FALLS FREE:

Promoting a National Falls Prevention Action Plan

National Action Plan

About The National Council on the Aging

Who We Are

Founded in 1950, The National Council on the Aging (NCOA) is the nation's first charitable organization dedicated to promoting the health, independence, and continuing contributions of older Americans. NCOA is a 3,200 member national network of organizations and individuals including senior centers, adult day service centers, area agencies on aging, faith congregations, senior housing facilities, employment services, and other consumer organizations.

What We Do

To accomplish organizational objectives, the following core competencies guide our activities:

- **NCOA is a national voice and powerful advocate** for public policies, societal attitudes, and business practices that promote vital aging. A founding member of the Leadership Council of Aging Organizations, NCOA often leads campaigns to preserve funding for the Older Americans Act. We currently chair and lead the Access to Benefits Coalition to help lower income Medicare beneficiaries find prescription savings. We regularly do public awareness studies such as the Myths and Realities of Aging™ that have helped shape the attitudes of millions.

- **NCOA is an innovator,** developing new knowledge, testing creative ideas, and translating research into effective programs and services that help community service organizations serve seniors in hundreds of communities. NCOA is the leader in identifying and disseminating best practices and evidence-based programming in community-based physical activity, chronic disease management and health promotion activities. In its long history, NCOA has also shaped many innovative aging programs, including Meals on Wheels and Foster Grandparents.

- **NCOA is an activator,** turning creative ideas into programs and services that help community services organizations organize and deliver essential services to seniors. This includes Family Friends and its Center for Healthy Aging. NCOA also administers two federal Programs (Senior Community Service Employment Service and Senior Environmental Program) and the Maturity Works partnership to provide employment and training opportunities for mature adults through offices nationwide.

- **NCOA develops decision support tools** such as BenefitsCheckUp® and the Long-term Care Counselor™, enabling consumers to make optimal decisions and maximize all available resources and opportunities, whether they are looking for prescription savings or understanding their risk of needing long-term care.

- **NCOA creates partnerships** that bring together a wide variety of voluntary, philanthropic, and public organizations to spark innovative solutions and achieve specific results. Each year, for example, NCOA and the American Society on Aging partner to bring a joint annual conference to 4,000 professionals in the field.

The Archstone Foundation

The Archstone Foundation is a philanthropic leader committed to addressing the issues of Older Americans.

About the Archstone Foundation

The Archstone Foundation is a private non-profit grantmaking organization founded in 1985, whose mission is to contribute toward the preparation of society in meeting the needs of an aging population. It has awarded more than $50 million in grants since its inception. The Archstone Foundation is currently focusing the majority of its resources to address the following four issue areas, with an emphasis on funding California-based initiatives:

- Elder Abuse Prevention
- Fall Prevention
- End-of-Life Issues
- Responsive grantmaking to address emerging needs within society's aging population.

The Archstone Foundation and Fall Prevention

Fall prevention is an exceptionally important issue for the Archstone Foundation because falls are an enormous threat to the health and well-being of older adults. It is estimated that one in three adults age 65 and older fall each year. While most falls result in minimal injury, more than 20 to 30 percent of adults age 65 and older suffer serious injury from falls, particularly hip fractures and head injury. Of those hospitalized for a hip fracture 40% never return home or live independently again, and 25% will die within one year.

The loss of independence that follows a serious fall may lead to institutionalization, contributing to escalating health care costs and an incalculable human cost. Yet many falls can be prevented. The Archstone Foundation is a major supporter of the Falls Free Summit as part of its work to help prevent falls among older adults.

The Archstone Foundation strives for lasting change and working in partnership with others. To learn more about the Archstone Foundation and the work of its grantees visit www.archstone.org.

Home Safety Council

Our Mission

The Home Safety Council (HSC) is a 501(c)(3) nonprofit organization dedicated to helping prevent the nearly 21 million medical visits that result on average each year from unintentional injuries in the home. Through national programs and partners across America, the Home Safety Council works to educate and empower families to take actions that help keep them safer in and around their homes.

About the Home Safety Council

Established in 1993, the Home Safety Council serves as a national resource for home safety education and information. We believe that *a safe home is in your hands* and that's why our daily commitment is to provide families with the knowledge to implement safety practices in their home. Through relationships with educators, policy makers, safety communities, researchers and media, the Home Safety Council delivers timely information and recommendations for the public. This valuable information could spare them and their loved ones from a serious home-related injury. To learn more about the Council's programs, partnerships and resources, visit the Home Safety Council at www.homesafetycouncil.org .

Why Home Safety?

Unintentional home injury is a major public health problem in the United States. According to the Council's *The State of Home Safety in America*™ research report, each year on average preventable injuries in the home:

- Result in nearly 20,000 deaths
- Cause nearly 21 million medical visits
- Are the fifth leading cause of death overall
- Are 2.5 times more likely to cause injury than car crashes
- Cost our nation $380 billion
- Are largely preventable when home safety practices are put into action at home

How We Promote Our Mission

We work hard to share information through our programs, partners, and resources to keep families safe at home. Our body of work includes:

- School and community outreach to educate kids and their parents from coast-to-coast
- Research and data collection on unintentional injuries in the home to help target educational programs
- Online safety resources to provide the public with easy access to free information and comprehensive tools designed to improve understanding of unintentional home injuries and offer effective ways families/households can safeguard their loved ones
- Corporate outreach to assist companies of all sizes in developing effective methods to share home injury prevention information with their employees, families and customers
- Grassroots outreach teaming HSC with partner organizations to extend safety messages into local communities
- Seasonal consumer awareness campaigns that deliver timely and "calendar relevant" safety tips to the public through media and web-based outreach
- Risk group outreach to target groups with the highest incidence of home injury and develop customized educational programs tailored to their needs
- Children's educational programs to teach home safety lessons to elementary age kids in the classroom and on the Internet through specially-designed lesson plans, activities and games
- Advocacy and public affairs initiatives to support home safety research, and promote healthy and safer communities
- Awards and recognition for corporations and individuals who champion the cause

The Home Safety Council believes that education is the first step to a safer home and that's why our mission of education and empowerment is so important to the health and well-being of families everywhere.

Falls Free:

National Action Plan

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I. Executive Summary

Falls and fall-related injuries impose an enormous burden on individuals, society, and the nation's health care systems. And as the population of the United States ages, the negative impact of falls continues to increase. Yet many falls, and fall-related injuries, can be prevented with existing knowledge and technology.

In response to escalating concerns related to falls and fall-related injuries among the aging population, and to address the challenges and barriers related to a national falls prevention initiative, *The National Council on the Aging* (NCOA), with support from the *Archstone Foundation* and the *Home Safety Council*, is spearheading an initiative entitled *Falls Free: Promoting a National Falls Prevention Action Plan.*

The overarching vision and goal statements for this initiative are:

Vision: Older adults will have fewer falls and fall-related injuries, maximizing their independence and quality of life.

Goal: To launch a *National Action Plan* with specific goals and strategies to effect sustained initiatives that reduce falls among older adults.

Evidence strongly suggests that falls result from multiple factors that can be both intrinsic to the individual, and within the environment. While recognizing that falls prevention requires integrated assessment and management of the full range of causative factors, this plan is organized around four primary risk factors, as well as issues that cut across multiple concerns (cross-cutting issues).

The involvement and collaboration of multiple and diverse groups including, but not limited to, consumers, health care providers, policy makers, aging services professionals, representatives of building and construction industries, and community health professionals will be required in order to successfully implement this plan.

Thirty-six strategies are proposed, based on input from the *Falls Free Summit* participants. The strategies are organized under goals within each risk factor. It is important to note that the strategies and action steps are not prioritized in this document.

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.

- Create a national Web-based clearinghouse to disseminate consumer information and resources related to physical mobility and falls prevention.
- Increase awareness among older adults, their caregivers, and health care professionals of factors that can contribute to decline in physical mobility.
- Increase the availability of appropriate physical mobility programs and services for older adults.
- 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.

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.

- 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.

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

- Develop options and approaches for how Medicare and other provider systems should reimburse for physical mobility services and treatment related to falls prevention.

- 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.

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 providers.

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

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

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

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

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.

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

- 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 software to check for drug interactions and contraindicated medications.

- 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.

- Maximize the opportunity to address falls issues as part of the prescription benefit component of the Medicare Modernization Act.

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Home safety:

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

- Raise awareness and disseminate information about home safety practices and options for caregivers and older adults to reduce falls.
- Identify funding sources and community-based resources to assist older adults in accessing home assessments and making appropriate modifications.
- 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.

Goal B: Health care, 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.

- Develop a database of best practices in home modifications and effective home safety measures for reducing fall risks at home.
- Identify gaps in resources and develop an advocacy plan for enhanced funding for, and attention to, home safety and home modifications.
- Expand and enhance the delivery system for home modification, home safety, and related safety services.
- Create, translate, and disseminate knowledge tailored for specific professional groups.

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.

- Promote the wider use of risk identification and reporting tools, and other mechanisms for reporting and data collection.
- Develop a social marketing campaign to increase the demand for senior-friendly communities.
- 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.
- Identify best practice information about effective strategies to reduce falls outside the home.

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.

- Improve information gathering and comprehensive assessment of community hazards.

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

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

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

Cross-cutting issues:

Goal: Effectively move the agenda/action plan forward related to:

- ♦ Linking the community/aging service network and the health care system,
- ♦ Integrating interdisciplinary activities such as risk assessments and interventions,
- ♦ Communications and marketing, and
- ♦ Policy and advocacy.

- Identify, synthesize, and translate information on falls prevention from interdisciplinary research into best practices. Disseminate the information to target audiences including health care and aging service providers and professional organizations.

- Improve fall risk management of those at increased risk for falls by promoting coordinated assessment and intervention targeted toward the known risk factors for falling.

- Create a national clearinghouse of information and resources about falls from multiple disciplines.

- Develop a research-based social marketing campaign that will change the social norm of how falls are perceived by reframing the current view that falls are an inevitable consequence of aging, to the understanding that falls are caused by known risks and can be prevented.

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

- Support legislation and regulations that include falls risk as part of current FDA safety monitoring.

It is clear that effective falls prevention initiatives will require the collaborative efforts of many organizations. This *National Action Plan* is both a call to action and a guide for implementing an effective coordinated approach to reducing injurious and fatal falls among older adults. The strategies put forth represent the best thinking of leading experts across diverse fields of influence. These strategies have been identified as ones that can be initiated within an eighteen month timeframe. In some cases, actual implementation will require an extended time period and significant commitment of resources. When implemented, these strategies can build community awareness and support, and serve as a foundation for longer term strategies. More importantly, the impact of these strategies will insure that older adults will have fewer falls and fall-related injuries, maximizing their independence and quality of life.

II. Background

> **Falls can have devastating outcomes, including decreased mobility, function, and independence, and in some cases, death.**
>
> CENTERS FOR MEDICARE & MEDICAID SERVICES

Falls and fall-related injuries impose an enormous burden on individuals, society, and to the nation's health care system. As the population of the United States ages, the negative impact of falls continues to increase. According to the Centers for Disease Control and Prevention's (CDC) *National Center for Injury Prevention and Control* fact sheet[1]:

- More than one third of adults age 65 years and older fall each year.
- Among older adults, falls are the leading cause of injury deaths and the most common cause of injuries and hospital admissions for trauma.
- Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes.
- Of those who fall, 20 to 30 percent suffer moderate to severe injuries that reduce mobility and independence, and increase the risk of premature death.

By 2020, the estimated annual cost for fall-related injuries for people age 65 and older is expected to reach $43.8 billion.[2]

Unfortunately, although considerable research aimed at identifying effective preventive strategies has been undertaken, these strategies have not been widely adopted into practice, and falls prevention has been largely ignored outside select settings.

From the public health perspective, reasons for this neglect include the fact that falls prevention is not yet viewed as an important public health issue, a belief that falls are an inevitable aspect of aging, and the challenge that prevention requires cooperation among groups that have not traditionally worked together. The good news is that many falls and resulting injuries are preventable. Research shows that there are a number of strategies known to be effective in preventing falls among older adults. One such strategy would include exercises and physical therapy to improve strength, balance, and flexibility. Such exercises need not be elaborate or involve expensive equipment – but should be done consistently to sustain a reduction in fall risk. Better management of medications that may affect balance and attention is another important falls prevention strategy. This may include dose reduction, or substitution of one medication for another to reduce dizziness or confusion. Home modification to reduce hazards is another strategy to reduce falls. Examples of home modifications include installing grab bars, improving lighting, and removing clutter that may cause tripping.[3] In addition, appropriate foot care can also play a role in reducing the risk of falls. Such foot care might include addressing pain, deformities and gait disturbances. Falls can also occur in community settings, and eliminating hazards is a key strategy in reducing falls. Examples might include improving unsafe walking surfaces.

In response to escalating concerns related to falls and fall-related injuries among the aging population, and to address the challenges and barriers related to a national falls prevention initiative, *The National Council on the Aging* (NCOA), with funding from the *Archstone Foundation* and the *Home Safety Council*, is spearheading an initiative entitled *Falls Free: Promoting a National Falls Prevention Action Plan* (the *National Action Plan*).

The project was launched with a two-day *Falls Free Summit* (December 8-9, 2004) at which 66 representatives from 57 diverse organizations assembled to discuss issues related to falls among older adults and to provide strategic input into the development of a *National Action Plan*. The CDC's National Center for Injury Prevention and Control provided additional funding support for the publication of the *National Action Plan*.

III. Overview of the *Falls Free Summit* Planning Process

To plan and organize the *Falls Free Summit*, the NCOA convened a Steering Committee of nationally known experts, who developed the following vision and goal statements for the initiative:

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

To better understand the current falls prevention activities, the Steering Committee commissioned an Environmental Scan of nationally recognized organizations, agencies, and professional associations that have an interest in falls prevention. The scan was conducted during the summer of 2004. The information was used to identify national organizations, agencies and foundations that currently address falls prevention among older adults. Results were also used to identify prospective *Falls Free Summit* attendees, as well as inform the development of the Summit agenda. Organizations included in the scan were identified through a Steering Committee brainstorming session. The list was expanded based on a comprehensive Internet search. Additionally, the organizations surveyed were asked to identify other organizations that might have an active interest in falls prevention. A total of 98 organizations were contacted and requested to complete an electronic survey exploring their falls prevention activities. Surveys were completed by 71 organizations, with 51 respondents indicating an interest in participation in the *Falls Free Summit*.

The Environmental Scan final report was provided to Summit participants as preparatory material and can be downloaded from the Center for Healthy Aging Web site at www.healthyagingprograms.org.

In addition to the Environmental Scan, four commissioned review papers provided Summit participants with the most current falls prevention research and public health data. The papers are available as a supplement to this document and can be downloaded from www.healthyagingprograms.org. In addition to a general review of the issues, the papers include discussions of implications and recommendations across four primary risk factors:

- Physical mobility: Risk factors that predispose older adults to falls include lower extremity weakness, generalized deconditioning and poor endurance, musculo-skeletal stiffness and rigidity, slow reaction time to perturbations in balance, and slow walking speed. The presence of these risk factors in older adults with chronic medical problems leaves them at a greater risk for fall-related injury because of their limited reserves and their fragility.[4] A review of the existing research makes it clear that exercise and physical therapy can be effective measures to help reduce falls and fall-related injuries in older adults.[5]

- Medications management: Changes in cognitive and physical function, dizziness or lightheadedness, balance difficulties, confusion and sedation should alert caregivers, and health and aging service providers to refer older adults who experience these problems to health professionals for a comprehensive assessment. Medication use can cause these changes and require interventions aimed at medication modification to help reduce the risk of falls. Modifications might include dosage reduction, elimination of a particular medication, or use of an alternative medication.[6]

- Home safety: Data compiled from the 1997 and 1998 National Health Interview Surveys indicate that the majority (55 percent) of all injuries among older people occurred inside the home. An additional 23 percent of injuries occur outside but near the house.[7] The home environment itself is implicated in more than one-third of older persons' falls. Consequently, elimination of hazardous conditions (e.g., clutter, poor lighting) and the addition of supportive features (e.g. grab bars, handrails) in locations such as stairs and bathrooms are important strategies in falls prevention.

- Environmental safety: Falls in the community can occur in public and private outdoor spaces, as well as in the built environment. Outdoor community hazards include uneven pavement or surfaces, pavement cracks, tree roots, slippery walking surfaces, obstacles in walkways, snow or ice on walkways or steps, uneven steps, floor mats, door sills, unsafe stair design, and poor lighting. Hazards related to the built environment include poorly maintained buildings; lack of safety features such as handrails, grab bars, curb cuts, and ramps; and inadequate lighting or glare from surfaces.[8] Eliminating hazards in existing settings, and designing new communities with falls prevention in mind, are strategies that should be pursued.

The background papers, the Environmental Scan, and an excerpt from the *Prevention of Falls and Injuries Among the Elderly,* a special report from the Office of the Provincial Health Officer, Ministry of Health Planning, British Columbia were sent to *Falls Free Summit* participants in advance of the meeting.

IV. Design and Outcome of the *Falls Free Summit*

> ***"We are tackling a big problem. We want to be idealistic, but also pragmatic in how we approach falls prevention."***
>
> *JAMES FIRMAN, PRESIDENT AND CEO, THE NATIONAL COUNCIL ON THE AGING, SPEAKING AT THE DECEMBER 2004 FALLS FREE SUMMIT*

The Steering Committee recognized the need to address the complexity of the issue of falls prevention by defining manageable parameters for the *Falls Free Summit*. The Steering Committee chose to focus efforts on both active and frail community-residing older adults. The potential of expanding this scope in subsequent work was noted. While recognizing that falls prevention requires integrated assessment and management of the full range of causative factors, the Steering Committee identified four major risk factors to guide the work of the Summit participants. These were physical mobility, medications management, home safety, and environmental safety in the community. The Summit was designed to focus explicitly on falls prevention and risk reduction. The Steering Committee acknowledged that while osteoporosis was not a specific issue addressed at the Summit, it is a topic that might be considered in future work related to this initiative.

Individual participants were personally invited to the Summit. They represented a variety of professional organizations, agencies, associations, and businesses. The total number of participants was intentionally kept small in order to allow for maximum dialog and interaction. The Summit agenda was organized around the primary risk factors noted above. Two goal statements were developed for each of the four risk factors addressed, and a general goal statement was designed for those issues which cut across multiple concerns (cross-cutting issues).

The agenda included two break-out sessions on the first day of the Summit, during which time participants were asked to develop strategies and action steps in support of the specifically assigned goals. Facilitators and barriers to achieving those goals were also identified. Participants were instructed to capitalize on current opportunities, resources, and coalitions, as well as to consider new collaborations. Worksheets were created to aid their work. Experienced facilitators and recorders enhanced the group processes.

On the second day of the Summit, participants engaged in discussions related to cross-cutting issues which included:

- Linking the community/aging service network and the health care system,
- Integrating interdisciplinary activities such as risk assessments related to falls prevention and reduction,
- Communications and marketing, and
- Policy and advocacy.

Breakout groups were configured to take advantage of subject expertise as well as offer diversity of experience and insights into the issues discussed.

The following pages highlight the strategies and preliminary action steps that were articulated by Summit participants. The Summit discussions centered on strategies that can be accomplished in the short term (18 months or less). Although some of the concepts outlined in this document will require a longer time period for completion, it is assumed that most of these strategies and actions steps can be initiated within 18 months. Organizations and agencies can adopt these strategies to align with their existing falls prevention initiatives. However, most of these strategies will be best achieved through the establishment of working groups or coalitions of stakeholders. In many instances, additional funding sources, as well as lead organizations, will need to be identified to carry out next-steps. It is recommended that all strategies and supporting action steps include an evaluation component to measure effectiveness.

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 Create a national Web-based clearinghouse to disseminate consumer information and resources related to physical mobility and falls prevention.

Action Steps

1. Identify organizations with national presence and connections to take the lead in the development of the clearinghouse.
2. Identify appropriate funding sources for clearinghouse development.
3. Collect and evaluate information on available resources (e.g., services and programs, information on how to access them, and tip sheets).
4. Identify information and resource gaps and develop new materials as needed.
5. Develop an infrastructure for the clearinghouse to provide both national and state-specific resources.
6. Launch and solicit feedback from priority target audiences of the clearinghouse.
7. Develop a sustainability plan to address the maintenance of the clearinghouse and to assure continued quality control of the information provided.

Strategy 2 Increase awareness among older adults, their caregivers, and health care professionals of factors that can contribute to decline in physical mobility.

Action Steps

1. Identify, develop and disseminate easy-to-use self-assessment tools.
2. Evaluate the efficacy and sensitivity of self-assessment tools.
3. Link self-assessments to local program/service options available to the user.
4. Publicize and disseminate self-assessment tools.

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 3 Increase the availability of appropriate physical mobility programs and services for older adults.

Action Steps

1. Develop criteria for determining appropriateness of programs across different levels of falls risk.
2. Identify criteria and procedures for recognizing model programs.
3. Address issues related to organizations self-reporting and self-monitoring information about their programs and services.
4. Develop a Web site where organizations can submit applications for their programs to be recognized.
5. Develop quality assurance mechanisms for identifying key components of programs or services.
6. Publicize existing program locator services such as age-friendly fitness and wellness facilities and develop new locator services as needed, (e.g., low lost/no cost community-based physical mobility programs).
7. Address program cost issues by identifying quality, free or low cost programs or activities, such as walking, and/or self directed, home-based programs.

Strategy 4 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.

Physical Mobility

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 and synthesize scientific evidence and recommendations for professionals who have roles in falls prevention.
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. Link physical mobility information into existing systems and guidelines for clinical health care professionals.
4. Establish links between health care professionals and 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 other aging service providers with the knowledge and skills to evaluate physical mobility and make appropriate recommendations.

Action Steps

1. Raise the awareness of effective physical mobility interventions among medical and other service providers.
2. Develop and disseminate strategies for incorporating physical mobility into multifactorial fall risk assessment and management interventions.
3. Identify providers who can implement or encourage cross-referral and collaboration across complementary provider group disciplines.
4. Conduct systematic analysis of existing knowledge relative to the assessment of physical mobility and best practice programs.
5. Identify provider incentives and publicize these to providers (e.g., coding/compensation).
6. Educate providers on simple ways to incorporate effective falls prevention and intervention strategies into practice
7. Develop evidence-based educational modules for physical mobility that are specific to the different provider groups.
8. Develop training for health care professionals and senior service providers in the use of physical mobility assessment tools and treatment programs.

Physical Mobility

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 3 Develop options and approaches for how Medicare and other provider systems should reimburse for physical mobility services and treatment related to falls prevention.

Action Steps

1. Write and sponsor a request for Medicare coverage based on existing consensus guidelines and recommendations.
2. Develop consensus and advocate for policy alternatives for Medicare rules and regulations related to falls prevention.
3. Clarify Medicare policy related to evaluation and management services for people at high risk for falls.
4. Support the creation and implementation of fall-specific International Classification of Diseases (ICD) and Current Procedural Terminology (CPT) codes.
5. Make a compelling business case for insurance coverage. Collaborate with groups who have developed similar business cases.
6. Develop and evaluate a process for follow-up screening/medical assessment when people respond affirmatively to falls history during the "Welcome to Medicare" visit.

Strategy 4 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.
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.

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 an annual medication review conducted by a health care provider or pharmacist, and insure this review includes an adequate focus on falls and fall-related injury prevention, with the goal of reducing 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 or eliminated.
2. Leverage opportunities with the *National Council on Patient Information and Education* related to annual medication review for older adults.

Strategy 2 Conduct a strategically planned consumer education campaign to increase awareness of falls risks associated with medication use (prescription and nonprescription).

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 an annual review and modification of medications by qualified health care providers.
2. Implement a “24-hour nurse information line” for the general public with a falls prevention module.
3. Utilize appropriate media channels to communicate the falls risk of medications to consumers.
4. Provide support to older adults to reduce or eliminate the use of medications that are related to falls, including providing them with information on alternatives to medications that are associated with falls risk.
5. 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.
6. 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.
7. Develop and implement a pharmacy based “sticker” program to identify falls risk associated with medications.

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

Action Steps

1. Identify existing and/or develop consumer tools to identify how some medications contribute to the risk of falling.
2. Develop consumer technology to help consumers more effectively manage their medications.
3. Add a falls awareness component to existing patient education efforts.
4. Identify groups, agencies, and projects that focus on medications management and engage them as consumer advocates for medication management.
5. Work with the Food and Drug Administration (FDA) on the development of appropriate medication package inserts that address falls and fall-related injuries in a concise and understandable manner. These need to be 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. Provide printed information on the manner in which medications should be taken, and address elements of medication package inserts related to type size, language, literacy, etc. to assure information is helpful to consumers.
4. Develop strategies for empowering older adults to request postural hypotension assessments from their health care providers.
5. Incorporate information related to evaluation of medications and falls risk on health care organizations' consumer Web sites.
6. Develop (or enhance) and disseminate existing self-assessment tools related to medications that older adults can complete and take to their health care providers. Distribute falls self-risk assessment tools and information through pharmacies.
7. Provide support and tools to lay caregivers so they better understand medication management related to falls and fall-related injuries.
8. Distribute consumer-targeted falls risk assessment tools and information through pharmacies.

Medications Management

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. Review current tools and existing efforts for health care provider medication review and modification. Assess the emphasis on falls and make adaptations as appropriate.
2. Involve home care providers in the front-line assessment of adverse medication affects through the use of simple medication risk assessment tools.
3. Develop demonstration projects for the management of postural hypotension and sleep medications.
4. Develop and disseminate strategies for incorporating medication review and management into multifactorial fall risk assessment and management interventions.
5. Develop and disseminate to health care providers a multifactorial fall risk assessment and management strategy 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 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 successful 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 professional are encouraged to utilize electronic records.
5. Develop patient centered smart systems for electronic tracking of medication use in hospitals.
6. Develop a database of medications patients were taking near the times of falls and identify the risk of specific drugs or drug combinations.
7. 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.
8. Identify opportunities to work with foundations and other grant-making organizations, to make information technology tools available to communities and health care settings in which resources are limited.

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Medications Management

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 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 drugs 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 Web, which offers information about specific drugs and associated risk of falling.
3. Identify and analyze the current medications 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. Encourage Medicare carriers to clearly state the effects of medication on falls risk in the "Welcome to Medicare" initial physical exam.

Strategy 4 Maximize the opportunity to address falls issues as part of the prescription benefit component of the Medicare Modernization Act.

Action Steps

1. Target prescription drug plan providers to assist in information dissemination and patient education efforts.
2. Involve Medicare contractors in the promotion of patient education regarding medication use.
3. Assure experts in geriatric pharmacology and geriatric medicines are on drug plan advisory boards.
4. Develop a plan for health care providers to monitor and report fall-related adverse effects, e.g., postural hypotension and drowsiness.
5. 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.
6. Identify and disseminate information related to reimbursement opportunities for prescription review.

Home Safety

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

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 (e.g., libraries, faith-based organizations, and reputable Web sites.)
2. Provide caregivers and family members with guidance on how to discuss the need for home modifications with older adults as well as where to locate resources, particularly for high risk groups such as persons with dementia, visual impairments, and mobility limitations.
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 seminars and materials.
5. Publish a list of "aging-friendly" home builders and remodelers who have completed home safety/ home modification training and disseminate it to local agencies and organizations that work with older adults.

Strategy 2 Identify funding sources and community-based resources to assist older adults in accessing home assessments and making appropriate modifications.

Action Steps

1. Identify current funding resources for home assessments and modification (e.g., Medicare, Medicaid, Community Development Block Grants, Older Americans Act programs, various loan programs) and organizations that can provide them at low-cost or no-cost (e.g., Rebuilding Together).
2. Create buyer guides and "desirable home feature" checklists that 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).

Home Safety

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

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.
2. Engage manufacturers and contractors in developing home features designed to reduce the risk of falls.
3. Create a public awareness campaign, based on marketing research that can be adopted by a variety of organizations.
4. Use home improvement television programs to feature home modification information that is targeted to midlife and older adults.

Home Safety

Goal B: Health care, 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 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.
2. Create a database of home safety modification templates for building and remodeling professionals related to the needs of persons at risk of falls.
3. Identify and promote the use of credible communication resources for information dissemination such as www.homemods.org, www.stopfalls.org, and www.visionconnection.org.
4. Review and evaluate 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.

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 "cash and counseling" 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. Advocate with HUD and subsidized and private housing providers to collect data on falls, conduct periodic reviews and retrofit existing buildings and facilities to address falls prevention.
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.
5. Promote the inclusion of home modification on the agenda of the *White House Conference on Aging.*

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Home Safety

Goal B: Health care, 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 3 Expand and enhance the delivery system for home modification, home safety, and related safety services.

Action Steps

1. Engage provider organizations, such as the American Physical Therapy Association, American Occupational Therapy Association, and the Visiting Nurses Association of America in development and/or adoption of culturally sensitive, consumer targeted home assessment tools.
2. Train aging service providers who routinely go into the homes of older adults (e.g., Meals-on-Wheels volunteers, home health care nurses, home care workers, emergency medical technicians) in identifying home hazards and fall risks.
3. 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.
4. Develop effective referral pathways for assessing home hazards, and making home modifications referrals, once older adults have been identified as at moderate to high risk of falls.
5. Develop local coalitions on falls prevention that include home modification experts.
6. 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 develop 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. Integrate falls prevention/home modification content into the American Occupational Therapy Association competency and training requirements as a model for other professions, including those in the building sector.
5. Conduct outcomes-based research on the efficacy of the current referral pathway for home modification and make recommendations on how to improve it.
6. Assess current research to identify successful behavior change strategies that professionals can use to encourage clients to make appropriate modifications
7. Advocate with government agencies and foundations to support research on the development of a "readiness to change" tool that motivates older adults to make their homes safer.

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 and reporting tools, and other mechanisms for reporting and data collection.

Action Steps

1. Identify current risk identification and reporting tools.
2. Review the tools in *Prevention of Falls and Injuries Among the Elderly (*A Special Report from the Office of the Provincial Health Officer, Ministry of Health Planning, British Columbia, available at http://www.injuryresearch.bc.ca/) and similar reports, and adapt those that can be implemented through U.S. initiatives.
3. Identify current databases of organizations that address falls prevention. Establish a clearinghouse to facilitate information sharing and dissemination.
4. 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.
5. 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, and "Eldercare Locator" 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, and the design of new housing with universal design features (e.g. curbless showers).

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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 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. Build on review papers developed for the *Falls Free Summit*.
3. Develop white papers, assess existing data sets, conduct a meta-analysis of the research to identify what works, and identify gaps in the research.
4. 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 best practice programs in place, and develop processes for dissemination of information.
2. Identify processes and resources to support wider implementation of innovative programs.

Environmental Safety in the Community

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 elected officials, in response to the recommendations of the *Falls Free Summit*.

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 and fall-related injuries and death among older adults.

Action Steps

1. Assemble a Falls Prevention Coalition to identify which committees or groups to target, and then develop a blueprint for advocacy.
2. Implement a falls-prevention letter writing campaign targeted to federal, state, and local policy makers and community leaders.
3. 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).
4. 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.
5. Develop a template related to falls prevention advocacy for use at the local level.
6. Summarize available environment related falls risk and prevention research into one-page issue briefs.
7. Advocate for accessible and supportive housing options for the aging population that include falls prevention features.

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Environmental Safety in the Community

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 3 Provide advocacy 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 support 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).

Cross Cutting

Goal: Effectively move the agenda/action plan forward related to:

- Linking the community/aging service network and health care systems,
- Integrating interdisciplinary activities such as risk assessments and interventions,
- Communications and marketing, and
- Policy and advocacy

Strategy 1 Identify, synthesize, and translate information on falls prevention from interdisciplinary research into best practices. Disseminate the information to target audiences including health care and aging service providers and professional organizations.

Action Steps

1. Convene a group of experts representing a variety of disciplines to develop criteria for best practices for falls prevention by various provider groups (e.g., physicians, nurses, occupational therapists, physical therapists, social services professionals, remodelers, and community program professionals). Build on research which has demonstrated the importance of assessing falls risk, effective interventions for priority risk factors, and the increased effectiveness of multi-faceted programs/interventions.
2. Develop a report(s) of the components of best practices initiatives. Utilize an NIH-type consensus conference. The reports should identify gaps in knowledge and recommendations for future research to build the evidence base for effective interventions.
3. Develop supportive materials for best practices for the various provider groups, including guidelines, curricula, standards of care, training materials, and supportive lay educational materials that are culturally sensitive and can be tailored to specific populations and settings.
4. Disseminate materials broadly through a variety of channels, including existing Web sites, conferences, training programs, published articles, professional organizations (e.g., American Geriatrics Society, American Society on Aging), trade associations, curricula of professional training programs (medical and nursing schools), and continuing education programs.
5. Support falls prevention demonstration projects, as well as including falls prevention information in existing programs (e.g., on-going physical activity programs).
6. Develop a process for future updates of the best practices report(s) related to falls prevention.

Cross Cutting

Goal: Effectively move the agenda/action plan forward related to:

- Linking the community/aging service network and health care systems,
- Integrating interdisciplinary activities such as risk assessments and interventions,
- Communications and marketing, and
- Policy and advocacy

Strategy 2 Improve fall risk management of those at increased risk for falls by promoting coordinated assessment and intervention targeted toward the known risk factors for falling.

Action Steps

1. Increase health care provider awareness of the importance of the assessment of multiple falls risk factors and the need to take effective action to manage these risk factors, including referring those at risk for falls to effective local programs and resources.
2. Establish state or local coalitions to develop criteria to identify community programs and resources that follow best practices guidelines. Develop a community referral system to communicate information about programs.
3. Develop referral pathways from the health care providers to community programs and vice versa.
4. Increase referrals to community programs and aging services, by improving the links between these programs and services and the health care system.

Strategy 3 Create a national clearinghouse of information and resources about falls from multiple disciplines.

Action Steps

1. Build an infrastructure and secure funding for establishing and maintaining the clearinghouse and Web site.
2. Convene a multi-disciplinary advisory group to develop the organization, processes, and criteria for determining how information is selected for inclusion in the clearinghouse. The advisory group should identify potential Web site links (e.g., www.stopfalls.org, www.homemods.org) and review existing clearinghouses to help inform the organizational process.
3. Include information on risk assessments, priority risks, and proven interventions (e.g., balance and strength, medication management, home safety, environmental safety in the community, vision, footwear, and multi-factorial interventions), best practices for community programs, model programs, policy and advocacy, and resources and educational tools.
4. Identify specific audiences for the clearinghouse, including: older adults and their families, health care professionals, community programs professionals, professional and trade organizations, consumers, policy and decision-makers, etc.

Cross Cutting

Goal: Effectively move the agenda/action plan forward related to:

- Linking the community/aging service network and health care systems,
- Integrating interdisciplinary activities such as risk assessments and interventions,
- Communications and marketing, and
- Policy and advocacy

Strategy 4 Develop a research-based social marketing campaign that will change the social norm of how falls are perceived by reframing the current view that falls are an inevitable consequence of aging, to the understanding that falls are caused by known risks and can be prevented.

Action Steps

1. Convene an advisory group of experts to determine and prioritize key messages for target audiences (e.g., older adults, extended family, health care and aging service providers, professional groups, businesses).
2. Involve traditional and non-traditional partners (e.g., health care, private industry, home improvement, construction, Area Agencies on Aging) in the development and dissemination of information.
3. Analyze other public health campaigns (e.g., breast cancer awareness) to identify lessons learned.
4. Secure funding for a qualified marketing/communications agency to develop and disseminate the informational campaign, based on guidance from the advisory group.
5. Develop a marketing plan, based on social marketing principles, that identifies key messages, target audiences, channels of dissemination, and evaluation strategies.
6. Identify spokespersons and champions to take the messages of the campaign and promote them at the national and local levels. Involve non-profit organizations, federal, state and local agencies, and professional organizations.
7. Convene a national conference to promote the messages of the campaign, increase awareness of falls and prevention strategies and best practices, raise awareness of resources, and promote collaboration among stakeholders.

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Cross Cutting

Goal: Effectively move the agenda/action plan forward related to:

- Linking the community/aging service network and health care systems,
- Integrating interdisciplinary activities such as risk assessments and interventions,
- Communications and marketing, and
- Policy and advocacy

Strategy 5 Develop a public policy agenda to promote falls prevention at the national, state, and local levels.

Action Steps

1. Establish public policy coalitions to address falls and falls prevention. Involve representatives from government, business, nonprofit, academic, building, and health care communities.
2. Support on-going and new advocacy initiatives relevant to supporting falls prevention, including:
   a. Federal legislation on falls that will be re-introduced in 2005
   b. White House Conference on Aging
   c. Medicare Modernization Act
   d. Older American's Act reauthorization
3. 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. Incorporate safety awareness and strategies into Medicare conditions of participation for home care providers.
6. Create model legislation for use by states and local communities.

Strategy 6 Support legislation and regulations that include falls risk as part of current FDA safety monitoring.

Action Steps

1. Ensure the FDA provides practitioners with current information to help inform them about the high risks of medication use and falls.
2. Develop an advocacy plan that addresses FDA safety monitoring to include falls prevention.
3. Seek opportunities for collaboration between stakeholder organizations related to advocacy initiatives for FDA falls prevention and medication use.

VI. Summary and Next Steps

Falls among older adults lead to a significant burden of injury and suffering, loss of independence, financial cost, and in some cases even death. Falls are often the result of a complex, interdependent constellation of factors, in which multiple causes interact to produce a fall.

The goal of reducing falls among older adults can only be achieved through a comprehensive and coordinated effort that incorporates a range of multidisciplinary strategies that address the interacting factors that cause falls. For that reason, it makes sense that a national plan to address falls among older adults needs to be integrated and coordinated across multiple professional disciplines, and inclusive of key consumer groups. This need for collaboration cannot be overstated. Some excellent foundation-laying research has already been done related to falls prevention, and there are several excellent programs and resources available. But ongoing research, and continued program development must be further supported and more widely disseminated, or the likelihood of widespread replication is diminished.

Often, the most daunting challenge involved in implementing a multi-faceted initiative is just getting started. It is the intent of the *Falls Free Summit* Steering Committee, and the sponsoring agencies, that this document will serve as a blueprint for the initiation of collaborative efforts across multiple stakeholders to address falls prevention.

The growth in the aging population, the desire of mature adults to remain independent, and the rising costs of health care and long-term care make finding ways to prevent and reduce falls of paramount importance in promoting healthy aging.

During the next 18 months the *National Council on the Aging*, in collaboration with its many partners will work to promote and disseminate the *Falls Free National Action Plan*.

While the next steps for further work on the falls free initiative are dependent on funding support, it is envisioned that activities will include:

- Encouragement of ownership and adoption of the National Action Plan strategies by key national stakeholder organizations who address issues related to older adults, their health and wellness.
- Broad dissemination of this plan through presentations at appropriate conferences and posting on Web sites.
- Collaboration and involvement of key stakeholder organizations to further disseminate and implement the strategies and action steps.
- Working with, or advising, organizations to support public policy initiatives related to falls prevention and falls risk reduction.
- Development of a follow-up report 18 months after this plan is released, to summarize action taken or underway related to these strategies.

This *National Action Plan* is offered as both a call to action and a guide for implementing an effective coordinated approach to reducing injurious and fatal falls among older adults. The strategies put forth represent the best thinking of leading experts across diverse fields of influence. These strategies have been identified as ones that can be initiated within an eighteen month timeframe. In some cases, actual implementation will require an extended time period, as well as a significant commitment of resources.

When implemented, these strategies can build community awareness and support, and serve as a foundation for longer term strategies. More importantly, the impact of these strategies will be a reduction in falls and fall-related injuries among the older population in the United States.

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IX. Selected References

[1] *The cost of fall injuries among older adults.* http://www.cdc.gov/ncipc/factsheets/fallcost.htm

[2] Englander F, Hodson TJ, Terregrossa RA. *Economic dimensions of slip and fall injuries*. J Forensic Sci 1996; 41(5):733-746

[3] *A toolkit to prevent senior falls.* http://www.cdc.gov/ncipc/pub-res/toolkit/toolkit.htm

[4] *Preventing falls in older Californians: State of the art.* California blueprint for fall prevention. A background white paper for an invitational conference on falls. February 5-6, 2003.

[5] Rose D. *The role of exercise in reducing falls and fall-related injuries in older adults*. Research review paper for Falls Free Summit. December 2004.

[6] Cameron K. *The role of medication modification in fall prevention.* Research review paper for Falls Free Summit. December 2004.

[7] Pynoos J, Sabata D, Choi I. *The role of the environment in fall prevention at home and in the community.* Research review paper for Falls Free Summit. December 2004.

[8] *Prevention of falls and injuries among the elderly*. A special report from the Office of the Provincial Health Officer, Ministry of Health Planning, British Columbia. January, 2004. www.injuryresearch.bc.ca.

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