

Falls Free[®]: 2015 National Falls Prevention Action Plan

National Falls Prevention
Resource Center



About the National Council on Aging (NCOA)

Who We Are



The National Council on Aging (NCOA) is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. Our mission is to improve the lives of millions of older adults, especially those who are struggling. Through innovative community programs and services, online help, and advocacy, NCOA is partnering with nonprofit organizations, government, and business to improve the health and economic security of 10 million older adults by 2020. Learn more at ncoa.org and [@NCOAging](https://twitter.com/NCOAging).

Center for Healthy Aging



NCOA's Center for Healthy Aging supports the expansion and sustainability of evidence-based health promotion and disease prevention programs in the community and online through collaboration with national, state, and community partners. The goal is to help older adults live longer and healthier lives. The Center houses two national resource centers: the National Falls Prevention Resource Center and the National Chronic Disease Self-Management Education (CDSME) Resource Center. Learn more at ncoa.org/CenterforHealthyAging.

National Falls Prevention Resource Center

NCOA's National Falls Prevention Resource Center supports the implementation, dissemination, and sustainability of evidence-based falls prevention programs and strategies across the nation. The Center increases public awareness and educates consumers and professionals about the risks of falls and how to prevent them, and serves as the national clearinghouse of tools, best practices, and other information on falls prevention. The Center is supported by a grant from the U.S. Administration for Community Living/Administration on Aging. Learn more at ncoa.org/FallsPrevention.

Falls Free® Initiative



National Council on Aging

The Falls Free® Initiative is a national effort led by NCOA to address the growing public health issue of falls and fall-related injuries and deaths in older adults. The initiative includes a National Action Plan; National Coalition; State Coalitions on Fall Prevention Workgroup with 43 state members; numerous advocacy, awareness, and educational initiatives; and community infrastructure building to reduce falls among the elderly.

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Executive Summary

Falls present a real and growing risk to older adults' health and independence—and to their very lives. Many falls can be prevented, and experts are working to engage health care and aging network professionals, older adults and caregivers in prevention efforts.

According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of injuries among older adults, causing severe injuries such as hip fractures and head trauma as well as death. Injuries and fear of falling also significantly limit older adults' independence. Falls result in significant costs; the direct health care costs attributed to fall-related injuries totaled \$34 billion in 2013.

A decade ago, the National Council on Aging (NCOA) led development of an evidence-based national falls prevention action plan. The 2005 plan, [*Falls Free®: Promoting a National Falls Prevention Action Plan*](#), focused its goals and strategies on key risk factors – physical mobility, medications management, home safety and environmental safety—as well as cross cutting issues. While substantial progress has been made in falls prevention efforts over the past 10 years, gaps and challenges remain to stem the tide of this growing public health problem.

Falls Prevention Summit, a 2015 White House Conference on Aging Event

The 2015 White House Conference on Aging (WHCOA)—as it marked the 50th anniversary of Medicare, Medicaid, and the Older Americans Act and the 80th anniversary of Social Security—was a time to look ahead to the issues that will help shape the landscape for older Americans for the next decade. One of those issues was falls prevention, an important component to Healthy Aging, which was one of the four major themes for the 2015 WHCOA.

The WHCOA provided a welcome opportunity to revisit and update the 2005 Falls Free® National Action Plan and assess progress, successes, and gaps. To begin this effort, NCOA's National Falls Prevention Resource Center conducted a survey of key stakeholders to determine falls prevention gaps, opportunities and priorities and then convened a Falls Prevention Summit on April 30, 2015 to capture goals, strategies and action steps for moving forward. The Summit from which the 2015 National Action Plan grew focused on the same risk factors as the 2005 plan and evidence-based falls prevention programs for community-dwelling older adults. In addition, discussions centered on funding and reimbursement, expansion of evidence-based programs, public policy and advocacy, and public awareness and education.

The Summit engaged multiple stakeholders in this effort. Nationally recognized experts in falls prevention, organizations from the health and aging sectors, select federal and state agencies, professional associations, corporations and foundations that have an interest in healthy aging were invited to attend, think through solutions, and contribute to the new plan. The recommendations and strategies from the Summit participants were the foundation for the updates to the 2005 Falls Free® National Action Plan.

2015 National Falls Prevention Action Plan

Purpose: The updated National Falls Prevention Action Plan provides the framework for action for falls prevention across the nation. The Plan envisions older adults experiencing fewer falls and fall-related injuries, maximizing their independence and quality of life. The purpose of the National Falls Prevention Action Plan is to implement specific strategies and action steps to affect sustained initiatives that reduce falls among older adults. Further, the 2015 National Falls Prevention Action Plan is intended to help accomplish the falls prevention-specific Healthy People 2020 objective to reduce the rate of emergency department visits due to falls among older adults by 10%.

Goals, Strategies and Action Steps: The updated Plan includes 12 broad goals, 40 strategies and over 240 action steps focusing on increasing physical mobility, improving medication management, enhancing home and environmental safety, increasing public awareness and education, and funding and expansion of falls risk screening, assessment, and interventions to prevent falls. The Plan leverages the past 10 years of advancement in falls prevention, addresses gaps, and integrates new opportunities, such as those resulting from the Patient Protection and Affordable Care Act.

Audience: NCOA's National Falls Prevention Resource Center is leading the effort to disseminate the 2015 National Falls Prevention Action Plan to an array of stakeholders from the public and private sectors with an interest in healthy aging and the capacity to implement action steps outlined in the plan. Similar to those invited to the Summit, implementation partners include professionals in the health care and aging fields, federal and state agencies, professional associations, consumer and caregiver organizations, state and local falls prevention coalitions corporations, and foundations.

Implementation: The 2015 National Falls Prevention Action Plan is intended to be a framework for action over the next five to 10 years. As the lead entity in moving the plan forward in a strategic way, NCOA's National Falls Prevention Resource Center is using the opportunity to advance the field. The Resource Center is poised to educate and engage various sectors, partners, and stakeholders to implement specific action steps of the 2015 National Falls Prevention Action Plan. Steps that the National Falls Prevention Resource Center will engage in are the following:

- Broadly disseminate the plan through multiple channels, including posting on NCOA's and partner websites, presenting at national and state conferences, and sharing the plan with state falls prevention coalitions and strategizing with them on implementation approaches.
- Encourage ownership and adoption of the 2015 National Falls Prevention Action Plan's strategies and action steps by key national stakeholder organizations that address issues related to older adults, their health and wellness.
- Collaborate with and involve key stakeholder organizations to further disseminate and implement the strategies and action steps.
- Seek funding to support key strategies, alone or in conjunction with stakeholder organizations.
- Partner with and/or advise organizations to support public policy and advocacy initiatives related to the reduction of falls risk factors and falls prevention.
- Track progress by identifying national and state initiatives related to the implementation of the plan's strategies and action steps and their outcomes.
- Develop follow-up report three years after the 2015 National Falls Prevention Action Plan is released to summarize action taken or underway related to these strategies.

I. Setting the Stage

Facts about Falls

Falls present a real and growing risk to older adults' health and independence—and to their very lives. Many falls can be prevented, and professionals working in falls prevention are making headway in pinpointing and implementing measures that work. The startling facts around older adult falls are presented below.¹



Falls among older adults are common:

- Millions of people age 65 and older fall each year—one out of three in this age range.²
- Falls are the leading cause of both fatal and nonfatal injuries among older adults, causing severe injuries such as hip fractures, head trauma, and death.³
- Every 13 seconds an older adult is seen in an emergency department (ED) for a fall. In 2013, about 25,500 older adults died from unintentional fall injuries, 2.5 million were treated in emergency departments for nonfatal falls, and more than 734,000 were hospitalized.⁴
- Older adults are hospitalized for fall-related injuries five times more often than for injuries from other causes.⁵

Falls significantly affect independence:

- Among people who fall, 20 to 30% suffer moderate to severe injuries such as lacerations, hip fractures, and head traumas.^{6,7} These injuries can make it difficult to get around or live independently, and they increase the risk of early death.
- From 2006 to 2010, falls were the leading cause of traumatic brain injury (TBI), accounting for 40% of all TBIs in the United States that resulted in an ED visit, hospitalization, or death. More than two-thirds (81%) of TBIs in adults aged 65 and older are caused by falls.⁸
- Many people who fall, even if they are not injured, develop a fear of falling.⁹ This fear may cause them to limit their activities, which leads to reduced mobility and loss of physical fitness, and in turn increases their actual risk of falling.¹⁰
- People age 75 and older who fall are four to five times more likely than those age 65 to 74 to be admitted to a long-term care facility for a year or longer.¹¹

Costs are high:

- In 2013, the direct medical costs of falls, adjusted for inflation, were \$34 billion.¹²
- On average, the hospitalization cost for a fall injury tops \$35,000.¹³

Summary of Past Work

NCOA brought falls prevention to the forefront in December 2004 when it launched a two-day Falls Free® Summit. The participants, representing 57 diverse organizations, provided strategic direction to develop [Falls Free®: Promoting a National Falls Prevention Action Plan](#).¹⁴ Archstone Foundation and the Home Safety Council provided funding for the Summit, and CDC provided funding for the National Action Plan's publication.

Now, one decade later with the new National Falls Prevention Action Plan, the field is celebrating its achievements, while recognizing the very real needs that still exist, and outlining the work that will yield even bigger gains.

2005 Falls Free® National Action Plan

In March 2005, NCOA, in collaboration with Archstone Foundation and the Home Safety Council, released the landmark evidence-based national action plan to prevent falls in older adults. [Falls Free®: Promoting a National Falls Prevention Action Plan](#) was published as a consensus document from a two-day summit of many of the nation's leading experts in fall prevention. It served as a national blueprint, describing what should be done to reduce the growing number of falls and fall-related injuries among older adults.

The 2005 National Action Plan was intended to be a call to action, a way to initiate collaboration among multiple stakeholders, and a guide for implementing an effective, coordinated approach to preventing older adults' falls.

The [Falls Free® Coalition](#), consisting of summit attendees, was created to promote and implement the National Action Plan's strategies.¹⁵ Since 2005, the Plan and Falls Free® Coalition activities have been serving as resources and catalysts for action. The National Action Plan has been used to support grant and research applications and funding of community-based falls prevention programs. It served as the guiding document for state and local falls prevention coalitions and as the basis of the Safety of Seniors Act of 2007, now [PL 110-202](#).¹⁶

2007 Progress Report

Between November 2006 and April 2007, Falls Free® Coalition members were surveyed to identify activities conducted since the National Action Plan's release that advanced one or more of the plan's strategies in the areas physical mobility, medications management, home safety, environmental safety in the community and cross-cutting issues. The [Making a Difference: Progress Report on the Falls Free® National Action Plan](#) shared the results, identified gaps in progress, and provided suggestions for future fall prevention initiatives.¹⁷ Archstone Foundation provided funding.

2008 National Advisory Group Recommendations

In early March 2008, NCOA convened the National Advisory Group to the Falls Free® Initiative to review the Initiative's progress and help set Falls Free® priorities for the next two to three years. NCOA and its funding partners (Archstone Foundation, the U.S. Administration on Aging, and the CDC) were seeking recommendations from the Group's members. Group members reviewed the *National Action Plan* and *Making a Difference: Progress Report on the National Action Plan* and reached a consensus on five overarching, urgent recommendations, which are detailed in [National Falls Free® Initiative: Report from the National Advisory Group Strategic Planning Meeting](#).¹⁸

2015 Falls Prevention Summit and National Falls Prevention Action Plan

The 2015 National Falls Prevention Action Plan continues a long line of fall prevention efforts over the past decade, including the development and implementation of evidence-based falls prevention programs, as well as education and training for health care professionals, the aging network, and other community-based providers. The updated plan provides further progress toward fewer falls and more older adults living healthier, safer lives. Similar to the 2005 Falls Free[®] National Action Plan, the overarching vision and goal for this initiative are:

- **Vision:** Older adults will have fewer falls and fall-related injuries, maximizing their independence and quality of life.
- **Goal:** To implement a National Action Plan with specific goals and strategies to effect sustained initiatives that reduce falls among older adults.

Furthermore, the 2015 National Falls Prevention Action Plan is intended to help accomplish the falls prevention-specific Healthy People 2020 objective to **“reduce the rate of emergency department visits due to falls among older adults by 10 percent.”**¹⁹

The National Council on Aging’s Falls Prevention Summit (Summit) focused on evidence-based falls prevention and risk reduction initiatives for community dwelling older adults. The agenda was guided by the four primary fall prevention risk factors: physical mobility, medications management, home safety, and environmental safety in the community.

Summit invitations were sent to nationally recognized organizations, agencies, professional associations, consumer and caregiver organizations, corporations and foundations that have an interest in healthy aging. More than 110 experts in falls prevention participated, and ample time was provided during the Summit for dialogue and interaction.

A remarkable group of speakers laid the framework for Summit discussions (see Appendix E for the Summit agenda). Summit participants attended two, one-hour breakout sessions to update the goals, strategies, and action steps of the 2005 National Action Plan. To inform the breakout groups, NCOA administered a pre-Summit survey with key stakeholders to identify significant falls prevention accomplishments over the past five years; gaps, opportunities, and priorities for addressing falls prevention; and roles that stakeholders can play in advancing falls prevention priorities. Based on the responses, six breakout groups were identified for the Summit:

- Clinical Care, including Medications Management and Clinical-Community Linkages
- Environmental Safety in the Community and Home Safety
- Expansion of Falls Prevention Initiatives and Evidence-Based Programs
- Funding and Reimbursement for Evidence-Based Falls Prevention Programs, including opportunities as a result of the Affordable Care Act
- Physical Mobility
- Public Awareness and Education

Summit participants were assigned to each breakout group based on their subject matter expertise and preference. Experienced facilitators and recorders enhanced the group processes. During the

first breakout session, participants identified important gaps and opportunities that should be addressed during the next five years. The second breakout session focused on prioritizing the opportunities, and identifying strategies and action steps to move the opportunities forward.

The following pages present the revised goals, strategies and action steps recommended by Summit participants. These recommendations can be implemented by stakeholders to create a collaborative, comprehensive, and coordinated effort to reduce falls among older adults.

“ The updated plan provides the framework for action for falls prevention across the nation. ”

II.

Falls Free®: 2015 National Falls Prevention Action Plan

Goals, Strategies, and Action Steps

A. Physical Mobility

Goal A:

All older adults will have knowledge of, and access to, effective programs and services that preserve or improve their physical mobility and lower the risk of falls.

Strategy 1

Shift public educational messaging to a positive, healthy living/wellness message. Promote physical mobility as a means to support living independently rather than only preventing falls.

Action Steps

1. Use the Medicare Annual Wellness Visit as a pathway to wellness; encourage practitioners to talk with patients about their health and wellness desires and use [CDC's STEADI](#) (Stopping Elderly Accidents, Deaths and Injuries) toolkit to screen, assess, and intervene to reduce patients' fall risk.
2. Empower older adults to engage in activities of their choice that are effective at reducing falls, increasing mobility and improving overall health, such as the [National Institutes of Health Go4Life](#) physical activity and exercise campaign for older adults and Tai Ji Quan: Moving for Better Balance. Promote low-cost examples of physical activity, such as gardening, walking outdoors and mall walking, and playing video games with balance platforms.
3. Engage older adults with a person-centered approach on the readiness-to-change scale. Provide education on the importance of physical mobility through TV, radio, newspaper, social media and classes to help engage older adults in their contemplative stages.
4. Consider exercise as a vital sign, and encourage practitioners to ask questions about patients' exercise levels during all routine medical appointments.
5. Engage role models to model how to age well.
6. Develop algorithms for recommendations to refer older adults to programs that are appropriate for their levels of physical mobility. Provide practitioners with the training and tools needed to make appropriate referrals, and not cause injuries and pain.
7. Reach specific audiences such as Baby Boomers, adult children/caregivers of older adults, diverse populations, and other target groups with tailored messaging, and emphasize that falls prevention is one additional benefit to moving more.
8. Support expansion of the [White House's "Let's Move"](#) effort to include intergenerational activities.
9. Ensure that all messaging is culturally-appropriate by involving target audiences in the translation.
10. Recognize that a growing number of grandparents are either primary caregivers or are living with grandchildren. Encourage safe activities for grandparents and grandchildren to do together, such as well-chosen video games (standing, active), swimming, using all-abilities playgrounds, walking, etc.
11. Partner with the [National Physical Activity Plan](#) and [Healthy People 2020](#) and encourage inclusion of older adults in their activities.
12. Encourage and support walkable environments.

Strategy 2

Develop mechanisms for recognizing and disseminating evidence-based physical mobility programs.

Action Steps

1. Refine and disseminate criteria for determining appropriateness of programs across different levels of falls risk.
2. Disseminate criteria and procedures for recognizing new evidence-based programs.
3. Develop a website where organizations can submit applications for their programs to be recognized.
4. Develop quality assurance mechanisms for identifying key components of programs or services.
5. Address program cost issues by identifying effective quality, free or low cost programs or activities and/or self-directed, home-based programs.

Strategy 3

Develop culturally sensitive community-based resource directories and guidelines that direct older adults to physical mobility programs and services that match their abilities and needs.

Action Steps

1. Develop a common template for the communication of program information.
2. Develop quality assurance measures related to components needed in programs or services.
3. Develop a web-based dissemination plan for directories and guidelines.
4. Expand the definition and availability of low cost or reimbursable transportation (such as Uber) so that older adults who can no longer drive or have no transportation can more readily attend evidence-based programs.

Strategy 4

Expand the reach of programs across diverse populations and stakeholders.

Action Steps

1. Emphasize a lifespan/intergenerational approach.
2. Strategically develop new public-private partnerships to reach diverse populations.
3. Review fall risk parameters for diverse populations.
4. Modify and customize evidence-based risk and fall prevention programs to reach diverse populations.
5. Develop and adapt programs for a new generation of baby boomers/older adults.
6. Find partners for program dissemination, such as magazines targeting the older adult audience, talk-show hosts, companies with safety products, etc.

Goal B:

Health care 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.

Strategy 1

Create a national web-based clearinghouse for health and wellness professionals and aging services providers that includes credible information related to physical mobility and falls reduction and prevention.

Action Steps

1. Collect resources and information from professionals with expertise in physical mobility and falls prevention as a key step in creating a web-based clearinghouse.
2. Collect and evaluate toolkits for health care professionals to facilitate the incorporation of physical mobility programs into practice. Identify gaps and create new toolkits, or expand existing ones, as needed.
3. Establish links among health care professionals, health care provider systems and the community so that health care professionals are better able to make referrals to appropriate community resources.

Strategy 2

Provide health care and aging service providers with the knowledge and skills to evaluate physical mobility and make appropriate recommendations.

Action Steps

1. Work with health systems to collect data and conduct cost-benefit analyses to determine the cost-effectiveness of conducting annual fall risk assessments.
2. Educate healthcare providers on STEADI toolkit materials that can improve their ability to measure their patients' physical mobility and intervene to reduce fall risk.
3. Raise the awareness of effective physical mobility interventions among medical and other service providers.
4. Develop and disseminate strategies for incorporating physical mobility into multifactorial fall risk assessment and management interventions.
5. Identify providers who can implement or encourage cross-referral and collaboration across complementary provider group disciplines.
6. Conduct systematic analysis of existing knowledge relative to the assessment of physical mobility and best practice programs.
7. Publicize available quality-based provider incentives (e.g., coding, compensation, reimbursement).
8. Educate providers on simple ways to incorporate effective falls prevention and intervention strategies into practice.
9. Develop evidence-based educational modules for physical mobility that are specific to different provider groups.
10. Develop training for health care professionals and aging network service providers in the use of physical mobility assessment tools and treatment programs.
11. Promote the STEADI toolkit as a way to refer older adults into appropriate community fall prevention programs.

Strategy 3

Develop a mechanism for assisting local communities in the development of action plans for services and programs related to physical mobility that are culturally sensitive and relevant to their community.

Action Steps

1. Engage public and private groups (e.g., retail, senior services, medical, housing) to help them understand the importance of their role in promoting awareness of physical mobility programs and services for older adults.
2. Develop models or toolkits for local community use.
3. Identify local champions and engage them in falls prevention efforts.
4. Identify and develop a web-based dissemination plan.

Strategy 4

Build a more inclusive database of stakeholders and keep them updated with information they can share with their constituents.

Action Steps

1. Encourage every group of stakeholders to link to at least one other association on a yearly basis in a meaningful collaboration. Discuss how to make a significant difference in addressing falls prevention in three to five years in a collective initiative; include goals and action items. Identify important roles for each group to play by looking at all the parts of the complex problem.
2. Engage federal agencies, for-profit, and non-profit organizations, and organizations such as the American Public Health Association that cut across various stakeholder groups; target joint annual conferences, joint messaging and combined social media as starting points.
3. Initiate a regularly scheduled national fall prevention interdisciplinary conference.
4. Pursue partnerships with those who are addressing risk factors that are identified in the STEADI toolkit. Frame as an opportunity for partners to open new venues, reach more diverse populations for best practice dissemination, and promote messaging.
5. Build upon and expand the Falls Free[®] member database and coalitions.

B. Medications Management

Goal A:

All older adults will become aware that falling is a common adverse effect of some prescription and nonprescription medications and discuss these effects with their health care provider.

Strategy 1

Increase the numbers of adults who have a medication review conducted by a qualified health care provider, such as a pharmacist, at least on an annual basis, and insure this review includes an adequate focus on falls and fall-related injury prevention, with the goal of reducing, altering, or eliminating medications that increase falls risk.

Action Steps

1. Encourage consumers to ask pharmacists, nurses or doctors about falls risks associated with medications and which medications might be reduced, eliminated or switched to safer alternatives.
2. Educate and encourage healthcare providers to review medications and to stop, switch, or reduce the dosage of medications that increase fall risk.
3. Develop clinical decision support for electronic health record systems that assists providers in optimizing their patients' medications to reduce fall risk.
4. Work with health systems to collect data and conduct cost-benefit analyses to determine the cost-effectiveness of optimizing patients' medications to reduce fall risk.
5. Collaborate with the Centers for Medicaid and Medicare Services (CMS) and Medicare Part D Prescription Drug Plans to review the expansion of Medication Therapy Management Services to incorporate medication reviews for falls risk reduction.
6. Work in partnership with CMS and physician associations to promote increased utilization of the Medicare Wellness Visit and develop guidance on best approaches to medication reviews as part of the Medicare Wellness Visit.
7. Identify best practices regarding pharmacist medication reconciliation at points of care transitions and disseminate best practices to health care systems for replication.

Strategy 2

Conduct a strategically planned consumer education campaign to increase awareness of falls risks associated with medication use (prescription and nonprescription medications).

Action Steps

1. Create a public education plan to inform older adults and caregivers about the risk of side effects from medications and the need for at least an annual review and modification of medications by qualified health care providers.
2. Leverage opportunities with the [National Council on Patient Information and Education](#) related to public education and an annual medication review for older adults.
3. Implement a “24-hour nurse or pharmacist information line” for the general public with a falls prevention module.
4. Utilize appropriate media channels to communicate the falls risk of medications to consumers.
5. Provide support and guidance to older adults to talk to their health care providers to

- reduce or eliminate the use of medications that are associated with falls risk, including providing them with information on alternatives to high risk medications.
6. Involve pharmacists, nurses, physicians and older consumers in market research to identify effective messaging and to discern what would help older adults take medications appropriately.
 7. Utilize interaction with pharmacists to provide consumers with information on falls risk associated with medication, as well as potential benefits of some medications in reducing fall-related injury risk.
 8. Develop and implement a pharmacy based “sticker” program to identify falls risk associated with medications.

Strategy 3

Assure that falls self-management programs include a component on medications use and falls risk.

Action Steps

1. Disseminate information about consumer technology to help consumers more effectively manage their medications, e.g., easy to use apps and adherence devices.
2. Add a falls awareness component to existing patient education efforts.
3. Collaborate with groups, agencies, and projects that focus on medications management and engage them as consumer advocates for medication management.
4. Work with the Food and Drug Administration (FDA) to pursue the development of appropriate medication patient package inserts and medication guides that address falls and fall-related injuries in a concise and understandable manner and that are graphically appropriate for midlife and older adults.

Strategy 4

Develop strategies to empower older adults and family members to take responsibility for medications management.

Action Steps

1. Educate consumers on how to more effectively communicate with their health care providers, including a focus on the types of questions they should ask.
2. Encourage older adults to identify an individual health care professional to help them manage their medications.
3. Educate older adults about postural hypotension and its association with falls and develop strategies for empowering older adults to request postural hypotension assessments from their health care providers.
4. Incorporate information related to evaluation of medications and falls risk on health care organizations’ consumer websites.
5. Disseminate existing self-assessment tools related to medications that older adults can complete and take to their health care providers.
6. Provide support and tools to family caregivers so they better understand medication management related to falls and fall-related injuries.
7. Distribute consumer-targeted falls risk assessment tools and information through pharmacies.

Goal B:

Health care 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.

Strategy 1

Support health care provider efforts in the implementation of periodic medication review and modifications prior to each new prescription that is written for an older adult.

Action Steps

1. Work with electronic health record vendors to develop medication review prompts that guide the provider in optimizing their patients' medications for overall health and fall risk reduction.
2. Improve communication between pharmacists and prescribing healthcare providers.
3. Review current tools and existing efforts for health care provider medication review and modification and identify best practices.
4. Assess the emphasis on falls and make adaptations as appropriate.
5. Involve home care providers in the front-line assessment of adverse medication affects through the use of simple medication risk assessment tools.
6. Develop demonstration projects for the management of postural hypotension and insomnia.
7. Develop and disseminate strategies for incorporating medication review and management into multifactorial fall risk assessment and management interventions.
8. Disseminate multifactorial fall risk assessment and management strategies, such as CDC's STEADI Tool Kit, to health care providers that includes medication review and reduction.

Strategy 2

Develop a systematic method for predicting how various combinations of medications interact with patient characteristics to increase risk of falls, and then add to existing pharmacy software to check for drug interactions and contraindicated medications.

Action Steps

1. Support the development, implementation and dissemination of information technology for medication management to reduce risk of falling among older adults and provide financial incentives to adopt those systems.
2. Develop and disseminate algorithms through information packets, clearinghouses, conferences, and medical journals and clinical practice guidelines.
3. Identify cost effective models of electronic medical record systems that support risk assessments related to medications management.
4. Support expansion of the use of computerized physician order entry system. Insure that all health care professionals are encouraged to utilize electronic health records.
 - a. Develop patient centered smart systems for electronic tracking of medication use in hospitals.
 - b. Develop a database of medications that patients were taking near the times of falls and identify the risk of specific medication and/or medication combinations.

- c. Provide medical professionals with education related to the importance of information technology tools. Address training and technical assistance needs so professionals will know how to use the technology tools in their clinical practices.
- d. Identify opportunities to partner with foundations and other grant-making organizations to make information technology tools available to communities and health care settings in which resources are limited.

Strategy 3

Improve the education of health care professionals regarding the adverse effects of some medications in relation to increased fall risks among older adults, and about the correct use of medications that can reduce the risks of fractures due to falls for older adults.

Action Steps

1. Develop communication strategies to provide information to all health care providers on different uses of medications and why people take them. Include information about how different medications relate to different falls risk, as well as information on medications that are related to falls and fall-related injury prevention.
2. Develop a regularly updated research-based education system that is available via the Internet, which offers information about specific prescription and nonprescription medications and associated risk of falling.
3. Identify and analyze the current medication management tools related to falls management.
4. Incorporate attention to falls prevention in curricula related to medications and pharmacology in medical schools, allied health education, and health care professional continuing education.
5. Educate healthcare providers and pharmacists on CDC's STEADI Tool Kit materials that address ways to optimize older adults' medications to reduce fall risk.

Strategy 4

Maximize the opportunity to address falls issues as part of the Medication Therapy Management Services within the Medicare Part D benefit.

Action Steps

1. Work with Part D prescription drug plan providers to assist them in information dissemination and patient education efforts regarding falls risk associated with medications.
2. Promote experts in geriatrics and geriatric pharmacotherapy to serve on Part D prescription drug plan advisory boards.
3. Develop a plan for health care providers to monitor and report fall-related adverse effects, e.g., postural hypotension and drowsiness.
 - a. Develop education materials on falls risks associated with medications, and outline non-pharmaceutical options that health care providers can consider for treatment of older adults, in order to reduce falls risk.
 - b. Identify and disseminate information related to reimbursement opportunities for prescription review.

C. Home Safety

Goal A:

All older adults will have knowledge of and access to effective home safety measures (including information, assessments, and home modifications) that reduce home hazards, improve independent functioning, and lower the risk of falls.

Strategy 1

Raise awareness and disseminate information about home safety practices and options for caregivers and older adults to reduce falls.

Action Steps

1. Identify credible and culturally sensitive training and education resources where older adults and caregivers can access information on home modification and safety. Make these resources available at senior centers, libraries, faith-based organizations, and other community-based sites, and websites targeted to older adults and caregivers.
2. Provide caregivers and family members with guidance on how to discuss the need for home modifications and where to locate resources for older adults, particularly for high risk groups such as persons with dementia, visual impairments, and mobility limitations as well as individuals with low income and those living in rural areas.
3. Educate consumers on their rights regarding home modification, with a focus on renters.
4. Include information about home modification and home safety in pre-retirement planning and reverse mortgage seminars and materials.
5. Publish a list of “aging-friendly” home builders and remodelers who have completed home safety/home modification training, such as the National Association of Home Builders’ Certified Aging in Place Specialist, and disseminate it to local agencies and organizations that work with older adults.
6. Develop and promote standards related to product safety, service quality, skill level of home modification providers, and expected outcomes to assist consumers in making informed decisions about home safety.

Strategy 2

Identify funding sources and community-based resources to assist older adults in accessing home assessments and making appropriate modifications.

Action Steps

1. Disseminate information about current funding sources for home assessments and modification (e.g., Medicaid, Community Development Block Grants, Older Americans Act programs, various loan programs, long term care insurance policies) and organizations that can provide them at low-cost or no-cost (e.g., Rebuilding Together).
2. Locate or create buyer guides and disseminate “desirable home feature” checklists that also include information about the costs of modifications.
3. Inform older adults and professionals about eligibility and coverage criteria for those programs providing home modification-related services and products.
4. Promote recycling of pre-owned home modification and assistive devices (e.g., grab bars, ramps, stair glides, shower seats).

Strategy 3

Support consumer adoption of home modifications aimed at falls prevention by featuring examples that are attractive, appropriate for home settings, easy to implement, straightforward to use, affordable, and effective.

Action Steps

1. Engage key home improvement industry partners in developing information and products to support safe home environments and educating older adults and caregivers about home safety issues.
2. Expand public/private partnerships (e.g., Area Agencies on Aging and home improvement companies) to provide home assessments and home modifications with the expectation that consumers will receive discounts on products needed for home safety.
3. Engage manufacturers and contractors in developing home features designed to reduce the risk of falls.
4. Create a public awareness campaign related to home modifications, based on marketing research that can be adopted by a variety of organizations.
5. Use home improvement television programs to feature home modification information that is targeted to midlife and older adults.

Goal B:

Health care, the aging network, 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, improve independent functioning, and lower the risk of falls.

Strategy 1

Develop a database of evidence-based programs and best practices in home modifications and effective home safety measures for reducing fall risks at home.

Action Steps

1. Assess and consolidate existing information and resources related to home modifications and home safety measures.
2. Create a database of evidence-based programs and best practices related to home modification and home safety for building and remodeling professionals.
3. Identify and promote the use of credible communication resources for information dissemination such as the homemods.org, [Fall Prevention Center of Excellence](#), and [American Occupational Therapy Association](#).
4. Disseminate home risk assessment instruments and methodologies (including the use of technology for remote assessments of home environments) that can be used by consumers, caregivers, and professionals from the health, aging service, and building sectors. Assure that tools are culturally sensitive for diverse populations, and that they assist older consumers in making their own decisions regarding home modifications.
5. Demonstrate return on investment and cost benefits resulting from evidence-based programs and best practices in home modifications.

Strategy 2

Identify gaps in resources and develop an advocacy plan for enhanced funding for, and attention to, home safety and home modifications.

Action Steps

1. Advocate for greater Medicare and Medicaid coverage for home modification services (including home assessment), the development of approaches such as “money follows the person” that provide consumers with more discretion in the use of Medicaid expenditures for purposes such as home modification, the inclusion of home modifications as a benefit under managed care, and greater insurance reimbursement of home modifications (e.g., long term care insurance) for persons at risk of falls.
2. Seek private/public partnerships to fund tool development, dissemination, education programs, and outreach initiatives.
3. Work with the U.S. Department of Housing and Urban Development (HUD) and subsidized and private housing providers to collect data on falls, conduct periodic reviews, and retrofit existing buildings and facilities to so that they are more supportive of frail older persons, including those at risk for falls.
4. Elevate home safety issues on the agenda of the National Association of Area Agencies on Aging, the National Institute of Senior Centers, and similar types of organizations.

Strategy 3

Expand and enhance the delivery system for home modification, home safety, and related safety

services.

Action Steps

1. Increase collaborative partnerships and coordinated communication among aging, disability, transportation, housing and other relevant organizations/agencies to better coordinate home safety efforts, the cost savings of which could be used to serve more low income individuals.
2. Increase collaborative partnerships among building and remodeling professionals and health care professionals, such as occupational therapists, for better planning of environmental changes based on an individual needs to reduce fall risk.
3. Continue to engage provider organizations, such as the American Physical Therapy Association, American Occupational Therapy Association, and the Visiting Nurses Association of America in development, adoption and dissemination of culturally sensitive, consumer targeted home assessment tools.
4. Train aging service providers who routinely go into the homes of older adults (e.g., Meals-on-Wheels volunteers, groups such as RSVP, home health nurses, home care workers, emergency medical technicians) to identify home hazards and fall risks and make appropriate referrals to health care providers, such as occupational therapists, for more in-depth and individualized home safety/fall prevention assessments.
5. Train health care providers to assess the role of the environment in fall-related injuries sustained by their patients and provide tools and training so health care providers can make appropriate referrals to reduce risks.
6. Once older adults have been identified as at moderate to high risk of falls, develop effective referral pathways for assessing home hazards and making home modifications referrals.
7. Develop local coalitions on falls prevention that include home modification experts.
8. Develop champions with credibility among key health care and aging services leaders to promote home assessment and home modification initiatives.

Strategy 4

Create, translate, and disseminate knowledge tailored for specific professional groups.

Action Steps

1. Evaluate and disseminate valid assessment tools, templates and strategies that can be used by professionals from various sectors to identify home environmental risks and make appropriate adaptations.
2. Disseminate findings about the role of home modification in falls prevention to key decision making groups.
3. Create tools to educate primary care providers and building professionals about home safety and modifications that can help reduce falls.
4. Conduct outcomes-based research on the efficacy of the current referral pathway for home modification and make recommendations on how to improve it.
5. Assess current research to identify successful behavior change strategies that professionals can use to encourage clients to make appropriate modifications.
6. Advocate with public and private partners to support research on the development of a “readiness to change” tool that motivates older adults to make their homes safer.

D. Environmental Safety in the Community

Goal A:

All older adults will have access to community environments that lower the risk of falls and facilitate full participation, mobility, and independent functioning.

Strategy 1

Promote the wider use of risk identification, reporting tools, and other mechanisms for reporting and data collection.

Action Steps

1. Identify current risk identification and reporting tools.
2. Identify current databases of organizations that address falls prevention. Establish a clearinghouse to facilitate information sharing and dissemination.
3. Work to develop and incorporate tools into local practice, looking at delivery channels such as local emergency medical systems, and community and neighborhood councils, etc.
4. Generate pilot programs on how to integrate risk identification and reporting tools.

Strategy 2

Develop a social marketing campaign to increase the demand for senior-friendly communities.

Action Steps

1. Research key messages to motivate public action.
2. Identify venues such as mobility hotlines, RideShare programs, “Eldercare Locator” and others that can include falls prevention information.
3. Commission a consensus document/white paper about the benefits of universal design and Americans with Disabilities Act (ADA) compliance as they relate falls prevention.
4. Utilize key messages and new tools to create advocates among caregivers, faith leaders, and others on the importance of designing or enhancing communities that are elder-friendly.
5. Target senior residential communities (senior housing, assisted living, independent living communities) with falls prevention information.
6. Raise awareness of universal design strategies to increase community accessibility and safety, including benefits of ADA requirement compliance for public spaces, and the design of new housing with universal design features (e.g., curbless showers).

Strategy 3

Identify the most important research gaps related to understanding the role of the environment on falls and on the effectiveness of environment-based falls prevention interventions.

Action Steps

1. Improve information collection related to risk and risk reduction, identify existing data sets, and fill in the gaps.
2. Develop white papers, assess existing data sets, conduct a meta-analysis of the research to identify what works, and identify gaps in the research.
3. Advocate for funding of research to address community design and to identify safe environmental features related to falls prevention.

Strategy 4

Identify best practice information about effective strategies to reduce falls outside the home.

Action Steps

1. Identify existing best practice programs to reduce falls outside the home, and develop processes for dissemination of information about these programs.
2. Identify processes and resources to support wider implementation of best practices and evidence-based environmental safety programs.

Goal B:

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.

Strategy 1

Improve information gathering and comprehensive assessment of community hazards.

Action Steps

1. Develop and disseminate tools to help community leaders and others assess and address environmental falls risks.
2. Create pilot projects to identify implementation strategies.
3. Establish hotlines for community reporting, and provide a mechanism for individuals to identify significant risks in the community. Include information on how to take corrective action.
4. Develop community-level assessment tools. Use Americans with Disabilities Act tools as models.
5. Provide an action plan targeted at policy makers, in response to the recommendations from the 2015 National Falls Prevention Action Plan.

Strategy 2

Increase the awareness among local, state, and federal policy makers and regulatory officials of the scope and nature of the impact of falls, fall-related injuries, and death among older adults.

Action Steps

Implement a falls-prevention letter writing campaign targeted to federal, state, and local policy makers and community leaders.

1. Implement a falls prevention letter writing campaign targeted to federal, state, and local policy makers and community leaders.
2. Increase awareness among national and local public officials and transportation and other types of planners about the role the environment plays in falls and falls prevention. Focus on the business case or cost effectiveness of providing safe environments (e.g., the cost of falls in comparison to cost of prevention measures).
3. Educate and build awareness among public officials (e.g., city planners, traffic planners) of their roles and responsibilities regarding the problem of falls and effective prevention strategies, specifically surrounding the built environment.
4. Develop a template related to falls prevention advocacy for use at the local level.
5. Summarize available environment-related falls risk and prevention research into one-page issue briefs.
6. Advocate for accessible and supportive housing options for the aging population that include falls prevention features.

Strategy 3

Provide tools to targeted populations and their caregivers to empower them to make changes within their communities.

Action Steps

1. Advocate for emerging strategies such as universal design and visitability codes that can make new housing more accessible and reduce fall-related hazards.
2. Recruit informed community advisory groups, organizations, and key leaders to engage building code councils and planning groups in falls prevention issues.
3. Research best and promising practices of community action. Establish a committee to develop and launch community recognition programs and secure corporate support.
4. Educate community leaders on processes for changing their communities, including how to be advocates. Develop advocacy toolkits for local use.

Strategy 4

Focus on sidewalk safety with a clear priority of public environmental safety for older adults.

Action Steps

1. Identify activities of communities that have been successful in the implementation of sidewalk safety initiatives (e.g., communities involved with the [Robert Wood Johnson Foundation-supported Active Living programs](#)) and promote dissemination of successful community-based action steps.
2. Get sidewalk safety on the agendas of organizations, committees or councils responsible for community planning and sidewalk design and maintenance (e.g., the American Planners Association, National Association of Community Officials, county and municipal groups, and transportation planners).

E. Cross Cutting

i. Funding and Reimbursement

Goal:
Increase available funding and reimbursement sources and mechanisms to support falls prevention programs, interventions, and activities.

Strategy 1

Leverage various quality indicators and other measures in support of falls prevention screening, assessment and interventions.

Action Steps

1. Conduct a scan to identify existing health system quality indicators related to falls and reach consensus on quality indicator priority areas; identify how falls prevention screening, assessment and interventions impact the quality indicators.
2. Connect with clinical partners to identify which quality indicators are being tracked in their practices and work with them to address their fall prevention indicator needs.
3. Collaborate with electronic health records (EHR) vendors to include screening questions in direct workflow or highly visible area of the screens used for patient intake, and recommendations for referral and follow-up to community-based programs in EHR.
4. Publicize that falls data are included in “[Improving Medicare Post-Acute Care Transformation Act of 2014](#)” (IMPACT) data for post-acute care. The Act requires reporting of standardized patient assessment data with regard to quality measures, resource use, and other measures, including incidence of major falls.
5. Collaborate with the Centers for Medicare and Medicaid Services (CMS) to review and recommend additional process and outcomes measures, noting that provider payments from CMS are tied to outcomes measures.
6. Examine the various standards established by National Committee for Quality Assurance for Patient Centered Medical Home certification and identify where the potential exists to leverage falls prevention programs.
7. Explore with the Centers for Medicare and Medicaid Services adding a new measure due to a second fall that could include fractures, brain injuries, and other injuries resulting from a fall to the hospital readmission reduction program.

Strategy 2

Build a business case for falls prevention.

Action Steps

1. Conduct an environmental scan of all fall cost data; leverage the data set to better understand all of the costs to the individual, hospital, health care system, employers, insurers, and other applicable stakeholders.
2. Analyze data from the Behavioral Risk Factor Surveillance System (BRFSS) survey, Emergency Medical Services, hospital-based falls registries and other databases, and existing studies to calculate the cost per person per year of fall-related injuries and deaths.
3. Conduct and connect with existing research to quantify hospital readmissions due to falls and the costs associated with those readmissions.
4. Obtain indirect costs associated with falls when possible, such as lost wages and

- productivity.
5. Engage Emergency Medical Services (EMS) as partners for identification of fallers, including more accurately quantifying fallers who are not transported to emergency departments and are admitted to hospitals, to more fully capture the scope of falling.
 6. Investigate, through surveys or focus groups, what information payers and policy makers need and want to know about the costs associated with falls and impact of falls prevention programs.
 7. Collaborate with groups that have developed similar business cases for insurance coverage.
 8. Understand the impact/potential cost of co-morbidities commonly associated with falls.
 9. Develop national/state infographics on costs and impact of falls.
 10. Develop a cost calculator using relevant data to determine return on investment.
 11. Continue engagement and shared learnings with the Administration for Community Living, Centers for Medicare and Medicaid Services, and Centers for Disease Control and Prevention.
 12. Encourage the aging services network to partner with state health departments to leverage various data sets.
 13. Assess and monitor regional disparities in services available to patients found to be at increased risk of falls, i.e., in rural or low income areas.
 14. Assess and monitor for underserved populations in all areas i.e., those that are homebound and cannot get to recommended treatment programs.

Strategy 3

Leverage Medicare's Annual Wellness Visit (AWV).

Action Steps

1. More fully integrate into the AWV by requiring assessment and treatment plan, including referrals, if patient indicates he/she has had falls or has concerns about fall risk.
2. Review expanding the visit to include referral to and participation in an evidence-based program.
3. Market the AWV benefit to Medicare beneficiaries and their caregivers.
4. Explore the feasibility of integrating CDC's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) toolkit and requiring documentation of follow-up and intervention, if needed, into the AWV.
5. Explore expanding the AWV implementation beyond physicians' offices, into other clinical settings as well as community-based settings.
6. Engage other health care professionals, such as pharmacists and nurse practitioners since many are interested in participating in the AWV and falls prevention.

Strategy 4

Develop payor options and approaches for reimbursing providers/provider systems for physical mobility services and treatment related to falls prevention.

Action Steps

1. Write and sponsor a reimbursement request to payors such as Medicare and Medicaid based on existing consensus guidelines and recommendations.
2. Develop consensus around payor reimbursement policy alternatives related to falls prevention.
3. Work with payors to reimburse for fall screening with treatment plan and create pay for

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- performance programs to encourage and incentivize fall screening.
4. Clarify payor reimbursement policies related to evaluation and management services for people at high risk for falls.
 5. Support the development, enhancement, and implementation of fall-specific International Classification of Diseases (ICD) and Current Procedural Terminology I (CPT I) codes. (Please note that ICD and CPT II codes currently exist for falls prevention activities. CPT Category II codes are used for tracking and facilitate data collection for the purposes of performance measurement. CPT I codes are used for billing purposes.)

ii. Expansion of Evidence-Based Programs

Goal:
Expand the availability of evidence-based falls prevention programs.

Strategy 1

Develop new models of care under the Patient Protection and Affordable Care Act.

Action Steps

1. Establish financial incentives for providers, health plans, Accountable Care Organizations, Patient Centered Medical Homes, and other health care delivery systems to work with community agency partners.
 - a. Develop and disseminate business cases and encourage embedding evidence-based programs into health care routines.
 - b. Test return on investment with health care plans and disseminate the results.
 - c. Analyze current bill codes and utilization.
 - d. Increase utilization of codes.
 - e. Expand provider base for utilization and coding.
 - f. Embed falls prevention activities into quality rating systems.
 - g. Synthesize available material on return on investment;
 - h. Identify new sources of technical assistance.
2. Create options for new payment models of service delivery; diversify funding streams.
3. Provide incentives for older adults to participate in evidence-based programs (e.g., insurance incentives).
4. Develop communities of practice, including researchers and practitioners, to meet regularly, share resources and experiences, and reflect on what is working and not working.
5. Identify new partners (e.g., caregivers, certified nursing assistants, gyms/fitness centers, and organizations and agencies such as the Centers for Medicare and Medicaid Services) and what they may be able to offer in terms of data, personnel or other resources.
6. Monitor results of ongoing research that tests innovative models of care to prevent falls and fall-related injuries, such as the STRIDE Study supported by the National Institute on Aging and the Patient Centered Outcomes Research Institute, for potential inclusion and expansion of evidence-based approaches.
7. Compile the most compelling effectiveness research, cost-effectiveness reports, infographics, publications, testimonials, manuals, strategic plans, processes/protocols, or other evidence to share with partners and stakeholders.
8. Integrate evidence-based program training into inter-professional education of health care professionals.

Strategy 2

Expand the falls prevention evidence-based program infrastructure.

Action Steps

1. Work with program developers and groups such as the Evidence-Based Leadership Council to standardize training and licensure.

2. Standardize program data collection; identify salient data point and tools.
3. Create a coordinated system for referrals.
4. Expand the falls prevention evidence-based program provider base to include more instructors/trainers, training opportunities, and program availability in underserved areas.
5. Link resources on national association websites to local/state agencies.
6. Identify sources to provide expert technical assistance and synthesize current processes to broaden the base, e.g., practitioners, researchers, and other stakeholders to discuss issues such as recruitment, retention, partnership development, and other issues.
 - Connect with researchers.
 - Synthesize current best practices.
 - Develop a community of practice under a collaborative, such as the Falls Free[®] Initiative, to identify effectiveness research, cost-effectiveness reports, infographics, publications, testimonials, manuals, strategic plans, processes/protocols, or other evidence to share with partners and stakeholders.
7. Identify data points and standardized tools as common measures across programs to generate compelling evidence for a “business case” to continue the programs and generate new partners.
8. Modify grant structures to allow for time and resources to build infrastructure and develop sustainability.
9. Identify sources of support for additional demonstration projects and to translate research into practice.
10. Encourage and facilitate the development of online websites or other databases to locate local evidence-based falls prevention programs and physical activity programs, as well as age-friendly fitness and wellness facilities in the community.
11. Establish evaluation criteria for expanding the falls prevention evidence-based infrastructure, including the implementation of clinical-community connections such as the number of referrals from health care providers to community-based programs.
12. Evaluate expansion efforts based on the established evaluation criteria.

iii. Public Awareness and Education

Goal:
Effectively move the falls prevention communications and marketing agenda/action plan forward.

Strategy

Develop a research-based social marketing campaign that will reframe the outdated view that falls are an inevitable consequence of aging to an actionable view that falls are caused by known risks and can be prevented.

Action Steps

1. Compile the research that has been conducted around falls prevention and messaging.
2. Analyze other applicable social marketing campaigns and lessons learned specifically targeting older adults (e.g., Hawaii Department of Health’s “Senior Fall Prevention” campaign; International Council on Active Aging’s “Changing the Way We Age” campaign; National Institutes of Health’s “The Heart Truth” campaign; U.S. Department of Health and Human Services’ “Million Hearts” campaign).
3. Convene an advisory group with a range of partners (e.g. health care, private industry, home improvement, construction, Area Agencies on Aging, community centers, EMS responders, social media, caregivers, grandchildren, genealogists, nursing homes, hospitals, YMCA/YWCAs, fitness centers, transportation providers) to collaborate in the development and dissemination of the social marketing campaign.
4. Secure resources for a qualified organization to develop and disseminate the social marketing campaign, based on guidance from the advisory group.
5. Develop a social marketing campaign plan, based on social marketing principles, that identifies key messages, target audiences, channels of dissemination (including social media), and evaluation criteria and strategies.
6. Find spokespersons and champions to promote the messages and stories of the campaign through identified distribution channels.
7. Disseminate the social marketing campaign and resources.
8. Evaluate the campaign and share lessons learned.

“ Every 13 seconds an older adult is seen
in an emergency department for a fall. ”

iv. Public Policy and Advocacy

Goal:
Effectively move the Falls Free® National Falls Prevention Action Plan forward through policy and advocacy efforts.

Strategy 1

Develop a public policy agenda to promote falls prevention at the national, state, and local levels.

Action Steps

1. Continue to collaborate with leaders from falls prevention coalitions to address falls and falls prevention policy issues from a national, state and local level. Involve representatives from government, business, nonprofit, academic, building, the aging network, and health care communities.
2. Support ongoing and new advocacy initiatives relevant to supporting falls prevention, including:
 - a. Federal funding of falls prevention efforts through the Prevention and Public Health Fund
 - b. Other opportunities as a result of the Affordable Care Act
 - c. Older Americans Act reauthorization.
3. Continue to inventory and analyze existing policies and practices and identify gaps related to reimbursement, insurance coverage, medical coding issues, and building codes related to falls.
4. Educate providers and consumers about current opportunities for reimbursement.
5. Review the incorporation of safety awareness and strategies into Medicare conditions of participation for home care providers.
6. Develop policy issues for model legislation for use by states and local communities.

Strategy 2

Support legislation and regulations that include falls risk as part of current Food and Drug Administration (FDA) safety monitoring.

Action Steps

1. Collaborate with FDA to provide practitioners with current information to help inform them about the high risks associated with certain prescription and over-the-counter medications and falls.
2. Develop an advocacy plan that addresses FDA safety monitoring to include falls prevention.
3. Seek opportunities for collaboration among stakeholder organizations related to FDA policies and initiatives for falls prevention and medication use safety.

III. Next Steps

The 2015 National Falls Prevention Action Plan provides the framework for action for falls prevention across the nation. This plan envisions older adults experiencing fewer falls and fall-related injuries, maximizing their independence and quality of life. The purpose of the 2015 National Falls Prevention Action Plan is to implement specific goals and strategies to affect sustained initiatives that reduce falls among older adults. Further, the 2015 National Action Plan is intended to help accomplish the falls prevention-specific Healthy People 2020 objective to reduce the rate of emergency department visits due to falls among older adults by 10 percent.



The National Council on Aging's National Falls Prevention Resource Center is leading the effort to disseminate the 2015 National Falls Prevention Action Plan to an array of stakeholders from the public and private sectors with an interest in healthy aging and the capacity to implement action steps outlined in the plan. The 2015 National Falls Prevention Action Plan will be disseminated to professionals in the health care and aging fields, federal and state agencies, professional associations, consumer and caregiver organizations, state and local falls prevention coalitions, corporations, and foundations.

The plan is intended to be a framework for action over the next five to 10 years. As the lead entity in moving the plan forward in a strategic way, NCOA's National Falls Prevention Resource Center is collaborating with multiple public and private sector partners to advance the field. The Resource Center is poised to educate and engage various sectors, partners, and stakeholders to implement specific action steps of the 2015 National Falls Prevention Action Plan.

Next steps that the National Falls Prevention Resource Center will engage in are the following:

- Broad dissemination of the plan through multiple channels, including posting on NCOA's and partner websites, presenting at national and state conferences, and sharing the plan with state falls prevention coalitions and strategizing with them on implementation approaches.
- Encouragement of ownership and adoption of the 2015 National Falls Prevention Action Plan strategies and action steps by key national stakeholder organizations that address issues related to older adults, their health and wellness.
- Collaboration and involvement of key stakeholder organizations to further disseminate and implement the strategies and action steps.
- Seek funding to support key strategies, alone or in conjunction with stakeholder organizations.
- Partner with, and/or advise organizations to support public policy and advocacy initiatives related to the reduction of falls risk factors and falls.
- Track progress by identifying national and state initiatives related to the implementation of the plan's strategies and action steps and their outcomes.
- Develop a follow-up report three years after this plan is released, to summarize action taken or underway related to these strategies.

IV. References

- ¹ Centers for Disease Control and Prevention. (2015, March 19). Falls Among Older Adults: An Overview. Retrieved from <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>
- ² Tromp, A.M., Pluijm, S.M.F., Smit, J.H., et al. (2001). Fall-risk screening test: a prospective study on predictors for falls in community-dwelling elderly. *Journal of Clinical Epidemiology*, 54(8), 837–844.
- ³ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Injury Prevention & Control: Data & Statistics (WISQARSTM). Retrieved from <http://www.cdc.gov/injury/wisqars/> (2013, August 15).
- ⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Injury Prevention & Control: Data & Statistics (WISQARSTM). Retrieved from <http://www.cdc.gov/injury/wisqars/> (2013, August 15).
- ⁵ Alexander, B.H., Rivara, F.P., Wolf, M.E. (1992). The cost and frequency of hospitalization for fall-related injuries in older adults. *American Journal of Public Health*, 82(7), 1020–1023.
- ⁶ Sterling, D.A., O'Connor, J.A., Bonadies, J. (2001). Geriatric falls: injury severity is high and disproportionate to mechanism. *Journal of Trauma–Injury, Infection and Critical Care*, 50(1), 116–119.
- ⁷ Alexander, B.H., Rivara, F.P., Wolf, M.E. (1992). The cost and frequency of hospitalization for fall-related injuries in older adults. *American Journal of Public Health*, 82(7), 1020–1023.
- ⁸ Centers for Disease Control and Prevention. (2014, February 24). Traumatic Brain Injury in the United States: Fact Sheet. Retrieved from http://www.cdc.gov/traumaticbraininjury/get_the_facts.html.
- ⁹ Bell, A.J., Talbot-Stern, J.K., Hennessy, A. (2000). Characteristics and outcomes of older patients presenting to the emergency department after a fall: a retrospective analysis. *Medical Journal of Australia*, 173(4), 176–7.
- ¹⁰ Vellas, B.J., Wayne, S.J., Romero, L.J., Baumgartner, R.N., Garry, P.J. (1997). Fear of falling and restriction of mobility in elderly fallers. *Age and Ageing*, 26, 189–193.
- ¹¹ Scott, J.C. (1990). Osteoporosis and hip fractures. *Rheumatic Diseases Clinics of North America*, 16(3), 717–40.
- ¹² Stevens, J.A., Corso, P.S., Finkelstein, E.A., Miller, T.R. (2006). The costs of fatal and nonfatal falls among older adults. *Injury Prevention*, 12, 290–295.
- ¹³ Roudsari, B.S., Ebel, B.E., Corso, P.S., Molinari, N.M., Koepsell, T.D. (2005). The acute medical care costs of fall-related injuries among the U.S. older adults. *Injury-international Journal of The Care of The Injured*, 36, 1316-1322.
- ¹⁴ National Council on Aging. (2005). *Falls Free®: Promoting a National Falls Prevention Action Plan*. Retrieved from <http://www.ncoa.org/FallsActionPlan>
- ¹⁵ National Council on Aging. Falls Free® Coalition. Retrieved from <http://www.ncoa.org/FallsFreeInitiative>
- ¹⁶ Public Law 110–202. (2008, April 23). Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-110publ202/pdf/PLAW-110publ202.pdf>
- ¹⁷ National Council on Aging. (2007). Falls Free™ National Action Plan: A Progress Report. Retrieved from <http://www.ncoa.org/resources/making-a-difference-progress-report-on-the-falls-free-national-action-plan/>
- ¹⁸ National Council on Aging. (2008, March 3). National Falls Free® Initiative: Report from the National Advisory Group Strategic Planning Meeting. Retrieved from <http://www.ncoa.org/resources/national-falls-free-initiative-report-from-the-national-advisory-group-strategic-planning-meeting/>
- ¹⁹ Healthy People 2020 Older Adult Topics and Objectives. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/older-adults/objectives

V. Appendices

A. Falls Prevention Milestones Over the Past Decade

2005

- The National Council on Aging (NCOA) hosts the first Falls Prevention Summit, with funding from the Archstone Foundation and the Home Safety Council, to focus attention on evidence-based solutions for falls and improve the lives of older adults.
- In collaboration with the Summit's conveners, NCOA publishes the first [Falls Free® National Action Plan](#).
- NCOA's [Falls Free® Initiative](#) launches as a national effort led by NCOA to address the growing public health issue of falls and fall-related injuries and deaths in older adults.
- The CDC and Centers for Medicare and Medicaid Services (CMS) develop a new V code (a billable medical code that can be used to specify a diagnosis on a reimbursement claim) for history of falls. This code, International Classification of Diseases-Clinical Modification (ICD -9-CM), Diagnosis Code V15.88, can be used to identify individuals at risk, measure quality of care, and justify a provider's decision to order or perform certain services.

2006

- Safety of Seniors falls prevention legislation is introduced (S. 845 / H.R. 3701). The proposed legislation adopted evidence-based strategies from the National Action Plan including:
 - Public Education/Awareness.
 - Provider Education Programs.
 - Demonstration Projects & Evaluation.
 - Cost Effectiveness Evaluation.
- State Coalitions join the Falls Free® Initiative. NCOA begins technical assistance to build effective coalitions; four states have fall prevention coalitions.
- The U.S. Administration on Aging (AoA) awards three-year grants to 16 states to accelerate translation of research into practice by supporting evidence-based disease and disability prevention programs at the community level, with 10 of the states implementing falls prevention programs.
- CDC publishes [The State of Aging and Health in America 2007](#), which focuses on older adult falls.

2007

- Safety of Seniors legislation reintroduced.
- CDC, AoA and Archstone Foundation establish public-private agreement facilitating the Falls Free® Initiative.
- NCOA publishes the first-of-its-kind [Exploring Practice in Home Safety for Fall Prevention: The Creative Practices in Home Safety Assessment and Modification Study](#).
- AoA awards three-year grants to eight additional states to accelerate translation of research into practice by supporting evidence-based disease and disability prevention programs at the community level, bringing the total to 24 funded states. Five additional states implement falls prevention programs. Evidence-based programs being offered by the states include a Matter of Balance (13 states); Stepping On (one state); and Tai Chi (one state).

- CDC funds the Veterans Affairs Greater Los Angeles Healthcare System through an interagency agreement to develop the [Stay Independent](#) risk self-assessment brochure.
- With support from MetLife and the CDC Foundation, CDC redesigns its popular fall prevention brochures, [What You Can Do to Prevent Falls](#) and [Check for Safety: A Home Fall Prevention Checklist for Older Adults](#).
- Based on a survey of Falls Free® Coalition members, the [Making a Difference: Progress Report on the Falls Free® National Action Plan](#) provides suggestions for future fall prevention initiatives.
- NCOA participates in the World Health Organization (WHO) Technical Meeting on Falls Prevention in Older Age in Victoria, Canada; [WHO Global Report on Falls Prevention in Older Age](#) is published.
- With support from the Home Safety Council and the Archstone Foundation, NCOA's Falls Free® Initiative hosts the "State Coalitions on Fall Prevention Workgroup: Enhancing Effectiveness through Collaboration" meeting in Washington, D.C., to promote community awareness, effective collaboration, policy change, infrastructure building, and sustainability.

2008

- Safety of Seniors Act of 2007, Pub.L. 110-202, passes and is signed into law April 23, 2008.
- The Falls Free® Advocacy Workgroup facilitates the first annual U.S. Senate Proclamation for a national Falls Prevention Awareness Day; 11 states participate.
- The Falls Free® Initiative National Advisory Group convenes to guide future activities; it publishes a [strategic planning meeting report](#), and the Falls Free® Initiative adopts its recommendations as guidelines.
- *CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Adults, 1st edition*, is published and includes 14 interventions.
- American Geriatrics Society (AGS) meets to revise fall prevention guidelines for the first time, broadening its expert panel to include ancillary services such as physical therapy, occupational therapy, and pharmaceuticals.
- CDC publishes [Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults, 1st edition](#).

2009

- U.S. Senate issues second annual Proclamation of Falls Prevention Awareness Day; 22 states participate.
- Congress increases CDC falls budget in the economic stimulus package; CDC funding for falls prevention increases from \$1 million to \$2 million.
- NCOA conducts review of state falls prevention policy and evaluation needs.
- CDC awards three-year grants to four state health departments (California, New York, Oregon, and Wisconsin) to implement the evidence-based programs Stepping On and/or Tai Chi: Moving for Better Balance.
- The American Occupational Therapy Association conducts the *Improve the Public Policy Response to Older Adult Fall Prevention Project* under a contract with the CDC's National Center for Injury Prevention and Control (2009-Q-11452). The project includes a review of existing or pending fall prevention supportive policies, policy barriers, and an analysis of Medicare policy.

2010

- Third annual U.S. Senate Proclamation of Falls Prevention Awareness Day is issued; 34 states and Washington, D.C., participate.
- NCOA develops a web-page to host state fall prevention tools and resources: www.ncoa.org/fpad
- NCOA and Paraprofessional Healthcare Institute (PHI) develop Direct Care Worker (DCW) education program on fall prevention.
- The Patient Protection and Affordable Care Act passes.
- CDC releases *A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Adults, 2nd edition*; the compendium includes 22 interventions.
- Medicare's Physician Quality Reporting System (PQRS) adds falls measures 154 (falls risk assessment) and 155 (falls plan of care) allowing certain providers paid under the Medicare Physician Fee Schedule to voluntarily report on a set of quality measures through Medicare claims. Professionals who successfully report on measures are eligible for incentive payments.

2011

- Fourth annual U.S. Senate Proclamation of Falls Prevention Awareness Day issued; 43 states and Washington, D.C., participate.
- As part of the Affordable Care Act, an Annual Wellness Visit is made available to Medicare patients; it includes falls risk screening.
- Forty states are active in falls prevention.
- NCOA and the Falls Free® Initiative convene a State Coalitions on Fall Prevention Evaluation Committee to develop a set of evaluation strategies for state and local coalitions to more effectively measure the impact of their activities.
- NCOA develops *State Policy Toolkit for Advancing Falls Prevention*.
- CDC launches the *Stopping Elderly Accidents, Deaths, and Injuries (STEADI)* toolkit based on the American Geriatric Society/British Geriatric Society (AGS/BGS) guidelines.
- CDC awards grants to three state health departments (Colorado, New York, and Oregon) to evaluate the implementation of STEADI and three community-based falls prevention programs; these include Stepping On; Tai Chi: Moving for Better Balance; and the Otago Exercise Program.
- As part of the Affordable Care Act, the Meaningful Use Incentive Program launches; fall risk screening is a quality indicator.
- As part of the Affordable Care Act, Accountable Care Organization (ACO) programs are created to help manage risk and incentivize prevention. Fall risk screening is one of the quality indicators.
 - AGS/BGS release *Prevention of Falls in Older Persons*; these updated guidelines provide practitioners with an algorithm for falls risk screening and recommended interventions for older adults in community settings.

2012

- Fifth annual U.S. Senate Proclamation of Falls Prevention Awareness Day is issued; 43 states

and Washington, D.C., participate.

- U.S. Preventive Services Task Force (USPSTF) recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.
- Congress requires Older Americans Act Title III-D funding to be used only on evidence-based programs, including falls prevention programs.
- The Falls Free® Initiative's State Coalitions on Fall Prevention Evaluation Committee publishes [Evaluation Guidelines to Measure the Impact of State and Local Coalitions on Fall Prevention](#), including a nationally recognized logic model to demonstrate how coalition activities link with long-term outcomes.
- CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey updates the questions it uses to measure the occurrence of falls in the U.S.:
 - In the past 12 months, how many times have you fallen?
 - How many of these falls caused an injury?
- NCOA publishes [State Policy Toolkit for Advancing Falls Prevention](#) toolkit.

2013

- The sixth annual U.S. Senate Proclamation of Falls Prevention Awareness Day is issued; 47 states and Washington, D.C., participate.
- The Prevention and Public Health Fund (PPHF) established by the Affordable Care Act includes targeted fall prevention funding.
- CDC/American Physical Therapy Association (APTA) Advisory Group convenes to promote fall prevention in practice.
- In November, [Report to Congress: The Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs under Section 4202 \(b\) of the Affordable Care Act](#) shows cost savings of A Matter of Balance and other evidence-based programs.
- NCOA publishes *Falls Prevention Awareness Day 2013 - A Compendium of State and National Activities*.
- The National Institute on Aging (NIA) at NIH and the Patient Centered Outcomes Research Institute (PCORI) form the [Falls Injuries Prevention Partnership](#) to support a major intervention study aimed at preventing injuries from falls in older adults.

2014

- Seventh annual U.S. Senate Proclamation of Falls Prevention Awareness Day is issued; 48 states and Washington, D.C., participate.
- ACL/AoA awards grants using Prevention and Public Health Funds to 10 states and four tribal organizations to implement and sustain evidence-based fall prevention programs.
- ACL/AoA awards grant for the first National Falls Prevention Resource Center to the National Council on Aging.
- Patient-Centered Outcomes Research Institute/National Institutes of Health (PCORI/NIH) award \$30 million grant to researchers at Brigham and Women's Hospital/Harvard Medical School, Yale School of Medicine, and UCLA to test individually tailored interventions to prevent falls-related injuries at 10 clinical sites across the country.

2015

- CDC publishes [*A cost-benefit analysis of three older adult fall prevention interventions*](#) in the Journal of Safety Research.
- NCOA hosts second national Falls Prevention Summit, a 2015 White House Conference on Aging event.
- NCOA publishes second Falls Free[®] National Falls Prevention Action Plan (this document).
- [*Frontiers in Public Health – Public Health Education and Promotion*](#) journal features evidence-based falls prevention interventions and research as a Research Topic.
- CDC updates the [*CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Adults, 3rd Edition*](#); for the first time, it includes effective clinical interventions for a total of 41 interventions.
- CDC publishes [*Preventing Falls: a Guide to Implementing Effective Community-Based Fall Prevention Programs*](#).
- CDC names older adult falls prevention as an area for increased growth and development.
- CDC promotes [*STEADI Step One*](#), which asks primary care providers to screen for falls, review medications, and recommend vitamin D.
- Epic develops a falls assessment program based on the Centers for Disease Control and Prevention's STEADI toolkit. The program will be part of the Epic Foundation System and available to Epic customers in late 2015. CDC launches its first online continuing education course on how to incorporate STEADI into clinical practice.
- NCOA publishes [*Falls Prevention Awareness Day 2014 - A Compendium of State and National Activities*](#).
- ACL/AoA awards grants using Prevention and Public Health Funds to seven states to increase participation in evidence-based community programs to reduce falls and falls risk, and also improve the programs' long-term sustainability (<http://www.hhs.gov/news/press/2015pres/07/20150713a.html>).
- The eighth annual Falls Prevention Awareness Day (FPAD) is observed on September 23.

B. Community-Based Program Information

The growth and infrastructure for providing evidence-based falls prevention programming has grown substantially since 2005. The following is an overview of the growth of select programs:

- **A Matter of Balance**

A Matter of Balance emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. This evidence-based program has been adapted from the original intervention to be more suitable for community-dwelling older adults by allowing small group sessions to be led by a trained facilitator.

Adoption has grown widely:

- A Matter of Balance went national in 2006, launching in six states. In 2009, it had spread to 31 states, and by 2015, to 40 states.
- In 2006, there were 27 Master Trainers. In 2009, there were 600, and in 2015, there are 1,100.
- Approximately 62,000 people have participated in A Matter of Balance since 2006.
- States Patti League, program manager, “The quality of life of the participants is very important. A Matter of Balance gives them the ability to stay independent and actively engaged in their lives.”

- **Otago Exercise Program: Training for Physical Therapists**

Developed in New Zealand, this intervention, tested in four randomized controlled trials and one controlled multi-center trial, was an individually tailored program of muscle strengthening and balance-retraining exercises of increasing difficulty, combined with a walking program. The focus was to improve strength and balance with a simple, easy-to-implement, and affordable home-based exercise program. It was intended for people who did not want to attend, or could not reach, a group exercise program or recreation facility, and it included visits from a physical therapist or nurse, plus telephone support. Overall, the fall rate was reduced by 35 percent among program participants compared with those who did not take part.

The Otago Exercise Program has grown exponentially:

- In 2010, one state was implementing the program, and in 2015, 12 states were.
- In 2015, 3,276 physical therapists had been trained to implement the program.
- Over 1,000 patients have participated in the program in the United States.
- According to Tiffany Shubert, U.S. program manager, “The past three years have seen incredible progress in the dissemination and adoption of the Otago Exercise Program by physical therapists. Several states are actively engaging physical therapists to implement the program, and we will rapidly reach the critical mass needed for national dissemination of this program.”

- **Stepping On**

Stepping On is a multifaceted falls-prevention program for the community-residing elderly and engages participants in a range of relevant fall preventive strategies. The program has been proven to reduce falls.

Thousands of people benefit from Stepping On:

- In 2006, Stepping On was available in one state; it is now available in 20 states.
- To date, 386 leaders have been trained.
- Approximately 9,178 people have participated in the program.

- **Tai Ji Quan: Moving for Better Balance**

Tai Ji Quan: Moving for Better Balance (formerly known as Tai Chi: Moving for Better Balance) is designed to improve the strength, balance, and physical functioning of individuals with diminished physical abilities, including older adults and those with Parkinson's disease. The focus of the program is Tai Chi, a nontraditional form of exercise, which is used to help participants improve postural stability, control of body positioning, gait initiation and locomotion, movement symmetry, and coordination; increase the range of motion around ankle joints; and build strength in lower extremities. The program has proven to be effective in reducing falls.

Tai Ji Quan is providing benefits to participants across the country:

- The program is now in 21 states.
- To date, 1,330 leaders have been trained.
- Over 4,000 older adults have participated in the program.

Information about other evidence-based falls prevention programs can be found at:

<http://www.ncoa.org/assets/files/pdf/center-for-healthy-aging/Select-EB-FP-Programs-Grid-021215.pdf>

C. Health Care Focused Education and Training

Several falls prevention training courses have been created over the past 10 years for various health-related audiences. Examples include the following:

- Community Health Workers ([English](#) and [Spanish](#)) - *Preparing Community Health Workers and Promotores to Prevent and Reduce Falls Among Older Adults*
- [Home Health Aides - Falls Prevention Awareness: Advanced Training for Home Health Aides](#)
- [Home Health Nurses - Falls Prevention for Home Health Nurses](#)
- Primary [Health Care Providers \(CDC's STEADI\)](#)
- [Physical Therapists \(Otago\) - Otago Exercise Program: Training for Physical Therapists](#)
- [Management of Falls in Community-Dwelling Older Adults: Clinical Guidance Statement from the Academy of Geriatric Physical Therapy of the American Physical Therapy Association.](#)

D. Organizations/Agencies/Corporations that Participated in the 2015 Falls Prevention Summit

Federal Agencies

Administration for Community Living, Administration on Aging

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

Centers for Medicaid and Medicare Services

Consumer Product Safety Commission

Corporation for National and Community Service

Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control

Department of Transportation, National Highway Traffic Safety Administration

Department of Veterans Affairs, VISN 8 Patient Safety Center of Inquiry

Health Resources and Services Administration

National Institutes of Health, National Institute on Aging

National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases

National Institutes of Health, National Institute of Nursing Research

Office of the Assistant Secretary for Planning and Evaluation

White House Conference on Aging

Administration for Community Living/Administration on Aging 2014 Falls Prevention Grantees

Colorado Department of Public Health and Environment

Foundation for Healthy Communities (New Hampshire)

Georgia Department of Human Services, Division of Aging Services

Hardrock Council on Substance Abuse (Arizona)

Health Foundation of South Florida

Iowa Department on Aging

Little Traverse Bay Band of Odawa Indians (Michigan)

Minnesota Board on Aging

North Carolina Department of Health and Human Services, Division of Aging and Adult

Services

Sokaogon Chippewa Community (Wisconsin)

State of Vermont Department of Health, Public Health Preparedness

Utah Department of Health

Non-Profit Organizations/Associations

American Association on Health & Disability

Alliance for Aging Research

American Bone Health

American Health Care Association

American Occupational Therapy Association

American Physical Therapy Association

American Society of Consultant Pharmacists

Grantmakers In Health

International Council on Active Aging

Joint Commission Center for Transforming Healthcare

Meals on Wheels Association of America

National Alliance for Caregiving

National Association of Nutrition and Aging Services Programs

National Bone Health Alliance

National Center on Assisted Living

National Council on Aging

National Fire Protection Association

National Floor Safety Institute

National Osteoporosis Foundation

Oregon Research Institute

Partners in Care Foundation

Public Health Solutions

Urban Institute

YMCA of the USA

Foundations

AARP Foundation
The John A. Hartford Foundation
United Health Services
Silverman Charitable Group

Academic Institutions

California State University Center Fullerton Center for Successful Aging, Institute of Gerontology
University of Southern California, Davis School of Gerontology
East Carolina University, College of Allied Health Sciences
George Washington University
Johns Hopkins University
Texas A&M University
University of Georgia, College of Public Health
University of Montana
University of North Carolina at Chapel Hill
University of Washington
Yale University School of Medicine

Corporations

Brigham and Women's Hospital
Evergreen Estates
Kaiser Permanente Northwest
LifePlans, Inc.
Mac, Inc.
MaineHealth
Novartis
Sanofi Biosurgery
United Health Services
Walmart

Other Invited Guests

Georgia Department of Public Health Injury Prevention Program

Hawaii Department of Health/Hawaii Falls Prevention Coalition

Maryland Department of Aging

Shubert Consulting

Wisconsin Department of Health Services

E. Agenda

AGENDA

Hilton Crystal City
Madison Ballroom, Plaza Level
2399 Jefferson Davis Highway
Arlington, Virginia

- 7:30-8:30am** **Continental Breakfast**
Madison Foyer, Plaza Level
- 8:30-9:00am** **Welcome & Opening Remarks**
- James Firman, EdD, President & CEO
National Council on Aging
 - Nora Super, MPA, Executive Director
White House Conference on Aging (invited)
- 9:00-9:30am** **Why Are We Here? An Overview of Falls among Older Adults**
- Dorothy Baker, PhD, RN, Research Scientist/Scholar, Internal Medicine,
Geriatrics, Yale University School of Medicine
- 9:30-9:50am** **How Did We Get Here? A Celebration of Growth and
Accomplishment**
- (Bonita) Lynn Beattie, MPT, MHA, PT, Consultant
National Council on Aging
- 9:50-10:00am** **Break**
- 10:00-11:30am** **Key Partners' Perspectives and Opportunities**
- Grant Baldwin, PhD, MPH, Director, Division of Unintentional
Injury Prevention, National Center for Injury Prevention and
Control, CDC
 - Jon Pynoos, PhD, Davis School of Gerontology and the Falls
Prevention Center of Excellence, University of Southern California
 - Frank Floyd, MD, United Health Services
 - David Griffin, DPM, Co-Lead, Falls Risk Assessment Team, Kaiser
Permanente

- Nancy Latham, PhD, Project Director, PCORI/STRIDE Falls Prevention Project

11:30am-12:00pm Summary of NCOA's Pre-Summit Survey Findings and Overview of the Breakout Session Process

- Kathleen Cameron, BS Pharm, MPH
Senior Director, National Falls Prevention Resource Center,
National Council on Aging

12:00-1:00pm Lunch

The Buffet Lunch will be served in the Madison Foyer, Plaza Level

- Keynote Speaker: Kathy Greenlee, Administrator and Assistant Secretary for Aging, Administration for Community Living

1:00-2:00pm Breakout Session One

Each breakout will answer the following questions:

- What are the most important gaps that need to be addressed?
- What are the opportunities over the next 5 years?

Breakout groups are:

- Clinical Care, including Medications Management and Clinical-Community Linkages (Washington 1)
- Environmental Safety in the Community (Washington 2)
- Expansion of Falls Prevention Initiatives and Evidence-Based Programs (Washington 3)
- Funding and Reimbursement for Evidence-Based Falls Prevention Programs, including opportunities as a result of the Affordable Care Act (Madison - Front)
- Home Safety (Madison - Back)
- Physical Mobility (Monroe 1)
- Public Awareness and Education (Monroe 2)

2:00-2:15pm Break

2:15-3:15pm

Breakout Two

Same breakout groups as above will answer the following questions:

- What are three key priorities based on discussion in Breakout One?
- What recommendations and actions steps are needed to move the priorities forward?
- What role can my agency/organization/institution play in moving the recommendations forward and accomplishing the associated action steps?

3:15-3:30pm

Break

3:30-4:45pm

Reconvene and Report Out

Summary of each Breakout Group's Priorities, Recommendations, and Action Steps

4:45-5:00pm

Closing Remarks

- Anand Parekh, MD
Deputy Assistant Secretary for Health
Office of the Assistant Secretary for Health, DHHS

F. Falls Prevention Resources

Research / Statistics

- Older Adult Falls Data and Statistics – Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

Coalitions / Grantees

- Falls Free Coalition – National Council on Aging (NCOA)
<http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-free-initiative.html#falls%20free%20coalition>
- Falls Prevention Initiatives – Goals and Grantees – Administration on Aging (AoA)
http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/index.aspx
- State Profiles – National Council on Aging (NCOA)
https://www.ncoa.org/resourcetype/falls-prevention/?rg_resource_type=7&post_type=ncoaresource
Profiles of states implementing falls prevention programs, plus links to their websites and outreach materials.

Falls Prevention Initiatives

- Falls Prevention Awareness Day – National Council on Aging (NCOA)
<http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-prevention-awareness.html>
Tools and activities including an infographic, webinar, media toolkit, and Falls Prevention awareness activities, and sample outreach materials from partners.
- Falls Prevention Center of Excellence—resources for service providers, individuals, families, researchers, and educators.
<http://stopfalls.org/>
- Funding Opportunity Announcements – Administration for Community Living (ACL)
http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx
- National Falls Prevention Resource Center – National Council on Aging (NCOA)
<https://www.ncoa.org/center-for-healthy-aging/falls-resource-center/>

Includes these and other resources:

- NCOA / 2015 White House Conference on Aging Falls Prevention Summit – Slides
- Falls Free: Promoting a National Falls Prevention Action Plan
- Making a Difference: Progress Report on the Falls Free™ National Action Plan
- National Falls Free® Initiative: Report from the National Advisory Group

- Strategic Planning Meeting
- Evaluation Guidelines to Measure the Impact of State and Local Coalitions on Fall Prevention
- Falls Injuries Prevention Partnership – National Institute on Aging (NIA) and Patient Centered Outcomes Research Institute (PCORI) (<https://www.nia.nih.gov/newsroom/2014/06/nih-pcori-announce-major-award-prevent-falls-injuries-older-people>) (<http://www.pcori.org/news-release/pcori-and-nih-announce-major-study-patient-centered-approach-preventing-fall-related>) This effort supports a major clinical trial seeking to test the integration of falls prevention approaches into various health care systems.

Programs / Resources for Professionals

- CEU Courses – American Physical Therapy Association (APTA) <http://www.apta.org/BalanceFalls/>
- Effective Falls Interventions for Older Adults in the Community – Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/HomeandRecreationalSafety/Falls/compendium.html>
- Exploring Practice in Home Safety for Fall Prevention: The Creative Practices in Home Safety Assessment and Modification Study – National Council on Aging (NCOA) http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Creative_Practices-Home_Safety_Report.pdf
- Falls Prevention - The American Occupational Therapy Association, Inc. (AOTA) <http://www.aota.org/Practice/Productive-Aging/Falls.aspx>
Includes AOTA's Falls Prevention Toolkit, resources for Falls Prevention Awareness Day, AOTA's Falls Project with the CDC, and Public Awareness and Advocacy resources. Online professional development courses, tip sheets, fact sheets on occupational therapy and falls, and evidence-based research are also included.
- Guide to Implementing Effective Community-Based Fall Prevention Programs – Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/HomeandRecreationalSafety/Falls/community_preventfalls.html
- Injuries and Falls from Immobility - Centers for Medicare & Medicaid Services (CMS) http://partnershipforpatients.cms.gov/p4p_resources/tsp-injuriesandfallsfromimmobility/toolinjuriesandfallsfromimmobility.html
A variety of resources, including the manual *The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities* (AHRQ), the Johns Hopkins Hospital Fall Assessment Tool, the SAFE from FALLS Call to Action program from Minnesota Hospital Association (MHA), and several case studies.

- Safety of Seniors Act of 2007, Public Law 110-202
<http://www.gpo.gov/fdsys/pkg/PLAW-110publ202/pdf/PLAW-110publ202.pdf>
- State Policy Toolkit for Advancing Falls Prevention – National Council on Aging (NCOA) <http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/state-policy-toolkit-for.html>

Resources for Older Adults

- AARP HomeFit Guide
<http://www.aarp.org/livable-communities/info-2014/aarp-home-fit-guide-aging-in-place.html>
Smart solutions for making a home comfortable, safe, and a great fit.
- American Occupational Therapy Association (AOTA) Tips for Older Adults
<http://www.aota.org/About-Occupational-Therapy/Patients-Clients/Adults.aspx>
Includes falls prevention, remaining in your home as you age, Alzheimer's disease, low vision, and others.
- Balance and Falls - American Physical Therapy Association (APTA)
<http://www.apta.org/BalanceFalls/>
Patient Care and Consumer Education including two videos: One for caregivers and one on improving balance and avoiding falls, and related resources.
- Eldercare Locator Preventing Falls at Home Brochure
http://www.eldercare.gov/Eldercare.NET/Public/Resources/Brochures/docs/Preventing_Falls_Brochure_pagebypage.pdf
Offers a home safety check to help people understand what to do to help prevent falls around the home.
- Falls Prevention Tips and Materials for Older Adults – Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/Features/OlderAmericans/>
- *Go4Life*® Exercise and Physical Activity Campaign from the National Institute on Aging at NIH -- <https://go4life.nia.nih.gov/> - The campaign provides resources about a balanced exercise program of endurance, strength, flexibility, and balance designed to help older adults start moving and stay active.
- NIH SeniorHealth Topic on Falls and Older Adults –
<http://nihseniorhealth.gov/falls/aboutfalls/01.html>
Provides information and resources to consumers about falls, related risk factors, prevention, personal change, home proofing, and more.
- Physical Therapist's Guide to Falls - Move Forward
<http://www.moveforwardpt.com/SymptomsConditionsDetail.aspx?cid=85726fb6-14c4-4c16-9a4c-3736dceac9f0#.VWY72Eb58jI>

- Questions to Ask Older Adults to Prevent Falls – Medscape
<http://www.medscape.com/viewarticle/841020>
- Stopping Elderly Accidents, Deaths and Injuries (STEADI) – Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/steady/index.html>
Comprised of tools and educational materials for health care providers to help identify patients with risk factors and offer interventions.

Agencies and Organizations

- Administration for Community Living (ACL)
http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/index.aspx
- American Occupational Therapy Association, Inc. (AOTA)
<http://www.aota.org/Practice/Productive-Aging/Falls.aspx>
- American Physical Therapy Association (APTA)
<http://www.apta.org/BalanceFalls/>
- Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>
- Centers for Medicare & Medicaid Services (CMS)
http://partnershipforpatients.cms.gov/p4p_resources/tsp-injuriesandfallsfromimmobility/toolinjuriesandfallsfromimmobility.html
- National Council on Aging (NCOA), National Falls Prevention Resource Center
<https://www.ncoa.org/center-for-healthy-aging/falls-resource-center/>
- National Institute on Aging, National Institutes of Health
<https://go4life.nia.nih.gov/tip-sheets/fall-proofing-your-home;>
<https://www.nia.nih.gov/health/publication/falls-and-fractures>

Suggested citation:

Cameron, K., Schneider, E., Childress, D., Gilchrist, C. (2015). National Council on Aging Falls Free® National Action Plan.

Retrieved from www.ncoa.org/FallsFreeNAP.

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Meeting the Needs of an Aging Population



Since inception, Archstone Foundation has responded to the implications of changing demographics and has supported innovative responses to the emerging and unmet needs of older adults. The Foundation has funded a wide range of grantees making important contributions in critical, yet often overlooked areas of need. Archstone Foundation first committed to falls reduction in the mid-1990s. In December 2004, Archstone Foundation funded the National Council on Aging (NCOA) to lead the Falls Free Summit, which resulted in the development of a Falls Free® Fall Prevention National Action Plan and the Research Review Papers, commissioned in support of NCOA's Falls Free® Initiative.

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