

14-01

## STATEMENT OF POLICY

### Older Adult Fall Prevention

#### Policy

The National Association of County and City Health Officials (NACCHO) urges federal, state, and local decision- and policy-makers to sufficiently fund and support local communities to implement evidence-based falls prevention programs; provide health education amongst older adults and healthcare, housing, and other service providers; and implement environmental controls to prevent falls among older adults. NACCHO supports the following physical mobility, medications management, home safety, environmental safety, and cross-cutting goals, based on those outlined by the National Council on Aging in *Falls Free: Promoting a National Falls Prevention Action Plan*.<sup>1</sup>

- Physical mobility
  - All older adults and, as applicable, their caregivers, will have knowledge of, and access to, evidence-based programs and services that preserve or improve their physical mobility and lower the risk of falls
  - Healthcare 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
- Medications management
  - All older adults and, as applicable, their caregivers, will become aware that falling is a common adverse effect of some prescription and nonprescription medications and will discuss these effects with their healthcare provider
  - All older adults and, as applicable, their caregivers, will become aware of the importance of disposing properly of all prescription medications that they no longer use and will discuss the risk of using a prescription other than prescribed with their healthcare provider
  - Healthcare 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
- Home safety
  - All older adults and, as applicable, their caregivers, 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
  - Healthcare, 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



- Environmental safety
  - All older adults will have access to community environments that lower the risk of falls and facilitate full participation, mobility, and independent functioning
  - 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
- Cross-cutting
  - Link the community/aging service network and healthcare system
  - Integrate interdisciplinary activities, such as risk assessments and interventions

### **Justification**

In the United States, one in three older adults (age 65 or older) falls each year.<sup>2</sup> Falls are the leading cause of morbidity and mortality in older adults, and are the most common cause of traumatic brain injuries.<sup>2,3</sup> In 2010, 2.3 million non-fatal fall injuries among older adults were treated in emergency departments and 21,700 of those older adults died from their injuries.<sup>2,3</sup> Falls contribute to moderate to severe injuries, such as lacerations, head traumas, and hip, forearm, leg, ankle, upper arm, and hand fractures, which limit mobility and increase the risk of early death.<sup>2</sup> The United States currently spends over \$30 billion annually on direct medical costs arising from older adult falls.<sup>4</sup>

Fall morbidity and mortality rates differ by age, sex, race, and ethnicity. Those age 75 and older who fall are four to five times more likely than those age 65–74 to be admitted to a long-term care facility for a year or longer.<sup>2</sup> While older women have over twice the rate of fall-related fractures than older men, men are 40 percent more likely than women to suffer fatal fall injury.<sup>2</sup> Moreover, white women have much higher hip fracture rates than black women.<sup>2</sup> The mortality rate from unintentional fall injuries in older white adults is 2.4 times greater than the rate in their black counterparts.<sup>2</sup> Older non-Hispanics have higher fatal fall rates than Hispanics.<sup>2</sup>

Local health departments are important in bringing multiple partners together and must be supported to coordinate the implementation of evidence-based falls prevention programs. CDC identifies several evidence-based, exercise-based interventions to prevent falls, such as Tai Chi®: Moving for Better Balance; Stay Safe, Stay Active; and Falls Management Exercise (FaME) Intervention.<sup>5</sup> Participants in the Tai Chi classes had fewer falls and injuries related to falls; the risk of falling was decreased 55 percent after a six-month period.<sup>6</sup> CDC also identifies evidence-based home modification interventions, such as Falls-HIT (Home Intervention Team) Program, and Home Visits by an Occupational Therapist, which reduce fall rates by up to one-third.<sup>5</sup>

Local health departments and their partners can identify and offer health education opportunities to reduce older adult falls in their communities. Health education for providers, family caregivers, the general public, and older adults must be a component in all prevention programs and strategies.<sup>7</sup> In order to effectively prevent falls, providers must learn about current fall-prevention interventions and strategies for older adults; fall risk factors among older adults; and tools and resources to train professional staff to deliver fall-prevention information tailored to their audience.<sup>7</sup> The general public and older adults must be educated on the importance of fall

prevention, maintaining a healthy lifestyle, and individual risks.<sup>7</sup> Local health departments can maximize their impact through established partnerships, new collaborations, and shared resources with local agencies.

Local health departments can play a key role in identifying environmental hazards in order to reduce the risk of falls among older adults. Environmental factors contribute to nearly half of all falls that occur at home.<sup>7</sup> Home safety assessments identify hazards that might lead to falls, such as poor lighting or the lack of bathroom grab bars or handicapped showers.<sup>7</sup>

## **References**

1. National Council on Aging. (2005). Falls Free: Promoting a National Falls Prevention Action Plan. Retrieved January 14, 2014, from [http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/FallsFree\\_NationalActionPlan\\_Final.pdf](http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/FallsFree_NationalActionPlan_Final.pdf)
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5. Centers for Disease Control and Prevention. (2010). A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults, 2<sup>nd</sup> Edition. Retrieved January, 15, 2014, from [http://www.cdc.gov/homeandrecreationalafety/pdf/cdc\\_falls\\_compendium\\_lowres.pdf](http://www.cdc.gov/homeandrecreationalafety/pdf/cdc_falls_compendium_lowres.pdf).
6. Li, F., Harmer, P., Fisher, K.J., McAuley, E., Chaumeton, N., Eckstrom, E., et al. (2005). Tai Chi and fall reductions in older adults: A randomized controlled trial. *Journal of Gerontology*, 60A(2):187-94.
7. Centers for Disease Control and Prevention (2008). Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults. Retrieved January 15, 2014, from [http://www.cdc.gov/homeandrecreationalafety/images/cdc\\_guide-a.pdf](http://www.cdc.gov/homeandrecreationalafety/images/cdc_guide-a.pdf)

## **Record of Action**

*Proposed by NACCHO Injury and Violence Prevention Workgroup*

*Approved by NACCHO Board of Directors May 14, 2014*