" If so discuss the mission, vision, and goals that the core group drafted. The coalition members need to have the opportunity to offer their input to the proposed strategic framework so that they have buy-in into it.

- **Prioritize activities:** Ask the group, “What kinds of things will the coalition actually do?” An idea or two to generate excitement and show early success help to build the coalition’s momentum.
- **Specify action items:** Ask the group, “What needs to be accomplished before the next meeting?” Record who has agreed to do what by when.
- **Set a timeline:** Determine when and where the coalition will meet again.

Practical State Example

In Nevada, it was especially difficult to entice stakeholders to keep attending meetings of the coalition group and maintain momentum. Many strategies were tried and one seemed to shine amongst them. At the start or conclusion of each meeting, each participant was invited to distribute business cards/pamphlets and speak a minute or two about their services to the rest of the group. This marketing seemed to give new energy to the group and actually resulted in more for-profit companies participating and supporting later activities.

Ideas for Fall Prevention Coalition Projects

- Hold a statewide or community summit on fall prevention and awareness - Contact fallsfree@ncoa.org for examples
- Create fall prevention training modules for your state. Michigan created and mailed fall prevention training packages to interdisciplinary health care, public health and aging services providers.
- Collect fall prevention research and disburse it to coalition members. New Hampshire provides the most recent fall prevention research at the beginning of each coalition meeting.
- Create fall prevention tools. New Hampshire produced a large scale doll house that serves as a visual for home safety presentations, and they use a variety of “do-dads” as other visual aids and attention-getters.
- Several states have written reports to outline the issue of older adult falls in their state:
 - An excellent example is found in the 2010 [Wisconsin Burden of Falls Report](#), which served as the basis of the 2010 [Fall Prevention Among Older Adults: An Action Plan for Wisconsin 2010-2012](#).

Other ideas can be found under “Promoting the Coalition and its Goals and Activities” below.

Implementing Strategies and Action Plans to Meet the Coalition's Mission and Goals

Sometimes the hardest part of moving a coalition forward is defining exactly what needs to be done, prioritizing those action items, and then deciding who will actually do the work. Accordingly, it is important to have strategies and action plans to accompany the coalition's mission and goals. Good planning increases the coalition's chances for success.

California created workgroups to address each of their fall prevention network goals. Each workgroup has its own goals, objectives, and activities. These workgroups include the following:

- **Workgroup:** Policy/Advocacy/Sustainability
 - **Goals:** (1) Identify and promote fall prevention policy and regulation; and (2) Advocate for sustainable sources of funding for fall prevention programs.
- **Workgroup:** Continuing Education
 - **Goal:** Assure high-quality fall prevention-related continuing education opportunities for providers of services for older adults.
- **Workgroup:** Shared Resources
 - **Goal:** Share fall prevention best/promising practices and resources.
- **Workgroup:** Communications/Media
 - **Goal:** Raise fall prevention awareness among seniors, caregivers, the community, health and social service professionals, and policymakers.
- **Workgroup:** Frail/High Risk Older Adults
 - **Goal:** Ensure that the special fall prevention needs of frail/high risk older adults are addressed.

California's complete [Fall Prevention Network Action Plan](#) is available for review ().

Massachusetts created the following Fall Prevention Task Force subcommittees and objectives:

Long-term Care

- To recognize that all elders living in extended care facilities are at high risk for falls.
- To develop and test a standardized risk assessment tool that would do the following:
 - Identify the root causes of falls and fall risk (e.g., medications, low vision, poor mobility, behaviors, orthostatic hypotension, etc.)
 - Describe risk factors and not depend on a score alone to determine the care plan.

- Enable development of an algorithm to guide care plan implementation (similar to the Falls Management Program on Medqic).
- To insure that falls interventions do not rely on limiting mobility or independence.
- To identify and develop a standard of care for fall and injury prevention and make recommendations to facilities and the Department of Public Health.
- To recommend facility-wide training and education on fall and injury prevention.

Home Care

- To promote best practices among home health agencies in fall prevention and management.
- To promote collaboration across home care settings.
- To promote patient self-management by educating patients and caregivers on fall prevention.

Data Management

- To improve surveillance of fall-related injuries among older adults in Massachusetts.
- To improve the communication between data users and data providers.
- To provide useful data and to make data-informed program and policy recommendations.

Acute Care

- To work with MONE membership (Massachusetts Organization of Nurse Executives) and MHA (Mass Hospital Association) to develop a list of all the fall prevention programs in acute care and related programs such as hip fracture pathways in Massachusetts.
- UMass-Memorial members have just received a \$16,000 grant in the Department of Orthopedics to further develop patient and staff education around fall prevention.

Community

- Implement social marketing campaign in the fall of 2007.
- Continue to highlight fall prevention through the Injury Community Planning Group (ICPG) meetings.

Minnesota's Fall Prevention Initiative created a call to action by stressing that Minnesota ranks fifth among states in the number of fall-related deaths.

Additional Tips for Building Coalitions

Experts recommend allowing people to use their strengths and resources and to choose the workgroups or projects that appeal to them most. Members want a meaningful role in the coalition where they will feel valued and where they can make a contribution.

The State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup members hastened to remind us how important it is to take time to make new members feel welcome and to quickly integrate them into the coalition's action plans. Consider giving coalition members time to network, either as a formalized agenda item or before or after the first meeting. The exchange of ideas and information and the building of relationships happen when people have time to communicate and find common ground.

When creating plans and activities to address fall prevention, consider the outcomes that you want to achieve and develop strategies to facilitate measurement of those outcomes.

V. Institutionalization Stage

Step Seven: Sustaining the Coalition

The key to a successful fall prevention coalition is to *sustain* the momentum after the initial launch. The literature is clear and the practical application of the research has been verified by the Workgroup members: Sustaining the momentum entails focusing your efforts on the three components of the coalition, namely program, membership and resources. Here are recommendations to sustain each area of focus:

Program

- Ensure that the coalition’s mission, goals, and action plans are clearly articulated, and revisit them periodically.
- Accommodate ongoing learning and assessments, changes in membership, and coalition priorities.
- Delineate clear roles and responsibilities for carrying out program activities. The coalition leadership should be committed to the effort and keep the coalition on track and running smoothly.
- Designate a point person or organization that is “the glue” to coordinate the coalition activities and communications.
- Be accountable. Track and review successes; celebrate progress!

Membership

- Communicate regularly with coalition members. Effective methods of communication used by existing state fall prevention coalitions include scheduled meetings, listservs, conference calls, newsletters, and Web sites.
- Build relationships between coalition members. Recognize that this process takes time.

Resources

- Pursue fund development. Even a small amount of funding or in-kind contributions can go a long way. Some states are moving forward with no specific funding for their fall prevention coalition; the coalition coordinator and respective organization are donating time to the effort while the coalition pursues funding sources.
- Develop community support. Build a base of support via the actions the coalition undertakes to achieve its goals; promote and publicize the coalition’s efforts.
- Solicit resources (donating meeting space, teleconference capabilities, technology, printing, communications, training, etc.) from as many coalition members and stakeholders as possible to share the responsibility and keep everyone engaged.

Practical State Example

Arizona is building long range infrastructure and promoting provider referrals through an [A.T. Still University](#) initiative that has trained 46 physical therapy, occupational therapy, audiology, and athletic training students to offer A Matter of Balance in English, Spanish, and American Sign Language. The university and supervising faculty are members of the [Arizona Falls Prevention Coalition](#).

For other strategies on sustaining the work of your coalition, you are encouraged to explore the following Web sites:

- [Coalition Ideas Corner: Sustainability–The Life of a Coalition](#)
- [Community Toolbox: Sustaining the Work or Initiative](#)
- [Community Toolbox: Diagnosing the Health of Your Coalition](#)

Funding the Coalition

The State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup shared experiences and insights about funding their coalition initiatives. The resources they generated varied, including staffing time, meeting space, printing support, and local media. As one state fall prevention coalition leader stated, “A little bit of seed money goes a long way. Having some money gives people permission to do the work. Even if it’s a tiny amount, it shows your organization that somebody thinks it’s worth the time.”

Clearly some funding is required, but many resources can be brought to the effort by strategically identifying partnering organizations that can readily enfold fall prevention efforts into their organizational missions. This activity is helped by the earlier work in Step 3, “Conducting a Scan of Local and State Activities,” and Step 4, “Gathering Input from Stakeholders and Potential Partners.” This opens up the possibilities for a variety of contributions, including:

- In kind staff time
- Meeting space
- Conference call capabilities
- Web space
- Copying/printing
- Postage
- Sponsorship of events

Funding Advice from an Expert

During a presentation in June 2006 to the New Hampshire Fall Prevention Task Force, Mary Vallier-Kaplan, Vice President of Program, [Endowment for Health, New Hampshire](#) advised that “funding and designing go hand in hand.” In other words, funding strategies have to be a key component of the original design of the coalition activities. She suggested being efficient in the project design, leveraging other state and local efforts, and adapting rather than starting anew in this age of shrinking resources. Similarly, she suggests that long term strategies for sustaining an effort, if the effort itself is worthwhile, are built with resources other than money.

When seeking funding support from any entity, Ms. Vallier-Kaplan suggested asking two questions of your effort:

- Who needs me and this initiative?
- What can I offer them?

She also pointed out an infinite number of potential “purchasers” of older adult safety initiatives:

- Health Care Payers: Medicaid, private insurers, HMOs
- Image Conscious Marketers, Naturally Occurring Retirement Centers, other retirement centers, nursing homes, housing authorities
- Older adult conscious markets that are targeting this fastest growing cohort: commercial establishments, pharmacies, gyms and fitness clubs, YMCAs/YWCAs
- Retailers potentially affecting risk factor modifications: vision specialists, shoe stores, medical equipment, and home improvement stores
- Faith based organizations: These organizations resonate with a large number of older adults, and constitute a large influential network.
- Aging organizations
- State and local foundations: Conduct a scan of state and local foundations, civic groups, and private foundations. Many of their presiding board members are older adults – retirees themselves who have time, resources and desires to make a difference.
- Government agencies: The Administration on Aging (AoA), the Centers for Disease Control and Prevention (CDC) and others periodically offer grants that could be used to address older adult falls. Minnesota’s Fall Prevention Initiative is currently funded through a 2005 AoA grant. Your state may have an injury prevention program or coalition in place under the auspices of the CDC’s Public Health Injury Surveillance and Prevention Program. Thirty states are current grantees under the program (http://www.cdc.gov/ncipc/profiles/core_state/default.htm#profiles).
- Older adults themselves. Having energetic, passionate older adults on a coalition is invaluable. These are often people with time, resources, and the desire to help. But

more broadly, the emerging older adult cohort, specifically baby boomers, are used to paying for services and may constitute yet another funding stream.

Even if you have designated funding, Ms. Vallier-Kaplan recommends that you include planning for additional fund development at the start of the process.

Step Eight: Reaching Beyond the Coalition Membership

Successful State Coalition leaders have clearly reached beyond the core membership and larger coalition membership (refer to Coalition Structure) to raise general awareness about fall prevention and to engage interested parties at the state and local level. Below we describe a variety of strategies such as using multiple communication methods, promoting local initiatives, engaging policymakers, and raising general awareness.

Multiple Communication Methods

Some individuals and organizations may not want to be directly involved with the coalition, but nevertheless, they want to be informed about the coalition's goals and activities. These groups and individuals may be able to contribute to the coalition's efforts by helping to spread the word about older adult fall prevention and advocating for policies and resources. Ways to engage these interested parties include the following:

- Offer periodic announcements or newsletters about the coalition's activities and providing information on how people can become involved.
- Produce an end-of-year report, and celebrate your coalition's accomplishments. Send the report to policymakers, the media, older adult organizations and others that may not be active members of your coalition.
- Establish a Web site with valuable fall prevention information, and keep the Web site up to date. Post your newsletter and annual report on the Web site.
 - As one example, California [Fall Prevention Center of Excellence](#) has an excellent fall prevention Web site for service providers, individuals and families, and researchers and educators.
 - Other Web site examples are included in Appendix B.

Promote Local Initiatives

The coalition may wish to host training sessions or online learning communities to educate groups about how to design and promote manageable, productive community initiatives. Topics for the development of local community leaders could include:

- Educating audiences on evidence-based fall prevention interventions
- Marketing and messaging to reach key local audiences such as health care providers, faith-based organizations, local citizens groups, and older adults
- Promoting local collaborative activities

- Promoting effective partnerships between health care providers, aging service providers, and public health
- Working with diverse communities as partners in reaching minority elders
- Assisting in the implementation of evidence-based health promotion and fall prevention programs.

Advocacy Engage Policymakers

NCOA recently published the [*State Policy Toolkit for Advancing Fall Prevention*](#) to assist states in affecting policies to reduce barriers and achieve long-term falls prevention goals. This State Policy Toolkit is designed to give state and local coalitions the strategies, tools, and resources to make that happen. It offers a rich compendium of suggested policy changes to advance falls prevention, categorized under eight major goals. It outlines the opportunities, strategies, and examples of what is possible through education and engagement of key stakeholders.

Falls Free® sponsored legislation resulted in the 2007 [*Keeping Seniors Safe from Falls Act*](#). The bill's provisions were taken from the National Action Plan: a) create a public fall prevention education and awareness campaign for older adults and their families and b) provide for professional education for health care providers about how to prevent falls in their older adult patients. The proposed federal bill would also expand research and provide demonstration projects to develop better ways to prevent falls and to improve the treatment and rehabilitation of older falls victims. The legislation also requires an evaluation of the effect of falls on Medicare and Medicaid costs. It was signed into law in April 2008.

Maine successfully passed fall prevention legislation in August, 2006: [*Directing the Commissioner of Health and Human Services to Develop Strategies to Keep Senior Citizens Safe from Falls*](#). This legislation also officially established the state's fall prevention coalition. The bill required the coalition to create a report to the legislature laying out a Fall Prevention State Plan (see Washington State Department of Health Targeted Injury Prevention Programs Preventing Falls Among Older Adults Final Report entitled [*Falls Among Older Adults: Strategies for Prevention*](#)).

It helps to gain legislators' attention if they have somehow been affected by the issue—perhaps someone close to them has fallen, or they may have suffered from a fall themselves. In many states, the part-time legislators are retired older adults with resources and interest in the safety and wellbeing of their older constituents. Fiscal concerns override many new efforts, so it is important to find a champion who is passionate about fall prevention. The National Council on Aging and the National Center for Injury Prevention and Control will be working with the State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup to develop model legislation that could serve as a template for other states.

Mary Bethel, NC AARP Associate State Director for Advocacy, recommends that you consider the following questions when engaging policymakers:

- Have you written the issue of fall prevention in your state in understandable and measurable terms? Do you have falls data for your state from a reputable source?
- Have you addressed the issue so that it is manageable?
- How will officials be able to see improvements in the lives of their constituency if they address fall prevention (reduced health care costs, increased quality of life, etc.)?
- Do you have identifiable targets for your proposal to address fall prevention?
- What are the financial implications of working on fall prevention in your state? (e.g., reduced Medicaid costs, less burden on local emergency responders, reduced need for long term care)?
- How does fall prevention fit into the overall health promotion or injury prevention plan for your state?

Points to Remember when Approaching Elected Officials

- Be concise and specific.
- Be brief. Oral presentation should be limited to five-ten minutes.
- Be prepared—know your subject and know the elected official's background (is he/she close to someone who has fallen or perhaps has fallen himself/herself? Can you obtain specific falls data for his/her district?)
- Be polite.
- Do not use excessive technical jargon.
- Do not be intimidated.
- Do not threaten or become defensive.
- Leave behind a one-page summary.
- Follow-up a visit with a letter.
- Work with the staff.

Source: Mary Bethel, Associate State Director for Advocacy, AARP North Carolina, Southern Gerontological Society Advocacy Training, April 13, 2007.

Examples of relevant areas under the purview of public policy in addition to facility safety may include community safety issues, community public space and cross walks, building access, and transportation concerns. Many of these tangential issues can result in slips, trips and falls or lack of public access to programs and services.

Practical State Example

The Maryland Falls Prevention Advisory Group released a new **falls protocol** for home safety inspections for seniors transitioning home from a fall-related hospitalization. In response to this serious public health problem, legislation was introduced in 2012 by Del. Sam Arora, which did not pass, but lawmakers asked the Department of Health and Mental Hygiene (DHMH) and the Department of Aging (MDoA) jointly develop a statewide protocol for home safety inspections for seniors discharged from the hospital following a fall.

Raise Public Awareness About the Coalition and Its Goals and Activities

The National Falls Free® Coalition and its state members have collaborated since 2008 to obtain a US Senate Resolution declaring the first day of fall to be **Fall Prevention Awareness Day**. Since its beginning an increasing number of states and local communities have joined in this national day of awareness. For the fifth annual observance 42 states and DC participated, many of whom obtained governor and local governing proclamations as well. In 2012 NCOA surveyed participating states, using responder estimates to conclude at least 210,698 people were reached through a variety of mechanisms including education and awareness; evidence-based programs; fall risk screenings; and advocacy. On a national level we obtained over 17.5 million media impressions to support this effort. NCOA has created a web page of resources, initiatives and media materials collected from states that are available for use general use on the web site.

Many of the states within the State Coalitions on Fall Prevention Workgroup have goals to educate health professionals, older adults, and the community in general about fall prevention. It is important to address all relevant audiences with targeted simple messages designed to promote behavior change; consumer awareness and demand for services must be balanced with awareness and training for providers.

Examples of ways the States have addressed this goal while at the same time promoting their coalitions include the following:

- Deliver presentations to professional organizations, civic clubs, or other events.
- Work with your state legislature to have the first day of “Fall” be proclaimed as “Fall Prevention Awareness Day.” Schedule fall prevention and awareness events around the state on that day or during that season. This provides a great opportunity to make a splash in the media.

Capture input from older adults and their family members. Storytelling can be a powerful tool to “influence the heart to influence the head.” Stories make statistics come to life and are often remembered long after facts and figures have been forgotten. Consider capturing input from older adults and their family members about how a fall has affected their lives, and have their stories ready to tell when meeting with legislators, funders, or other decision makers. Most of us know someone who has fallen, but some may still not realize that most falls are preventable.

- States have graciously submitted their tools and resources, strategies and ideas for [Fall Prevention Awareness Day](#) that NCOA has posted on the web site for easy access.
- Wisconsin proclaimed an entire month as “Falls Prevention Awareness Month.” The proclamation coincided with the Wisconsin statewide falls prevention conference.
- California worked with the legislature to declare FPAD in perpetuity and promotes a week long activity during which California’s fall prevention coalitions, health care providers, and senior service agencies will hold presentations, health fairs, screenings, and workshops to raise awareness among older adults and their families and caregivers, elder care professionals, and the general public about the seriousness of falls and ways to reduce fall risk. They have developed an excellent [web page](#) of resources and strategies.
- Conduct fall prevention and awareness workshops at state level professional conferences and other events. Several states have held fall prevention and awareness statewide summits. Contact fallsfree@ncoa.org for more information.
- Develop a social marketing campaign about fall prevention. Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify or abandon a behavior for the benefit of individuals, groups or society as a whole.
 - The New Hampshire Falls Task Force designed a health communications campaign entitled, “You CAN Reduce Your Risk of Falling,” based on information obtained from focus groups. This campaign is offered through printed and audiovisual advertisements. One of the messages talks about appropriate physical activity. Minnesota worked with consultants to develop a statewide awareness campaign.
- Develop an effective web site that offers informative resources and data. Iowa has a nice [web site](#) example.
- Develop fall prevention and awareness posters, brochures, or other handouts.
- Create and/or distribute fall risk assessment tools for health professionals to use. Various fall risk assessment tools are described in the “Toolkits” section below.
- Work with emergency responders and older adult organizations to educate them on home safety and appropriate strategies for follow-up.
- Inform the press about the coalition, any events that are held, or about the issue in general. The *Boston Globe* wrote a three-part series about the issue of older adult falls; this series gained the attention of a policymaker who then proposed legislation to address the issue.
- Develop and broadly disseminate a newsletter.
- Hold a fall prevention booth at public events.
- Network, network, network! The more people who are aware of the coalition and the issue, the more possibilities and resources that will open.

The information described above is adapted from [The Community Toolbox](#), University of Kansas.) Additional toolkits and resources include the following:

Toolkits

- **[STEADI \(Stopping Elderly Accidents, Deaths and Injuries\)](#)**: The majority of primary care providers were unaware of the American Geriatrics Society's Clinical Practice Guidelines on preventing falls in older persons, as well as of standardized fall risk assessment methods. To address these identified gaps, the Centers for Disease Control & Prevention's Injury Center developed the STEADI toolkit as a comprehensive and easy-to-use resource designed to help healthcare providers incorporate fall risk assessment and proven interventions into their clinical practice.

The toolkit contains provider resources including fact sheets; training materials such as case studies, a chart to help different types of practices incorporate falls prevention, and suggestions about how to talk with patients about falls; assessment tools for three gait and balance tests; and a number of patient education brochures. It also features a pocket guide for providers to use as a quick reminder of key information, and which includes a flowchart outlining the most important steps in assessing and managing fall risk in older patients. The STEADI toolkit materials, as well as additional resources are accessible online.

- **[Practicing Physician Education in Geriatrics Falls Tool Kit](#)**. The Falls Tool Kit is used for the initial evaluation and management of a patient who experiences falls, and provides educational materials to teach patients how to reduce their risk of falling. The tool kits are designed for use by medical professionals.

Fall Prevention Resources

- **[Stay Independent](#)**: An Individualized Falls Risk Assessment for Adults 65+ was developed and validated by CDC as a component of the STEADI Toolkit. It is intended to promote discussion with providers but may be used in educational presentations and other venues.
- **[Preventing Falls Among Older Adults](#)**. This CDC Web site includes fact sheets, brochures, posters, figures and maps, and links to other Web sites about older adults and falls.
- **[Fall Prevention Center of Excellence](#)** Information for Individuals and Families. This section of provides older adults, families, and caregivers with **[strategies](#)** that can help prevent serious injuries due to falls in the home and the community.
- **[Stay Active & Independent for Life \(SAIL\)](#)**: The purpose of this guide is to provide information for adults age 65 and older that will help them (a) stay active and independent for life, and (b) help prevent falls and fall-related injuries.
- **[Stand Up and Be Strong Risk Assessment](#)**. This assessment for use in community screening clinics was created by the Minnesota Chapter, American Physical Therapy Association (MN APTA); funding provided by the Minnesota Department of Human Services.

Step Nine: Evaluating the Coalition and Its Activities

Evaluation—the systematic investigation of the merit, worth, or significance of an effort—is an important step in providing feedback about the progress of the coalition. The point of evaluating a coalition is not to prove its success or failure, but to help members build upon its accomplishments and learn from its challenges and problems. This step is probably the most difficult for coalitions to tackle. Coalitions often avoid conducting an evaluation because the effort may be seen as not mandated, too expensive, or too time-consuming. Coalition members may also feel that they do not have the expertise or the resources to complete an evaluation or that they would be pressured to report only positive results.

Nevertheless, there are many benefits to conducting an evaluation of the coalition. For example, the findings can help to identify areas of strengths and weaknesses (e.g., overall goals, resources, communication, leadership, and inclusiveness) and pinpoint where the coalition can strategically focus its future efforts. Collecting this type of information can offer lessons that help not only your group but also other developing fall prevention coalitions in your state. Conducting an evaluation provides accountability to the community, grant makers, and others who provide funding or support. Further, by involving all coalition members in the evaluation process, members, and particularly those who have not been vocal, gain the opportunity to better understand and influence the coalition's efforts.

Source: Modified from [The Community Toolbox](#), University of Kansas

Coalition Partnership Evaluation Versus Coalition Program Evaluation

Ideally, the focus of the evaluation should be two-fold: (1) to examine the effectiveness of the coalition as a *sustainable partnership* and (2) to assess the *outcomes or impact* of the coalition's activities. It may be confusing to separate the evaluation of the coalition from the evaluation of the coalition's programs. They are interrelated—much of the success of the coalition depends upon the achievements of its programs or projects, and the programs will be much stronger if the coalition is operating successfully.

The evaluation of the coalition itself (rather than its programs or activities) examines the inner workings of the group—assessing attributes such as the mutuality of goals and priorities, how members communicate, how they collaborate, and how they make decisions about implementing the goals and objectives of the coalition. In contrast, program evaluation focuses on specific programs or activities that the coalition undertakes, e.g., the implementation of an evidence-based fall prevention program, holding a community fall prevention summit, or advocating for key legislation. Regardless of the type of activity the coalition implements, it is important at the outset to think about desired outcomes and processes for collecting data to measure those outcomes.

There is no one-size-fits all evaluation tool to apply to your coalition. What you ask depends upon the coalition or program goals and objectives and what you want to know. And what you want to know will be tempered by real world constraints such as:

- Resources
- Staff and their time
- Capacity of coalition and/or program participants to take part in the evaluation
- Availability of good measures
- Capacity to analyze, interpret, and use results

There are also other considerations in terms of the methods, tasks and responsibilities, and products:

- Who will complete the evaluations, and how often?
- Who will collect evaluation data?
- What types of data collection methods will you use? For example, will you use program records, observations, interviews, online or paper and pencil instruments, or some other method of data collection?
- Who will analyze the data?
- How much time, money, person-power, technical expertise, and equipment will be required?
- To whom will you report the results and in what format?

Source: Adapted from [ARCH National Resource Center, Factsheet #14](#).

In this document, we provide resources to assess your coalition's partnership. We will also provide suggestions for evaluating your coalition's programs and activities and finally for assessing the long range impact of your collective initiative.

Coalition Evaluation

Members of the State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup and others report some success in evaluating the following components of your coalition's partnership:

- The organization of the infrastructure – its efficiency and responsiveness
- The efficiency of communications
- Indicators of member satisfaction, such as:
 - Continuity of attendance, attrition
 - Testimony about how participation has positively impacted members and their work
 - Nurturing of new relationships among new members
 - Sharing skills/talents
 - Recognition of efforts and unique contributions
- The capacity to articulate and agree upon programming and activities at local and state level

- The desire of allied agencies and communities to engage with coalition to carry out activities

In the following section, we provide several tools for evaluating your coalition. These tools address the areas above and as well as other aspects of the partnerships functioning. Choose and modify the tool that best matches your coalition's partnership and operations.

Tools for Coalition Evaluation

Assessing Your Coalition: A Self-Evaluation Tool

Borden and Perkins (1999) created an evaluation tool for assessing the general health of a collaboration. The tool includes the following key factors for a collaboration's success:

1. **Communication:** the collaboration has open and clear communication. There is an established process for communication between meetings.
2. **Sustainability:** the collaboration has a plan for sustaining membership and resources. This involves membership guidelines relating to terms of office and replacement of members.
3. **Research and Evaluation:** the collaboration has conducted a needs assessment or has obtained information to establish its goals, and the collaboration continues to collect data to measure goal achievement.
4. **Political Climate:** the history and environment surrounding power and decision making is positive. Political climate may be within the community as a whole, systems within the community or networks of people.
5. **Resources:** the collaboration has access to needed resources. Resources refer to four types of capital: environmental, in-kind, financial, and human.
6. **Catalysts:** the collaboration was started because of existing problem(s) or the reason(s) for collaboration to exist required a comprehensive approach.
7. **Policies/Laws/Regulations:** the collaboration has changed policies, laws, and/or regulations that allow the collaboration to function effectively.
8. **History:** the community has a history of working cooperatively and solving problems.
9. **Connectedness:** members of this collaboration are connected and have established informal and formal communication networks at all levels.
10. **Leadership:** the leadership facilitates and supports team building, and capitalizes upon diversity and individual, group and organizational strengths.
11. **Community Development:** this community was mobilized to address important issues. There is a communication system and formal information channels that permit the exploration of issues, goals and objectives.
12. **Understanding Community:** the collaboration understands the community, including its people, cultures, values and habits.

Using these key factors, the self-evaluation tool was developed to assist existing and forming groups where collaborations can identify their areas of strength and other areas where they may want to improve (Borden & Perkins, 1999).

The Wilder Collaboration Factors Inventory

In the book *Collaboration: What Makes It Work* (Mattessich, Murray-Close, Monsey, 2nd ed. 2004), a review of research factors that make it work. The authors outline six categories and twenty factors influencing the success of collaborations or coalitions:

- Factors related to the ***environment***
 - History of collaboration
 - Collaborative group seen as a legitimate leader in the community
 - Favorable political and social climate
- Factors related to ***membership characteristics***
 - Mutual respect, understanding, and trust
 - Appropriate cross section of members
 - Members see collaboration as in their own self-interest
 - Ability to compromise
- Factors related to ***process and structure***
 - Members share a state in both process and outcome
 - Multiple layers of participation
 - Flexibility
 - Development of clear roles and policy guidelines
 - Adaptability
 - Appropriate pace of development
- Factors related to ***communication***
 - Open and frequent communication
 - Established informal relationships and communication links
- Factors related to ***purpose***
 - Concrete, attainable goals and objectives
 - Shared vision
 - Unique purpose
- Factors related to ***resources***
 - Sufficient funds, staff, materials, and time
 - Skilled leadership

The Amherst H. Wilder Foundation has created the “[**Wilder Collaboration Factors Inventory**](#)” for coalition members to assess these twenty factors that influence the success of their collaboration. Members can take the survey and be given an individual summary score for each of the factors.

The Partnerships Analysis Tool: For Partners in Health Promotion

The aim of this tool is to help organizations involved in health promotion projects to reflect on the partnerships they have established and monitor their effectiveness. The tool is divided into three activities. Activity One explores the reason for the partnership. Why is the partnership necessary in this particular project? What value does the partnership add to the project? Activity Two involves designing a map which visually represents the nature of the relationships between agencies in the partnership. Activity Three involves completing a checklist which defines the key features of a successful interdepartmental, interagency or intersectoral partnership. The checklist is designed to provide feedback on the current status of the partnership and to suggest areas that need further support and work. These areas include the following:

- Determining the need for the partnership
- Choosing partners
- Making sure partnerships work
- Planning collaborative action
- Implementing collaborative action
- Minimizing the barriers to partnerships
- Reflecting on and continuing the partnership

In the checklist, each area lists five statements for the member to rate on a scale from zero (strong disagreement) to 4 (strongly agree). The scores in each section show trends of good practice and help to identify sections where work needs to be done.

New Hampshire Fall Prevention Task Force Evaluation

New Hampshire collaborated with an evaluation consultant at Boston University to develop and implement an evaluation process to assess the New Hampshire Fall Prevention Task Force.

Fall Prevention Program Evaluation Example: A Matter of Balance/Lay Leader Model

To help you evaluate your own programs and activities, we are providing examples of goals and evaluation measures for an older adult fall prevention program, a fall prevention awareness and education summit, and legislative advocacy. *Again, it is important to remember that each program and activity should have defined, measurable goals from the onset, and they should then be measured against those stated goals.*

The overall goal of A Matter of Balance is to reduce the fear of falling, stop the fear of falling cycle, and increase activity levels among community-dwelling adults. Desired outcomes of the program include:

- View falls and fear of falling as controllable.
- Set realistic goals for increasing activity.

- Change participants' environment to reduce fall risk factors.
- Increase strength and balance through exercise.

To assess progress toward these outcomes during the program, A Matter of Balance includes the following measures and evaluation activities:

- An initial survey is given during the first class. The survey includes questions regarding falls management, exercise levels, and background information.
- Another survey is given during the last class; this survey repeats questions the questions from the first survey regarding falls management and exercise levels. The second survey allows evaluators to measure progress.
- During the last class, an evaluation is given to participants with questions concerning comfort in talking about fear of falling, changes made to environment, comfort in increasing activity levels, plans to increase activity levels, and background information.

Other Program Evaluation Measures

Depending on the fall prevention program and its goals, additional participant evaluation measures both self-report and measurable could include:

- Reduction in fall risk factors (e.g., improvements in strength and balance)
- Fall frequency/severity
- Mobility (subjective measures)
- Balance and physical performance measures
- Psycho-social status

Source: Jonathan Howland, PhD, MPH, Boston University School of Public Health in collaboration with Jane Mahoney, MD, University of Wisconsin, Madison and the State Territorial Injury Prevention Directors' Association

The New Hampshire Task Force evaluates all of its projects, which includes process and outcome measures. Evaluation strategies can include number of falls, scores on the *Timed Up and Go*, or other measures. Some of the more global measures include, but are not limited to:

- Deaths, hospitalizations, and emergency department visits due to falls.
- 911 calls due to falls.
- EMS runs due to falls.

Fall Prevention Education Evaluation Example

Several members of the State Coalitions on Fall Prevention Workgroup State Coalitions on Fall Prevention Workgroup have held statewide summits to educate healthcare and community providers about older adult fall prevention. Before the summit takes place, Workgroup members recommended thinking about what you want to accomplish in the summit and how you will know when you have met those goals.

Examples of goals for these summits could include:

- Hold a fall prevention summit by the June 2008.
- Have at least 100 participants in attendance.
- Attendees should include representatives from the health care and aging services communities.
- Each county in the state should have at least one attendee.
- By the end of the summit, attendees will have an understanding of the magnitude of the issue of older adult falls in the state, be able to identify fall risk factors, and understand that strategies are available to address the risk factors.
- Attendees will be interested in pursuing strategies in their organizations or through other efforts to address fall prevention

To assess progress in reaching these goals, the following measures could be used:

- Determine if the summit was held by the targeted date.
- Track the number of participants, the participants' organizations and their locations.
- Include an evaluation sheet at the end of the summit that asks about their understanding of the issue of older adult falls in the state, fall risk factors, and fall reduction strategies. Or participants could be given a brief "quiz" at the end of the summit to ascertain their understanding of the information presented.

Legislative Advocacy Evaluation Example

Legislative advocacy may include formal lobbying in support or opposition to a bill, the crafting of new legislative language, writing amendments to existing bills, or encouraging others to contact their legislators. As discussed in Step Eight, several states have proposed new legislation to address the growing issue of older adult fall prevention in their states.

For states that have proposed new legislation to address fall prevention, the goal of the effort is the passage and successful implementation of legislation with sufficient funding to address the stated fall prevention proposals. The legislative process can be long and arduous, and the bill may be introduced several times before it actually passes, hence progress of the bill (process steps) may be measured.

Other advocacy measures could include the number of letters or e-mails sent to a legislator's office in support of fall prevention after a call to action has been issued or the number of calls or in-person meetings with a legislator or his/her staff about fall prevention.

Program and Activity Evaluation Resources

A variety of evaluation resources are offered for your review:

[Free Management Library, Basic Guide to Program Evaluation](#)

This document provides guidance toward planning and implementing an evaluation process for for-profit or nonprofit programs. It includes the following:

- Program Evaluation: carefully getting information to make decisions about programs
- Where Program Evaluation is Helpful
- Basic Ingredients (you need an organization and program(s))
- Planning Program Evaluation (what do you want to learn about, what info is needed)
- Major Types of Program Evaluation (evaluating program processes, goals, outcomes, etc.)
- Overview of Methods to Collect Information (questionnaires, interviews, focus groups, etc.)
- Selecting Which Methods to Use (which methods work best to get needed info from audiences)
- Analyzing and Interpreting Information
- Reporting Evaluation Results
- Who Should Carry Out the Evaluation?
- Contents of an Evaluation Plan
- Pitfalls to Avoid

Centers for Disease Control and Prevention

The CDC has developed an MMWR "[Framework for Program Evaluation in Public Health](#)" report. The report is a six-step process to guide you through all phases of an evaluation:

- Step 1: Clarify who your key stakeholders are.
- Step 2: Clarify your program's activities and goals.
- Step 3: Determine what the primary purpose of the evaluation is, what to evaluate, and what methods to use.
- Step 4: Decide how to collect data that are high-quality, feasible to gather, and minimally burdensome on respondents.
- Step 5: Analyze the findings and compare your results with agreed-upon values or standards.
- Step 6: Promote maximum use of the findings by providing feedback to stakeholders and sharing recommendations and reports.

Evaluation Basics for Fall Prevention Coalitions and Programs

The purpose of this technical assistance brief from the Fall Prevention Center of Excellence is to provide an overview of evaluation and describe the specific elements necessary for completing an effective evaluation report. The brief includes key steps in completing an effective evaluation, the kinds of information that need to be collected for an evaluation, main evaluation measures, and how to know if fall prevention activities are successful.

NCOA's Center for Healthy Aging in partnership with UNC developed [evaluation training modules](#) that will be very useful, including:

- Evaluation for the Unevaluated: Program Evaluation 101
- Evaluation for the Unevaluated: Program Evaluation 102
- Wading Through the Data Swamp: Program Evaluation 201

RE-AIM

RE-AIM is a systematic way for researchers, practitioners, and policy makers to evaluate health behavior interventions. It can be used to estimate the potential impact of interventions on public health.

Outcome Measures for Health Education and Other Health Care Interventions **K. Lorig et. al., Sage Publications, 1996**

Responding to the need for a comprehensive, sensitive, and cost-effective means of administering outcome measures, *Outcome Measures for Health Education and Other Health Care Interventions* provides more than 50 self-administered scales for measuring health behaviors, health status, self-efficacy, and health care utilization. The majority of scales were developed by the Stanford Patient Education Research Center for use in their Chronic Disease Self-Management Study, while others provide a useful means of measuring the magnitude of change seen in patient education or health care evaluations. In addition, this extensive volume provides a detailed case study of how instruments were conceptualized and developed for the Chronic Disease Self-Management Study and provides complete psychometric details for all measures not previously published. An appendix containing the Spanish translation for many scales is an added bonus that will enable professionals to overcome many cross-cultural barriers that might contribute to inaccurate outcome measures.

Evaluating Impact

Showing impact is an important outcome of any collective activity. Fall prevention as in most preventive activities is difficult to measure in its absence. NCOA is proud to have collaborated with a wonderfully engaged Fall Prevention Evaluation Committee that struggled over two years to develop a process for measuring impact over time that has a uniquely crafted [Falls Free® Logic Model](#) as its foundation. Look to the Falls Free® [Evaluation Guidelines to Measure the Impact of State and Local Coalitions on Fall Prevention](#). A training video is available to preview.

VI. Lessons Learned from Effective State Coalitions on Fall Prevention

Facilitating State Coalition Building

New Hampshire: Falls Risk Reduction Task Force

- Need buy-in from the top – must be inclusive of the Health Department at the state level as well as those other state agencies focused on falls.
- Start small to get the plan and the buy-in before proceeding.
- Identify and disseminate education programs for older adults. Create demand.
- NH has produced a large scale “doll house” that serves as a visual for home safety presentations and they use a variety of “do-dads” as other visual aids/attention getters.
- Consider adopting a mobile screening kit similar to the one Minnesota uses to assess falls risk in the community.
- Promote fall prevention at every opportunity, especially the name of the coalition.
- Keep abreast of what is current in the field and disseminate broadly.
- Have one person or office set up as the contact, focal point.
- Stay in contact with other states as peer support, learn from others and do not reinvent the wheel if processes are already available.

California: Falls Prevention Initiative

- California enjoys an alternate source of funds in the Archstone Foundation. Other states interested in this work need to cultivate alternate sources of funding for state wide activities.
- Collaboration has been a key to the success, especially with the Archstone funded Fall Prevention Center of Excellence. Being able to bring together the important partnership of Center’s four organizations to focus on one issue – fall prevention.
- Appreciate the growing interest in fall prevention and how it can be marshaled to jump start the process; recognize that this can be tied to all senior mobility issues.
- Recognize a lot has been done already and there are best practices and models so that you do not have to start from scratch.

Wisconsin: Statewide Falls Prevention Initiative

- Compelling state falls data demonstrates a need to address this growing and costly health and quality of life issue for older adults.

- Defining Task Force role to integrate fall prevention in all aspects of injury prevention, providing education, technical assistance, and evaluation but mostly serving in a facilitation role that promotes linking local resources.
- To insert injury prevention with a defined objective of reducing falls in Wisconsin into the new State Health Plan.
- Collaboration has been a key to the success of this coalition – choose members carefully, grow core group strategically, and meet quarterly with frequent intervening communications.

Challenges to Address

A recognized barrier that can also serve as a strength of a broad-based coalition is the integration of diverse perspectives in a comprehensive collaborative approach to the issue of fall prevention (Riggs, Feinberg, & Greenberg, 2002). States also encountered the following challenges:

New Hampshire: Falls Risk Reduction Task Force

- Lack of dedicated funding → the Task Force provides training and suggests strategies to local teams for finding funding opportunities. Most recently they have been in discussion with the state to identify funds for sustaining this work.

California: Falls Prevention Initiative

- Although the data are compelling, it is viewed as a Medicare issue by the legislature and not one needing solving by an infusion of state funds. To that end, the state is in need of Medicaid data on health care costs associated with falls that result in long term care needs.

Michigan: Statewide Fall Prevention Workgroup

- The Center may be too focused and could broaden its perspectives to be more inclusive, but that may evolve over time.
- Finding sustainable funding sources.
- Building linkages between partners who do not usually collaborate.
- Translating research into practice → learning what does and does not work.

New Mexico Adult Fall Prevention Coalition

- A key challenge is procuring dedicated funding to support the coalition and its state wide efforts. In the absence of funding, another challenge is relying on donated member time to coordinate coalition activities while trying to increase the membership/representation to address each of the goal areas.
- Another related challenge is keeping up the momentum within the coalition.

New York Fall Prevention for Older Adults Workgroup

- Challenges in this early stage of development include broadening the representation to across the state, and facilitating consensus and collaboration among a diverse group of members to appreciate all the problems surrounding this multi-faceted issue.
- The lack of dedicated funding remains a central challenge.

Wisconsin: Statewide Falls Prevention Initiative

- It has been challenging to work with 72 counties, each with a very diverse set of geographical, cultural and ethnic issues.
- A challenge now that the internal workgroup is working on is evaluating the coalition/state shorter term outcomes, since affecting change in the state falls data will be a long term venture.
- Gap to be addressed soon: assess education programs, referrals and screening/assessments as benchmarks of progress.

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VIII. General Resources

Recommended Resources and Websites

[Caring.com](#)

Caring.com features original content focused exclusively on eldercare and end-of-life matters. The site includes hundreds of articles and checklists on health, housing, finance, legal and family issues, and other caregiving concerns. The “Broken Hip” section of the site has a risk of hip fracture calculator, plus links to various articles on preventing falls.

[Home Sweet \(Safe\) Home](#)

Adapted from the Jefferson Area Board for the Aging (JABA), SeniorNavigator.com offers this informational Web page for seniors and those who care about them. A new resource: A Caregivers Guide to Creating a Safe Environment is available

[National Center for Injury Prevention and Control](#)

On this site the user will find an overview of the issue including the magnitude of the problem as well as publications, brochures and posters that can be downloaded for ordered for us in community efforts to prevent falls.

[National Council on Aging: Center for Healthy Aging](#)

The National Council on Aging's Center for Healthy Aging has launched a Web site to provide aging service providers easy access to resources, such as manuals, toolkits, examples of model programs, and links to Web sites on topics related to healthy aging, including health promotion, disease prevention, and chronic disease management. In this manner, we are providing community-based organizations with resources necessary to implement evidence-based health promotion programs for older adults in their local communities. The three Falls Free® documents are also posted on this Web site.

[National Resource Center on Supportive Housing and Home Modification](#)

A university-based (University of Southern California), non-profit organization dedicated to promoting aging in place and independent living for persons of all ages and abilities, the Center offers a vision for the future as well as practical strategies and materials for policymakers, practitioners, consumers, manufacturers, suppliers, and researchers. The Center is an information clearinghouse for resources on home modification. The site links to several home safety checklists.

[National Safety Council](#)

The National Safety Council (NSC) is a leading safety and health advocate dedicated to protecting life and promoting health; it identified falls among the elderly as a leading concern in its Safety Agenda for the Nation released in 2000. While primarily focusing on worksite injuries the NSC offers some older adult resources: [Older Adult Fall Prevention Checklist](#).

[Rebuilding Together](#)

Rebuilding Together is an organization that rebuilds houses for low-income homeowners such as the elderly or persons with disabilities. Their mission is to provide houses that promote warmth, independence, and safety. A home safety checklist is available.

Publications

[California State Blueprint: Fall Prevention White Paper](#)

A white paper entitled *Preventing Falls in Older Californians: State of the Art*, funded by the Archstone Foundation, (a private grant making organization, whose mission is to contribute towards the preparation of society in meeting the needs of an aging population), served as the framework for the National Falls Free® initiative.

Falls Free® E- Newsletter

Produced by the National Council on Aging's Center for Healthy Aging, the Falls Free® E-Newsletter is designed to enhance communications among Falls Free® Coalition members and individual subscribers. [To](#) subscribe to this informative bimonthly newsletter email us at fallsfree@ncoa.org

Professional Association Websites and Resources

AARP

Providing help to seniors who wish to stay in their own homes but are facing mobility limitations, this [AARP Web page](#) features ideas for making the home more safe and accessible.

American Academy of Orthopedic Surgeons (AAOS)

The AAOS provides simple tip sheets for reducing the risk of falls and fall related injuries, including home assessment tools:

- [Guidelines for Preventing Falls](#)
- [Getting up from a fall](#)
- [Home Safety Checklist](#)

American Geriatrics Society

The American Geriatrics Society (AGS) updated its landmark [Clinical Guidelines for Fall Prevention](#) in concert with several Falls Free® organizations including the American Physical Therapy Association, the American Occupational Therapy Association, the American Board of Internal Medicine, American Medical Association, American Society of Consultant Pharmacists, the National Association for Home Care and Hospice, and the American Association of Orthopaedic Surgeons. This collaborative action is a direct result of the Falls Free® Summit.

American Occupational Therapy Association

Professional guidelines, tools and practice resources may be found on www.aota.org. In addition there are useful [consumer fact sheets on fall prevention](#). AOTA recently completed an [analysis of Medicare barriers and opportunities](#) to reimbursement for fall prevention services.

American Physical Therapy Association

Professional guidelines, tools and practice resources are available on www.apta.org. In addition, a consumer brochure [Physical Therapist's Guide to Falls](#) is available as a PDF; [professional guidelines, tools and practice resources](#) are also available.

Bone Health and Osteoporosis: A Report of the Surgeon General

This site provides information about the Surgeon General's report on Bone Health and Osteoporosis. It includes the full report, the press release, and remarks by the Department of Health and Human Services Secretary and the Surgeon General. In addition, it provides several fact sheets on osteoporosis and bone health intended for the general public.

Fall Prevention Center of Excellence

The Fall Prevention Center of Excellence is the home of a California Fall Prevention Initiative. The Center provides information to both consumers and professionals on various topics relating to falls and fall prevention.

MedlinePlus: Falls

Presented by the US National Library of Medicine and the National Institutes of Health, this Web site provides a comprehensive list of links to various sites and documents on falls and falls prevention, including: latest news, research articles, statistical information, prevention/screening, and related issues. A link to PubMed's most recent listing of research articles on falls is also provided.

The ProFaNE Online Community is an active working group of Health Care Practitioners, Researchers and Public Health Specialists dedicated to the issue of prevention of falls and improvement of postural stability amongst elderly people in Europe and beyond. ProFaNE focuses and co-ordinates ongoing European clinical, research and technology developments related to prevention of falls amongst elderly people.

Programs Developed to Address Fall Risk Factors

A Matter of Balance

The Matter of Balance program was developed by the Roybal Center for Research in Applied Gerontology at Boston University and the New England Research Institutes, with funding from the National Institute on Aging. In this initiative, the Partnership for Healthy Aging modified the program delivery to include lay leaders, which is proving to be effective in disseminating this fear of falling program in 37 states.

American Geriatrics Society: Falls in Older Adults

American Geriatrics Society **Clinical Practice Guideline for Prevention of Falls in Older Adults** is designed for health care practitioners to help manage high risk patients in Primary Practice. Additionally, the **Beers List** of potentially inappropriate medications to use with the elderly was recently updated by AGS.

FallProof!

FallProof! is a comprehensive balance and mobility training program designed by researchers at California State University, Fullerton. It offers a practical manual that blends the latest theory into practical applications. It will prove a valuable resource for physical activity instructors and health care professionals working with older adults in physical activity settings, and it will also be helpful for assessing and designing programs to improve mobility and balance.

HEROS® Program, Temple University

Health, Education, Research and Outreach for Seniors (HEROS®) provides educational materials to a variety of stakeholders to affect fall risk assessment and intervention. Materials are available in a variety of languages.

National Center for Patient Safety 2004 Falls Toolkit

The **Falls Toolkit** designed for health care implementation in health care facilities available on this site includes:

- Designing a falls prevention and management program
- Effective interventions for high-risk fall patients
- Implementing hip protectors for high-risk fall patients
- Educating patients, families and staff on falls and fall-injury prevention.

National Resource Center for Safe Aging

Located at San Diego State University, this **[injury prevention Web site](#)** includes injury prevention materials and programs that are suitable for a variety of stakeholders. It is funded by the National Center for Injury Prevention and Control.

Otago

Otago is an in-home exercise program delivered by physical therapists that incorporates a tailored balance and strength program with progressive exercise and a walking plan. The program includes a minimum of seven home visits and seven phone calls over a 12 month period. The Centers for Disease Control and Prevention is funding the dissemination of Otago in Colorado, New York, and Oregon (2011-2015) as part of a comprehensive approach to fall prevention with linkages to health care providers. Previous investments by CDC served to translate this intervention into a training and resource package for Physical Therapists. It is now available online: <http://www.med.unc.edu/aging/cgec/exercise-program>. CEUs are provided for this inexpensive 3 hour training session.

Otago program materials including the training manual and online training portal can also be found on www.phconnect.org by joining the **Otago Falls Prevention Exercise Program Forum**. Other program materials or additional programs translated for community use will be posted on this site as they become available.

[STEADI \(Stopping Elderly Accidents, Deaths and Injuries\)](#)

The great majority of primary care providers were unaware of the American Geriatrics Society's Clinical Practice Guidelines on preventing falls in older persons, as well as of standardized fall risk assessment methods. To address these identified gaps, the Centers for Disease Control & Prevention's Injury Center developed the STEADI toolkit as a comprehensive and easy-to-use resource designed to help healthcare providers incorporate fall risk assessment and proven interventions into their clinical practice.

The toolkit contains provider resources including fact sheets; training materials such as case studies, a chart to help different types of practices incorporate falls prevention, and suggestions about how to talk with patients about falls; assessment tools for three gait and balance tests; and a number of patient education brochures. It also features a pocket guide for providers to use as a quick reminder of key information, and which includes a flowchart

outlining the most important steps in assessing and managing fall risk in older patients. The STEADI toolkit materials, as well as additional resources are accessible online at.

Step By Step

Step By Step strives to incorporate a sustainable, evidence-based, multifactorial fall prevention program within the daily operation of senior centers by enhancing fall prevention-related knowledge and behavior and by building or enhancing relationships between senior centers and community and health care providers. The intervention includes:

- Fall risk assessment at local senior centers
 - Sessions last at least one hour, depending on number of risk factors identified.
 - Senior Center nurse assessors provide interventions at the time of baseline assessment.
- Practical, teachable interventions for each fall risk factor identified
 - “Passbook” for older adults, with easy-to-read tips on how to address and reduce each risk factor
 - Demonstration of how to perform balance exercises
 - Participants encouraged to engage at appropriate exercise level.

Connecticut Collaboration for Fall Prevention

Downloadable materials for public use (screening tools) as well as information sheets describing how to handle common fall risk factors such as medications, blood pressure drops on standing, and home fall hazards are available as well as more information on Step by Step

Step By Step Research Article

Baker, D.I., Gottschalk, M. and Bianco, L.M. (2007) Step by Step: Integrating evidence-based fall-risk management into senior centers. *The Gerontologist* (2007) 47 (4): 548-554.

Baker, D.I., King, M.B., Fortinsky, R.H. et. al. (2005) Dissemination of an evidence-based multicomponent fall risk-assessment and management strategy throughout a geographic area. *JAGS* 53:675–680, 2005

Tinetti, M.E., Baker, D.I., King, M.B., et al.(2008) effect of dissemination of evidence in reducing injuries from falls. *N Engl J Med*; 359: 252-61.

Stepping On

The Stepping On program aims to improve fall self-efficacy, encourage behavioral change, and reduce falls. Key aspects of the program are improving lower limb balance and strength, home and community environmental and behavioral safety, regular visual screening, making adaptations to low vision, and encouraging medication review.

The Centers for Disease Control and Prevention is funding the dissemination of Stepping On in Colorado, New York, and Oregon (2011-2015) as part of a comprehensive approach to fall prevention with linkages to health care providers. Previous investments by CDC served to translate this intervention into a user-friendly resource package for communities now available. To learn more about **Stepping On**, go to the national dissemination center for Stepping On: **Wisconsin Healthy Aging Institute**.

CDC has encouraged broad access to program materials for Stepping On by posting them on a public access site: <http://www.phconnect.org/group/falls>. Site registrants can join an active fall prevention community of leading experts, peers and colleagues in the **Preventing Falls Among Older Adults** community where materials are posted.

Tai Chi: Moving for Better Balance

Tai chi is a noncompetitive, self-paced system of gentle physical exercise. Tai Chi is performed as a defined series of postures or movements in a slow, graceful manner. Each movement or posture flows into the next without pausing. Previous research findings have demonstrated the efficacy of Tai Chi exercise in improving balance and decreasing falls among older adults. This program is most effective with adults 60 years and older who are physically mobile with or without assistive devices.

The Centers for Disease Control and Prevention is funding the dissemination of Tai Chi: moving for Better Balance in Colorado, New York, and Oregon (2011-2015) as part of a comprehensive approach to fall prevention with linkages to health care providers. Previous investments by CDC served to translate this Tai Chi intervention into a user-friendly resource package for communities now available on the www.phconnect.org site. CDC has encouraged broad access to program materials for Tai Chi: Moving for Better Balance by posting them on a public access site: <http://www.phconnect.org/group/falls>. Site registrants can join an active fall prevention community of leading experts, peers and colleagues in the **Preventing Falls Among Older Adults** community where materials are posted.

Researchers will evaluate a variety of outcomes over the course of this five year grant. The results of this translation and dissemination research will provide an effective, evidence-based fall prevention package for older adults that can be implemented in the community setting. This research will also provide important public health information about the most effective dissemination strategies for program reach, adoption, feasibility, and integration with health care providers.

Stay Active and Independence for Life (SAIL)

SAIL is an activity program designed to increase physical activity in older adults while addressing risks for falls. SAIL training is designed to certify exercise instructors and other professionals with exercise/fitness/recreation/health science qualifications so that they can integrate the latest evidence and research into their exercise programs for older adults. An [information guide](#) is now available at. [Additional information](#) is posted on the DOH website

Other: A nice [review](#) by the Fall Prevention Center of Excellence of Multi-factorial and Physical Activity Programs for Fall Prevention

General Aging Resource

Eldercare Locator

This public service of the U.S. Administration on Aging connects older Americans and their caregivers with sources of information on senior services. The service links those who need assistance with state and local area agencies on aging and community-based organizations that serve older adults and their caregivers.

USA.gov for Seniors

This [federal Web site](#) houses wide-ranging links to support older adults and professional service providers.

National Council on Aging

The [National Council on Aging](#) is a national network of organizations and professionals dedicated to improving the health and independence of older persons and increasing their continuing contributions to communities, society and future generations.

The National Council on the Aging's Center for Healthy Aging has launched a Web site to provide aging service providers easy access to resources, such as manuals, toolkits, examples of model programs, and links to Web sites on topics related to healthy aging, including health promotion, disease prevention, and chronic disease self-management. In this manner, we are providing community-based organizations with resources necessary to implement evidence-based health promotion programs for older adults in their local communities.

Falls Free® documents are also posted on this Web site and may be accessed by searching for: National Action Plan; Falls Free® Initiative: Research Review Papers; Progress Report; Compendium of State Coalitions; Home Safety Study; Fall Prevention Awareness Day; or the Online Tool for Coalition Building. States' Coalition Map:

National Institute on Aging

NIA, one of the 27 Institutes and Centers of NIH, leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life; NIA offers a variety of health related publications including their **Age Pages**.

- [Preventing falls:](#)
- [Osteoporosis:](#)

U.S. Administration on Aging: Use the embedded links by state to [identify appropriate state and area agencies on aging](#).

Appendix A: Return on Investment

Community Fall Prevention is a Good Investment. An injurious fall in an older adult can be costly. The average cost of hospital-treated fall injury is estimated at \$10,800 in direct medical care costs. Among older adults, hospitalizations for fractures due to falls averaged 5.6 days and cost \$11,700 (2006 data)¹. Arguably the most devastating injury is a hip fracture. In 1991, Medicare costs for hip fractures were estimated to be \$2.9 billion (CDC MMWR 1996) or \$5.9 billion in 2007 dollars. In that year there were over 316,000 hip fractures². The average hospital stay for a hip fracture is one week and 25% of these patients will need to stay in a nursing home for at least a year³.

In addition to direct medical costs, there are significant costs due to follow up care, rehabilitation, medications, and caregiver burden. The community realizes further economic losses when older adults, often themselves caregivers of grandchildren and other family members as well as purchasers of community goods and services, are incapacitated. Employers incur an additional economic burden by supporting employees with caregiving responsibilities.

Preventing older adult falls is clearly an investment in the community. Three nationally recognized community programs can make a difference. When compared with controls, the risk of falling was reduced 55% among people who took the Tai Chi: Moving for Better Balance program, 30% among participants in the Stepping on Program, and 35% in adults 80 years of age and older who participated in the Otago Exercise Programme⁴.

Investing in community fall prevention programs is cost effective. Applying reasonable assumptions, these three programs showed a positive return on investment (ROI), or anticipated savings, that can result after subtracting the cost of implementing the program⁵:

Evidence-based programs delivered in community settings reaching those at risk	Return on investment (ROI) for evidence-based programs
Tai Chi: Moving for Better Balance	\$1.60 per dollar invested had the highest ROI
Stepping On	\$1.00 per dollar invested
Otago (for people 80+)	\$.70 per dollar invested

¹ Owens, PL, Russo, CA, Spector, W., Mutter, R. (2009) Emergency Department Visits for Injurious Falls among the Elderly, Healthcare Cost and Utilization Project Agency for HealthCare Research and Quality. Statistical Brief 80. Accessed 12/10/2011 from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb80.jsp>

² Communication with NCIPC May 4, 2008.

³ Magaziner J, Hawkes W, Hebel JR, Zimmerman SI, Fox KM, Dolan M, et al. Recovery from hip fracture in eight areas of function. *Journal of Gerontology: Medical Sciences* 2000;55A(9):M498-507.

⁴ Stevens JA, Sogolow, ED. Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World; Atlanta, GA: CDC, 2009.

⁵ Communication with Vilma G. Carande-Kulis PhD, February 2009, unpublished CDC study.

Appendix B: State and Coalition Websites

- [Arizona Fall Prevention Coalition](#)
- [StopFalls Network California](#)
- [Connecticut Collaboration for Fall Prevention](#)
- [Florida Falls Prevention Coalition](#)
- [Hawaii State Fall Prevention Consortium](#)
- [Iowa Fall Prevention Coalition](#)
- [Massachusetts Falls Prevention Coalition](#)
- [Minnesota Falls Prevention Initiative](#)
- [Montana Fall Prevention Coalition](#)
- [Show Me Falls Free Missouri](#)
- [New Hampshire Fall Prevention Task Force](#)
- [New York Fall Prevention for Older Adults Workgroup](#)
- [North Carolina Falls Prevention Coalition](#)
- [Ohio: Hamilton County, Ohio Fall Prevention Task Force](#)
- [Rhode Island Fall Injury Prevention Subcommittee](#)
- [Texas Falls Prevention Coalition](#)
- [Wisconsin Falls Prevention Initiative](#)

Appendix C: Strategic Plans

- [Hawaii Injury Prevention Plan](#)
- [Illinois Strategic Plan for Injury Prevention](#)
- [Maine Injury Prevention Strategic Plan](#)
- [Show Me Falls Free Missouri](#)
- [Ohio Older Adult Falls Prevention Coalition State Plan](#)
- [Preventing Injury in New Jersey: Priorities for Action Plan](#)
- [NM Injury Prevention Strategic Plan 2008-2012](#)
- [Fall Prevention Among Older Adults: An Action Plan for Wisconsin](#)