INJURY PREVENTION

Intergenerational Falls Resource Guide

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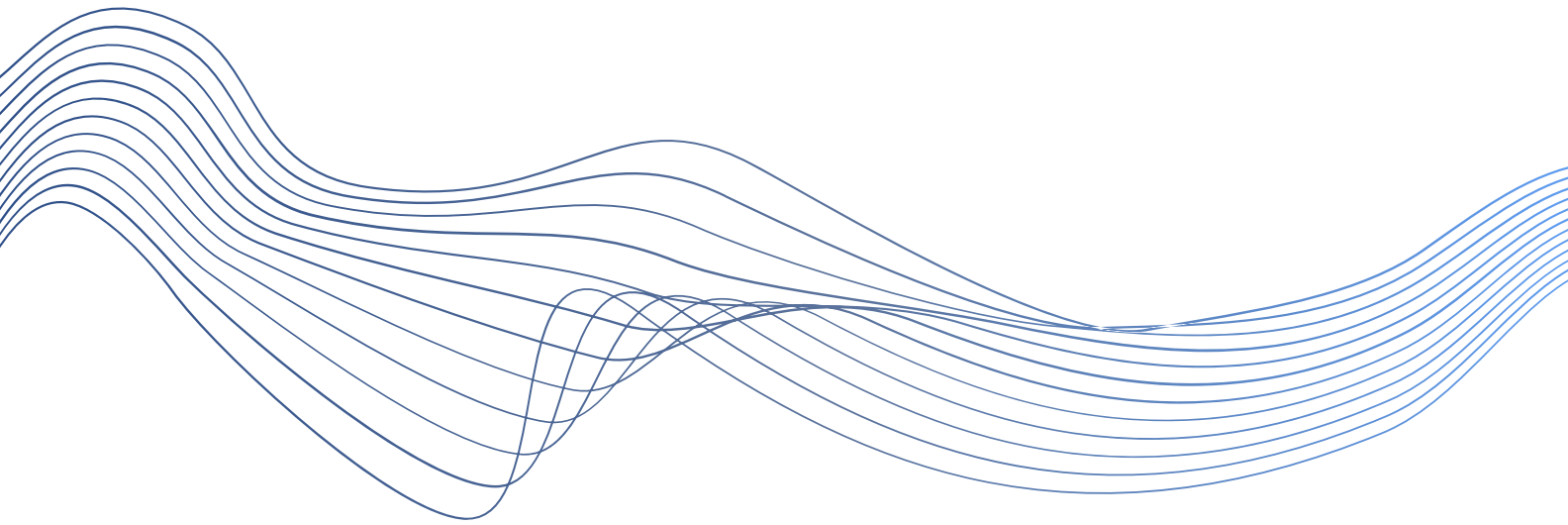
This resource guide has been designed for use as a digital or electronic resource.

The content was reviewed for publication in March 2025, is summative, and is subject to change.

As a resource meant for guidance, all information will likely require a tailored approach for your community.



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Welcome!

Falls rank as the number one cause of nonfatal injury in the United States (National Safety Council, 2022). Trauma Center Injury Prevention professionals are tasked with addressing fall risk and reducing fall rates across all age groups. Identifying the root causes of this mechanism of injury can seem daunting: Consider the vast array of factors that contribute to a fall at any age!

This unique resource, the Intergenerational Falls (IGF) Resource Guide, is designed to expose you to different topics, common challenges, and program options. New and experienced injury prevention specialists can gain insight into falls and falls prevention by reading the short snippets within these pages. Your colleagues have generously offered wisdom by contributing to this publication.

Why only snippets? This resource is about exposure and meaningful insight. The numerous professional contributors who helped create this resource want to give you the opportunity to think about concepts in a high-level format and point you toward previously implemented solutions. Some contributors have provided links to additional resources; see appendix B: 'Dig Deeper', to delve deeper into a relevant area of fall prevention. Additionally, the authors contribute using their own style which has been maintained as much as reasonable while editing the content throughout this work.

When facing a topic of injury prevention, we want our colleagues to feel prepared and knowledgeable. These snippets are the spotlights to increase awareness of real issues and successes others in the field have dealt with before you. No matter where you are in your career or in addressing the mechanism of falls, we hope this guide will support your work.

Sincerely,
Abby, Rachele, and Nicole
Co-chairs for the 2024 and 2025 TCAA Intergenerational Falls Committees

Assess Community Needs and Capacity

Your role as an injury prevention professional comes with the responsibility to conduct a needs and capacity assessment prior to suggesting or leading the implementation of an initiative or program. Neglecting this crucial component of evaluation and relationship building can lead to wasted time and resources. It is important to involve current and potential partners - those who are impacted by an issue or will be impacted by a program or intervention - to assess health needs, identify problems or gaps, catalog available resources, and list potential opportunities in a priority population.

Some communities have health education specialists or other experts who conduct needs assessments; other communities will need you or your team to organize and conduct a health needs and capacity assessment. Afterward, design or tailor an intervention that aligns with the report. Developing (or tailoring) a program that includes the voices of community organizations, health care providers, educators, and consumers increases buy-in and will increase the likelihood of 'a coordinated and impactful approach to program implementation' as described by the National Commission for Health Education Credentialing. Another resource that may be useful is the community health improvement plan (CHIP) in your region, which is often accessible through your state health or county public health agency.

Community Health Needs Assessment and Improvement Strategies

A Community Health Needs Assessment (CHNA) informs system planning to improve overall community health and may inform a Community Health Improvement Plan (CHIP) or Community Health Improvement Strategies (CHIS). Tax-exempt hospitals are required by IRS regulations* to assess community needs, establish priorities, and outline their plan to address them. While these assessments and plans often emphasize disease and morbidity, they rarely consider injury prevention. Recently, more hospitals have been including injury among the identified priorities, including older adult falls and pediatric falls. In some communities, hospitals and healthcare institutions conduct this assessment

as a team, in others they involve their local public health department, while still other individual hospitals conduct their assessment and strategies independently. As a regulatory requirement, the CHNA must be approved by an authorized body of the hospital facility, such as the hospital board or trustees. This can give emphasis to the strategies or plans that are developed. Safe States Alliance has been working to develop recommendations related to how hospitals can incorporate injury into their CHNA and CHIS.

**IRS: "Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA."*

A Colleague's Story: The Value of CHNA and CHIS

The following vignette illustrates how CHNA and CHIS informed an injury prevention professional and her team on how to design an initiative based on data and best practice.

Our hospital identified older adult falls as a leading cause of injury and death for older adults and included it as a priority our Community Health Needs Assessment, and subsequently in our Community Health Improvement Strategy. It was included as a priority endorsed by our hospital board and an initiative was launched. Our strategy sought to establish a seamless older adult falls risk reduction plan of collaborative upstream prevention practices for the institution and community partners. The goals were to

- *Streamline the institution's workflow for primary care falls screening, referral and follow up*
- *Ensure availability of effective falls prevention programs at the institution's facilities and in the community*
- *Assign a role of Fall Prevention Champion to a provider, charged with ensuring implementation of a seamless, sustainable system, and*
- *Support the development of a fall prevention community navigator program.*

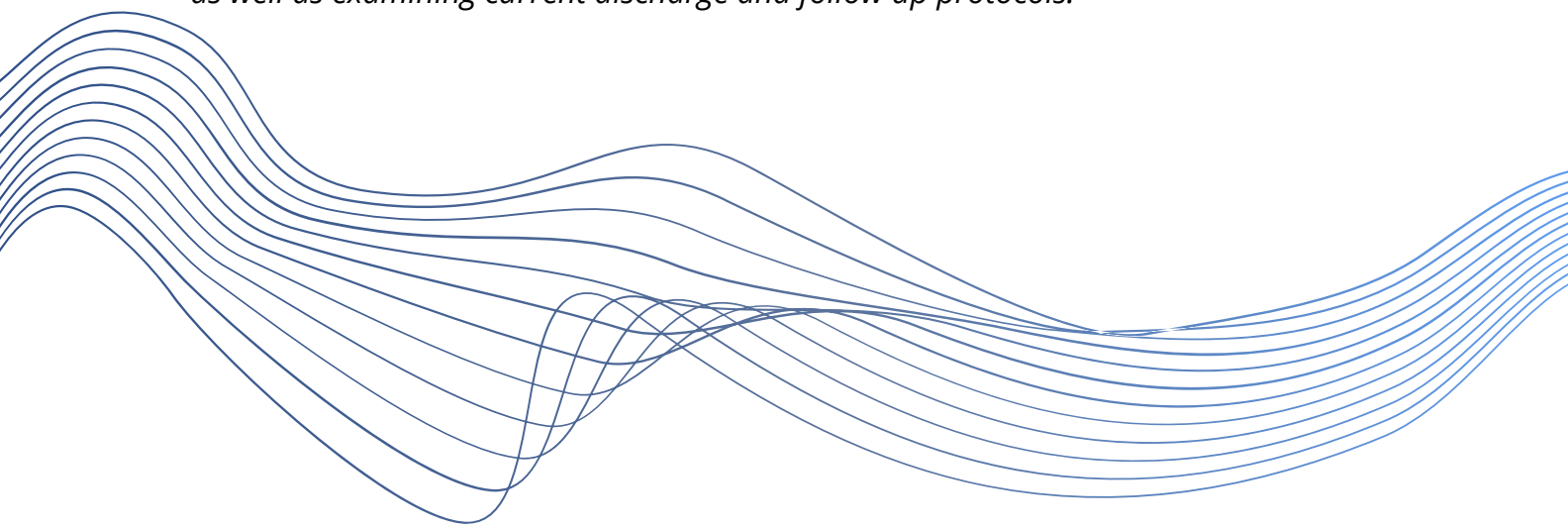
Data was analyzed from multiple sources, including from annual primary care Stopping

Elderly Accidents, Deaths & Injuries (STEADI) screening results for adults 65 and older; trauma registry of patients over 65 with injuries from falling; and community EMS response to fall calls, for patient transport and for non-transport of falls patients.

A committee was convened, co-chaired by the Medical Director of Geriatrics and the Adult Trauma Center's Injury Prevention Coordinator. The initiative actively involved institution (trauma surgeons and staff, primary care clinic providers and staff, geriatricians, physical therapists, and clinic) and community partners (falls prevention experts, program providers, home safety assessment staff, pre-service providers (EMS), and more.

Updated clinical guidelines for falls screening are in final stages of approval, referral networks are being updated, Electronic Health Records are being updated to facilitate monitoring and follow up, including notification to provider of pending annual screening. A dashboard was created to monitor changes in primary care falls screening conducted, scores and referrals. A test of change is being launched at two urban and one rural clinic.

Training on new systems, referral options, and more will be conducted for all primary care providers. We intend to explore enhancing PT/OT services for trauma falls patients as well as examining current discharge and follow up protocols.



Contributing Factors for All Ages

Multiple generations face similar factors that can contribute to fall risk. The following four examples are categories of fall risk:

1. Environmental & Socioeconomic Factors

- Poor Housing Conditions: Substandard living conditions (i.e., inadequate lighting, uneven floors, uncomfortable air temperatures, lack of handrails) increase the risk of falls for all ages.
- Urbanization: Rapid urbanization can lead to crowded conditions and unsafe public spaces, contributing to higher fall risks for all ages.
- Multi-generational Households: Homes may not be adapted safely for both children and older adults, which could put both populations at risk. Alternatively, multiple generations living in the same household could be a protective and preventive factor relating to adult falls.
- Education: Lack of knowledge or awareness about fall prevention strategies can perpetuate risks (and stigmas), affecting all generations.

2. Psychosocial Factors

- Mental Health: Mental health disorders, such as depression and anxiety, prevalent across all age groups, can affect balance, concentration, and the ability to navigate environments safely, which increases risk of a fall.
- Social Isolation: Both the elderly and younger individuals who experience social isolation may have less motivation to engage in physical activity and maintain their environments, leading to higher risk of a fall.

3. Technology and Screen Time

- Reduced Physical Activity: Increased screen time and sedentary lifestyles among both children and adults often leads to reduced muscle strength and coordination, leading to higher fall risk.
- Distraction: The use of technology while walking or attempting to multi-task can lead to distraction-related falls across all age groups.

4. Policy and Healthcare System Challenges

- Lack of Comprehensive Fall Prevention Programs: Inadequate public health policies or funding and lack of fall prevention programs support to address intergenerational needs leaves gaps in prevention efforts.
- Healthcare Access: Limited access to affordable healthcare services, including preventive care, physical therapy, and mobility can increase fall risk across all age groups.

Addressing intergenerational risk factors requires comprehensive public health initiatives, community engagement, and policies promoting safe environments and well-being for all ages. Many risk factors are modifiable.

Modifiable Risk Factors

Good news! Many of the risk factors in the previous section are modifiable. In other words, a person [or family] may be able to change, alter, or adapt behaviors to decrease their risk of falling. Another idea is that individuals can modify the home or work environmental risk to better meet their needs and help minimize the risk for falls.

Around the home: When people think of home modifications in relation to fall prevention, equipment such as grab bars, handrails, ramps, shower benches/chairs, elevated toilet seats, and lifts often arise. Local hardware stores, hospital or clinic stores, health departments, or churches are reputable contacts. Form good relationships with community partners in your area to help navigate accessible and affordable options based on individual priorities. While equipment is valuable, think about simple things you can recommend making a home immediately safer for an elderly person asking for help. Likewise, many of these modifications will improve safety for children, as well. Recommendations include:

- Clear clutter (boxes, newspapers, magazines, clothing, etc.)
- Remove or secure cords (electrical, extension, and phone);
- Eliminate throw rugs
- Anchor TVs and furniture (cabinets, dressers, etc.)
- Remove or fix unstable furniture
- Use night lights
- Keep frequently used items within easy reach
- Wear proper shoes or footwear
- Install safety strips to the showers, baths, and stairs
- Install window guards

Share these recommendations in local primary care provider offices, community or senior centers, childcare providers, retirement communities, libraries, local non-profit organizations, others to get the word out on these low-barrier ways to reduce the chances of falling in the home.

Minimizing the Risk for Falls and Related Injuries

Although well-known and common mechanisms of injury exist (e.g., adult in-home falls, pediatric falls from playground equipment), many are overlooked. Trauma registries have a significant role in injury prevention programs and may provide valuable insights regarding injury trends. Recreational and occupational injuries (e.g., winter sports, biking, roofing, tree stands for hunting, rock climbing etc.) may be listed in mechanism categories (e.g., sports) other than falls. Understanding the full picture of falling provides the opportunity for collaborations we might otherwise miss. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has Fall Prevention Campaign (https://www.osha.gov/stop-falls) materials because falls are the leading cause of death in the construction industry. Falling is a common cause of injury among hunters (tree stand falls) and rock climbers. Both groups have associations that provide information on safety equipment and restraints related specifically to fall prevention.

Fall Prevention in Pregnancy

When it comes to falls, injury prevention professionals often share that 1 in 4 older adults will fall each year. What is less known is that 1 in 4 pregnant individuals will also fall: Pregnancy elevates risk of a fall to be equal to those over the age of 65. In fact, data shows that falls are the second most common cause of trauma and hospitalization during pregnancy after motor vehicle crashes. This gap in injury prevention needs further investigation and evidence-informed guidelines.

Falls during pregnancy are a risk to both the parent and unborn child. Yet, fall prevention education is not part of routine prenatal care. Pregnant individuals are not informed about the extrinsic and intrinsic factors that could help them to mitigate their risks, as is done for other high-risk populations.

Fall Prevention for Geriatric Patients at Hospital Discharge

Ensuring the safety and well-being of geriatric patients during the transition from hospital to home is critical. Falls are a leading cause of injury among older adults, often resulting in serious health complications and readmissions. Research indicates that one in four older adults falls each year, and falls are the most common cause of nonfatal trauma-related hospital admission among this population.

Effective fall prevention strategies, including comprehensive assessments and screenings, are essential components of the discharge process. Studies show that older adults who receive fall prevention interventions during discharge planning are less likely to experience falls and subsequent injuries. These interventions often include home safety evaluations, balance and strength training exercises, and medication reviews to identify drugs that may increase fall risk.

The involvement of caregivers and family members is crucial in this process. Caregivers play a key role in implementing fall prevention strategies at home, monitoring the patient's environment, and encouraging adherence to prescribed exercises and routines. Educating caregivers about the risk factors for falls and the

steps they can take to mitigate these risks is vital for ensuring the patient's safety.

By identifying risk factors and providing necessary resources, healthcare providers can significantly reduce the incidence of falls. Implementing these measures not only enhances patient outcomes but also promotes future independence and quality of life for older adults. Additionally, involving caregivers and family members creates a supportive network that reinforces the patient's adherence to fall prevention strategies, ultimately leading to a safer home environment.

Children Fall Too

Unintentional falls are the leading cause of non-fatal injuries for children in the United States and account for a large number of emergency room visits and hospitalizations. Protecting children from falls involves both environmental changes and caregiver education. Creating a safe home environment is essential. Educate parents and caregivers on childproofing with these tips:

- Secure babies in car seats, highchairs, swings, and strollers with provided straps as designed.
- Place infant carriers on the floor, never on elevated surfaces.
- Keep cribs and furniture away from windows and blinds.
- Install window guards to prevent falls.
- Avoid baby walkers due to safety risks.
- Use safety gates on stairs, secure lanais and porches, close doors, and use doorknob covers.
- Supervise children at playgrounds and inspect equipment before use.
- Consider anti-slip rugs and mats to prevent slips
- Keep hallways and stairs well-lit and clear of clutter

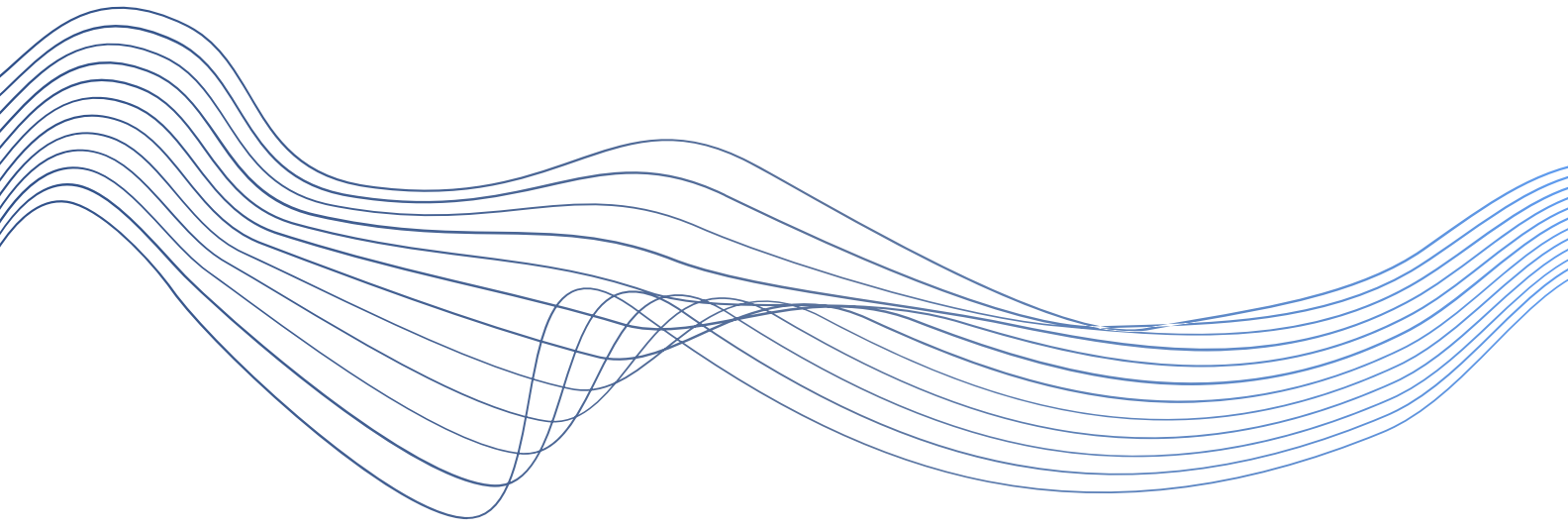
Educate parents and caregivers about the importance of attentive supervision, especially for toddlers and young children who are exploring their surroundings.

Sports, bicycling, and pedestrian safety all serve as valuable fall prevention measures. Pediatric injury prevention programs often include bike and other

wheeled product safety, as well as the importance of wearing protective equipment like helmets. Promoting physical activity and development of motor skills through activities like gymnastics or swimming can improve balance and coordination, reducing the likelihood of falls.

Conversations with older kids and teens about proper physical play behaviors, such as when and where it's okay to be physical, should also be an important component of injury prevention programs. Regular pediatric check-ups can also identify any developmental issues that may increase the risk of falls, allowing for early intervention and support.

By implementing these strategies, we can significantly reduce the occurrence of pediatric falls and ensure the safety and well-being of children.



Barriers

Cultural differences

Understanding that target populations can have different cultural beliefs, attitudes and practices is important when choosing a fall prevention program that will work in your community. This can be achieved by involving the community in the planning process and collaborating with local leaders, faith-based organizations, and trusted figures. Additionally, developing (and where possible, delivering) materials in preferred languages with culturally appropriate messaging and visuals that reflect the communities' demographics will lead to better understanding, engagement, and effectiveness.

By working directly with trusted and involved community members, you can effectively leverage existing social networks and activities that foster sustainability for your fall prevention outreach. Keep in mind that cultural sensitivity is an ongoing and continuously developing and shifting process. By actively listening to and learning directly from the community, we can create fall prevention outreach that truly makes a difference.

Stigma

A stigma is a false belief, prejudice, or negative attitude about a topic or group of people. False beliefs limit the help and care people will seek or negatively impact the adoption of healthy coping strategies.

Adult: "I've fallen, and I can't get up." The stereotype of falls being a problem of the old, the decrepit, and the weak has created a negative stigma around falls and fall prevention programming. Often, individuals in an adult fall prevention population will say they are not at risk for a fall or that they are not 'that old', yet. Likely they don't want to be associated with the stigma of falls or have the negative identity of someone who could fall. This denial and underestimation of personal risk can negatively impact your program and recruitment. Awareness of the stigma around falls can help guide your work.

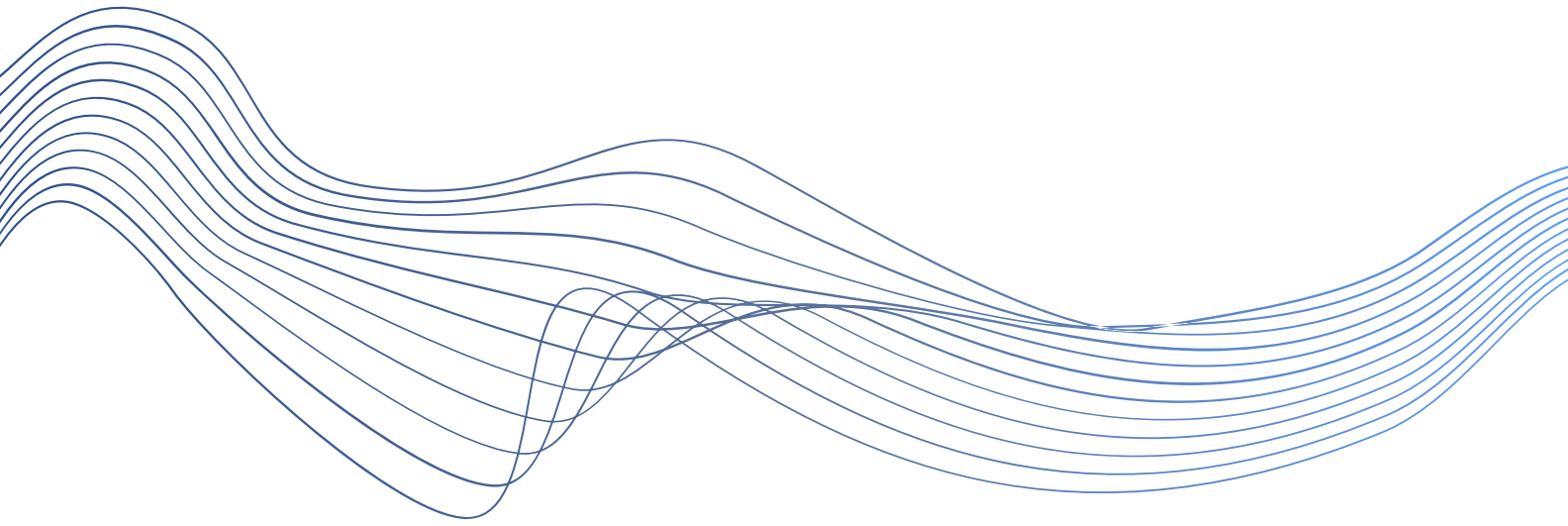
Consider a promotion plan that presents older adults in a positive light. Use facts in a language that is inviting or welcoming to state that falls are not inevitable; perhaps offer examples of the elements of evidence-based programs that they can incorporate into their lives that can lower the risks for falling and injury. A tool that offers useful insights is the falls risk screening (STEADI) for fall risk reduction. Work with Primary Care departments in your healthcare system or community to encourage and normalize annual fall screening for all patients aged 65 and older.

Pediatric: Children and youth fall for a variety of reasons, many of which are preventable. Stigmas, or false beliefs, may be that children are reckless or do not listen. However, factors involved in child and youth falls may be related to cognitive or motor development, natural curiosity and exploration, or unreasonable expectations of their caregivers. For example, a 4-year-old child likely does not have the cognitive reasoning, executive functioning, or motor skills to play on the same playground equipment as perhaps a 12-year-old sibling. A significant contributing factor to preventing falls in the pediatric population is supervision by an attentive caregiver. Other considerations to keep in mind for the younger population include the mistaken beliefs that furniture is too heavy to tip or that children will not go in a certain room that may have open windows without guards.

Financial

When assessing the barriers to fall prevention and education it is important to recognize the impact of financial burdens. These burdens affect older adults' and children's caregivers' ability to prevent falls both directly and indirectly. When looking at ways to make home environments safer, many of the suggested changes are costly for the individual who may be paying out of pocket. For example, adding handrails, wheelchair ramps, chair lifts and transfer benches, conversion of bathtub to a curb less shower, and installing lighting cost money that a large percentage of the population we serve may not have to spare. Additional suggestions include outpatient therapy, frequent exercising to increase their strength, and routine physical and eye exams. The issue with this is that a significant number of older adults may not have accessible, affordable, or reliable means of personal or public transportation.

While these barriers exist, there are resources available to those who need assistance. The National Council on Aging has a link on their page that will take you to Homemods.org, a website that allows you to click on your state to receive information regarding funding assistance for home modifications. To go directly to the webpage, click the following link. https://homemods.org/acl/hmin/. Additional assistance with things such as transportation and in-home services can be found through your local area agency on aging. Finally, many free or low-cost programs and modifications exist. Utilize these or suggest this whenever possible.



Budget Planning

The leading cause of trauma-related injury in the United States is falls. Injury prevention programs receive funding from various sources, such as state, federal, and local grants, hospital operations, and private donors. Funding is limited and, in some areas, scarce.

When budgeting for fall prevention programs, consider the financial burden of falls and the rise in healthcare expenses. Trauma centers should prioritize investing in programs that reduce these costs.

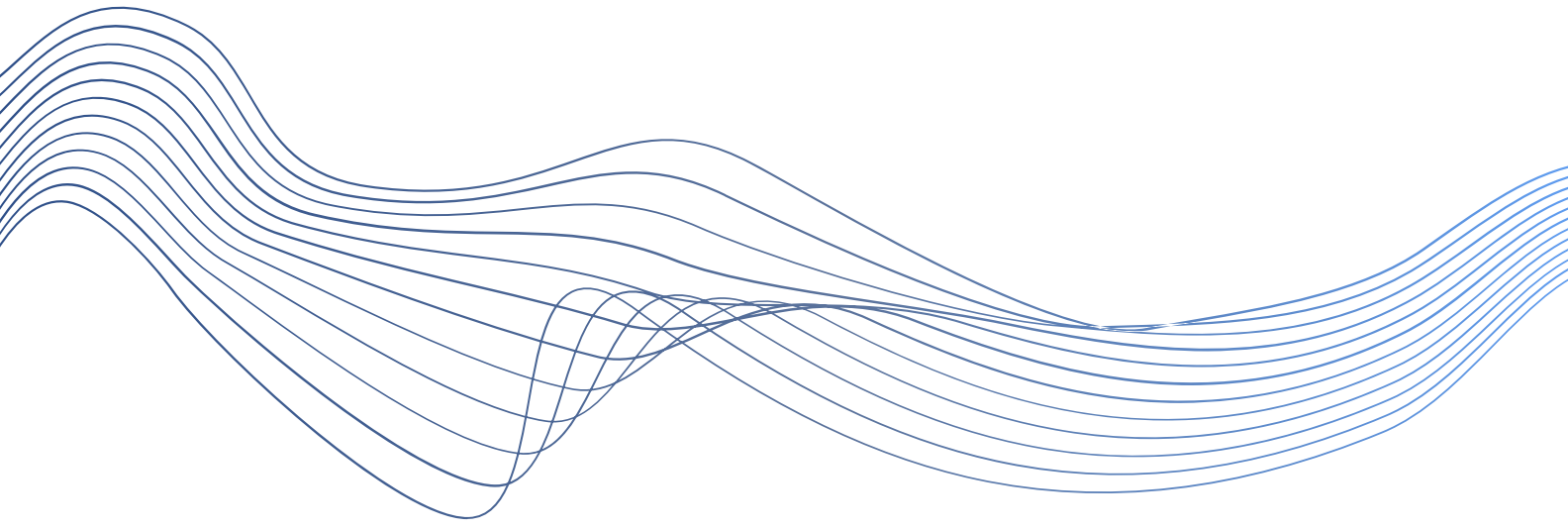
Remember to consider program startup costs and long-term implementation or maintenance costs and how those will work for your budget. For example, a program like A Matter of Balance (MOB) demands a significant initial investment to train leaders; however, MOB has a relatively low maintenance cost for the years of implementation. On the other hand, Bingocize® starts with a more modest training expense but requires more frequent regular expenses for licensing and instructor refreshers. Tai Ji Quan: Moving for Better Balance offers a cost-effective option, though remember to consider the time investment for training. Selecting the right program depends on balancing these factors with your budget constraints.

A Colleague's Story: Minimal Resources

The following vignette uses first-person narrative to illustrate part of an injury prevention professional's path in determining a plan and program for her catchment area.

How to start a fall prevention program with minimal resources? I started with research by looking at each program, weighing the content against the number of resources needed to implement the program. Next, I used other Injury Prevention Professionals around me. I am fortunate to be in Kansas City where we have a coalition of Trauma Centers that meet monthly and a subcommittee for injury prevention coordinators (IPCs). The use of the registry data on admissions to the trauma center due to a fall

he lped to identify the number of patients seen each year. The next step was to identifywhat my trauma center's catchment area included: What was within a 15-mile radius of the hospital and which facilities and organizations could utilize a fall prevention course. I made a list of each independent living center, senior center and church. With information in-hand, I sought collaboration with other stakeholders within the facilities and organizations, such as physical therapy or occupational therapy, and partnered with the community outreach center and other trauma centers who are in the same situation. I created a presentation for the hospital to provide information about the benefits of the implementation of a fall prevention program to the hospital. The decision was made to implement the program that best fits the need of the trauma center without draining available resources within trauma services. Knowing the resources that you have available for each class before choosing which fall prevention program to implement is key to the success of your program and preventing overextending yourself.



Advocacy and Partnerships

Advocacy, at its core, is championing a cause. Fall Prevention is a cause worth advocating for, as falls are the leading cause of injury death for adults aged 65 and older. Advocacy efforts for fall prevention can include:

- Encouraging the collection, analysis, and distribution of fall data for your city, region, or state;
- Encouraging a state action plan for older adult fall prevention, which includes community and organization-level collaboration;
- Increasing public awareness and educating older adults, caregivers, and healthcare providers about risk factors and how to prevent falls;
- Requesting funds for evidence-based programs and efforts to reduce falls, or identifying new evidence-based practices and assessment tools.

Relationship and Partnership Building

Before setting out to identify potential new partners, observe or ask about existing beneficial relationships and build upon them through consistent communication and fulfilling commitments, like showing up to and engaging in meetings and events. Initiating new partnerships in injury prevention involves identifying organizations that share process or outcome goals with your institution. Be sure to have clarity on the priorities of all partners to motivate and continue contribution to the group's efforts.

When the time is right to seek new partnerships, look at the local, regional, and national levels. For the example of falls injury prevention, seek out the local Area Agency on Aging and city bureau of health who may already be hosting evidence-based falls prevention courses. Other local potential partnerships may include local businesses, such as physical therapy providers, businesses who manufacture ambulatory assistive devices, pharmacies, colleges (especially those with health-related majors), schools/daycares (specifically for pediatric related falls), and other hospitals. Regionally, look to your state Department of Health or state falls

prevention coalition. Nationally, reputable resources include the National Council on Aging's resource center for the older adult population or Safe Kids Worldwide for the pediatric population.

Once partnerships are formed, define each partner's role and responsibilities in contributing toward shared goals. Collaborate on developing and implementing injury prevention initiatives by involving partners in the planning process. Leverage the unique strengths and resources of each partner to boost the impact of injury prevention efforts. For example, if conducting a falls prevention event, utilize a pharmacist for education on medications that put individuals at a higher risk of falling, a local PT business for tips on properly getting up from a fall, and a local ambulatory assistive device retailer to teach proper walker mechanics and so forth.

In addition to collaborative work making efforts more impactful, having multiple partners likely means better coverage of the community or region. Ask or observe where your partners may already be conducting outreach efforts. Employ each partner's communication channels to raise awareness about shared efforts.

To maintain partnerships, work together regularly on initiatives and consistently assess the partnership's effectiveness in achieving injury prevention objectives. Finally, collect data on shared efforts as a group so everyone can share the work being accomplished to their stakeholders.

The Role of Physical Therapy and Occupational Therapy in Fall Prevention

Physical therapy (PT) and occupational therapy (OT) are essential components of a comprehensive fall prevention strategy. PT focuses on improving strength, balance, and mobility, while OT addresses daily functional tasks and home safety. Occupational therapists also play a crucial role in managing cognitive and vision-related issues that can contribute to fall risk, such as poor depth perception or impaired decision-making.

Collaboration between PTs and OTs is critical for effective fall prevention. Together, they provide a holistic approach by improving physical health and addressing environmental and cognitive factors that increase risk of falling. PTs can design exercise programs to enhance balance and coordination, while OTs assess and modify home environments and offer strategies for safer movement.

Injury prevention professionals (IPPs) actively collaborate with other health and safety professionals, such as PTs and OTs in their institutions as able to implement fall prevention strategies. These professionals offer valuable insights into the needs and challenges of the target population, helping to develop tailored interventions. Additionally, working together allows for better dissemination of fall prevention information to patients, ensuring that individuals receive consistent and comprehensive education on how to reduce fall risks.

By integrating PT and OT into fall prevention efforts, IPPs can enhance program effectiveness, improve patient outcomes, and ultimately help individuals maintain independence and safety.

Atypical Partnerships

The dissemination and implementation of evidence-based or evidence-informed programs can be greatly improved by assessing opportunities to collaborate with non-traditional, multisector (atypical) partners in both the public health and non-public health arenas. One of the first things that an injury prevention coordinator can do when considering the launch of a new program is to create a list of stakeholders, both internal (within their hospital system) and external (community partner). Thinking “outside of the box” when building partnerships can provide new perspectives and opportunities to prevent injuries in the regions we serve. These atypical partnerships can prove to be beneficial in ensuring that programs are reaching target populations, are scaled appropriately, and have the required support/resources. Examples of atypical partnerships within a hospital may include collaboration with concussion centers during outreach events or physical/occupational therapists to assist with programming. Examples of external partners may include local non-profits (e.g., YMCA) to provide educational talks and

afterschool programs, or local community-based organizations (e.g., Council on Aging, fire rescue, law enforcement) that have an interest in the general health and wellbeing of their residents and are interested in hosting and/or promoting programs. Additionally, there may be potential funding and sponsorship opportunities by partnering with local businesses. As our national population continues to age, and the demand for fall prevention programming increases, it behooves injury prevention professionals to be strategic as they think about partnerships – sometimes an atypical partner will be your best advocate.

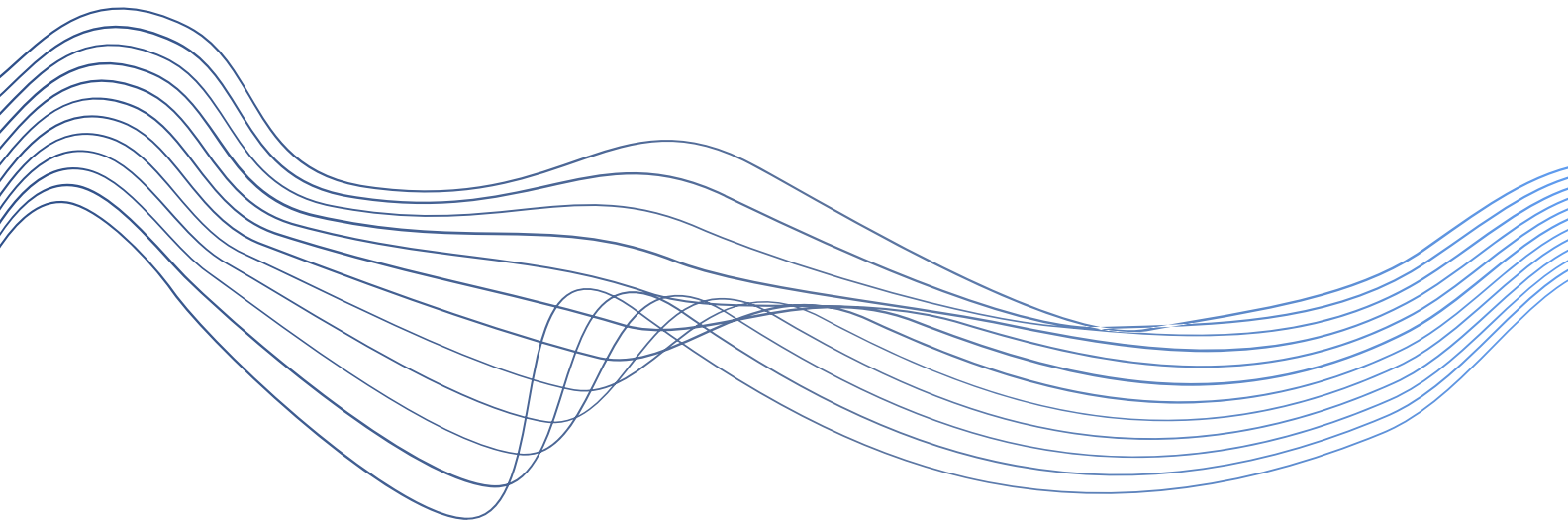
Message Delivery: Creative and Effective Marketing

Working with a marketing department on falls prevention campaigns will require a blend of healthcare knowledge and marketing expertise to effectively communicate important safety information for target audiences. This collaboration involves aligning objectives, identifying key messages, and utilizing appropriate channels to reach those at risk of falls. Effective communication is vital to ensure that the marketing team understands the nuances of fall prevention and can translate this knowledge into compelling and informative campaigns.

Fall prevention campaigns often rely on specific healthcare and marketing terminologies. Key terms include "risk factors," which refer to conditions or behaviors that increase the likelihood of falls; examples include poor vision, medication side effects, or environmental hazards. "Interventions" are strategies or actions taken to reduce the risk of falls, such as balance training, home modifications, and medication reviews. Understanding these terms helps the marketing team create accurate and effective messages that engage and educate the audience about how to prevent falls.

Marketing metrics and strategies play a crucial role in assessing the success of falls prevention campaigns. Common metrics include "reach," which measures the number of people exposed to the campaign, and “engagement,” which tracks how the audience interacts with the campaign content, such as through likes, shares, or comments on social media. Familiarity with these metrics allows the marketing team to evaluate and adjust their strategies to maximize impact.

Explore effective communication strategies. Frameworks Institute studies the science of effective communication to determine how to frame issues in a manner that helps people see a problem as something they can solve (https://www.frameworksinstitute.org/).



Celebrate the Wins

Despite fall volume and associated education to prevent falls, like other injury prevention efforts, the successes and challenges are measured by looking back on the initial goals for the initiative. Once you have clear goals in mind you can adjust accordingly to capitalize on the wins, while working towards more, and/or start to address the challenges.

Celebrate the wins regardless of how big or small! Successes will be different for every center and program, examples may include – well attended trainings, administrative support, funding, partnerships, program implementation, helping the community to understand fall risk, or a decrease in fall trends.

Try not to let your challenges become too overwhelming. They are part of the process and once addressed will likely make the program stronger. Challenges may include – fall volume, staffing, identifying the right program for your community, cultural barriers, measuring or evaluating impact, or funding.

Celebrating wins and addressing challenges will also vary by center. Share successes with hospital leadership, the community, on social media, and with other injury prevention professionals so others can celebrate with you and learn from your successes. Break down challenges into manageable items; keep chipping away until you've reached your goal – then celebrate the win!

Appendix A: Evidence-Based Programs, page 1

The three evidence-based programs outlined in this table serve as an example. Many more programs can be found on the NCOA website: https://www.ncoa.org/article/evidence-based-falls-prevention-programs/

Program Name	A Matter of Balance (MOB)	Tai Ji Quan: Moving for Better Balance (TJQMBB)	Stay Active and Independent for Life (SAIL)
Main Focus	• reduce fear of falling • begin (or increase) physical activity • reduce fall risk factors • increase strength and balance	• improve strength, balance, and mobility • reduce likelihood of falling	• maintain independence • maintain active life • prevent falls • improve or maintain strength, balance, and fitness
Primary Population Designed to Serve	• 60+ community dwelling • at risk of falling • history of falls concerned about falls	• Older adults community-dwelling or community setting • at risk of falling • history of falls balance or walking difficulty	• 65+ • Community-dwelling or Community setting • History of falls
Description of Program	A group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and the fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. A turnkey educational program that can be employed within many community organizations and groups.	A tailored movement therapy aimed at improving postural stability, awareness and mindful control of body positioning in space, functional walking, movement symmetry and coordination, range of motion around the ankle and hip joints, and lower-extremity muscle strength. Participants will learn balance skills, body alignment, muscle strength, flexibility and mobility. Movements are combined with breathing and focused attention to help engage both body and mind.	A strength, balance and fitness program for older adults. Exercises can be done standing or sitting, and include aerobics, balance, strength, stretching, and falls prevention group education.
Participant expectations (i.e. ability level)	• ambulatory *(*may include wheelchair)* • cognitive ability to problem-solve • want to improve flexiblity, strength, balance	• slow, coordinated movement • want to improve performance of daily functional tasks and reducing incidence of falls	• program able to accommodate people w/ mild level of mobility difficult • Exercises can be done sitting or standing.
Potential reach by design per delivery	8-12 participants	8-15 participants	Up to 20 participants

Appendix A: Evidence-Based Programs, page 2

The three evidence-based programs outlined in this table serve as an example. Many more programs can be found on the NCOA website: https://www.ncoa.org/article/evidence-based-falls-prevention-programs/

Program Name	A Matter of Balance (MOB)	Tai Ji Quan: Moving for Better Balance (TJQMBB)	Stay Active and Independent for Life (SAIL)
Cost to Participant	Free, or nominal fee set by host/leader		
Delivery mode	Can be delivered In-Person (100%) or Virtually (100%)		
Program duration	• *In-person* 8 x 2-hour sessions • *Virtual* 9 x 2-hour sessions • 1-2 days per week	• 60-minute class • 12-24 consecutive weeks • 2 days per week minimum	• 1-hour sessions • 10-weeks • 2-3 times per week
Program Leader: Requirements or preferred experience	Ability to perform range-of-motion and low-level endurance exercises. Ability to carry up to 20 pounds. Life experiences, education, or healthcare experience are valuable.	Experience working with and teaching physical activity to older adults is preferred. Knowledge or previous experience is not required.	Current Adult CPR Certification. Minimum of one-year related experience working with older adults.
Leader Training: cost and duration	8-hour (can be 2 x 4-hour) course by a master trainer Attend 2.5 hours of Coach training updates annually Lead two classes within 1 year of certification *Additional training to lead virtual MOB.*	Level 1: 2 day, 16-hour; $375 Enhanced training: 1 day; $100	$299 - online 20 hours
Cost of License	*Accompanies Master Trainer training*	$200 annually *unless operating under someone else's license*	$0 - SAIL is a public-domain program; no initial site license fees or yearly renewal fees
Duration of License	ongoing, does not expire	1 year of unlimited use	ongoing, does not expire
Equipment needed **does not include ancillary items, such as pencils or tissues, etc.*	Participant workbooks Guest expert guidebook Leader workbook Tables Slide-resistant chairs with arm rests Whiteboard or flipchart & markers *Optional: refreshments for participants*	TJQMBB Class Teaching Plan Teaching videos Armless, slide-resistant chairs	Space large enough for exercise Slide-resistant chairs Adjustable cuff weights (two per person).

Appendix B: Dig Deeper, additional resources, page 1

Resources provided in Appendix B are commonly offered as organization names with a hyperlink embedded in the electronic version of this document.

General

- American Academy of Pediatrics (AAP), [search: injury prevention]
- Center for Disease Control and Prevention, Injury Prevention (CDC)
- National Council on Aging (NCOA)
- Safe States Alliance (Safe States)
- Safe Kids Worldwide (SafeKids)
- Web-based Injury Statistics Query and Reporting System (WISQARS)

Section 2 - Factors Contributing to Intergenerational Falls

- Adults
  - Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults (CDC, 2023)
- Children
  - Mayo Clinic Minute: Preventing pediatric falls (Mayo News Network, 2024)
  - Prevention of Falls and Fall-related Injuries in Children (UpToDate 2025)
  - Preventing Falls at Home (Children's MN)
  - Preventing Pediatric Falls (Iowa Injury Prevention Research Center, 2024)
- Pregnancy
  - Risk factors for accidental falls during pregnancy – a systematic literature review (The Journal of Maternal-Fetal & Neonatal Medicine, 2021)
  - Trauma in pregnancy (Romanian Medical Journal, 2022)

Appendix B: Dig Deeper, additional resources, page 2

Section 3: Assessing Community Needs and Capacity

- Community Planning for Health Assessment: CHA and CHIP
- National Commission for Health Education Credentialing (NCHEC): 8 areas of responsibility
- Review of community health needs and assets assessment (BMC Health Services Research, 2023)
- Cultural barriers
  - World Falls Guidelines
- Stigma
  - Broadening our understanding: Approaching falls as a stigmatizing topic for older adults (ScienceDirect, 2009)
  - Facilitators and barriers to enrolling in falls prevention programming (ScienceDirect, 2019)
  - Falls in old age: a threat to identity (Journal of Clinical Nursing, 2012)

Section 4: Budget Planning

- Evidence-based programs
  - Matter of Balance fall prevention program
  - Tai Chi for Health Institute/
  - Tai Ji Quan: Moving for Better Balance
- Modifiable Risk Factors
  - Falls Free WI interactive-home-walk-through/
  - Stopping Elderly Accidents, Deaths & Injuries (STEADI)

Appendix B: Dig Deeper, additional resources, page 3

Section 5: Advocacy

- Partnership building
  - Ventura County Elderly Fall Prevention Coalition example
  - See appendix C for an example of framework to build a coalition
- Atypical Partnerships
  - Building Non-Traditional Public Health Multisector Partnerships (ASTHO.org)
  - Influencing factors of interprofessional collaboration in multifactorial fall prevention interventions: a qualitative systematic review
  - Interprofessional Collaboration in Fall Prevention, Qualitative Study
- General partnership ideas or suggestions
  - Administration for Community Living
  - American Academy of Pediatrics
  - Anchor It
  - Area Agency on Aging (local or state)
  - Centers for Disease Control and Prevention
  - National Coalition on Aging
  - Playground safety: NRPA, Playground Professionals, NSC, NPPAS
  - Prevent Blindness
  - Safe Kids Worldwide
  - Trauma Center Association of America: Injury Prevention page
  - Window Safety (National Safety Council); Guardian Angel Window Guards

Section 6: Celebrate the wins

- Facing Challenges and Finding Solutions (Prevention Institute)
- The Power of Celebrating Success (Forbes, 2023)

Appendix C: An example framework to build a coalition, page 1

Addressing elderly falls is a huge and necessary lift. In most cities and counties, multiple public and private organizations work toward the same goal of preventing primary and secondary falls. The public health approach to primary falls prevention aims to ensure the problem does not occur in the first place, while secondary falls prevention guides an individual to resources after a fall to prevent recurrence. [1]

Identification of the problem: Review local and national data to have available when speaking to administrators, organization leaders, and elected officials.

Naming a champion and create a coalition: The champion could be anyone with passion for the cause, have organizational skills, and the ability to connect with elected officials. After identifying a champion, create a coalition.

Coalition meetings: Decide on location and frequency of meetings. Provide an open, safe environment for all members to share ideas.

Decide on coalition's mission statement: Clarify the coalition's mission and goals. Refer to the CDC's STEADI Older Fall Prevention toolkit and the NCOA's Falls Prevention Awareness Week Toolkit for information outlining how to address the problem of elderly falls.[2]

Create a logo: Design a catchy, branded fashionable logo that projects the mission and vision of the coalition.

Outreach: Conduct awareness events – see NCOA's outline for the national falls awareness week that occurs strategically in the first week of fall.

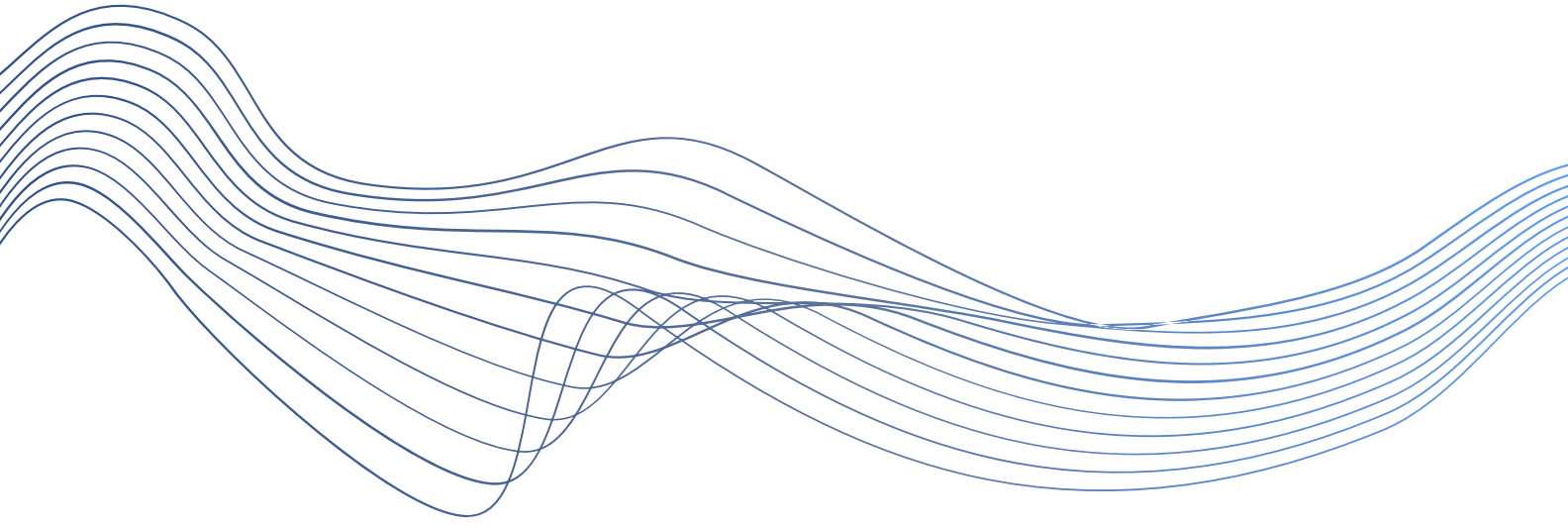
Post event debriefing: Conduct post event debriefing within 2 weeks for lessons learned.

Appendix C: An example framework to build a coalition, page 2

Create a Program: Decide on a pilot program that will be effective in the community. For example, an Emergency Medical Services (EMS) driven fall prevention program that has a coordinator to delineate appropriate services that the patient requires[3, 4] (i.e., public health, primary care clinician, ophthalmology or optometry services, home health, home fall risk evaluation, or evidence-based or evidence-informed program enrollment).

Programmatic evaluation: Ensure that programmatic data is analyzed, and the evaluation process is refined to show effectiveness. Publish results as white papers.

Sustainability: To remain sustainable, ensure that acquired data is utilized for grant applications. The Area Agency on Aging can assist with navigating this process through their vast network of services, or any coalition agency savvy in grant applications.[3, 5, 6]



Appendix C: An example framework to build a coalition, page 3

- Identify a Problem
- Name a Champion
- Create a Coalition
- Coalition Meetings Frequency
- Coalition's Mission & Vision
- Create a Logo
- Plan Outreach Events
- Post Outreach Debriefing
- Create Evidence-based Programming
- Programmatic Evaluation
- Sustainability
- **Have Fun & Save Lives!**

Appendix C: An example framework to build a coalition, page 4

References for coalition framework example

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6. Losh, J; Duncan, T.K; Diaz, G; Lee, H; Romero, J; Multidisciplinary patient management improves mortality in geriatric trauma patients. The Am Surgeon, Vol. 85, No 2, Feb 2019, pp230-233(4).