Fostering Fall Prevention at the State Level

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WHO is Public Health?

Our job in public health is to …
...minimize exposure to health risks
(a.k.a. Prevention)
Access to Health Care

- Primary Care
- Early Screening and Diagnosis
- Treatment
- Rehabilitation
Healthy Lifestyles
Supportive (Healthy) Environments
Goal: Change Norms

Active, healthy seniors rock!

…and they are everywhere!
How Do You Build a Movement?

The public health “To Do” list:

• Build relationships
• Provide data - impact on health/healthy choices

• Participate in planning and consensus building
• Engage in policy stewardship - disseminate info. to those who influence decision makers

• Train and educate
• Mobilize communities/interject diversity
• Develop funding streams

• Conduct R & D (pilot projects that go to scale)
• Evaluate - advance the debate on solutions
Maximize existing resources
Invite Everyone in the **Family** to Dance

*Where can falls prevention be integrated into existing programs?*

- **Injury & violence prevention**
- physical activity
- heart disease & stroke
- diabetes
- nutrition / obesity
- minority health

- cancer prevention
- Alzheimer’s care
- rural health
- asthma prevention
- arthritis
- bone health
- primary care
Partner with Sister State Agencies and Others

- CA Dept. of Aging
- Archstone Foundation
- Geriatric Research, Education and Clinical Center, VA Greater LA
- Center for Successful Aging, CA State University at Fullerton
- Nat’l Resource Center on Supportive Housing and Home Modifications
- etc., etc., etc.
Involve Everyone!


Medical Professionals, Pharmacists, Researchers, Health Departments, Emergency Medical Services, Social Service Providers, Media, Parks and Recreation, Community & Transportation Planners, Politicians, Advocacy and Consumer Groups, Businesses, etc., etc., etc.
In Public Health, we look to **SCIENTIFIC** data to **inform** our work.
We *HAVE* Compelling Data on Fall Injuries

Falls are the leading cause of injury, institutionalization, and loss of independence among older adults
California
Fall Injuries, Age 65+: A Huge Medical Burden in California

- 63,022 Hospitalizations (2001)
- 160,549 ER Treat and Release (estimated, 2002)
- $2,061,872,633 Annual Medical Costs
Principal Diagnosis, Falls, Age 65+, California 2001

Note: Most have secondary diagnoses also
So, why isn’t falls prevention a priority?
Perceived Risk vs. Risk Realities
Hospitalized Injuries Due to Falls Vs. Motor Vehicle Traffic, Age 55+, California, 2001

For every 10 traffic injuries, there are 66 fall injuries.
The number of falls can be expected to increase as our population ages
Falls Vs. Traffic Hospitalized Injuries, Age 65 +, Percent Change from 1991, California
System-Building

- Craft a shared vision (Blueprint)
- Collaborate; build coalitions
- Integrate fall prevention into existing complementary activities
- Take advantage of community awareness opportunities
- Conduct cross training
- Develop & disseminate best practices
- Fund & sustain infrastructure
Sound Good?

Sound Familiar?
It won’t happen if we don’t work together at all levels
To Make Falls Prevention a Priority we need to Build Political Will
Not easy to find common ground...

Different perspectives & priorities
Different funding sources
Different bosses
Different constituency demands
Different jargon
(i.e., call someone)
Keep our eye on the prize...

...it belongs to us all
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