

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

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- **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!

Invite. Convene. Inform.

**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**

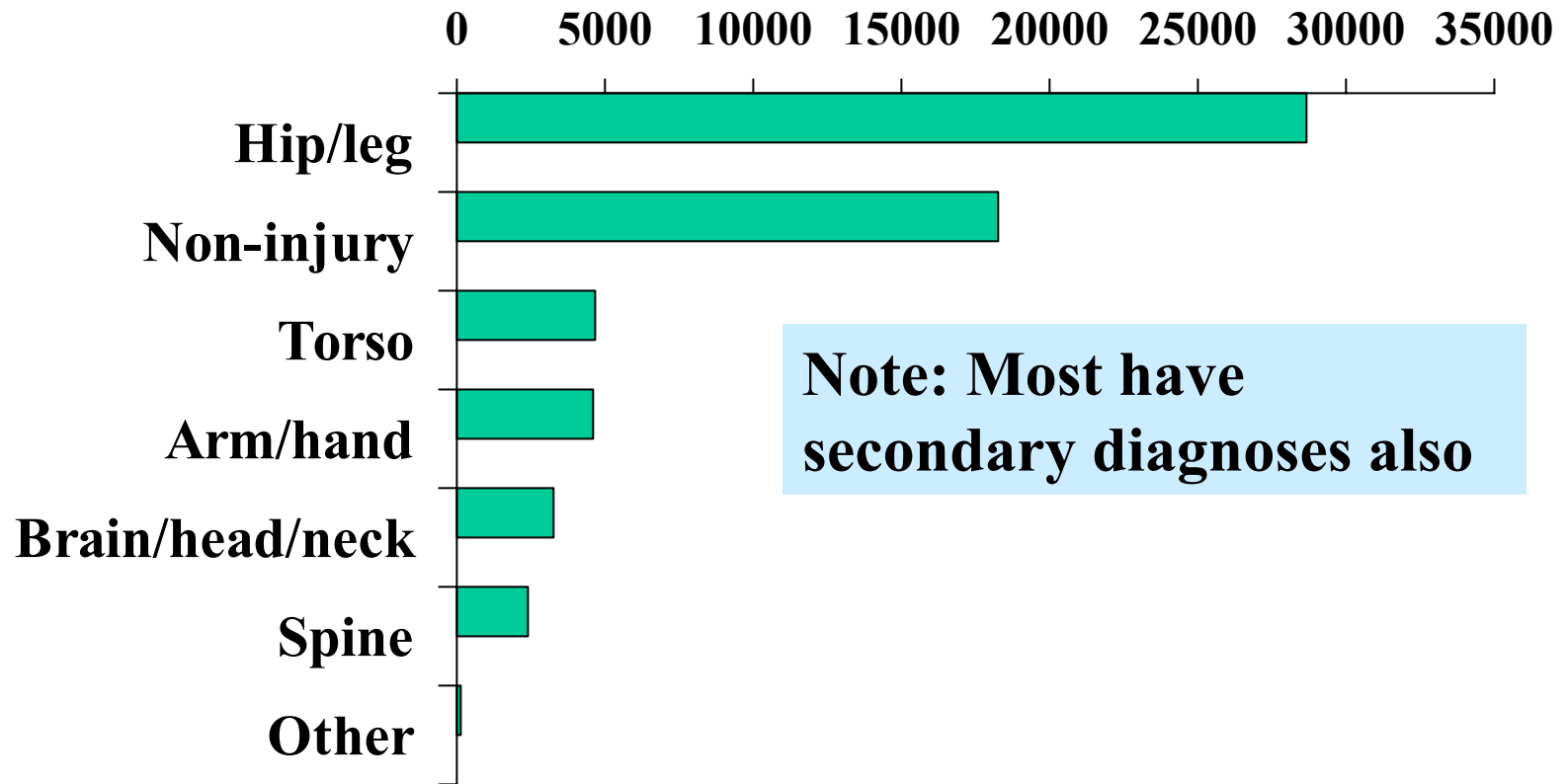


California

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



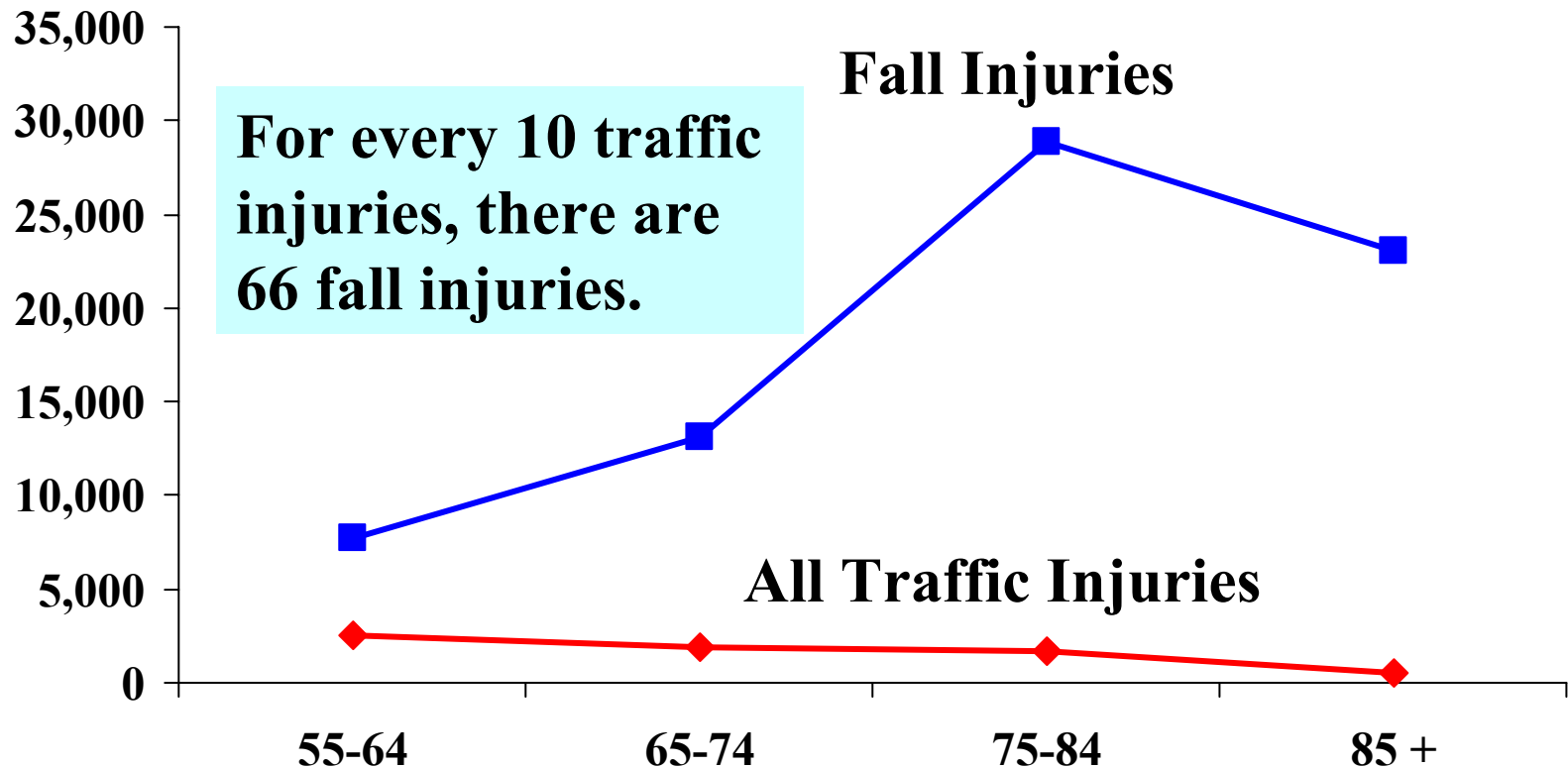
***So, why isn't
falls prevention a
priority?***

Perceived Risk

vs.

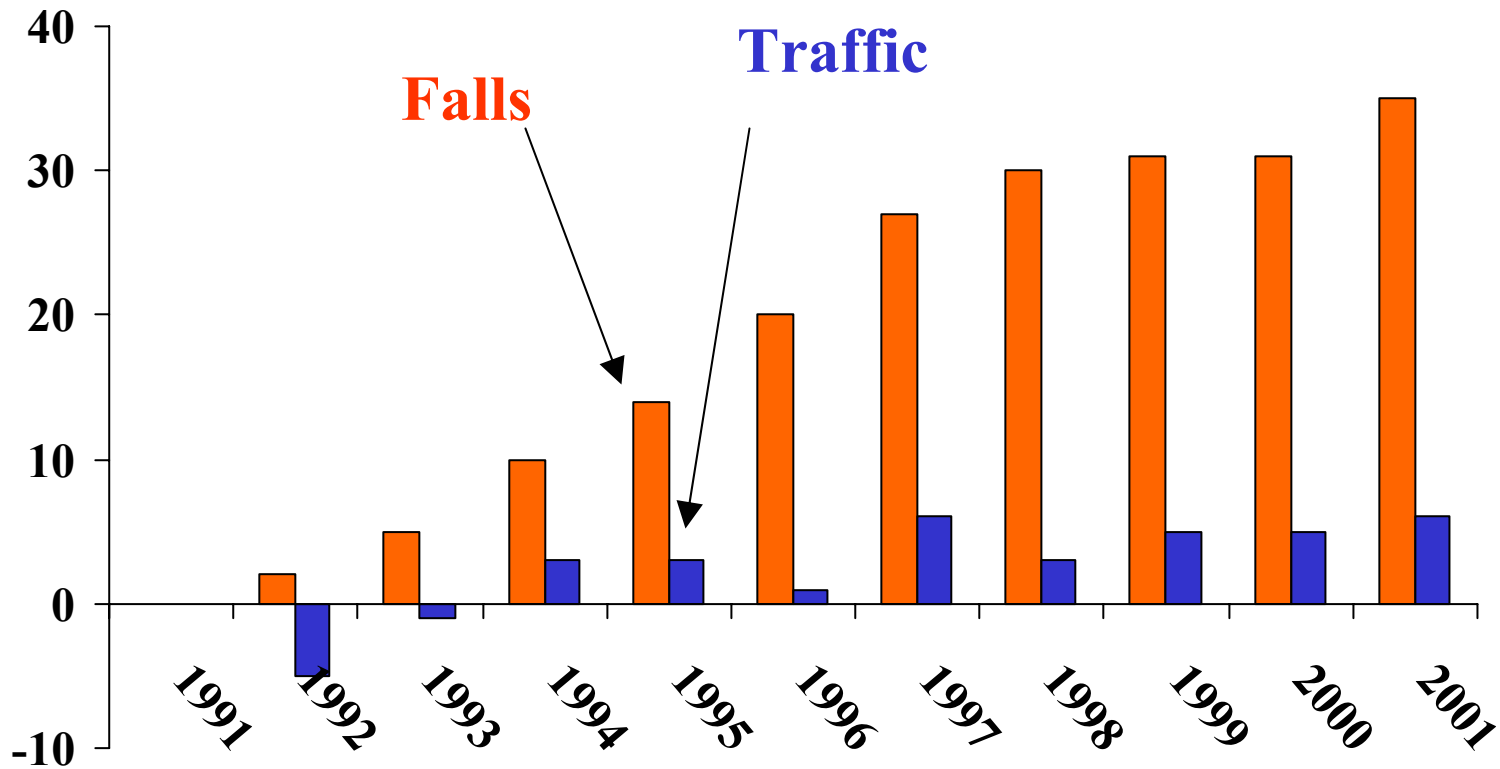
Risk Realities


Hospitalized Injuries Due to Falls Vs. Motor Vehicle Traffic, Age 55 +, California, 2001



**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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