U.S. Fall Prevention Programs for Seniors

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**INTRODUCTION**

**Background**

Among older adults, falls are a serious public health problem. In the United States, one of every three persons over age 65 falls each year (1,2) and two-thirds of those who fall do so again within six months (3). Among people age 65 and older, falls are the leading cause of injury deaths and serious injuries (4). About 9,600 older adults died in 1998 from fall-related injuries (4). Among seniors with osteoporosis, falls can cause devastating injuries such as hip fractures; 75%–80% of hip fractures are sustained by women (5). Half of all older adults hospitalized for hip fracture cannot return home or live independently after their injuries (5,6).

Among people age 65 and older, unintentional falls account for 87% of all fractures treated in emergency departments (7) and are the second leading cause of spinal cord and brain injuries (8). Falls also can have serious psychological consequences. Many older adults avoid activities because they fear falling, but limiting what they do actually increases their risk of falling (8).

The causes of falls can be divided into two categories, personal factors and environmental factors. Personal factors include muscle weakness, balance problems, limited vision, and taking certain medications such as tranquilizers or antidepressants (6,9,10). Environmental factors include home hazards such as clutter, loose rugs or other tripping hazards, poor lighting, especially on stairs, and not having stair railings or grab bars in the bathroom (11).

**Audience**

This document is intended for state and local health departments, State and Area Agencies on Aging, non-profit organizations, health maintenance organizations, community-level injury prevention programs, and others who work with seniors and are planning, implementing, or expanding fall prevention activities.

**Purpose**

The purpose of this document is to describe fall prevention programs for U.S. seniors that research show are important components of effective programs: education, home assessment for environmental fall hazards, and access to home modification and/or repair services. These programs may provide models for agencies or organizations that want to develop fall prevention programs for older adults.

**Methods of Locating Programs**

Researchers made initial informal telephone and e-mail contacts to each of the fifty states and the District of Columbia. Information about one state was completed before starting another. We began with the broadest contacts such as the state and local health departments and the State and Area Agencies on Aging. Some of these organizations had programs within their own offices. Other initial contacts, depending on availability, included university gerontology and nursing departments, local chapters of the American Red Cross, and other information sources for seniors such as First Call for Help. Further contacts were made based on referrals from each of these initial contacts. Following this procedure, we identified specific community-based programs in each state.
Program Selection Process

We made a total of 1,694 contacts, an average of 33 contacts per state. We identified and contacted 290 community-level programs that promote home modification services to help prevent falls, such as installing grab bars (see Figure 1). After eliminating programs with repair services not related to fall prevention (such as roof repairs or weatherization), we retained 68 that were primarily fall prevention programs. We divided these 68 programs into three categories: those that include education about preventing falls but do not provide access to home repairs (7), programs that do not provide education but do provide access to home repairs (21), and those that provide both education about preventing falls and access to home repairs (40). Of the latter 40 programs, 18 exceptional programs provide comprehensive education about preventing falls, home assessments and/or safety checklists, and access to home repair services. These 18 programs, representing 12 states, are described in the body of this publication.

Appendix A lists twenty-two additional programs that offer only limited education but do include home assessments and/or safety checklists and access to home repairs. The list includes contact information for these 22 additional programs, by state.

Organization of This Document

Listed by state, each of the 18 featured program summaries includes the name of the organization, a description of the target populations, program goals and procedures, strengths and weaknesses, types of program materials used, funding method, and contact information. Most of these programs are currently in operation. Appendix B contains examples of some of the program materials used by a few of the programs described in this document, reprinted by permission.
References


Figure 1. Program Selection Process

Programs promoting home repair services for seniors (290)

Other types of repairs (222)

- Some education
- No home assessment
- Suggest repairs to prevent falls (7)

Promote repairs to prevent falls (68)

- No education
- No home assessment
- Provide repairs to prevent falls (21)

- Some education
- Home assessment
- Provide repairs to prevent falls (40)

- Limited education
- Home assessment
- Provide repairs to prevent falls (22)

- Comprehensive education
- Home assessment
- Provide repairs to prevent falls (18)

Appendix A — Program Contact Information

Appendix B — Examples of Program Materials