

STATEMENT OF POLICY

Older Adult Fall Prevention

Policy

The National Association of County and City Health Officials (NACCHO) urges federal, state, and local decision and policymakers to sufficiently fund and support local communities to implement evidence-based falls prevention programs; provide health education amongst older adults and healthcare, housing, and other service providers; and implement environmental controls to prevent falls among older adults. NACCHO supports the following physical mobility, medications management, home safety, environmental safety, and cross-cutting goals, based on those outlined by the National Council on Aging in *Falls Free: 2015 National Falls Prevention Action Plan*.¹

- Physical mobility
 - All older adults and, as applicable, their caregivers, will have knowledge of, and access to, evidence-based programs and services that preserve or improve their physical mobility and lower the risk of falls.
 - Healthcare and other service providers will be more aware of, and actively promote, strategies and community resources/programs designed to improve older adult physical mobility and lower the risk of falls.
- Medications management
 - All older adults and, as applicable, their caregivers, will become aware that falling is a common adverse effect of some prescription and nonprescription medications and will discuss these effects with their healthcare provider.
 - All older adults and, as applicable, their caregivers, will become aware of the importance of disposing properly of all prescription medications that they no longer use and will discuss the risk of using a prescription other than prescribed with their healthcare provider.
 - Healthcare providers will be aware that falling is a common adverse effect of some prescription and nonprescription medications, and therefore will adopt a standard of care that balances the benefits and harms of older adult medication use.
- Environmental safety
 - All older adults will have access to community environments that lower the risk of falls and facilitate full participation, mobility, and independent functioning.
 - Public officials, such as community and transportation planners, community service providers, and those responsible for maintenance and repairs, will be aware of and actively promote community environments that lower the risk of falls.
- Home safety
 - All older adults and, as applicable, their caregivers, will have knowledge of, and access to, home safety measures (including information, assessments, and home modification) that reduce home hazards, improve independent functioning, and lower the risk of falls



- Healthcare, housing, and other service providers will become more aware of, and promote, home safety measures (including information, assessments, and adaptive equipment) that reduce home hazards and improve independent functioning.
- Cross-cutting
 - Prioritize the linkage and coordination of older adult fall prevention programs and services provided by local health departments, healthcare systems, and local area agencies on aging.
 - Increase knowledge of and access to evidence-based information on the critical importance of embracing a proactive fall prevention lifestyle, especially for older adults, including knowledge that falls are consistently the leading cause of morbidity and mortality among older adults and are the most common cause of traumatic brain injuries.²
 - Healthcare and other service providers will be more aware of, and actively promote, strategies and community resources/programs designed to inform the community regarding the critical importance of embracing a proactive fall prevention lifestyle, especially for older adults.
 - Foster collaboration with emergency medical services (EMS) and community paramedicine (CP) programs to integrate interdisciplinary and cross-cutting fall prevention activities including fall risk assessments, home modification and safety assessments, as well as medication management and reconciliation.³

Justification

In the United States, one in four older adults aged 65 or older falls each year.² Falls are the leading cause of morbidity and mortality in older adults and are the most common cause of traumatic brain injuries.² Approximately 3 million older adults are treated in emergency departments for fall-related injuries each year.⁴ Falls contribute to moderate and severe injuries, such as lacerations, head traumas, and hip, forearm, leg, ankle, upper arm, and hand fractures, which limit mobility and increase the risk of early death.² In 2015, total medical costs of adult falls in the United States rose to over \$50 billion.⁵

Fall morbidity and mortality rates differ by age, sex, race, and ethnicity. Each additional year over age 65 is associated with a 3% increase in the likelihood of reporting a fall.⁶ Older women are almost 25% more likely to fall than older men but are less likely to suffer fatal falls than older males.^{7,8} Moreover, rates of hip fractures are about 50% lower in black and Asian women than for white women.⁹ The mortality rate from unintentional fall injuries in older white adults is over twice as great as the rate in their black counterparts.¹⁰ Rates of older adult falls are highest among American Indian/Alaska Natives and lowest among the Asian/Pacific Islander population.¹¹

Local health departments are important in bringing multiple partners together and must be supported to coordinate the implementation of evidence-based falls prevention programs. CDC identifies several evidence-based, exercise-based interventions to prevent falls, such as Tai Chi®: Moving for Better Balance; Stay Safe, Stay Active; Stepping On; and Falls Management Exercise (FaME) Intervention.¹² Participants in the Tai Chi classes had fewer falls and injuries related to falls and the risk of falling decreased by 55% after a six-month period.¹³

Environmental factors contribute to nearly half of all falls that occur at home.¹⁴ Home modification interventions, such as Falls-HIT (Home Intervention Team) Program, and Home Visits by an Occupational Therapist are evidence-based practices that can reduce fall rates by up to one-third.¹² Home safety assessments identify hazards that might lead to falls, such as poor lighting or the lack of bathroom grab bars or handicapped showers.¹⁴ Local health departments should also consider integrating home safety assessments and education into other home visitation programs, including health and safety inspections.

More recently, EMS agencies across the nation are implementing Community Paramedicine (CP) programs as a strategy to prevent older adult falls and fall-related injuries. CP is a new community-based health care model in which EMS providers take on an expanded role to improve access to primary care and prevention programs for medically vulnerable populations.³ In recent years, the number of CP programs that address older adult falls has grown substantially in a number of states and counties across the US.³ CP fall prevention initiatives include home safety assessments and modifications, fall risk screenings, medication reconciliation, and care coordination. Research has supported EMS providers' unique opportunity to provide fall-risk reduction interventions to older adults and local health departments should consider partnering with EMS agencies to collaboratively implement these initiatives.¹⁵

Older adults, caregivers, and providers must be educated on the importance of fall prevention, maintaining a healthy lifestyle, and the individual risks associated with falls. Local health departments and their partners can identify and offer health education opportunities to reduce older adult falls in their communities. Health education for providers, caregivers, the general public, and older adults must be a component in all prevention programs and strategies.¹⁴ In order to effectively prevent falls, providers must learn and teach older adults about the serious health consequences of falls, current fall-prevention interventions and strategies for older adults; fall risk factors among older adults; and tools and resources to train professional staff to deliver fall-prevention information tailored to their audience.¹⁴ In healthcare settings, physicians and pharmacists can utilize CDC's STEADI Guidelines, which provides methods for healthcare providers to reduce the chances of falls through identification of patients at-risk, their modifiable risk factors, and how to effectively intervene.¹⁶ Furthermore, local health departments and providers should increase awareness of identifiable risk factors for falls such as neuropathy¹⁷ or alcohol use,¹⁸ and accessible preventive interventions such as podiatry,^{19,20} and attention to foot care and footwear.²¹

Local health departments can maximize their impact to prevent falls through established partnerships, new collaborations, and shared resources with local agencies.

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Record of Action

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