

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: 2015 National Falls Prevention Action Plan*.¹

- 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 four older adults aged 65 or older falls each year.² Falls are the leading cause of morbidity and mortality in older adults and are the most common cause of traumatic brain injuries.² In 2016, 3.2 million non-fatal fall injuries among older adults were treated in emergency departments; 35,862 of older adults died from fall-related injuries.³ 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.² In 2015, total medical costs of adult falls in the United States rose to over \$50 billion.⁴

Fall morbidity and mortality rates differ by age, sex, race, and ethnicity. Each additional year over age 65 is associated with a 3% increase in the likelihood of reporting a fall.⁵ Older women are almost 25% more likely to fall than older men but are less likely to suffer fatal falls than older males.^{6,7} Moreover, rates of hip fractures are about 50% lower in black and Asian women than for white women.⁸ The mortality rate from unintentional fall injuries in older white adults is over twice as great as the rate in their black counterparts.⁹ Rates of older adult falls are highest among American Indian/Alaska Natives and lowest among the Asian/Pacific Islander population.¹⁰

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.¹¹ Participants in the Tai Chi classes had fewer falls and injuries related to falls; the risk of falling was decreased 55% after a six-month period.¹² 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.¹¹ In healthcare settings, physicians and pharmacists can utilize CDC's STEADI Guidelines, which provides methods for healthcare providers to reduce the chances of falls through identification of patients at-risk, their modifiable risk factors, and how to effectively intervene.¹³

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.¹⁴ 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.¹⁴ The general public and older adults must be educated on the importance of fall prevention, maintaining a healthy lifestyle, and individual risks.¹⁴ Local health departments can maximize their impact

through established partnerships, new collaborations, and shared resources with local agencies, and maximize resources by coordinating with a local area agency on aging.¹⁵

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.¹⁴ Home safety assessments identify hazards that might lead to falls, such as poor lighting or the lack of bathroom grab bars or handicapped showers.¹⁴ Local health departments can integrate home safety assessments into other programs, such as home visitation programs.

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Record of Action

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