The 2025 National Falls Prevention Action Plan

national council on aging®

Who We Are

The National Council on Aging (NCOA) is the national voice for every person's right to age well. Working with thousands of national and local partners, we provide resources, tools, best practices, and advocacy to ensure every person can age with health and financial security. Founded in 1950, we are the oldest national organization focused on older adults. Learn moret at www.ncoa.org and @NCOAging.

Center for Healthy Aging

NCOA's Center for Healthy Aging supports the expansion and sustainability of evidence-based health promotion programs in the community and online through collaborations with national, state, and community partners to help older adults live healthier lives. The center houses several national resource centers: the National Falls Prevention Resource Center, the National Chronic Disease Self-Management Education Resource Center, and the Modernizing Senior Centers Resource Center. Learn more at www.ncoa.org/professionals/health/center-for-healthy-aging/.

National Falls Prevention Resource Center

Housed at NCOA's Center for Healthy Aging, the National Falls Prevention Resource Center increases public awareness about the risk of falls and supports the implementation and dissemination of evidence-based falls prevention programs and strategies across the nation.

Falls Free® Initiative

The Falls Free® Initiative is a national effort led by NCOA to address the growing public health issue of fall-related injuries and deaths by older adults. It focuses on numerous advocacy, awareness, and educational initiatives, including building community infrastructure to reduce falls among older adults.

Special Thanks

The 2024 National Falls Prevention Summit and resulting Action Plan would not be possible without the support of the **Administration for Community Living (ACL)** and its **Office of Nutrition and Health Promotion Programs**. Beyond funding the National Falls Prevention Resource Center, ACL representatives were active in summit planning and provided valuable input to the Action Plan.

We also want to thank the Summit Steering Committee, the panelists, work group facilitators, and dedicated summit participants for making the Summit a success. *(See Appendices C, D & E)*

We are also extremely grateful to Abbott and Samsung Health for their generous support of the Summit.

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Executive Summary

All of us want to live vital and active longer lives. Health challenges both large and small can make a big difference in how we age and how we think about our aging. And the risk of falling becomes one of the most consequential of those challenges as we get older. Falls have become the most frequent fatal injury in the United States for people older than 65. Other serious falls land hundreds of thousands more older people in emergency departments or hospital beds, costing an estimated $80 billion annually, mostly paid by Medicare and Medicaid. What many of us don't know is that many serious falls and fall-related injuries can be prevented. During the past 20 years, evidence-based programs, services and technologies have been developed that help more older adults to stand tall and stay active. This very American ingenuity provides real hope for a future where many more of us are "falls free" and able to live our lives to their full potential.

Recognizing both the scope of the challenge and the opportunity ahead, the National Council on Aging (NCOA) and its National Falls Prevention Resource Center, with support from the federal Administration for Community Living, has prepared this **2025 National Falls Prevention Action Plan**. It expands on and refines the plans issued in 2005 and 2015, builds on the accomplishments resulting from the recommendations in those earlier plans, and reflects an awareness of what needs to be done to remove falling from the roster of top public health problems.

The production of this updated plan was an intensely collaborative process. It was guided by NCOA and a steering committee of 13 falls prevention leaders, which:

- Assessed the progress toward achieving each of the 12 broad goals, 40 strategies, and 240 action steps detailed in the 2015 plan.
- Surveyed 327 professionals and providers to gauge opinion about the most important actions that have happened to prevent falls in the past five years.
- Convened the third National Falls Prevention Summit in September 2024, where 182 invited participants from 112 entities – from government, health care, aging services, disability services, technology, nutrition, housing, academia, philanthropy, and communications – joined one of six work groups to develop an array of recommendations for ways to dramatically reduce falls during the next decade.

The details of their discussions, and the full measure of their ideas, comprise the heart of this new Action Plan and are described in the following pages. The plan sets out these six goals – and priorities and action steps for achieving each – in the service of reducing and preventing the number of falls by older Americans:

1. **Expand public awareness, messaging and advocacy** by funding and creating a sustained, highly coordinated, multi-year, multimedia communications campaign that increases and reframes awareness about falls, builds knowledge about how to prevent falls, and expands demand for evidence-informed interventions.

2. **Broaden funding across sectors** by expanding and coordinating spending at the national, state and local levels on falls prevention awareness, screening, assessment, intervention and management and improve the capacity of health care and community providers to obtain funds from government, health systems, insurers, and philanthropy to achieve their aims.

3. **Scale evidence-based and proven interventions** by increasing the number of evidence-based clinical interventions and community-based prevention programs with sizes and capacities sufficient to meet the needs of people at risk of falls, particularly those in historically underserved communities and those with the greatest social and economic need.

4. **Drive more clinical and community partnerships** by creating the seamless infrastructure needed to support partnerships among clinical providers and community-based, aging network, public health, and other social service providers and systems to prevent and reduce falls.

5. **Generate new technologies and expand access to existing technologies** by engaging a wide range of public and private partners so that products meet the unique needs of older people and are accessible to them no matter who they are or where they live.

6. **Improve data** by increasing the quality and range of information, both quantitative and qualitative, about why older people fall and under what circumstances (the functional, activity, environmental, and personal factors), and whether older people of different economic, racial, and social backgrounds fall for different reasons; and **expand research** via longitudinal (e.g., lasting 10 years) studies with participants who are heterogeneous with respect to age, level of frailty, existing medical conditions, and settings.

To be sure, these six focus areas do not exist in isolation, and so several recommendations overlap or reflect those noted in other goals, priorities and action steps. Several of the work groups concluded their goals would be much more easily achieved after the sort of national campaign envisioned by the work group focused on expanding public awareness, messaging and advocacy. Almost all work groups concluded that the collection of more and better data would lead to a more persuasive case for elevating the prevention of older adult falls as a national priority. In addition, improved data can show that increasing governmental, philanthropic, and other funding for evidence-based falls prevention programs and clinical interventions, which had virtually universal support at the Summit, would produce a clear and substantial return on investment for payors, health care and long-term services systems, and of course older Americans and their families.

Call to Action

For each goal and strategy, the Action Plan lays out barriers to and opportunities for achieving success along with specific priorities and action steps. Each chapter also describes what each sector or organization with a hand in falls prevention can do to help achieve the goals and identifies indicators that will guide an understanding of when and how success has been realized. As we well know, there are many contributors to falls. Not surprisingly, given the areas reflected in this plan, a wide-ranging set of actions is required to make a meaningful difference.

Healthy People 2030, a federal government effort to set data-driven national objectives to improve health and well-being, sets out the following two objectives for reducing falls:

- Reduce the number of fall-related deaths to 63 from 77 for every 100,000 people older than 65; and
- Reduce the number of emergency department visits due to falls by older adults to 5,447 from 6,052 for every 100,000 people.

In addition to the six goals outlined in the Action Plan, progress towards these benchmarks can be made through the realization of the plan's recommendations and actions.

As the plan describes, all of us have a role to play. NCOA looks forward to working with this broad range of partners in government, health and social services, industry, and others to move this ambitious plan into action.

Background: Two Decades of Planning and Progress

The significant aging of the nation's population means that Americans older than 65 will outnumber those younger than 18 beginning in 2035. During the previous two decades, this transformational demographic shift has steadily elevated the challenges presented when older people fall – and the need to do more to prevent those falls.

During that time, falls have become the leading cause of death-by-injury for people older than 65, with more than 36,000 fatalities annually. Each year, almost 3 million older people go to emergency rooms after falling and one-third are hospitalized, adding $80 billion to the nation's medical bill – with more than two-thirds of the cost paid for by Medicare and Medicaid. But, altogether, one in four older people (14 million) fall each year, and by 2030 the cost of treating all fall-related injuries is projected to reach $101 billion. *(See Facts About Falls sidebar)*

Two Summits, Two Plans

For two decades, NCOA has taken the lead in elevating the need for better falls prevention to the forefront of the national conversation. It hosted a two-day summit in December 2004 where representatives from 57 organizations, from an array of organizations with a policy or fiscal interest in reducing falls, set the direction for "Falls Free®: Promoting a National Falls Prevention Action Plan." Published in March 2005, this consensus document served as a national blueprint to describe what should be done to reduce the growing number of falls and fall-related injuries by older people.

Facts on Falls

According to the U.S. Centers for Disease Control and Prevention (CDC) and other falls research:

- Fourteen million, or 1 in 4 adults age 65 and over, fall each year.
- Falls are the leading cause of fatal and non-fatal injuries among older adults. Falls are the leading cause of hip fractures and traumatic brain injuries.
- In 2021, falls caused 38,000 deaths among those age 65+, and emergency departments reported 3 million visits due to older adult falls.
- Based on data from 2020, the total health care cost of non-fatal older adult falls is $80 billion per year, up from $50 billion in 2015. Sixty-seven percent of fall-related costs are paid for by Medicare, 4% by Medicaid, and 29% is paid privately/out-of-pocket by older adults and families.
- Among older adults who fall, over half receive care in a hospital; the estimated annual average cost per inpatient visit for falls injuries is $18,658 and $1,112 per emergency department visit.
- The cost of treating injuries caused by falls among older adults is projected to increase to over $101 billion by 2030.

It was intended as a call to action to initiate collaboration by multiple stakeholders and guide the implementation of an effective coordinated approach to preventing older adult falls. The Home Safety Council and Archstone Foundation paid to host that summit, and the federal Centers for Disease Control and Prevention (CDC) paid for publication of the plan.

An outgrowth of that plan was the creation of the Falls Free® Coalition, a group of more than 70 national organizations and professional associations working together to promote and advocate for its implementation. The Coalition's signature achievement was the enactment in 2007 of the Safety of Seniors Act (PL 110-202), which sought to reduce older adult falls and injuries by:

- Authorizing the federal Department of Health and Human Services (HHS) to oversee and support a national education campaign on how to reduce falls and prevent repeat falls.
- Directing HHS to expand and intensify research and related activities on older adult falls.
- Encouraging public-private partnerships and businesses to develop technologies to prevent falls and reduce injuries.

In 2008, NCOA convened a National Advisory Group to review progress on the Falls Free® Initiative and set priorities for the next three years, principally by developing an array of evidence-based falls prevention programs and improving education and training for health care professionals, the aging network, and other community-based providers.

Facts on Falls Risk

Common risk factors for falls include:

- Falling once doubles the risk of falling again.
- Lower body weakness and difficulties with walking and balance increase someone's risk for falls.
- Certain medications can cause side effects and interactions, such as dizziness and fatigue, that increase the risk of falls.
- Chronic conditions such as diabetes and arthritis can increase the risk of falls due to neuropathy, pain, and other symptoms that can affect walking and balance.
- People with vision loss have almost twice the risk of falls as adults without vision impairment.
- People with hearing loss are nearly three times as likely to fall compared to those with normal hearing, but wearing a hearing aid reduces the risk of falling by 50%.
- Hazards in the home, including clutter, poor lighting, and lack of supports such as grab bars, can lead to increased risk of falls. Home modifications can address these hazards to reduce falls risk in the home.

Sources available at www.ncoa.org/article/get-the-facts-on-falls-preventiion/

The next landmark moment in this campaign was in 2015, when the convening of a White House Conference on Aging became the occasion to revisit and update the Action Plan by holding a second falls prevention summit to assess progress, successes, and gaps during the previous decade and then chart a course for the coming decade. The result was Falls Free®: 2015 National Falls Prevention Action Plan, which established a fresh set of 12 goals for reducing falls by increasing the physical mobility of older people, improving their medication management, enhancing the safety of their homes and communities, boosting public awareness and education about fall risks, altering public policy, and increasing funding for evidence-based falls prevention programs. The plan delineated 40 strategies and 240 action steps for achieving its dozen goals.

The 2024 Summit

By early this decade, the consensus view of Falls Free® Coalition members was that, despite solid progress and increasing momentum, it was time to revise the Action Plan again. The most explicitly stated goal of the 2015 plan reflected a Healthy People 2020 goal – a 10% reduction in the rate of emergency department visits by older people because of falls – that was not yet close to being realized. And new approaches needed consideration.

The urgency for updating the plan grew when the agency within HHS that administers most federal programs designed to improve the lives of older Americans, announced in 2024 that it would be issuing a National Plan on Aging in 2025. NCOA, in its role as steward of the ACL-funded National Falls Prevention Center, realized the opportunity to see many of its next set of recommendations included in this National Plan.

NCOA then created a Summit Steering Committee of 13 falls prevention leaders, who met monthly to lay groundwork for the drafting of the third edition of the Falls Free plan. *(See Appendix C)*

Surveying the field

The Steering Committee commissioned an online survey of falls prevention leaders – mainly from aging networks, statewide falls prevention coalitions, nonprofits, government agencies, and health care and public health providers – to assess their view of the falls prevention landscape. The survey's 327 respondents said that:

- The three most important **initiatives** of the past five years were:
  - ACL annual evidence-based falls prevention grants (48%)
  - The introduction of evidence-based programs such as Community Aging in Place-Advancing Better Living for Elders (CAPABLE) and Bingocize® (45%)

  - The expansion and dissemination of resources from the CDC's STEADI (Stopping Elderly Accidents, Deaths and Injuries) program for health care providers (36%)
- The three most important **gaps** allowing older adult falls were:
  - Insufficient funding to scale proven evidence-based programs (61%)
  - Inadequate access to those programs for rural, racially and ethnically diverse, and homebound populations, as well as people with disabilities (52%)
  - A lack of dedicated pathways to bill Medicare or Medicaid for falls prevention services (34%)
- The three most important **opportunities** to reduce older adult falls in the next five years were:
  - Obtaining Medicare and Medicaid funding for falls prevention programs (67%)
  - Expanding federal funding to scale evidence-based programs (53%)
  - Building coordinated, transdisciplinary care models involving community-based organizations and health care providers (39%)

Assessing progress

The group also commissioned the firm Strategic Communications & Planning (SCP) to assess the progress toward achieving each of the 12 broad goals, 40 strategies and 240 action steps detailed in the 2015 plan. SCP concluded that significant activity and real progress had been made toward realizing the goals and associated strategies and action steps. It also noted that assessing progress was limited by the fact that the plan did not make clear which stakeholders – government agencies, recipients of government grants, nonprofits, health care providers, foundations, academic institutions, or businesses – were responsible for each step and no metrics were identified for measuring completion of most action steps. *(See Appendix B)*

Convening the Summit

NCOA convened its third National Falls Prevention Summit in September 2024 in Arlington, Virginia. The meeting was attended by 182 invited participants representing 112 government, health care, aging services, public health, disability services, technology, nutrition, housing, academic, philanthropic, and communications organizations. *(See Appendix D)*

"We know that falling is not an inevitable part of aging," Ramsey Alwin, NCOA's president and CEO, said in opening the meeting, and she urged attendees to create "an actionable plan that empowers all of us to age well and free from falls."

"Falls prevention is a complex issue that requires a multi-disciplinary approach to solutions," she said. "Only by working together, with all stakeholders represented, can we continue to make progress. And the time to act is now, as this year, 11,000 Americans are turning 65 every day. We have no time to lose in building on what we know and advancing promising new ideas."

Kari Benson, the deputy assistant HHS secretary in charge of the Administration on Aging within ACL, told attendees at the opening session, "Our collective challenge continues to be educating people about their risks, connecting older adults to services and resources, and empowering communities and providers to consider the whole health of older adults."

"That sounds straightforward, but there is no one-size-fits-all approach. Communities and people are unique, and they require tailored strategies," she said. "Those challenges and opportunities are why it is fantastic to see this gathering of experts in falls prevention."

The gathering had two distinct aspects. Work groups reviewed six areas crucial to advancing the work of falls prevention, and plenary presentations featured experts from throughout the field. *(See Appendix E)*

The principal work of the summit, setting priorities for reducing older adult falls during the next decade, was accomplished by the work groups, each of which met three times during the two days. Their first two sessions were spent identifying gaps, prioritizing the best opportunities for shrinking those gaps, and defining goals and successes. The final session focused on refining recommendations, proposing action steps, assigning responsibility for advancing their proposals, and identifying metrics to measure success.

The topics of the work groups were:

- Expanding public awareness, messaging, and advocacy
- Broadening funding across sectors
- Scaling evidence-based and proven interventions
- Driving more clinical and community partnerships and coordinated care
- Generating new technologies and expanding access to existing technologies
- Improving data and expanding research

The subsequent six sections of this 2025 Action Plan amount to "chapters" about each group's deliberations. They provide a brief background on each area, the barriers and opportunities anticipated, the priorities and actions proposed, the roles and responsibilities assigned, and the success metrics identified.

Interspersed with the work group meetings were a series of presentations to all Summit participants, designed to highlight progress and innovations related to falls prevention and to inform the discussions of the smaller groups.

- Trish D'Antonio, executive director of the Gerontological Society of America's National Center to Reframe Aging, urged participants to apply reframing principles and techniques to improve falls prevention messaging, awareness, and interventions – and communicate in ways that disarm ageism, repel stereotypes about older people, and replace fatalistic messaging with solutions-based and empowering messaging.
- Officials from four federal agencies – the ACL, the CDC, the Department of Housing and Urban Development (HUD), and the Centers for Medicare and Medicaid Services (CMS) – outlined the state of their agencies' distinct and collaborative efforts to reduce older adult falls, as well as the gaps and opportunities they see in the federal government's efforts.
- A panel representing different aspects of the clinical community and the aging network – a state falls prevention coalition, an aging services network provider, and a geriatrician who leads a falls prevention clinic – compared various collaborative approaches to falls prevention. The panel also discussed limitations to reimbursement and the challenges to connecting clinical and community providers.
- Executives from three segments of the health care industry – a teaching hospital, a pharmaceutical company and a medical device maker – described their initiatives to reduce falls through technological innovation.
- Senior aides to three members of Congress – a Republican and a Democratic House member and an independent Senator, each with a demonstrated interest in increasing the federal response to older adult falls – explained the legislative climate on the issue and described several bills that would implement different approaches to reducing falls risk, falls, and injuries.
- Developers of three technologies that deter falls – an app that locates prevention programs in south Florida, an artificial intelligence-enabled video monitoring system for assisted living facilities, and a platform using the Amazon Ring home security system that supports healthy behaviors – outlined their different approaches and efforts to assure broad access to, and funding for, such technologies.

In between the panel sessions and the work group meetings, many Summit participants gathered in small groups to share experiences, deconstruct challenges, and brainstorm solutions.

"The energy at this gathering has been extraordinary and exceeded only by the shared sense of commitment to improving the well-being of older Americans by reducing their risk of a potentially life-altering fall," Donna Bethge, who was then overseeing ACL's falls prevention efforts as a program specialist in the agency's Office of Nutrition and Health Promotion Programs, said in closing the Summit. "I'm confident these two days have not only started producing a plan of action for the next decade but have also created a collective commitment to making that plan a reality."

Goal 1

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1 Expand Public Awareness, Messaging and Advocacy

Goal

Create and fund a sustained, highly coordinated, multi-year, multimedia communications campaign that increases and reframes awareness about falls, builds knowledge about how to prevent falls and expands demand for evidence-informed interventions.

Background

Increasing public awareness about the dangers of falls – and particularly how older adults, caregivers, and professionals can prevent falls – was identified as a cross-cutting goal of the 2015 National Falls Free Plan. Widespread and engaging public information and communications efforts remain crucial to creating a more positive and receptive environment for nearly all the priorities noted of this Action Plan.

During the past decade, there have been significant efforts and helpful progress in this area. Notably, the federal Centers for Disease Control and Prevention (CDC) has developed a Still Going Strong campaign that has been tested in eight states. The number of Falls Prevention Awareness Days or Weeks have grown substantially and annually provide a seasonal boost to public awareness in states and communities around the country. The National Falls Prevention Resource Center at NCOA has developed and gathered a variety of helpful tools and information (the Falls Free Checkup, for example) for health care and aging network professionals, as well as older adults and families.

On the advocacy front, the 2019 Senate Special Committee on Aging report on falls prevention lifted the issue in federal policy circles. In May 2024, the release of Aging in the United States: A Strategic Framework for a National Plan on Aging included an appendix that said falls prevention is an exemplar of the sort of multi-sector, multifactorial issue the National Plan should address. The work of the next 10 years is to build and expand on these accomplishments and dramatically increase the public appetite for falls prevention information and solutions.

Barriers and Opportunities

Barriers	*Opportunities*
• Stigma, ageism, and poor health literacy can hinder building and sustaining consumer awareness and action on falls prevention. • Information, resources, and associated messages and value propositions are siloed and therefore not broadly accessible to providers, consumers, and aging organizations. • Other important needs (to improve mental health, for example) compete with falls prevention for public attention, funding, and program priorities in all sectors. • The multifactorial nature of falls prevention complicates the ability to identify one clear call to action.	• Past and current information efforts including Falls Prevention Awareness Week, growing availability and marketing of evidence-based interventions, and a wealth of resources from NCOA, CDC, and others represent a strong foundation for additional outreach. • CDC's Still Going Strong and STEADI (for clinical audiences) programs are established communications efforts that can inform future work. • Interest in falls prevention as an exemplar cross-cutting issue – in the National Strategic Plan on Aging – in early discussions about the next White House Conference on Aging, and in deliberations on reauthorizing the Older Americans Act – all point to policy opportunities.

Priorities and Action Steps

Conduct an environmental review and associated gap analysis to understand the public information and awareness resources already available and that need to be created.	• Catalogue current resources and research on communications and messaging related to older adult falls now found in a variety of places. • Convene, if funding is available, information leaders across sectors to build awareness of the full range of current resources and find opportunities to communicate across sectors. • Identify opportunities to learn from and build on CDC's Still Going Strong campaign. • Review learnings from other successful national public health campaigns including The Heart Truth® campaign for heart health, We Can!® physical activity promotion, Know Stroke, Mind Your Risks® of high blood pressure, and others. • Develop and implement surveys to gauge baseline public and professional (health care and social services) understanding of falls risk, the cost of falls, gaps in understanding, and what we can do about it.
Create a Public Awareness Leadership Advisory Council (PALAC) to coordinate public awareness activities for consumer and professional audiences.	• Include leaders of national aging, public health, and health care organizations and associations federal, state, and local government agencies in health, public health, and aging; clinical societies; housing groups; insurance companies; and those interested in injury prevention for all ages. • Engage consumer brands including pharmaceutical companies, communications and tech companies, family caregiving, and other organizations who may help provide access to resources and channels needed for a successful campaign directed at consumers.

Priorities and Action Steps	
Establish a Community Advisory Council (CAC) comprised of organizations and people representing the full range of key audiences that the campaign seeks to reach.	• Engage the CAC to review the gap analysis and point to dissemination opportunities and partners, particularly in historically and currently marginalized communities at higher risk for falls and falls injury, as well as special populations including people with vision loss, hearing loss, dementia, and neurological conditions. • Employ the CAC to advise the PALAC on the development of the campaign (see below), review all campaign materials, and support dissemination of the campaign's message framework and creative.
Build multi-year funding support for the Campaign.	• Develop a concept paper for the campaign coordinated with broader falls prevention "asks" of legislators, public agencies, national societies, insurers, health plans, and philanthropies. *(See Goal 2: Broaden Funding Across Sectors)* • Identify and include in-kind contributions from all partners and collaborators, particularly access to such organizational communications vehicles as meetings, newsletters, and social media. • Consider asking the federal Public Health Service (USPHS) or National Academies of Sciences, Engineering, and Medicine (NASEM) to make falls prevention a national priority.

Priorities and Action Steps	
Generate a core message framework, outlining key principles, ideas, and language that can be adapted by all key intermediaries.	• Ensure the approach reflects principles and strategies advocated by the National Center to Reframe Aging. • Engage the PALAC and CAC to review and improve the framework to ensure it reflects messaging relevant to all core audiences. • Share and encourage the use of messages with partners in all sectors through professional vehicles including presentations at national meetings, organizational newsletters, social media, and articles, opinion pieces and blogs in professional publications. • Ensure the language and concepts used to describe older adult falls can be adapted so families and other caregivers, including younger audiences, clearly understand the intergenerational challenges related to falls.
Craft and deliver the campaign.	• Explore the best institutional home for the campaign, including national nonprofits and such federal agencies as CDC and the Administration for Commumity Living (ACL). • Issue a national request for proposals seeking a communications, advertising, or public relations firm to create the campaign and associated creative material. • Conduct focus groups, under the auspices of the CAC, to gather insights about how older people and people of all ages, especially in historically and currently marginalized communities, view falls and falls prevention. • Identify national figures, celebrities, and trusted community members to serve as message ambassadors for the campaign.

Priorities and Action Steps	
	• Generate a memorable and engaging multimedia campaign that seeks to overcome stigma and denial about falls and encourages older people and people of all ages to take needed steps to prevent falling. • Engage stakeholders from CDC, the federal Substance Abuse and Mental Health Services Administration (SAMHSA), and others with experience developing campaigns to review and support the plan. • Focus on adults 60 and older and their caregivers as the primary audiences, with people 40 to 60 years old as the secondary audience. • Implement the campaign. • Develop and implement a plan to evaluate the effectiveness of the campaign.
Build one-stop, accessible information resources for consumers, aging service providers, clinicians, and other key audiences.	• Based on the environmental review, establish a single clearinghouse for information about falls and falls prevention that is accessible to professionals and consumers. • Create an advisory committee or use PALAC or CAC to inform this effort. • Invest in social media advertising and other promotional tactics to build awareness of this resource for a wide range of professionals including aging services providers, physicians, nurses, social workers, and physical and occupational therapists, home and commercial builders, emergency responders, community groups, and consumers.

Roles and Responsibilities

Success on this goal will require:

- **The philanthropic, health care, public health and business communities** to fund the campaign for at least five years. While the costs will be determined in the planning, they may range from $100,000 to start the work to between $5 million and $10 million to support the campaign and pay for advertising, sponsorships, events, and other efforts needed to disseminate the campaign broadly and effectively.
- **A national backbone**, such as an anchor organization or government agency, to organize and facilitate this effort across sectors and in a broad range of communities.
- **Broad participation** from federal agencies, state and community aging services providers, health systems and clinicians, insurers, housing organizations, libraries, first responders, and all networks and organizations with direct or indirect interest in preventing falls.
- **Sponsors of evidence-based interventions** to adapt or include campaign messaging in their outreach efforts.
- **Connection to and sustained involvement of** federal, state, and local leaders and groups who will be needed as trusted intermediaries for the campaign's messages.

Indicators of Success

While the exact metrics will be determined by the size and extent of the campaign, indicators of success in meeting this goal include:

- Sufficient funding for, and timely and effective implementation of, a sustained five-year campaign to build awareness about falls and how to prevent them.
    - This would result in increased professional and consumer awareness of falls prevention, core campaign messages, and action steps to prevent falls.
    - That awareness, in turn, would increase the number of people in falls prevention programs, reduce the number of injurious falls, and provide significant cost savings to public and private payors.
- The successful development of a falls prevention message framework that is adopted or adapted by the PALAC and CAC and then embraced consistently in national and local media stories about falls and in social media.
- Establishment of a clearinghouse for falls prevention information and resources, which would boast significant year-over-year growth in traffic to its website and downloads of key resources.
- Falls prevention being a featured issue at the next White House Conference on Aging.

Goal 2

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2 Broaden Funding Across Sectors

Goal

Expand and coordinate funding at the national, state, and local levels available for falls prevention awareness, screening, assessment, interventions and management and improve the capacity of health care and community providers to access this funding from different sources — government, health systems, insurers, and private philanthropy — to achieve their aims.

Background

Financial support from all sources for falls prevention and reduction efforts has increased in the two decades since the first National Falls Prevention Action Plan was issued, but the exact increase is difficult to calculate.

The lack of precision is primarily because of the disparate number and type of funders for prevention programs, interventions and other activities. Finding out where money is available to support falls prevention, and deciphering how to access it, can be time-consuming and complicated for health care and social services providers, not to mention older people and their caregivers. The job requires not only an understanding of governmental agencies and programs – and then navigating often complex requirements for obtaining public funding – but also comprehending nuances of the insurance and health care businesses and learning about the missions of philanthropies.

Four arms of the federal government – the Administration for Community Living (ACL) and the Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services, as well as with the departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) – spent more than $43.5 million on falls prevention. This is a tiny fraction of

the $80 billion the CDC estimates is spent annually treating older adults for fall injuries. A majority of federal funding supported home accessibility and safety improvements through HUD's Older Adults Home Modification Program. Funding from the Affordable Care Act's Prevention and Public Health Fund, adminstered through ACL, supports scaling and sustaining evidence-based falls prevention programs and other efforts. Funding under Title III-D of the Older Americans Act supports health promotion and disease prevention, including evidence-based falls prevention programs. (Funding under Title III-D was $26.3 million in fiscal 2024 but it is not readily apparent how much of that was spent on falls prevention.)

Additional federal funding can be tapped for falls prevention efforts, including from the Department of Labor's Office of Workers' Compensation; CDC grants to states for injury prevention; a 2004 law, known as the AT Act, that helps people with disabilities select, obtain, and use assistive technology; the Department of Energy's Weatherization Assistance Program, and other programs that support home repairs.

Coverage of screening for falls risk, as part of the Welcome to Medicare and Annual Wellness visits, includes referrals based on risks identified. But there are insufficient incentives for this to be widely used for falls prevention. In addition, some Medicare Advantage plans pay for home safety assessments and limited modifications as well as the evidence-based CAPABLE program and others such as exercise programs that can improve strength and balance.

Some states have relatively robust and easily identifiable funding for falls prevention, while in others these sources are diffuse and hard to discern. Some states' Medicaid programs cover falls prevention activities under home and community-based waivers and Money Follows the Person programs. Some long-term care insurance providers cover programs to prevent falls, such as through care management services. Some local funding is also available through county tax levies, city or county support, municipal hospital districts, and other sources. Finally, many foundations and community nonprofits have been or are now interested in improving the lives of older people and support falls prevention efforts. Habitat for Humanity and Rebuilding Together, for example, support construction and rehabilitation of accessible housing and home modifications.

Barriers and Opportunities

Barriers	*Opportunities*
• While many sources fund falls prevention clinical interventions and community programs, they are difficult to coordinate and sustain at the state and local level. • The high cost of implementing falls prevention programs, as well as challenges identifying local leaders, limits program availability, especially in rural communities. • Many programs have low participation, mainly because of social stigma, lack of awareness by health care providers and patients, and participants' fear of injury. • There is competition for limited resources.	• Falls risk and falls prevention efforts are still new to many potential funders, so the time for reframing is ripe. • Data exists to make a persuasive case for funding evidence-based falls prevention programs that will produce meaningful improvements in the lives of older people and save money for public and private payors as well as older adults and their families. • Payments and other financial incentives can encourage health care systems and insurers to provide falls prevention clinical intervention and community programs – and then persuade older people to use them. • Braided funding (combining several sources to support a common goal while keeping each source distinct) is attractive to funders, because they see even a relatively small investment leveraged with support from others.

Barriers and Opportunities	
Barriers	***Opportunities***
• Risk of falling is not regularly listed with other chronic conditions and therefore not prioritized. (In contrast, in Japan the concept and treatment of Locomotive Syndrome has been accepted and spread.) • Many state and local government leaders are unaware or unconvinced that falls by older people are a significant and expensive public health challenge. • Some policymakers remain unconvinced of the need for investments in prevention and public health in general and may have biases against such investments for older adults. • The value of falls prevention interventions has not been fully articulated to federal, state and local policymakers, and others who could pay for both clinical interventions and community programs.	• The federal Quality Improvement Organization (QIO) program can be leveraged to promote options for falls prevention support paid for by Medicare and Medicaid. ○ Medicaid's 1915(c) home and community-based services (HCBS) waiver can be used better to support falls prevention interventions, including person-centered service planning process to assess risks for falls and implement any interventions, such as evidence-based programs, home assessment, and modifications for independent living. ○ States can be better incentivized to adopt the voluntary HCBS Quality Measure Set: Managed Long-Term Services and Supports Screening, Risk Assessment, and Plan of Care to Prevent Future Falls. ○ Money Follows the Person programs can be beter leveraged to support people at risk of falling or recovering from falls, for example by providing walkers or wearable emergency alert devices. A falls prevention program could be assembled from several Medicare Advantage plan supplemental benefit service categories such as fitness, home and bathroom safety, home assessments, and personal emergency response devices.

Barriers and Opportunities	
Barriers	***Opportunities***
	• Preventing falls aligns well as a priority for those hospitals, primary care practices, pharmacy clinics, nursing homes, home care providers, and public health agencies that embrace the Age-Friendly Health Systems model. It focuses on "The 4 Ms" – two of which are Medication (managing drug interactions, side effects and other medication-related problems), and Mobility (the ability to move safely, maintain or improve balance, strength, and gait, and live independently). Mentation (preventing, identifying, treating and managing depression, dementia and delirium) is also relevant to our efforts, as dementia is a risk factor for falling. The final "M" is What Matters (aligning care with individuals' health outcome goals and care preferences), which can motivate participation in falls prevention programs as a way to stay independent. • The role of community health workers is growing in Medicare, and their work and billable services can be leveraged to provide awareness, education, screening, assessment, and some interventions. • People of all ages can be engaged to support healthy lifestyle and falls prevention efforts. This lifespan approach could open doors to expanded funding opportunities. • More can be done to identify "blue zones" for falls prevention, places where rates of falls are lower and older people have embraced falls prevention strategies. Replicating what works in these places can be a rationale for seeking funding.

Priorities and Action Steps

Convene a national coalition of stakeholders to create and implement a funding agenda for falls prevention.	• Identify new sources of funding. • Identify, coordinate, and expand funding from existing sources, including the reimbursement mechanisms and incentives of Medicare and Medicaid, that can support clinical and community interventions. • Create an open-source catalog or database of all potential public and private sources of money that is currently and could be used to reduce falls, including the limitations on spending from each source and the parameters for how to access funds from each source. • Establish a standardized scorecard for falls prevention programs and home modifications, which can be used to identify returns on investment and value propositions as rationales for obtaining funding from a variety of sources. • Develop a concept paper about falls prevention to be included in and coordinated with broader funding requests to legislators, government agencies, national societies, health insurance companies and philanthropies. *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)* • Widely disseminate the funding agenda with tools and resources to help states and local communities leverage various funding sources.

Priorities and Action Steps	
	• Seek federal funding for, and create infrastructure to support, state-based entities to coordinate falls prevention efforts; identify a lead government agency or nonprofit organization to establish adequately funded state-based coordination hubs to coordinate funding and create opportunities for clinical-community collaboration and scaling of evidence-based falls prevention programs. *(See Goal 4: Drive Clinical and Community Partnerships for Coordinated Care, and Goal 3: Scale Evidence-Based and Proven Interventions)* • Empower a sufficiently funded, full-time falls prevention leader in each state to coordinate community programs and partnerships with stakeholders across settings of care. • Create benchmarks of effectiveness for the hubs using standardized data collected by states. • Identify best practices and provide opportunities for networking and technical assistance across the networks of state falls prevention hubs. • Leverage federal, state, and local funding to support a falls prevention care manager or coordinator in every Area Agency on Aging or another community organization.
Conduct a public awareness campaign about falls and falls prevention to drive interest and demand and to support broader, coordinated, and sustainable funding.	*(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)*

Roles and Responsibilities

Success in meeting the research goal will require:

- **A lead national organization or federal agency** (if funding is appropriated) is needed to convene the proposed national coalition to create and implement the funding agenda. **The Administration for Community Living** (if funding is appropriated) may be best positioned to take the lead in creating the proposed database of funding sources, but assembling that database will require participation by many, including:
  - Centers for Medicare and Medicaid Services
  - Other federal agencies that directly fund, or might fund, falls mitigation efforts, such as CDC, HUD, VA, Health Resources and Services Administration, and Indian Health Service
  - National Conference of State Legislatures
  - National Association of Medicaid Directors
  - National Association of Counties
  - National Association of Chronic Disease Directors
  - National League of Cities
  - The Alliance of Academic Health Centers International
  - Medicare Advantage plans and their trade association, the Better Medicare Alliance
  - National Association of Emergency Medical Technicians and the National Fire Protection Association
  - Safe States Alliance, Trust for America's Health, National Association of County and City Health Officials, and Association of State and Territorial Health Officials
  - Municipal and other local governments
  - Professional associations and non-governmental organizations focused on the needs and interests of older people, particularly in communities that have been historically marginalized
  - Philanthropies with missions to improve health and the lives of older people, potentially represented by Grantmakers In Aging
- **A national association or the ACL** to establish fully funded state coordination hubs to connect programs and services.

Indicators of Success

Key measures of progress in increasing funding for falls prevention will be:

- One or more leading organizations convene a national stakeholder group to create an agenda for falls prevention funding.
- The agenda for falls prevention funding is created, and an implementation and dissemination strategy is developed.
- A database of funding sources is created and made public.
- A public awareness campaign for falls prevention is developed and executed. *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)*
- Hubs are established in every state to build a coordinated system of clinical and community services for reducing falls among older adults including connecting older adults to services and programs.
- Federal discretionary spending on falls prevention doubles in the next 10 years.
- CPT® codes for Medicare billing for falls prevention screening, assessment and management under Part A (home health) and Part B (physician visits) are developed by the American Medical Association.
- Medicare reimbursement for the delivery of evidence-based falls prevention programs is created, modeled after the National Diabetes Prevention Program.
- New funding from philanthropies and corporate sources is secured to augment or directly support aspects of the Falls Prevention Action Plan – including the public awareness campaign. *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)*

Goal 3

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3 Scale Evidence-based and Proven Interventions in Clinical and Community Settings

Goal

Increase the number of evidence-based clinical interventions to reduce falls and community-based falls prevention programs to meet the significant and growing needs of older adults at risk of falls, particularly those in historically underserved communities.

Background

Community Programs for Falls Prevention

Many programs that reduce falling by older adults and their fall risk factors were created based on scientific evidence, and their effectiveness has been proven with solid data. A variety of evidence-based falls prevention programs, now being offered in various formats, have emerged during the past two decades. Although many are offered online, many others – including screening, balance and strength training, and home modifications – require face-to-face interaction. Online classes, which grew significantly during the COVID pandemic and are still preferred by many participants, often cost as much as in-person offerings because of their smaller class sizes and the technological support and staffing required. For both types of programs, scaling is a challenge.

The most significant investment in sustaining and growing evidence-based falls prevention programs has come from the federal Administration for Community Living (ACL), which in the past decade has awarded $54 million in grants from the Prevention and Public Health Fund (PPHF) created in the Affordable Care Act. This funding has enabled 96 nonprofits, universities, local governments, health care providers, and community-based organizations to deliver their interventions and serve 256,000 people with an average age of 75. According to the ACL-funded National Falls Prevention Resource Center at NCOA, which maintains the national falls prevention database, almost 90% of program participants reported the program they used reduced their fear of falling, a core risk for actual falls. In addition, 22% of program participants reported fewer falls and 10% reported fewer injurious falls.

However, many of the best and most cost-effective interventions are not well known in much of the country. Their reach is limited to where they were established through PPHF grants or Title III-D health promotion funding through the Older Americans Act (OAA). More broadly, the reason for the low spread of community programs is the lack of sustainable reimbursement and other funding sources to implement and market falls prevention programs to more health care or community-based service providers. In many historically marginalized communities, funding has been particularly difficult to come by, in part because government and private insurers (and many consumers) remain more focused on the cost of treating fall-related injuries than on primary and secondary falls prevention.

The challenge in the next decade is as it has been until now: To increase the number of evidence-based programs that are sufficiently funded to be scaled to serve a critical mass of older people with the highest rate of falls, fall-related injuries, and deaths from falls – particularly those in communities of color, Indigenous communities, and those with the greatest social and economic need.

Clinical Interventions for Falls Prevention

Health care providers play a vital role in reducing an older person's fall risk by identifying and addressing common risk factors. Clinical guidelines developed by the American Geriatrics Society, the British Geriatrics Society, the World Health Organization, and others describe systematic processes for decision-making and intervention that should occur in emergency departments after an acute fall or in medical settings that take care of older of older people with recurrent falls, difficulty with gait and balance, multiple medications, sensory impairment, and other risk factors. These guidelines include screening and assessment recommendations and specific interventions to address multiple risk factors identified through those screenings and assessments.

Because of the multifactorial nature of older adult falls, it takes all of us – from all sectors of our communities – to prevent fall risk, falls, and fall-related injuries. Many health care providers must be engaged in falls prevention partnerships for effective scaling of clinical interventions and community programs. These include, but are not limited to, primary care doctors, medical specialists, nurses, pharmacists, physical therapists, occupational therapists, ophthalmologists, optometrists, podiatrists, and emergency medical services professionals.

The federal Centers for Disease Control and Prevention (CDC) has developed and widely disseminates falls prevention resources for healthcare providers – known as the STEADI Initiative, for Stopping Elderly Accidents, Deaths and Injuries – based on the joint American Geriatrics Society and British Geriatrics Society guidelines. STEADI provides a streamlined approach to assist health care providers in implementing those guidelines. The initiative includes a toolkit, with an algorithm readily adaptable to a busy physician's office workflow, to help providers screen, assess, and intervene to reduce fall risk of older patients. It also offers resources for outpatient, inpatient, and pharmacy care settings, including training materials for providers.

Implementing STEADI strategies into large health systems is feasible, as has been shown in Oregon and New York. At the Oregon Health and Science University, STEADI was first integrated in the internal medicine and geriatrics clinics and later into family medicine practices. Integration included outlining roles and responsibilities for each team member (not only physicians, nurses, and medical assistants but also front desk staff) and creating electronic health record clinical decision support tools for fall risk. Within 18 months, the university screened more than 45% of its eligible patients. In New York, a clinical champion from the United Health Services network tested STEADI and then introduced it in 17 primary care clinics. The champion worked with each clinic to improve integration success and address concerns. Before implementing STEADI, physicians rarely spoke to older patients about falls, whereas nearly 70% of older patients were screened after implementation.

Uptake and scaling of STEADI and other clinical falls prevention interventions has been slow, often because of other priorities, limited reimbursement by Medicare and other payers for falls prevention efforts, and lack of education of providers to recognize falls as a significant health issue.

Barriers and Opportunities

Barriers	*Opportunities*
• Access to community programs and clinical interventions is often limited because of socioeconomic and geographic inequities. • Approximately half of older adults do not discuss their falls with their health care providers. • Evidence-based falls prevention programs lack sufficient funding to scale, and health systems lack incentives to expand clinical interventions. • The return on investment for health systems and other payors is not always clear or reliable, and there are few incentives for scaling programs. • Payors focus on people who file a claim, so many who could benefit from falls prevention programs are overlooked. (Injurious falls are often preceded by falls of less severity, which increase the risk of severe falls and associated insurance claims.) • There is a lack of falls prevention and intervention programs for such specialized populations as Indigenous older people and those living with dementia or cognitive decline.	• The evidence-based falls prevention program designation is well established and can serve as a stamp of approval for effective and accessible programs. • Evidence-based programs enable a wide range of community organizations to implement high-quality, proven interventions without the need for additional research or related infrastructure support. • The concept of user-centered design has gained momentum, which can benefit innovations in falls prevention program design. • Health systems, community-based organizations, and consumers have all expressed interest in and the need for an easy-to-use and up-to-date referral system. • An increased focus on the needs of family caregivers, as evidenced by enactment in 2018 of the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act, can be leveraged to expand the reach of falls prevention messages.

Barriers and Opportunities	
Barriers	***Opportunities***
• Most community-based organizations lack capacity to build partnerships to train program leaders from diverse populations and ensure tailored implementation of programs for those populations. • Miscommunication and ageism limit the effectiveness of marketing of evidence-based interventions and, in turn, efforts to scale these programs. • Many older adults fear falling and may not engage in programs designed to improve their strength and balance because they fear pushing themselves and falling. • Planning for scalability has historically not been part of evidence-based program creation. • Few health care providers have time to search for available and appropriate interventions for each patient. This is compounded by their lack of awareness and knowledge about community-based programs to address falls.	• Community demand for falls prevention programs grows after programs are established, with many having returning participants and waiting lists. • Growing consumer interest in healthy aging and longevity – including physical activity, strength and balance training – may lead to greater interest in falls prevention interventions in health care and community settings.

Priorities and Action Steps	
Create a uniform national system for calculating the return on investment of falls prevention programs, which will demonstrate their cost effectiveness to payors, health care systems, and government agencies and lead to sustainable reimbursements and funding.	• Identify an existing organization (or a consortium of organizations), health policy experts, and health economists to leverage existing data and collect and publicize evidence demonstrating how falls prevention interventions, especially those delivered by community-based organizations, reduce costs for providers. • Create a national scorecard of falls prevention metrics. • Advocate for making falls a mandatory reportable event to be tracked by the CDC's web-based Injury Statistics Query and Reporting System (WISQARS). • Standardize reporting practices, such as fall risk assessments and specific interventions, so data becomes uniform and results can be analyzed more quickly. • Assist Tribal and other historically marginalized communities in communicating the value of falls prevention programs in order to secure approval and funding for them. • Leverage the Age Friendly Health Systems and other successful models of aligning clinical improvements and community development and longevity.
Advocate for authorizing legislation and public spending to expand evidence-based falls prevention programs and other resources.	• Increase grassroots advocacy in Congress and every state legislature for falls prevention policies and funding (including for staff dedicated to conducting evidence-based falls prevention programs), particularly for historically underserved populations. *(See Goal 2: Broaden Funding Across Sectors)*

Priorities and Action Steps

- Better leverage surveillance data and standardize falls prevention data to make the case for legislation supporting falls prevention in clinical and community settings. *(See Goal 6: Improve Data and Expand Research)*
- Advocate for adequate Medicare and Medicaid coverage for falls prevention screening, assessment, interventions and follow-up and explore alternative payment mechanisms and reimbursement codes that could support falls prevention programs. *(See Goal 2: Broaden Funding Across Sectors)*
- Promote language in the next OAA reauthorization that permits federal funding of falls prevention and related coalitions so they can support scaling of community-based programs.
- Secure continued funding of Indigenous health initiatives that include falls prevention, giving Indigenous communities ability to select the interventions appropriate for their communities.
- Encourage value-based payment models for falls reduction that can lead to increased implementation of falls prevention interventions (incentivizing EMS providers for reduced number of calls, for example).
- Expand funding for educating family and paid caregivers to improve their use of falls prevention programs.
- Develop and disseminate model regulations for subsidized housing, including building codes and services, that support falls prevention.
- Advocate for "age and active friendly" communities with a focus on safer neighborhoods, roads adhering to Complete Streets guidelines, and the availability of evidence-based fall prevention programs.

V

Priorities and Action Steps	
Improve coordination among community-based organizations and clinical programs and interventions working to reduce falls.	• Provide financial incentives for falls prevention coalitions that have multi-sector participation, including partners from Indigenous communities, and expand public-Tribal-private partnerships that support evidence-based interventions. • Amplify falls prevention messages and create partnerships with a variety of sectors and stakeholders. *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)* • Increase the number of trained professionals and lay workers dedicated to falls prevention; leverage Walk with a Doc, engAGED: The National Resource Center for Engaging Older Adults, and other falls prevention engagement efforts. • Create a robust, efficient system of referrals between medical entities and community-based organizations, ensuring that evidence-based falls prevention programs are either part of a scheduling and data collection system or the ACL's Eldercare Locator is updated with more specific scheduling information. *(See Goal 4: Drive More Clinical and Community Partnerships for Coordinated Care)* • Collect and share outcome data between medical entities and community-based providers, including EMS providers. *(See Goal 4: Drive More Clinical and Community Partnerships for Coordinated Care)*
Build the capacity of local and community-based evidence-based programs.	• Create a baseline description of the capacity and reach of falls prevention efforts, including evidence-based programs, and which sectors are providing them. • Provide technical assistance for evidence-based program developers and community-based organizations to partner to apply user-centered design principles or otherwise adapt programs to the unique needs and cultures of the communities to be served.

Priorities and Action Steps

- Assist Tribal communities and other historically marginalized communities in communicating the value of adaptable evidence-based falls prevention programs in order to secure approval and funding for them; allow federal funding of interventions developed by and for Indigenous communities.
- Secure public and private funding for falls prevention program developers to provide implementation support to community-based organizations.
- Build sustainability (with funding, administrative support, data collection, and marketing) into implementation planning at the beginning of each new program's development.
- Engage community health workers, staff from other social service organizations such as housing and meal providers, and other trusted community members to help increase program participation.
- Create tools and resources to ensure community-based program providers and beneficiaries understand which systems or programs (such as Medicare and Medicaid) can potentially pay for falls prevention interventions and community programs.
- Conduct a campaign to raise public awareness about improving strength, balance, and flexibility at any age, along with guidance on finding suitable programs for older adults that address strength, flexibility and balance and reduce consumer fear of participating in falls prevention programs. *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)*

V

Priorities and Action Steps	
Increase access to falls prevention programs	• Reduce the stigmas about aging and participating in falls prevention programs. *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)* • Leverage and access community needs assessments to understand the environment and needs of communities interested in falls prevention initiatives. • Build on existing efforts, such as ACL's Innovation Lab, to ensure programs and services are accessible to those most at risk of falls and to populations that have been historically underserved by such programs.

Roles and Responsibilities

Success on this goal will require:

- **The Leadership Council on Aging Organizations or other national organizations** to support expanded advocacy efforts for scaling clinical and community interventions and programs.
- **Philanthropic and health care entities** to provide funding for advocates to travel to Washington and state capitals to make the case for more spending on falls prevention, in part by sharing stories about lawmakers' constituents.
- **Community-based organizations** to pursue ACL grants and other funds to provide additional or expanded programs tailored for their communities.
- **Community health workers and other social service providers** to promote and implement evidence-based falls prevention programs in their communities.
- **Falls prevention program developers** to provide enhanced program implementation support to community-based organizations.
- **Statewide falls prevention coalitions,** especially those in positions of power and with access to funding, to expand to include representatives from the broadest possible array of stakeholders, including Indigenous and other underrepresented communities, and people with connections to legislators influential on aging-related policy.
- **All stakeholders** to participate in an effective messaging campaign advocating for falls prevention and reducing the stigma associated with falls.
- **NCOA's National Falls Prevention Resource Center** to continue maintaining and disseminating the centralized and regularly updated roster of falls prevention programs and service providers.
- **Technology partners and software developers** to create and maintain apps that compile local program offerings and availability.

Roles and Responsibilities

Success on this goal will require:

- **Area Agencies on Aging** to assist with localized coordination of programs and services.
- **Congress** to authorize more federal funding of falls prevention coalitions in the next extension of the OAA.
- **Epidemiologists and other researchers** to analyze data collected about falls and recommend appropriate strategies and actions.

Indicators of Success

Key success indicators for this goal include:

- Creation of a baseline measurement of sectors participating in state falls prevention coalitions and an annual participation increase of between 2% and 5%.
- An increase in federal, Tribal, and state government staff positions and public-private partnerships focused on falls prevention.
- Changes in Medicare and Medicaid reimbursement schedules and other payment structures for clinical interventions and evidence-based programs to ensure broad access to falls prevention resources.
- Increased availability and dissemination of return on investment data on the costs of and savings achieved with evidence-based programs.
- Enactment of federal and state legislation expanding funding for falls prevention programs.
- A doubling in the next five years of the number of evidence-based falls prevention programs available nationwide.
- A doubling in the next five years of people nationwide, particularly from historically underserved communities, who have access to clinical interventions and evidence based falls prevention programs.

Goal 4

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4 Drive Clinical and Community Partnerships for Coordinated Care

Goal

Create the seamless infrastructure needed to support partnerships and referral mechanisms among clinicians, the community-based aging network, public health agencies, and other social service providers and systems to prevent and reduce falls. To accomplish this, a dynamic and multi-directional flow of information is necessary and will require:

- Using common language
- Sharing professional education opportunities across sectors
- Developing infrastructure for communication and referral pathways
- Distributing funds more equitably to increase access to coordinated care that includes screening, assessment, interventions, follow-up and management to reduce falls, falls risks, and falls-related injuries

Background

Research has consistently demonstrated that enhancing the coordination of health care and social care drives more person-centered care, improving both health outcomes and health equity. For example, the federal Stopping Elderly Accidents, Deaths, and Injuries (STEADI) strategies have been successfully implemented by large health systems in Oregon and New York. But such integration is still not the national standard, principally because of the silos separating health care providers from providers of services in the community (including the

aging services network) remain tall and thick. These silos persist largely because medical services and social services are funded separately and have different infrastructures – including payment sources, care models and incentives – which significantly reduces opportunities for providers in either silo to work together. *(See Goal 3: Scale Evidence-based and Proven Interventions)*

This challenge remains a central impediment to coordinated approaches that reduce falls among older adults. But there are important recent examples of bridge-building within the aging network, which have produced tangible falls prevention successes. Three were highlighted in a panel discussion at the 2024 National Falls Prevention Summit:

- A collaboration in Seattle among a medical center, social service providers, and emergency medical technicians to reduce 911 calls after falls
- A collaboration in Minnesota among counties, including an area agency on aging, philanthropies, and businesses to support workshops for older people focused on preventing falls
- A collaboration in North Carolina among physicians, pharmacists, occupational therapists, and physical therapists to limit falls through screening, assessment, medical intervention, and community falls prevention programs

The work of the next decade must encourage and fund many more such partnerships, so that coordinated care for older people – especially those at risk of falling – becomes the norm rather than the exception.

Barriers and Opportunities

Barriers	*Opportunities*
• Siloed health and social service systems are a significant challenge. There is a notable lack of communication between the two as well as low awareness by each of the other's capabilities and services. • No significant incentives exist for health care providers to conduct standard screening and assessment to identify older adults at risk of falling. • Health care providers lack clear triggers and access to appropriate referral streams when fall risks are identified. • No systematic approaches are easily replicable to expand and leverage local data about prevalence of falls among older adults (such as emergency department and hospitalization claims data and emergency medical system records) to use in targeting coordinated falls prevention efforts. • Older people and their families are too often unaware of the risk factors for falling and what steps to take to reduce risk, including talking to health care providers about previous falls.	• Coordinated care models for falls prevention exist and more efforts to identify, disseminate, and incentivize adoption of evidence-based or evidence-informed referral processes and programs are ripe for expansion. • Commercial insurance plans, Medicare (including some Medicare Advantage plans), and some states' Medicaid pay for some fall prevention interventions including some home modifications (though, not all of those address all fall risks). To leverage these opportunities, more qualified providers and organizations are needed to deliver reimbursable interventions; these would include pharmacists to review medications, community-based organizations to offer evidence-based falls prevention programs, and other professionals to participate in coordinated care. • Coordinated falls prevention approaches are well-suited to be included in age-friendly ecosystems in communities and within health systems, public health initiatives, and academic institutions.

Barriers and Opportunities	
Barriers	***Opportunities***
• Major categories of potential partners have not consistently joined falls prevention efforts. Among them are the federal Centers for Medicare and Medicaid Services (CMS), state Medicaid departments, private health insurers, rehabilitation groups, pharmacists, disability organizations, transit agencies, community planners, housing developers, home improvement retailers, and faith-based organizations. • Reimbursement and other funding is lacking for fall-related referral processes; education of medical providers, social service providers, and patients; and holistic care such as that provided by occupational therapists, who may get reimbursed for treating fall-related injuries but not for treating or addressing the cause of falls. • Social service providers have insufficient access to patient electronic health records, sometimes because the absence of seamless and effective interoperability hinders bidirectional communication, partnerships, and referrals.	• The Food and Drug Administration Home as Health Care Hub can be expanded to include falls prevention. • The CMS Guiding an Improved Dementia Experience (GUIDE) model of care can be adapted to include falls prevention. • The growing number community health workers (and Medicare reimbursement for their care navigation services), can be leveraged not only to educate communities and individuals about falls, falls prevention, and available resources, but also to coordinate care across clinical and community settings.

Priorities and Action Steps

Infrastructure: **Ensure falls prevention program and intervention registries can be easily accessed for referrals by clinicians, community-based social service providers, and public health agencies. Every state should have and maintain a registry of falls prevention programs and resources, and a national registry or database of trusted falls prevention and intervention resources should be established. It should include evidence-based falls prevention programs, aggregated from the state registries, similar to the Rides in Sight database of local transportation options.**	• Encourage states to fund and maintain registries and associated referral pathways to resources and direct services. • Develop a plan to ensure these registries are known and utilized by clinicians, community-based providers, patients, and caregivers. • Explore the Community Information Exchange infrastructure as a model for the national registry. • Identify a national organization to obtain funding to create and sustain the registry; partner with federal agencies, such as the federal Administration for Community Living (ACL) and Centers for Disease Control and Prevention (CDC) in the planning, development, and promotion of the registry. • Identify referral infrastructure models that successfully coordinate falls prevention screening, assessment, interventions, and management across clinical and community settings. • Disseminate stories about successful models and promote greater adoption of the coordinated care approaches of health care providers, health systems and community partners. • Determine what is needed to implement these models in specific settings, including how to integrate coordinated systems into existing clinical workflows that include referral to community programs.

Priorities and Action Steps	
	• Support broad-based replication and evaluation of referral models. • Incentivize providers to adopt models of falls risk identification and management referral infrastructures.
Professional Education: **Improve professional education about falls prevention and interventions.**	• Ensure that primary care providers, other physicians, physician assistants, nurse practitioners, other nurses, pharmacists, physical and occupational therapists, fitness professionals, aging and public health professionals, and others are educated on the language and taxonomy of falls – including by better disseminating and leveraging the ICD-10 codes required by payors and providers to describe falls and fall-related injuries. • Establish benchmarks and ensure education and training is not only suitable for diverse audiences but also culturally responsive and widely available. • Create and disseminate standard falls prevention curricula for training clinicians, emergency medical services (EMS) personnel, social services professionals, and public health providers. • Develop metrics and collect data on people using these curricula in courses and workshops as a way to assess education and training outcomes. • Include falls prevention knowledge in licensing requirements and provide continuing education about falls prevention for all licensed health and social services professionals who work with older adults; leverage robust learning management systems for streamlined falls prevention education.

Priorities and Action Steps	
Incentives: **Create a range of financial, programmatic, and policy incentives for collaborations among government and private insurers to encourage health care providers and social service organizations to provide coordinated care for falls prevention.** *(See Goal 2: Broaden Funding Across Sectors)*	• Promote the use of falls risk screenings to trigger referrals to other health care providers and community-based services, including evidence-based falls prevention programs. • Require hospitals to report patients' fall risk to their primary care providers, local EMS, and (with patient consent) local community-based organizations offering falls prevention programs. • Advocate for CMS to provide incentives for states to fund evidence-based falls prevention programs under Medicaid. • Collaborate with the federal and state governments, payors, health systems, and providers to identify steps in stakeholder workflows that can be incentivized for each stakeholder, including patients. • Advocate for changing the Current Procedural Terminology (CPT®) coding system to better report and track claims for services and procedures related to falls and to help implement new falls prevention measures, while better leveraging existing fall prevention measures.

Priorities and Action Steps	
Funding: **Use** compelling data **to develop a business case for falls prevention.**	• Quantify the return on investment for coordinated falls prevention efforts among clinical and community partners. • Persuade relevant federal agencies, state and local governments, private payors, and philanthropies to support and expand clinical and community partnerships to improve falls prevention. • Support a model for shared funding. *(See Goal 2: Broadening Funding Across Sectors)*. • Reframe falls prevention as central to helping older adults live full and healthy lives. *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)* • Support adoption of validated screeners, such as CDC's STEADI Stay Independent screener and NCOA's FallsFree Check-Up, to predict risks of falling and implement appropriate interventions, including evidence-based community programs, and adopt coordinated care approaches involving clinical and community providers whenever CMS, Medicare Advantage plans, health insurance companies, health systems and others fund falls prevention. *(See Goal 2: Broadening Funding Across Sectors)*

Roles and Responsibilities

Success on these priorities will require:

- **State health departments, aging services, and Tribal and territorial health agencies** to maintain and regularly update their registries of falls prevention intervention programs and resources, and ensure those registries can be accessed by medical providers, community-based organizations, and individuals.
- **State health departments, state units on aging, Tribal and territorial health agencies, hospitals, health care systems**, and others to better leverage and disseminate the falls data they collect in order to prioritize settings and areas for coordinated and collaborative falls prevention efforts.
- **Federal agencies** to be authorized to collaborate on piloting and creating a centralized, common platform or portal for a new national registry of trusted falls prevention and intervention resources, and also to incentivize states to provide data to populate the platform.
- **Assisted living facilities, life care communities, community-based organizations**, and other settings of care to report when older adults engage in interventions following referrals.
- **Electronic medical records developers** to include falls risk and referral data in their systems so the data can be shared to the national registry.
- **Geriatricians, primary care clinicians, allied health professionals, health educators, medical trade associations, and community social service providers** to collaborate and create shared educational resources within a falls prevention learning management system accessible to health and social care providers.
- **Researchers at CDC** and elsewhere to study utilization and efficacy of falls prevention education and training.
- **Advocacy groups** to educate federal agencies on the need for incentives.

Roles and Responsibilities

Success on these priorities will require:

- **State falls prevention coalitions, government agencies at all levels, payors, allied health professionals, and coalitions** of community-based organizations, consumers and quality improvement professionals to agree and propose incentivization strategies to CMS, such as through the federal Physician Fee Schedule.
- **CMS** to review, revise, test, and mandate adoption of the Medicare Health Outcomes/ HEDIS Survey measures for Medicare Advantage plans regarding discussing and managing falls risk among enrollees, leading to greater screening and management of fall risks.
- **The American Medical Association** to adjust or create CPT codes to allow billing for reporting and tracking falls and implementing falls prevention measures other than initial counseling.
- **Aging, public health, and other relevant organizations** to advocate for increased funding for social care interventions and for additional appropriations for falls prevention efforts under the Older Americans Act.
- **Philanthropic organizations** to fund community-based organization efforts to form collaborative relationships with health care providers and other stakeholders in order to increase the reach of falls prevention programs.

Indicators of Success

Key measures of progress in creating more clinical and community partnerships include:

- Establishment of a regularly updated registry of falls prevention and intervention programs and resources in every state that are linked to referral platforms.
- Development of a national falls prevention and intervention resource registry, based on state-based registries.
- Creation, dissemination, and adoption of model practices and infrastructure for referrals between health care professionals and community-based service providers.
- Education to ensure clinical and community-based service providers understand the language used to describe and bill for falls prevention interventions.
- Increased education and training of clinical and community providers about falls and falls prevention.
- Inclusion of falls prevention knowledge in licensing requirements.
- Expansion of fall risk continuing education programs for professionals who work with older adults.
- Creation of a baseline number of referrals resulting from fall risk screenings and a subsequent 10% annual increase in referrals.
- Provision by CMS of incentives for state Medicaid programs to fund evidence-based falls prevention programs, and other federal and state government agencies, payers, health systems and providers identifying opportunities for incentivizing referrals to these programs.
- Development of business cases for health systems and other public and private payers that clearly describe the return on investment for falls prevention programs and services.

Goal 5

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5 Expand and Improve Access to Existing Technologies and Generate New Technological Innovations

Goal

Develop new technologies and expand and improve access to existing technologies for falls prevention by engaging a wide range of public and private partners so that products meet the unique needs of older people and are accessible to them no matter who they are or where they live.

Background

The pace of technological innovation has accelerated in the two decades since the first Action Plan was issued, leading to an array of smart monitoring devices and other inventions expected to reduce the risk of falling among older people. At the same time, many low-tech devices and equipment – things as simple as a ramp, grab bar or higher-wattage light bulb – are increasing in use. But it is clear more can be done to improve existing technology, both cutting-edge and simple. Tools should be deployed more widely, particularly to individuals in historically underserved communities. Consumer cost should be reduced by persuading both government and private insurers to cover the expense; and work should be accelerated to develop more cost-efficient and personalized programs and devices that lower fall risk.

Artificial intelligence drives a video system developed not only to detect falls by residents in nursing homes, but also to identify what caused the fall and train staff how to mitigate future falls. A wall-mounted device the size of a hockey puck can do the same in a person's home. Apps now turn smartphones and virtual assistants into personal monitors, deliver hydration and medication reminders, make home safety assessments, conduct agility and exercise classes, and locate local falls prevention programs. Even technology that announces who rang the doorbell can reduce fall risk by limiting the need to rush to answer the door. Given how this sort of monitoring is what so many higher-tech falls prevention efforts are about, concerns about the privacy of older people being monitored must be addressed.

Creating and improving technology—with the involvement of older adults—is critical to achieving several objectives at the heart of the work to prevent older adult falls and reduce associated health care costs. New hardware and software can improve caregivers' peace of mind by giving them an extra set of "eyes and ears." Equipment and apps can help improve conditions that would otherwise accelerate fall risk; they can sense a potential fall in time to allow someone else to prevent it, or detect a fall right afterward, so the quickest and best intervention is possible.

The future ways in which technology can help older Americans avoid falling seems nearly boundless; the challenge in the years ahead is to harness more funding and innovation to the cause.

Barriers and Opportunities

Barriers	*Opportunities*
• The cost to enter this market for startups is significant, because the biggest opportunities for new products and services requires funding by large payors who have direct access to significant numbers of users. And working with large insurance companies and Medicare requires significant time and resources. • There is no low-cost option for entry because the market for direct-to-consumer products or self pay is under-developed. No marketplace channels have been established to easily promote technologies to older consumers. • Limited financial incentives exist for health care providers to prevent falls. • Many gaps to accessing technology remain, including lack of internet service or reliable coverage in rural areas and services plans too expensive for many older people. • The stigma about falls and the lack of awareness among the public—and providers—about how to prevent them remainserious impediments, so the embrace of new technologies may be slow.	• Many portable and affordable technologies – which track a range of biometrics and functional parameters such as gait and mobility – create an ability to predict falls and take action on this predictability. • More older adults are using smartphones, wearable devices such as fitness trackers and smartwatches, and other devices that can help predict and prevent falls. Data from such equipment can be used to identify patterns that could be used to predict falls. • A shift has occurred in assisted living facilities and other places that care for older people from viewing their falls as inevitable (and part of the cost of doing business) to understanding that falls risk can be measured and prevented with technology and other interventions. • Data supporting the role of technology in preventing falls is available and can be shared with clinical teams to help them focus on opportunities to help at-risk older adults in a variety of settings.

V

Barriers and Opportunities	
Barriers	***Opportunities***
• Technology developers like to think big and complex, while many falls prevention solutions need to be small and simple. • Some older people have privacy and other concerns about technology and are not "tech savvy." • Data demonstrating good return on investment for existing falls prevention technologies and other interventions is improving but remains inadequate.	• Many people have been affected by falls, including many entrepreneurs working on new technologies to detect and prevent them. • The developing data on the return on investment from falls prevention is encouraging: For example, data shows that one in seven move-outs from senior living facilities is fall-related. SafelyYou reduces falls and fall-related emergency department visits, and users are 62.5% likelier to remain in their communities for more than one year.

Priorities and Action Steps

Identify existing technologies available for falls prevention and related needs.	• Develop a matrix of available technologies across various categories, such as care settings and levels of acuity, and define desired outcomes within these categorized technologies. This matrix could serve as an inventory of existing technologies that meet specified criteria.
Engage government and private health insurers to expand payment for falls risk screening, assessment, and management.	• Modify CPT codes used to identify medical services and procedures so that health care professionals can incorporate technology for screening, assessment, and management of falls into their workflow and be more likely to be reimbursed for providing or referring patients for interventions, including technological ones, that prevent falling.
Persuade government and private health insurers to clarify and standardize the key performance indicators used to decide what falls prevention technologies they will pay for.	• Define the goals for technology companies related to potential audiences (including various diseases and settings), market access, and outcomes (specific for subpopulations in areas including length of stay and admissions) so these businesses know how to focus their research and development.

Priorities and Action Steps	
Improve the accessibility and personalization of interventions and products created to prevent falls.	• Educate consumers about the variety of products that meet their needs as part of broader falls prevention public awareness and education efforts. • Ensure organizations of all kinds know about fall risks and can access the range of resources available. • Ensure that technology interventions are culturally and linguistically appropriate for the widest variety of populations. • Create financial incentives for falls prevention. *(See Goal 3: Scale Evidence-Based and Proven Interventions)*
Fund large scale demonstration projects (similar to the federal Guiding an Improved Dementia Experience (GUIDE) Model) to assess efficacy, return on investment, and financial feasibility of new technology-based falls prevention interventions.	• Build a consortium of private and public funders to work together to identify and frame these projects.

Priorities and Action Steps	
Create new public and private funding mechanisms that enable the scaling of Small Business Innovation Research (SBIR)-funded technologies.	• Provide additional funding opportunities for technologies supported by the federal Small Business Administration's SBIR program and that have demonstrated effectiveness. • Connect SBIR-funded companies with providers and participants in demonstration projects. • Connect SBIR-funded companies with private sector funding partners.

Roles and Responsibilities

Success on this goal will require:

- **Technology companies,** both large and small, to develop easy-to-use, affordable, and culturally relevant solutions that are tested in real-life settings.
- **Falls prevention advocates** to collaborate with state Assistive Technology Act agencies by educating them about falls prevention and existing and potentially new technology – both high-tech and low-tech – to address falls; identify the technologies they recommend for older adults and persons with disabilities and what gaps exist, which could help technology companies create new technologies. This collaboration can contribute to the development of the matrix or inventory of existing technologies.
- **Medicare and Medicaid** regulations to provide coverage for needed, evidence-informed devices, products, and home modifications that prevent falls; create a pathway for payments under both fee-for-service and Medicare Advantage contracts.
- **Providers** committed to evaluating fall risk factors and connecting patients with resources and technology; front line staff committed to following through and ensuring patients have access to falls prevention technology and programs.
- **Older adults and their caregivers** committed to following through on falls prevention referrals.
- **Private insurers** to reimburse beneficiaries for needed, evidence-informed devices, products and home modifications that prevent falls.
- **The American Medical Association** to modify or create CPT codes for evidence-based falls prevention technological interventions. *(See Goal 2: Broaden Funding Across Sectors and Goal 4: Drive Clinical and Community Partnerships for Coordinated Care)*
- **Philanthropies and private investors** to fund demonstration projects for new technologies and provide gap funding opportunities for SBIR technologies that have demonstrated effectiveness.

Indicators of Success

Success toward these priorities will be demonstrated by:

- Creation of standardized key performance indicators to guide technology investments.
- The Center for Medicare and Medicaid Innovation (CMMI) funding large-scale demonstration projects (similar to the GUIDE Model).
- Payors, tech companies, providers, electronic health record vendors, foundations, government agencies, and other relevant stakeholders coming together to find ways to fund technology innovations.
- Increased awareness of the need for falls prevention technology innovations, which will lead to increased funding for them.
- The use of a hybrid approach to falls prevention technology development: Testing solutions and measuring pragmatically while simultaneously getting better at collecting falls data.
- Technology innovators working with individuals, communities, providers, and other stakeholders to employ user-centered design and culturally sensitive interventions, for example offered in several languages.
- Establishment of a clearinghouse of falls prevention technologies and programs, easily accessible by older adults, their caregivers, and their medical providers.
- Development of an incentive model for older adults to participate in falls prevention programs that use technology; such a model would also incentivize providers referring patients to falls prevention programs.
- Funding from philanthropic sources willing to award grants lasting 5 to 10 years to support longitudinal studies on new technologies.

Goal 6

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6 Improve Data and Expand Research

Goals

Data: To improve the quality and range of information, both quantitative and qualitative, about why older people fall and under what circumstances (their functional limitations, activity engaged in at time of fall, environmental, and other personal factors), and whether older people of different economic, racial, and social backgrounds, and other factors, fall for different reasons.

Research: To expand falls prevention research by conducting longitudinal intervention studies (lasting 10-years) and other studies involving older adults who are heterogeneous with respect to risk factors (such as age, level of frailty, existing medical conditions and settings) to develop practical, cost-effective interventions to reduce falls, fear of falling, and fall-related injuries and then create effective strategies for broad implementation of these interventions in clinical and community settings.

Background

Effective and sustainable falls prevention strategies and programs cannot be realized without sufficient data and research describing the circumstances and consequences of falls. Data about older adult falls is collected for many different purposes by a broad variety of government agencies, non-governmental organizations, and businesses, including:

- Claims submitted to Medicare, including Medicare Advantage plans, Medicaid, and private payors.
- Healthy People 2030 emergency department visits and associated cost data collected by the federal Agency for Healthcare Research and Quality (AHRQ).

- Reporting of falls and the demographics of those who fell by participants in evidence-based falls prevention programs funded by Administration for Community Living (ACL) grants.
- Statistics gathered in an array of forms by each of the 50 states' public health departments.
- Health care vital statistics collected by local governments and reported to the National Center for Health Statistics (NCHS), a part of the federal Centers for Disease Control and Prevention (CDC).
- The CDC's Behavioral Risk Factor Surveillance System (BRFSS) and Web-based Injury Statistics Query and Reporting System (WISQARS).
- The National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP) run by the CDC's National Center for Injury Prevention and Control, which collects injury data from a nationally representative sample of hospital emergency departments to provide information on emergency department visits and hospitalizations.
- CMS's Medicare Current Beneficiary Survey, a longitudinal survey of older adults based on their Medicare claims.
- The National Syndromic Surveillance Program, which samples emergency department visits and allows close to real-time tracking of visits based on disease or injury.
- The independent National Emergency Medical Services Information System (NEMSIS), which collects information from ambulance crew encounters with fallers including clinical assessment results, treatments administered, and whether those who fell were transported to an emergency department or trauma center.
- The National Health and Aging Trends Study (NHATS) by Johns Hopkins University's Bloomberg School of Public Health and the University of Michigan's Institute for Social Research, with data collection by Westat Inc.
- Information from clinicians obtained by qualified clinical data registries (QCDRs) and submitted to CMS.
- Emergency department visit statistics collected by the American College of Surgeons.
- Electronic health records maintained by some health care and hospital systems.

This abundance of data is counterbalanced by several limitations, principally the widespread lack of information about the circumstances leading to falls – starting with the activities and physical surroundings of people when they fall. Other limitations include:

- The amount, accuracy, and currency of available data varies significantly.
- The extent to which data is available to researchers and translated in useful ways for the public also varies.
- The information is not aggregated consistently, if at all. Further, the numbers don't always conform across datasets, and it is not always clear what differences in terminology or methodology are behind these discrepancies.

Overall, the lack of information about the circumstances of falls is exacerbated by the challenges of data collection and the variability in the purposes and uses of datasets. This suggests that those seeking to reduce older adult falls, including those conducting research on new policies and programs, are not likely to have all the information they need to inform their efforts. Aligning data collection efforts would help in guiding research studies and protocols to better understand what impacts falls in older adults.

Improve Data

Barriers and Opportunities

Barriers	*Opportunities*
• Detailed qualitative data about falls is a valuable, even crucial, complement to the quantitative information now being gathered, but such data is time-consuming and expensive to collect. In addition, when such qualitative data is collected, the procedures are not consistent, so the data varies by source and if aggregated is difficult to analyze in meaningful ways. • A comprehensive understanding of existing databases and the nature of their data is needed to inform development of a more robust and inclusive database. It is not clear what agency is best suited to house and maintain the database this Action Plan proposes. *(See Priorities, below).* • Health care organizations that collect falls data may view this as an administrative burden. Many providers that collect older adult falls data are focused on timely treatment, making it difficult for them to collect data on the circumstances of a patient's fall. Providers also may not have access to all the details about those circumstances or the outcomes of the falls.	• The growing imperative for interprofessional collaboration in health care supports an interprofessional approach to collaborating and a single comprehensive national database. • Artificial intelligence (AI) can be deployed to find and aggregate the highest-quality statistics. • Electronic health records can be used more efficiently and expansively to collect information, especially given the capacities of AI. • The National Highway Traffic Safety Administration's (NHTSA) Fatality Analysis Reporting System, which captures the circumstances of all motor vehicle accident fatalities, may be a model even though a new comprehensive database would cover both fatal and many non-fatal falls. • The processes and systems used by EMS providers to collect falls data presents a potential system on which to build.

Improve Data

Barriers and Opportunities	
Barriers	***Opportunities***
• Organizations that collect falls data may resist altering their practices or may view others' involvement in collecting falls data as an intrusion on their "turf." • The cost of developing and maintaining a comprehensive database may be prohibitive. • Some organizations and providers collecting falls data (including many emergency medical services) do not have a way to share that data broadly with other providers or researchers.	• Many businesses – insurance companies and health care providers especially – may embrace better data as helpful to improving both their services and their profits.

Improve Data

Priorities and Action Steps

Create and regularly update a national database or data warehouse in order to create a uniform dataset with information about the circumstances of fatal and injurious falls, along with demographic details about fallers, which will allow for analysis of sub-populations over time. ***(See Goal 3: Scale Evidence-Based and Proven Interventions)***	• Convene a series of stakeholder think tanks to: explore sources to fund development and maintenance of this database or data warehouse; decide what fields to include and what data to collect; determine the mechanism for adding to the database, for example by linking to or extracting from existing databases; and identify methods for collecting new data.
	
	• Invite a broad array of national and international falls experts and organizational stakeholders to these gatherings, including representatives from:
	  • Administration for Community Living (ACL)
	  • Agency for Healthcare Research and Quality (AHRQ)
	  • Architects
	  • Artificial Intelligence (AI) experts
	  • Center for Medicare and Medicaid Services (CMS)
	  • Centers for Disease Control and Prevention (CDC)
	  • Department of Housing and Urban Development (HUD)
	  • Emergency medical service providers
	  • Engineers
	  • Falls injury experts
	  • Funders (public, private, profit and not-for-profit)
	  • Health care providers and falls researchers for fields including occupational and physical therapists, kinesiologists, gerontologists, environmental psychologists and designers
	  • Indian Health Service (IHS)
	  • Insurance companies
	  • National Council on Aging (NCOA)
	  • National Institutes of Health (NIH)
	  • Organizations that maintain falls databases but not included here
	  • Policymakers
	  • Representatives of sub-populations such as the American Indian and Alaska Native communities, people who are hard of hearing, people with vision loss, caregivers, and people living with dementia, multiple sclerosis (MS) and spinal cord injuries

Improve Data

Priorities and Action Steps	
	• Announce the program to develop a consortium to build the database, beginning with conducting a comprehensive inventory and analysis of existing databases • Conduct a pilot study of the database • Launch and maintain the database

Improve Data

Roles and Responsibilities

Success on the data goal will require:

- **A federal agency or academic institution** known for maintaining high-quality data to work collaboratively to create and maintain the new database.
- **All public and private entities** that currently collect data (especially those listed in the Background section) to work collaboratively on both the new database and the inventory of databases.
- **Technology innovators** to share data collected from falls prevention and detection devices.
- **Philanthropies** to support proof of concept and initial development.
- **Educating Congress** about the importance of appropriating funds for both the new database and the inventory of databases.
- **Collaboration** by paraprofessionals, physician groups, the research community and others to inform what fields to include and otherwise develop the database.

Improve Data

Indicators of Success

Success in meeting the data goal will be demonstrated by:

- The convening of a consortium of public and private entities to plan a national falls database that can inform longitudinal and other studies because it includes details on the circumstances of falls and a commitment of those involved in the consortium to complete the planning process.
- New appropriations for federal agencies, as well as commitments from private funders to create the request for proposals to develop the database.
- Selection of an entity to implement and maintain the database.
- Testing and ongoing improvements to the database.
- Securing funding for improved data collection and to maintain the database indefinitely.
- Development of new and effective clinical interventions and community-based falls prevention programs that have been informed by the new database, especially its information allowing interventions targeted to historically underserved populations.

Expand Research

Barriers and Opportunities

Barriers	*Opportunities*
• Longitudinal intervention studies are complicated and expensive. • Collection of qualitative data is expensive and time-consuming. • Communicating complex falls prevention data to policymakers is difficult.	• There is growing recognition of the importance of creating and delivering effective falls prevention interventions for sub-populations including people who have had strokes, are living with dementia or MS, use wheelchairs, or are living alone. • Many evidence-based programs could grow in scale if longitudinal research shows their long-term efficacy. • Papers in peer-reviewed journals describe consensus recommendations on key outcomes to be studied in falls prevention trials. • Advocates can more easily persuade Congress and others with spending authority to expand falls prevention efforts if research findings are effectively packaged for policymakers and demonstrate the long-term efficacy and cost-effectiveness of falls prevention interventions. Longitudinal study findings could be used to advocate for policies and funding increases that support falls prevention efforts.

Expand Research

Priorities and Action Steps	
Conduct a series of longitudinal intervention studies that include assessments of the cost-effectiveness of interventions and other cost-limiting services for an array of populations and falls in different settings, including in the community, at hospitals, assisted living facilities, and skilled nursing facilities.	• Create a research agenda by representatives from different sub-populations and stakeholders. • Identify funders to support different aspects of the research.
Expand implementation research and other studies to develop practical, cost-effective interventions to reduce falls, fear of falling, and fall-related injuries.	• Conduct implementation research on best practices for falls prevention in both clinical and community settings, particularly for people in historically underrepresented communities and varied sub-populations. • Conduct research on avoidable and unavoidable risk and how individuals balance fall risk against desired activities. • Research communities with very low fall rates and create communities akin to “blue zones” (places where people have particularly long life expectancy and low rates of chronic disease) where implementation of fall risk interventions is maximized and progress is monitored – thereby both learning what works best and providing inspiring stories.

Expand Research

Priorities and Action Steps	
Develop more effective strategies for disseminating research and results of analyses on falls (e.g., data visualizations) to policymakers to gain more funding for additional research and/or support for replication.	• *(See Goal 1: Expand Public Awareness, Messaging, and Advocacy)*

Expand Research

Roles and Responsibilities

Success in meeting the research goal will require:

- **Interprofessional falls prevention research experts** to work together.
- **Organizations and agencies** conducting and funding falls prevention research including CDC, ACL, HUD, NIH, and NCOA.
- **CMS, private payors, health care systems**, and others to share falls data.
- **Federal research entities** such as NIH and,AHRQ to support relevant aspects of the proposed research.
- **Federal policymakers** to use falls research to inform their decisions regarding falls prevention programs and funding.
- **Health care professionals** such as pharmacists and occupational and physical therapists to collaborate to understand of the multifactorial realities of falls research.
- **Advocacy groups** representing populations to be studied – those with MS, spinal cord injury, vision and hearing limitations, etc. to be involved in setting the implementation research agenda.
- **Private philanthropies and government agencies** to award long-term grants and funding to support longitudinal studies.
- **Older adults and caregivers** to participate in the development of the research agenda.

Expand Research

Indicators of Success

Success in meeting the research goal will be demonstrated by:

- Funding from public and private payors, health care and hospital systems for additional falls prevention research.
- Long-term grants from philanthropies to support longitudinal studies.
- Support for new research that leads to:
  - Modification of federal policies to allow Medicare reimbursement for participation in evidence-based falls prevention programs.
  - Establishment of evidence-based treatment guidelines for falls prevention and intervention for sub-populations.
  - Creation of evidence-based programs for people in sub-populations with high falls risk.

Conclusion and Next Steps

This 2025 National Falls Prevention Action Plan details a multifaceted approach to reducing falls and fall-related injuries among older Americans. Its recommendations build on the successful work of two prior calls to action to reduce the risk of falls in the United States, which have led to significant improvements in the last two decades. The Plan's development process was predicated on the certainties that reducing falls will help millions of older people improve their quality of life and maintain their independence – and that reducing falls will also save public and private health care payors billions of dollars a year.

The Plan's developers – who represented a broad cross-section of organizations with a stake in falls prevention – are keenly aware that success toward achieving the six major goals delineated here will require sustained collaboration among a broad array of institutions: all federal, state and local government agencies with a role in the health care system and social care; Congress and state legislatures; health insurance companies; professional associations; consumer and caregiver organizations; state and local falls prevention coalitions; technology businesses of all kinds; philanthropies of all sizes; universities; community-based providers of social services; and partners from the aging, disability, housing, and other sectors.

NCOA's National Falls Prevention Resource Center will lead the effort to facilitate this collaboration, starting by disseminating the 2025 National Falls Prevention Action Plan to the broad array of stakeholders with roles to play in carrying out the proposed action steps . To this end, the Center will establish workgroups to advance the recommendations and action steps needed to achieve the plan's goals.

Appendices

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Appendix A

Falls Prevention Milestones 2015-2024

2015

- Annual Administration for Community Living (ACL) falls prevention grants begin
- Federal Centers for Disease Control and Prevention (CDC's) STEADI algorithm incorporated into Epic Electronic Health Records
- ACL creates review process to identify and approve new evidence-based falls prevention programs, which are then eligible for Title IIID and other ACL discretionary funding

2017

- The National Council on Aging (NCOA) and University of Southern California (USC) collaborative to develop a guide to home modification funding, home assessment tools, and lead the National Home Safety
- USC creates a home modification toolkit and other resources available on its website
- Falls Risk Reduction Toolkit webpage published by NCOA and the American Society of Consultant Pharmacists (ASCP)

2018

- NCOA convenes advisory board of experts in tribal aging to reach American Indian and Alaska Native populations; conducted national survey with Older Americans Act Title VI programs to learn about programs being implemented
- The John A. Hartford Foundation's Age-Friendly Health Systems/4Ms and Age-Friendly Public Health System efforts begin

2019

- Senate Special Committee on Aging issues Falls Prevention: National, State, and Local Solutions to Better Support Seniors report

2020

- Senate adopts resolution expanding National Falls Prevention Awareness Day, designating Sept. 21-25 as National Falls Prevention Awareness Week
- New evidence-based falls prevention programs such as CAPABLE and Bingocize developed
- Falls Free® CheckUp launches as NCOA and CDC Foundation partnership
- AARP Homefit Guide published; it is now available in English, Spanish, Chinese, Korean and Vietnamese
- USC, funded by ACL, conducts Promoting Aging in Place by Enhancing Access to Home Modifications, launches Home Modification Information Network, and convenes Steering Committee on Home Modification
- STEADI-Rx initiative begins as a partnership of the CDC and the University of North Carolina Eshelman School of Pharmacy and School of Medicine

2021

- CDC launches Still Going Strong campaign
- The Collaborative Approach to Falls Prevention Certificate Program started by NCOA and the ASCP
- Webinar series: "Engaging Firefighters and EMS for Falls Prevention" is held
- Department of Housing and Urban Development Older Adult Home Modification Program grants awarded for the first time

2022

- ACL conducts Analysis of Evidence-Based Health Promotion and Disease Prevention Program Review Processes audit
- Redesigned Falls Free® CheckUp and additional companion resources launched as a collaboration of NCOA, CDC, Amgen Inc., and NORC at the University of Chicago, accompanied by social media advertising campaign
- Government Accounting Office (GAO) publishes Older Adults and Adults with Disabilities: Federal Programs Provide Support for Preventing Falls, but Program Reach is Limited

- Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE) project findings, including lessons learned, released by the Patient-Centered Outcomes Research Institute (PCORI)
- Bone Health Education Program launched as a partnership of NCOA's Center for Healthy Aging and Amgen

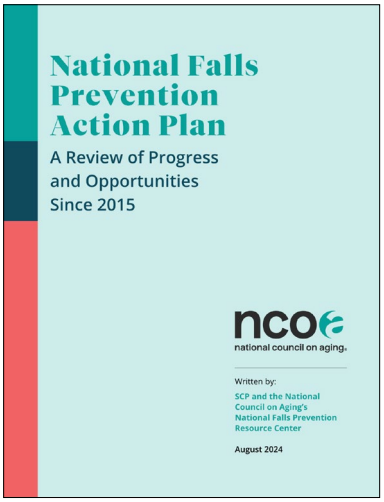
2023

- CDC releases 4th edition of Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults
- CDC funds development of Association of State and Territorial Health Officials and National Association of County and City Health Officials (NACCHO) guides and toolkits for state and local public health entities
- ACL launches Inter-Agency Coordinating Committee on Healthy Aging and Age-Friendly Communities
- American Public Health Association publishes Falls Prevention in Adults 65 Years and Over: A Call for Increased Use of an Evidenced-Based Falls Prevention Algorithm
- Healthy Aging Program Integrated Database (HAPID®) is launched

2024

- Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities releases Aging in the United States: A Strategic Framework for a National Plan on Aging, including appendix focused on older adult falls and available resources from federal agencies
- NCOA convenes the third National Falls Prevention Summit to draft the 2025 National Falls Prevention Action Plan

Appendix B



Falls Free® National Falls Prevention Action Plan: A Review of Progress and Opportunities Since 2015

Overview

In preparation for the National Falls Prevention Summit in September 2024, SCP (Strategic Communications & Planning) conducted a review of the 2015 Falls Free® National Action Plan. Following the National Falls Prevention Summit in 2015, the National Council on Aging (NCOA) issued the Plan in its role as the Administration for Community Living (ACL)-funded National Falls Prevention Resource Center, to spur nationwide efforts to reduce falls among older adults, the leading cause of injury for people age 65 and over. The Plan's overarching goal was to contribute to the falls-prevention-specific Healthy People 2020 objective to reduce the rate of emergency department visits due to falls among older adults by 10%.

The 2015 Action Plan is comprehensive, encompassing 12 broad goals, 40 strategies, and 240 action steps. This review is meant to gauge how the 240 action steps included in the 2015 Plan have been taken up, identify gaps to address at the 2024 National Falls Prevention Summit, and inform subsequent updates to the Action Plan. Each of the action steps proposed in 2015 sought to advance one or more of 40 strategies for reducing falls by increasing the physical mobility of older people, improving their medication management, enhancing the safety of their homes and communities, boosting public awareness and education about fall risks, influencing public policy, and increasing funding for evidence-based fall prevention programs.

As described below, significant activity and real progress have been achieved toward the goals, strategies and action steps since the Plan was released in 2015. However, considerable limitations are noted in assessing progress, as the 2015 Plan did not specify which stakeholders – federal agencies, recipients of federal grants, state government, nonprofit organizations, foundations, universities, corporations – were responsible for each step. Further, no specific metrics for measuring completion of many of the action steps were identified in the 2015 Plan.

This report attempts to capture as much progress as possible since 2015, yet we recognize that some activities and accomplishments may not be included.

Contents

I. 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.

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.

Progress/Accomplishments:

- The Center for Disease Control and Prevention's (CDC) Stopping Elderly Accidents, Death and Injuries (STEADI) resources have been adapted for a wide variety of health care and service providers in outpatient and inpatient practice settings. Physical mobility is one of many risk factors for screening, assessment, and intervention within the STEADI resources. STEADI includes instructions on how to implement screening, assessment and falls prevention interventions and a companion evaluation guide to measure program success. Free online continuing education for providers and consumer education materials are available.
- In 2015, ACL created a formal Evidence-Based Program (EBP) Review Process to identify promising new evidence-based community interventions, including physical activity and falls prevention programs. Programs could apply to be deemed evidence-based according to the Older Americans Act Title III-D health promotion program. A complete listing and searchable online database of approved evidence-based programs is available from NCOA. Approximately 60% of listed programs are tagged "exercise & fitness." In 2022, ACL conducted an audit of the EBP Review Process and paused submissions. The improved process is slated to relaunch in late 2024.

- NCOA and other partners have engaged the aging network in education efforts about how to communicate the value of physical activity interventions and to secure sustainable funding through Medicare Advantage plans and other payors.
- NCOA has been advocating to increase funding under the Older Americans Act for evidence-based physical activity programs and other evidence-based programs designed to improve physical mobility.
- In 2023, the National Falls Prevention and Chronic Disease Self-Management Education (CDSME) Program databases were merged to create the Healthy Aging Program Integrated Database (HAPI-D®), a one-stop shop for grantees and evidence-based program implementers to enter workshop data and track performance, implementation, and participation rates for health promotion and disease prevention programs, including evidence-based physical activity and falls prevention programs.
- During the pandemic, many exercise programs – including numerous programs focusing on physical mobility – became available online, increasing access to these programs for older adults with internet connectivity. Examples include programs offered locally by senior centers and other community-based organizations, such as Tai Chi for Arthritis and Falls Prevention, EnhanceFitness, and SAIL. Others that are available via YouTube include the Otago Exercise Program.
- In 2020, NCOA launched the Falls Free CheckUp, a digital screening tool modeled after the 12-question screener included in the STEADI Stay Independent brochure. NCOA, the CDC, Amgen, and NORC at the University of Chicago collaborated on a redesign of the Falls Free CheckUp and new companion resources that were launched in 2022.
- The CDC developed and disseminates the Still Going Strong campaign to promote injury prevention and physical activity among older adults.
- In 2023, CDC released the 4th edition of the Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults. Many interventions in the compendium target physical mobility.
- NCOA and partners released the Successful Strategies and Lessons Learned from Implementing Evidence-Based Programs in American Indian, Alaska Native, and Native Hawaiian Communities report to improve the responsiveness of evidence-based programs, including those to improve physical mobility, for AI/AN/NH populations.
- Many stakeholders have engaged in efforts to increase physical activity among older adults, including the CDC, American Physical Therapy Association, the Senior Games, YMCA of the USA, National Recreation and Parks Association, Osteoarthritis Action Alliance, International Council on Active Aging , and Movement is Life.

- Some states, led by ACL falls prevention grantees, state falls prevention coalitions, and others, have created online portals in which older adults and professionals can find physical activity programs offered locally. Examples include Healthy Aging North Carolina and Massachusetts Healthy Living Center of Excellence.
- NCOA has expanded its Falls Prevention Awareness Week (FPAW) support for organizations and agencies via the FPAW Toolkit. FPAW provides an opportunity for groups to hold falls prevention program demonstrations, promote evidence-based programs (including physical mobility programs) to potential participants, and advocate with elected officials to support such programs.
- Each year since 2019, NCOA has hosted the annual Age+Action conference to educate professionals and providers, promote the sharing of best practices including ways to improve physical mobility, and offer networking opportunities among aging network agencies and organizations.

Opportunities:

- Continue advocacy to expand funding for evidence-based and evidence-informed physical activity programs.
- Further develop and expand the HAPI-D® to create a more widely accessible database for evidence-based programs; explore its potential as a platform to connect consumers and professionals to programs.
- Build out web-based resources to support local and state activities such as a library of activities, partnership opportunities, tactics, toolkits/models for community use.
- Expand work to identify fall risk parameters and customize prevention programs and practices for diverse populations; cultivate partnerships and dissemination strategies to reach these groups.
- Develop a consumer education campaign about the importance of physical activity through various communications channels, ensuring these messages are adapted to reach diverse groups and generations of older adults, with a focus on the importance of balance, strength, flexibility and endurance.
- Foster greater collaboration among providers, health systems, and other health entities with community-based organizations to encourage the adoption of best practices and referrals to community-based physical mobility programs.

II. Medication 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.

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.

Progress/Accomplishments:

- The CDC, in partnership with University of North Carolina's Eshelman School of Pharmacy and School of Medicine, developed the STEADI Rx resources for pharmacists to prevent falls, highlighting the importance of collaboration between healthcare providers and pharmacists to manage medication-related risks.
- NCOA and the American Society of Consultant Pharmacists created the Collaborative Approach to Falls Prevention Certificate Program and a related Falls Risk Reduction Toolkit. Several training programs were conducted with pharmacists across the country on the use of this program in clinical practice.
- In 2019, the Senate Special Committee on Aging made two recommendations related to medication management: First, the Center for Medicare and Medicaid Services (CMS) should develop medication review best practices for health care providers as part of the Medicare Annual Wellness Visit and second, the Food and Drug Administration (FDA) and the National Institutes of Health (NIH) should continue to study polypharmacy and medications as a falls risk factor, and ensure the presence of older adults in clinical trials for drugs.
- The FDA issued draft guidelines in 2019 with a section on the inclusion of older adults in clinical trials while the NIH issued rules requiring grant applications to include all age groups in medication management studies or else explain why they didn't.
- Many new falls prevention resources developed by NCOA and members of the FallsFree® Initative include information on medication management as a risk factor for falling and ways to manage medication.
- National Falls Prevention Awareness activities include medication reviews. As part of observing Falls Prevention Awareness Day in 2018, NCOA hosted a Facebook live event and Twitter chat, focused on the role of medication safety and management in falls prevention and medication as a risk factor for falling. The Facebook Live event with the Professional Pharmacy Group in Annapolis, Maryland reached 8,911 people. The recording has more than 52,000 views on Facebook as of August 2024.

- The American Geriatrics Society maintains the Beers Criteria®, a list of potentially inappropriate medications for use by older adults The list was last updated in 2023. Many medications on the list are included due to their potential to increase risk for falls. This tool can be used by prescribers to consider stopping, switching, or reducing the dose of medications to improve patients' overall health and reduce falls risk.
- Deprescribing efforts have expanded significantly over the past decade, including the U.S. Deprescribing Research Network and deprescribing guidelines and algorithms.

Opportunities:

- Increase knowledge of medications as a falls risk, provide tools and resources for self-advocacy, promote effective consumer technologies, and identify and optimize various points in the care journey to address medication management such as the Annual Wellness Visit and interactions with pharmacists.
- Collaborate with various stakeholders including patient groups and professional organizations, to become advocates for medication management and raise awareness among constituents.
- Develop communications strategies to raise polypharmacy awareness among providers. Advocate for incorporating falls prevention into education/training curricula for all healthcare providers.
- Work with health systems and pharmacies to integrate medication management workflows and technology into practice and educate providers on best practices; identify funding sources to bring this to communities and health care settings with limited resources.
- Expand the Medicare Part D Medication Therapy Management service to cover more older adults and with a greater emphasis on medications as a risk factor for falling. The program currently provides a comprehensive review of patients' medications and the reasons for taking them, a written summary of a medication review with a doctor or pharmacist, and a recommended To-Do List and Medication List to help patients make the best use of their medications.
- Incentivize a broad range of providers to better utilize the Medicare Annual Wellness Visit as an opportunity for a thorough medication review and medication changes to reduce falls risk associated with medications.

III. Home Safety

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

GOAL B: Health care, the aging network, housing, and other service providers will become more aware of and promote home safety measures (including information, assessments, and home modifications) that reduce home hazards, improve independent functioning, and lower the risk of falls.

Progress/Accomplishments:

- The Department of Housing and Urban Development (HUD) has awarded $90 million in the past four years as Older Adult Home Modification Program (OAHMP) grants to nonprofits, housing authorities, and local governments to make fall-prevention, safety, and accessibility improvements to low-income housing for older people. Annual funding has toggled between $15 million and $30 million. In April 2024, HUD announced nearly $30 million in OAHMP grants. As part of the CHRONIC Care Act passed in 2018 and the creation of Special Supplemental Benefits for the Chronically Ill (SSBCI), effective in 2020, an increasing number of Medicare Advantage plans pay for home safety inspections and the installation of shower stools, hand-held showers, grab bars, and raised toilet seats.
- The University of Southern California Leonard Davis School of Gerontology was funded by ACL to conduct the Promoting Aging in Place by Enhancing Access to Home Modifications project. Important outcomes included a national Steering Committee on Home Modification with representatives from ACL, HUD, CMS, the departments of Agriculture and Veterans Affairs, NCOA, USAging, ADvancing States, and the Bipartisan Policy Center; a report of best practices in home modification conducted by State Units on Aging, Area Agencies on Aging, and Title VI agencies; and a home modification toolkit. The toolkit, available online, includes consumer fact sheets and videos tailored to diverse populations, technical assistance briefs for professionals, and the Home Modification Information Network, a database of home modification programs, funding sources, and providers searchable by state.
- Since 2015, two programs that focus on home safety and home modification to support older adults' functioning, Community Aging in Place-Advancing Better Living for Elders (CAPABLE) and Home Hazard Removal Program (HARP), were approved as evidence-based falls prevention programs under Title III-D of the Older Americans Act.
- The 2024 Final Rule to update regulations for the Older Americans Act programs included the

removal of a cap on Title III-D spending for home modifications. Prior to the ruling, agencies could spend no more than $150 of Title III-D funds per person on home modifications.

- In 2019, the Senate Special Committee on Aging falls prevention report made recommendations regarding home safety evaluations and modifications, including reaching more Medicare beneficiaries with the CAPABLE and extending the Money Follows the Person program.
- Meals on Wheels dedicated resources to home safety and home modifications for homebound older adults, veterans, and other populations in need. These include:
  - The Case for Meals on Wheels includes research that identifies reducing falls and improving home safety for older adults as one of the key benefits of the program.
  - Helping Homebound Heroes, a home modification grant program helping veterans age in place, funded by the Home Depot Foundation. As of April 2023, they had served more than 2,000 veterans.
  - Impact of Home Modifications and Repairs on Older Adults' Health and Well-Being study that showed participants perceived several benefits from home modifications and repairs provided through the Helping Homebound Heroes Program, including improved well-being, quality of life and sense of pride in their home. The study showed that types of home modifications ranged widely from regular maintenance issues (e.g., fixing a broken garbage disposal) to substantial health and safety concerns (e.g., missing roof sections). Some participants received help for issues such as installing a ramp, while others received renovations to multiple rooms in their homes.
  - CAPABLE and Meals on Wheels: A Landscape Analysis detailed how senior nutrition programs can consider the Community Aging in Place – Advancing Better Living for Elders (CAPABLE) program as a means of holistically addressing the complex needs of its clients.
- The national housing non-profit Rebuilding Together adopted the 25 Safe and Healthy Housing Priorities checklist, created in collaboration with the National Center for Healthy Housing, to standardize efforts to address home safety and health hazards across its affiliate network. It also adopted a Community Revitalization Partnership approach that involves collaboration with service providers within the housing/community development ecosystem and champions cultural competency and active listening. This has led to notable reductions in falls post-service delivery. Rebuilding Together affiliate leaders and staff benefitted from a partnership with the USC Leonard Davis School of Gerontology providing enhanced training opportunities.
- The national housing non-profit Habitat for Humanity began its Aging in Place program,

which collaborates with human services organizations to evaluate individual needs and provide critical home repairs, modifications, and community services to preserve residents' home and independence. Habitat also implemented the CAPABLE model across five of its affiliates and reported their findings from 2018-21.

- NCOA and USC collaborated to launch a guide to home modification funding, home assessment tools, home modification webinars, office hours, individualized technical assistance for ACL falls prevention grantees and HUD Older Adult Home Modification Program (OAHMP) grantees, and the National Home Safety and Home Modification Work Group comprised of practitioners, providers, researchers, and advocates from across the country.
- USC's Executive Certificate in Home Modification (ECHM) Program and other training programs educate professionals on ways to promote home modification for safety and independent living.
- NCOA developed a conversation guide on falls prevention for caregivers and families that includes content on home safety and home modification and conducts Facebook live events for Falls Prevention Awareness Week.
- AARP's HomeFit guide, available in multiple languages, features "smart ways to make a home comfortable, safe and a great fit for older adults — and people of all ages."
- ACL, HUD, CMS, and other federal agencies collaboratively launched and led the National Housing and Services Resource Center. A key focus area is accessible and affordable housing. The center collaborated with USC to host webinars and develop two action guides about building partnerships to promote safe and accessible housing for older adults and people with disabilities.
- Congress in 2014 created HUD's Veterans Housing Rehabilitation and Modification Pilot Program of grants to nonprofits to improve the safety of low-income disabled veterans' homes. Annual funding has grown from $4 million to $6.4 million in 2023.
- The VA has three programs to help disabled veterans alter, build or buy homes to meet mobility and accessibility needs. The most severely disabled can get Specially Adapted Housing grants, which are adjusted for inflation and now provide up to $117,000. Those unable to work may receive $92,500 as a Veteran Readiness and Employment Housing Adaptation grant. Others qualify for Home Improvement and Structural Alterations grants, but those have been capped at $6,800 for longer than a decade.
- Advances in home modification research have been made, including scoping reviews, a Cochrane Review, and research and reports on older adult housing and renting by the Harvard Joint Center for Housing Studies.

Opportunities:

- Develop and promote a database of evidence-based programs and best practices in home modifications and effective home safety measures for reducing falls at home.
- Create a plan to disseminate culturally appropriate home risk assessment instruments and methodologies, and the innovative technologies that can be used to enhance and expand them.
- Create communications tools and dissemination plans to increase awareness by individuals, families, community-based organizations, and clinicians about home modification programs and resources.
- Utilize available data to support expansion of home modification programs.
- Streamline funding for home modifications and make it easier to access; get insurers to include/expand coverage for home modifications.
- Increase opportunities for referrals to rehabilitation therapists for home assessment and home modification recommendations.
- Explore promotion of home modifications and home safety improvements in low-income housing.

IV. 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.

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.

Progress/Accomplishments:

- The 2023 Report Falls Prevention in Adults 65 Years and Over: A Call for Increased Use of an Evidence-Based Falls Prevention Algorithm from the American Public Health Association includes recommendations for improving built environments.
- One of the eight fundamental domains of the World Health Organization and AARP Age-Friendly/Livable Communities model is "Outdoor Spaces and Buildings," highlighting the need for public places, indoors and out, that are accessible and safe (including green spaces, seating, and accessible buildings with elevators, zero-step entrances, and staircases with railings) and that can be enjoyed by people of all ages. Approximately 1,000 towns, cities and counties have enrolled in the AARP Network of Age-Friendly States and Communities.
- NCOA's Facebook Live video Navigating Outdoor Fall Hazards on released on Falls Prevention Awareness Day 2017 has 81,000 views as of August 2024.
- Private funders—including the Robert Wood Johnson Foundation, the AARP Foundation, The John A. Hartford Foundation, and the Kresge Foundation—are supporting initiatives to improve built environments for people with disabilities, older people, and communities with low incomes.
- AARP's Community Challenge grants have supported communities to conduct walkability audits, improve sidewalks and crosswalks, and redesign gardens and parks for people of all ages.
- The Department of Transportation's Complete Streets program has expanded significantly. The goal is that streets are designed and operated to enable safe use and support mobility for all users.
- NCOA and its many partners, including state falls prevention coalitions, have raised considerable awareness of this issue via its annual National Falls Prevention Awareness Days/Weeks activities.

Opportunities:

- Seek ways to leverage provisions in the 2021 Infrastructure Investment and Jobs Act for community safety and falls prevention initiatives.
- Widely disseminate and encourage adoption of AARP's Age-Friendly/Livable Communities' environmental guidance for outdoor spaces and buildings guidance.
- Provide funding and guidance for community walkability audits that lead to increased safety, accessibility, and community participation.
- Encourage additional private and public funding for making public spaces safer and more accessible for all people.

V. Cross-Cutting Issues

A. Funding and Reimbursement

GOAL: Increase funding and reimbursement sources and mechanisms to support falls prevention programs, interventions, and activities.

Progress/Accomplishments:

- ACL has made $54 million in grants in the past decade to support evidence-based programs. The funding (from the Affordable Care Act's Prevention and Public Health Fund) has supported 96 public and private nonprofits, state agencies, community-based organizations, universities, and tribal organizations in 37 states.
- The CMS Merit-based Incentive Payment System (MIPS) for providers now includes these falls prevention quality measures: share of patients older than 65 and with a history of falls and assessed for fall risk in the past 12 months; share of those people with a documented care plan; and share of those people screened for future falls risk.
- The CDC expanded the STEADI (Stopping Elderly Accidents, Deaths and Injuries) program, which educates providers, older patients and caregivers on screening options, managing medications, standardized gait and balance assessment tests, and online continuing education.
- Medicare's Annual Wellness Visit includes a fall risk assessment. Medicare Part B covers bone density measurements every 24 months if they are deemed medically necessary for ongoing treatment of illness
- In 2017, the CMS Innovation Center funded the PRIDE program (Paramedic Referrals for Increased Independence and Decreased Disability in the Elderly) at Yale University, which trains paramedics to make fall risk and medication assessments during 911 calls and follow-up visits. It has also funded the CAPABLE (Community Aging in Place, Advancing Better Living for Elders) program, which assembles teams of occupational therapists, registered nurses and "handymen" to help low-income older people modify their homes.
- The federal government enacted a 2016 law allowing Medicaid to increase payment rates to nursing homes of high quality, listing "the percentage of long-stay residents experiencing one or more falls with major injury" as one of six metrics to be considered.
- CDC collaborated with electronic health records vendor EPIC to include the STEADI screening questions in direct workflow used for patient intake, and recommendations for referral and follow-up.

- NCOA worked with ACL evidence-based program grantees to develop state infographics on costs and impact of falls, as well as cost savings from evidence-based falls prevention programs.
- In 2023, the National Fire Protection Association launched Steps to Safety™ Prevent Fire and Falls at Home, a program for educating older adults about home fire and fall safety.
- In 2022, NCOA published and disseminated resources and promising practices on the important role of emergency medical services providers as partners in falls prevention.
- Connecticut enacted a 2017 law directing the Commissioner of Public Health to launch a fall prevention education program for health care workers serving older patients.
- Nevada enacted a 2017 law requiring falls prevention training for home health aides and those working with older people at intermediate care, skilled nursing, and adult day care facilities.
- Minnesota enacted a 2019 law requiring fall prevention training for unlicensed workers in assisted living facilities.
- Arizona enacted 2021 law requiring all "health care institutions" to train employees in fall prevention and fall recovery.

Opportunities:

- NCOA and many partners have advocated more than doubling, to $10 million, the annual amount ACL can award in grants to fall prevention programs. Annual funding was constant at just under $5 million until fiscal 2023, when it jumped to $7 million. However, in 2024 the figure dropped to $3.3 million.
- NCOA has advocated doubling, to $4 million, the appropriation to CDC for fall prevention work so the agency can better engage providers and community-based organizations. The agency now gets an average of $2 million annually to collect data on falls, report on fall risk and protective factors, develop clinical approaches to fall prevention, and issue materials to help healthcare providers prevent falls.

B. Expansion of Evidence-Based Programs

GOAL: Expand availability of evidence-based fall prevention programs.

Progress/Accomplishments:

- In 2014, ACL launched the Evidence-Based Falls Program funded through Affordable Care Act's Prevention and Public Health Fund. ACL annually awards grants to a variety of entities including state and local aging and public health departments; academic institutions; Area Agencies on Aging and other community-based organizations; and health systems, clinics, and other health care providers. (See section on Physical Mobility for accomplishments related to expanding the availability of evidence-based physical activity programs for falls prevention.) The table below summarizes the significant number and characteristics of older adults and people with disabilities who have participated in evidence-based falls prevention programs, and outcomes since 2014.

ACL Evidence-Based Falls Prevention Grantee Program Data	
From 2014 to 2024, there were 255,996 falls prevention program participants	
Demographics	**Health Profile**

• Average Age: **75** years
• Female: **83%**
• Education: **75%** report at least some college/ technical school
• Income: **70%** have a monthly income of $3,000+
• Ethnicity: **5%** Hispanic/Latino (overlaps w/ races)
• Race:
  • White: 64%
  • Black: 7%
  • Asian: 3%
  • Hawaiian/Pacific Islander: <1%
  • American Indian: 1.2%
  • Multi-racial: <1% (overlaps w/ other races)
	• Reported disability: **33%** (question dis-continued in 2021)
	• Average number of chronic conditions: **1.5**
	• Reported more than one chronic conditions: **56%**
	• **27%** of participants responding (128,112) had at least one fall in the three months prior to starting the falls evidence-based program

Health Outcomes Highlights	
After completing an evidence-based program: • **21%** of 88,997 participants experienced an improvement in Self-Rated Health (e.g., going from Poor/Fair to Good or Excellent) • **88%** reduced their fear of falling (of 40,042 responding between 2014-2018) • **96%** would recommend falls EBP to friends/family (of 27,605 responding, 2021-24) • **32%** of 24,303 report they improved in their confidence to get up after a fall • **34%** of 23,856 report they improved their confidence in becoming steadier	

Source: NCOA Healthy Aging Programs Integrated Database, data from ACL falls prevention grantees, Sep 2014 to Aug 2024.

- New falls prevention programs were approved by ACL as evidence-based under Title III-D of the Older American Act. These programs included CAPABLE, HARP, Bingocize, EnhanceFitness, SAIL, and Fit&Strong!.
- As the National Falls Prevention Resource Center, NCOA technical assistance liaisons provide focused technical assistance to ACL grantees that supports their efforts to implement and sustain evidence-based falls prevention programs.
- Vermont enacted a 2022 law to consider expanding state benefits for older people, including falls prevention services.
- Colorado enacted a 2021 law creating a $15 million grant program to support Area Agencies on Aging endeavors, including home modification and fall prevention programs.
- Connecticut enacted a 2017 law creating a state fall prevention program to improve identification, diagnosis and treatment of older people at high risk of falling; collect data to identify fall risks and ways to reduce falls; create new fall prevention interventions; and disseminate information on the best interventions – tailored for different older populations, especially those at high risk of falling and in long-term care facilities.

Opportunities:

- Support program developers to standardize training, data collection, and licensure across multiple programs, and to adapt programs for diverse and underserved populations at risk of falls.
- Create a coordinated system for referrals from health care providers to community partners offering evidence-based programs.
- Identify data points and standardized tools as common measures across programs to generate compelling evidence for a “business case” to sustain the programs and generate new partners.
- Modify grant structures to allow for greater time and resources to build infrastructure and develop sustainability strategies.
- Encourage and fund the development of state and locally based websites for older adults, caregivers, aging/public health networks, and health care providers to locate and register for local or remotely delivered evidence-based falls prevention programs, physical activity programs, and other health promotion and disease prevention programs.
- Identify sources of support for additional research/demonstration projects on falls prevention interventions and translate research into real world practice.

C. Public Awareness and Education

GOAL: Effectively move the falls prevention, communication, and marketing agenda/action plan forward.

Progress/Accomplishments:

- In 2021, the CDC launched its "Still Going Strong" campaign to educate about common risk factors for falls and car crashes, and to empower older adults to take steps to age without injury. CDC ads ran in both metro and rural markets in four states: Maine, Oklahoma, Oregon, and Wisconsin. In 2024, there will be ads in Colorado, Florida, Pennsylvania, and Washington, and tribal-specific ads in Arizona, Oklahoma, and South Dakota. The campaign also has national reach through social media, media coverage, and partner efforts.
- Falls Prevention Awareness Day expanded from one day to one week in 2020. NCOA led Falls Prevention Awareness Day/Week activities from the national level and supported state falls prevention coalitions in their outreach, programmatic, and advocacy efforts. Summaries of the awareness events and impact of national and state Falls Prevention Awareness efforts can be found in the Falls Prevention Awareness Week Impact Reports 2018-2023.

Opportunities:

- The Senate Special Committee on Aging released a falls prevention report in 2019 that included recommendations related to awareness. It recommended the Department of Health and Human Services and other relevant federal agencies develop a national education campaign designed to prevent falls and falls-related injuries. This national education campaign would increase awareness for evidence-based falls prevention programs, preventive measures that an individual can take to prevent a fall, and reduce stigma, shame, and fear of the implications of falling. The committee also recommended continued investment in the development of and expanded access to evidenced-based falls-prevention programs to ensure greater awareness of the risk of falls among older adults and promote preventive steps that can be taken to avoid a fall.

D. Public Policy and Advocacy

GOAL: Effectively move the Falls Free® National Falls Prevention Action Plan forward through policy and advocacy efforts.

Progress/Accomplishments:

- Bipartisan and bicameral Falls Prevention Committee formed.
- The ACL told the Government Accountability Office, in response to a 2022 report, it is expanding the reach of its Housing and Services Resource Center – which provides falls prevention, home modifications, and home assessment training – especially by promoting accessible housing to reduce fall risk.
- ACL's Administration on Disabilities completed in December 2023 a compilation of promising practices for falls prevention and is working to develop a dissemination plan.
- The ACL in May 2024 published "Aging in the United States: A Strategic Framework for a National Plan on Aging." It was developed by the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities. Created with representatives from 16 agencies in July 2023, this ICC meets monthly as a forum for information sharing within the federal government – with fall prevention as a focus. Its framework laid the groundwork for a coordinated effort – by the private and public sectors and in partnership with older adults, family caregivers, aging services providers, and other stakeholders – to make recommendations for advancing healthy aging and age-friendly communities. The plan is supposed to advance best practices for service delivery, support development and strengthening of partnerships within and across sectors, identify solutions for removing barriers to health and independence for older adults.
- Utah adopted a joint resolution in 2017 encouraging the Department of Health to convene a panel to develop recommendations for reducing fall-related injuries.
- California enacted a 2019 law requiring the housing department to consider changing the state residential building code "to promote aging-in-place design."

Opportunities:

- Continue to collaborate with leaders from falls prevention coalitions to address falls and falls prevention policy issues from a national, state and local level. Involve representatives from government, business, nonprofit, academic, building, the aging network, and health care communities.
- Support ongoing and new falls prevention advocacy initiatives, including federal funding of falls prevention efforts through the Prevention and Public Health Fund and the Older Americans Act reauthorization of 2024.

- Continue to inventory and analyze policies and practices and identify gaps related to reimbursement, insurance coverage, medical coding issues, and building codes related to falls.
- Educate providers and consumers about current opportunities for reimbursement.
- Review the incorporation of safety awareness and strategies into Medicare conditions of participation for home care providers.
- Develop policies for model legislation for use by states and local communities.
- Develop an advocacy plan that addresses FDA safety monitoring to include falls prevention.
- Seek opportunities for collaboration among deprescribing and other stakeholder organizations related to FDA policies and initiatives for falls prevention and medication use safety.

Appendix C

Steering Committee

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North Carolina Center for Health & Wellness, University of North Carolina-Asheville

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Appendix D

2024 National Falls Prevention Summit Participants

Federal Agencies

Department of Health and Human Services

- Administration for Community Living Administration on Aging
- Administration for Community Living Nutrition and Aging Resource Center
- Centers for Disease Control and Prevention National Center for Injury Prevention and Control
- Centers for Medicare and Medicaid Services Division of Quality Measurement
- Agency for Healthcare Research and Quality
- Office of Disease Prevention and Health Promotion
- Health Resources and Services Administration
- National Institute on Aging

Department of Housing and Urban Development

Department of Veterans Affairs Veteran's Health Administration National Center for Patient Safety

Elected Officials

Office of Representative Carol D. Miller of West Virginia
Office of Representative Lois Frankel of Florida
Office of Senator Angus King of Maine

Non-Profit Organizations & Associations

AgeSpan
Aging and Vision Loss National Coalition
Alliance for Physical Therapy Quality and Innovation

American Heart Association, Physical Activity Alliance
American Occupational Therapy Association
American Physical Therapy Association
American Podiatric Medical Association
American Society of Consultant Pharmacists
Association of State and Territorial Health Officials
Brain Injury Association of America
Habitat for Humanity International
Home Modification Occupational Therapy Alliance
Impact Genome Registry
Jewish Family Service
Meals on Wheels America
National Association of County and City Health Officials
National Association for Home Care & Hospice
National Association of Chronic Disease Directors
National Association of Nutrition and Aging Services Programs
National Association of State Head Injury Administrators
National Caucus and Center on Black Aging
National Center to Reframe Aging
National Council on Aging
National Hispanic Council on Aging
National Multiple Sclerosis Society
National Fire Protection Association
Partners in Care Foundation
Rebuilding Together
Ronald L. Mace Universal Design Institute
Sound Generations
The Oasis Institute
Trellis
United Church Homes
United Community Center
University Hospitals
USAging
Village to Village Network
VISIONS/Services for the Blind and Visually Impaired
Volunteers of America National Services
Wisconsin Institute for Healthy Aging

Foundations
AARP Foundation
Bone Health and Osteoporosis Foundation
Providence Senior Health Program

Academic Institutions
Brigham and Women's Hospital of Harvard Medical School
Emory School of Medicine
Johns Hopkins Center for Injury Research and Policy
Johns Hopkins School of Nursing
Midwestern University
North Carolina Center for Health and Wellness at UNC Asheville
Rush University Medical Center
Stony Brook Medicine
Texas A&M University School of Public Health
The George Washington University
University of Maryland School of Public Health
University of North Carolina Center for Aging and Health
University of Arkansas for Medical Sciences
University of Hawaii
University of Illinois at Chicago
University of Illinois at Urbana-Champaign
University of Pittsburgh
University of Rochester
University of Southern California
University of Texas at Austin
University of Washington Health Promotion Research Center
University of Nevada Las Vegas
UW Medicine
Washington University School of Medicine

Businessess
Abbott
Amgen
Bayada Home Health/ Steps to Stay, LLC
Brookside Research & Development
ComForCare Home Care
DwellSafe
Functional Home Transformations

GE HealthCare
Geehan Group
Guidehouse
HomesRenewed Ventures
LCS
MaineHealth
Murdin Therapy
SafelyYou
Sanford Health
Senior Proof
Shubert Consulting
Strategic Communications & Planning
ThriveWell Tech
Tivity Health
Vivo
Wolf Eagle Enterprises
Yahoo

Others
Albuquerque Area Southwest Tribal Epidemiology Center
Area Agency on Aging of Broward County, Florida
Confederated Salish and Kootenai Tribes Tribal Health
Delray Beach Fire Rescue Department
Georgia Department of Occupational Therapy, GA State
Falls Free Florida
Health Care District of Palm Beach County
New York Fall Prevention Network

Appendix E

AGENDA

National Falls Prevention Summit
September 9 and 10, 2024

Day 1

8:00-9:00am	**Breakfast**
9:00-9:30am	**Welcome & Opening Remarks** Ramsey Alwin, President & CEO, National Council on Aging Kari Benson, Deputy Assistant Secretary for Aging, Administration on Aging/Administration for Community Living, U.S. Department of Health and Human Services
9:30-10:00am	**Reframing Older Adult Falls** Patricia D'Antonio, Vice President, Policy and Professional Affairs Executive Director, National Center to Reframe Aging Gerontological Society of America *Attendees will learn about the National Center to Reframe Aging and ways to apply principles of reframing aging to help advance falls prevention messaging, awareness, and interventions.*

10:00-11:15am **Panel Discussions: Updates, Accomplishments, Gaps**

Introductions to Panel Discussions Kathleen Cameron, Senior Director, Center for Healthy Aging; National Council on Aging

Highlights from Federal Initiatives of Resource Center Partnerships
ACL/ONHPP will be joined by representatives from the Centers for Disease Control and Prevention, Department of Housing and Urban Development, and the Centers for Medicare and Medicaid Services to share about collaborative efforts, major accomplishments, and perspectives on areas of greatest need across community, state, and national levels to reduce older adult falls.

Moderator:
Donna Bethge, Aging Program Specialist, Office of Nutrition and Health Promotion Programs (ONHPP), Administration on Aging, Administration for Community Living will lead this shared platform to provide updates and gaps in evidence-based falls prevention programming in the ONHPP network and pose questions to panelists to share updates, gaps and collaborative falls prevention efforts.

Panelists:
Gwen Bergen, Behavioral Scientist, Home and Recreation Team, Division of Unintentional Injury Prevention, Centers for Disease Control and Prevention will provide updates on clinical/community connections of falls prevention activities (e.g., STEADI Resources, FallsFree CheckUp, cost of falls updates) taking place at CDC and how these efforts intersect with work at ACL and other federal agencies.

Taneka Blue, Government Technical Representative, Older Adult Home Modification Program, U.S. Department of Housing and Urban Development will provide updates on the Older Adult Home Modification Program and how awareness of activity and resources can be leveraged across programs and grantees.

Tara McMullen, Deputy Director, Division of Quality Measurement, Centers for Medicare and Medicaid Services will discuss falls prevention-related efforts within CMS and in collaboration with other federal agencies, which may include Medicaid waivers, the Money Follows the Person Demonstration Program, and work to address the supportive housing needs of older adults and people with disabilities.

Community & Clinical Partnerships

Participants will discuss collaborative approaches to falls prevention and challenges in building bridges across the aging network, including highlights from two ACL ONHPP funded Falls Prevention grantees and a medical center that have formed innovative partnerships across the community and with health care entities and established promising and replicable practices that have been shown to reduce falls.

Moderator:

Kristie Kulinski, Team Lead, Center for Innovation and Partnership, Administration for Community Living will guide this discussion by posing questions of panelists who have initiated collaboration across the local and state levels. Panelists will discuss models of clinical community partnerships, successes, challenges and how these partnerships relate to the broader connection to the community.

Panelists:

Elizabeth Phelan, Professor, Medicine/Gerontology and Geriatric Medicine, University of Washington, Harborview Medical Center, Northwest Geriatrics Workforce Enhancement Center, Seattle, WA will share the perspective of collaborative community/clinical work at Harborview and other areas in the state of Washington.

Mark Cullen, Vice President, Strategy and Business Development, Trellis, Greater Minneapolis-St. Paul Area, MN will share the perspective of an ACL falls prevention grantee that has established collaborative clinical and community partners locally and across the state of Minnesota.

Ellen Bailey, Senior Project Manager, Center for Health and Wellness, University of North Carolina-Asheville will share the perspective of an ACL falls prevention grantee and their collaborative clinical and community efforts locally and across North Carolina.

11:15-11:30am *BREAK and Transition to First Work Group*

11:30am-12:30pm **Work Group Session #1**

This first work group session will provide introductions, instructions, review of assignment, and brainstorm one key question.

Work Group Topics:

- **Group A: Expanding public awareness, messaging, and advocacy:** Group A will examine ways to increase consumer (older adults and caregivers) and professionals' awareness about falls and associated risk factors, as well as falls prevention strategies, programs, and resources.

- **Group B: Driving clinical-community partnerships/coordinated care:** Group B will explore ways to initiate, strengthen, and optimize clinical-community partnerships, and identify replicable partnership models and best practices.

- **Group C: Broadening funding across sectors:** Group C will discuss how to expand funding across the private, public, and philanthropic sectors to support efforts to develop, implement, scale, and sustain falls prevention interventions and programs.

- **Group D: Scaling proven interventions:** Group D will consider strategies to advance the development and expansion of evidence-based and other proven community- and clinical-based falls prevention interventions to promote equitable access across diverse communities and populations.

- **Group E: Disseminating and generating tech innovation:** Group E will explore how to increase the uptake of falls prevention technologies, integrate technology into established interventions, and support new technological advances to reduce falls and fall-related injuries.

- **Group F: Improving data and expanding research:** Group F will identify promising research questions and efforts, ways to leverage and improve existing data collection efforts, and new opportunities for collaboration.

12:30-1:30pm **Networking Lunch and NCOA Spotlight:**
How Corporate Partners Are Promoting Falls Prevention
Falling among older adults is a complex issue that requires multiple stakeholders to develop solutions. Hear from three corporate partners–Abbott, Samsung Health, and GE HealthCare–about their initatives to reduce falls through technology and innovation. Explore ways the private and public sectors can collaborate to keep older adults healthy and independent.

1:30-2:10pm **NCOA Update on Federal Legislative Solutions**
This NCOA-hosted informational panel features Congressional staffers who will describe recently introduced (or pending) legislation to address older adult falls, falls risk, and fall-related injuries. The panelists will discuss the ways in which these proposals reflect the recommendations articulated in the 2015 Falls Free® National Action Plan and 2015 White House Conference on Aging, as well as input received from community leaders and other constituents.

Moderator:
Marci Phillips, Director pf Public Policy and Advocacy,
National Council on Aging

Panelists:
Becca Flikier, Deputy Chief of Staff, Office of Representative Lois Frankel (FL), U.S House of Representatives
Emily Henn, Legislative Director, Office of Representative Carol Miller (WV), U.S. House of Representatives
Jon Heppen, Legislative Assistant, Office of Senator Angus King (ME), U.S. Senate

2:20-3:45pm **Work Group Session #2**
This second work group session will discuss key questions/prompts related to the specific topic areas.

3:45-4:00pm *BREAK*

4:00-4:45pm **Report Out from Work Groups**
Designated Work Group reporters will summarize key takeaways from the first two Work Group sessions.

4:45-5:00pm **Wrap-up Remarks**
Donna Bethge, Aging Program Specialist, Office of Nutrition and Health Promotion Programs, Administration on Aging, Administration for Community Living
Kathy Cameron, Senior Director, Center for Healthy Aging, National Council on Aging

5:00-6:30pm **Exhibits & Reception**
Visit the ACL Falls Prevention Fellows' poster presentations

Day 2

8:00-9:00am **Breakfast**

9:00-9:10am **Welcome**
Chelsea Gilchrist, Team Lead, Office of Nutrition and Health Promotion Programs, Administration on Aging, Administration for Community Living

9:10-9:50am **Panel Discussion: Updates, Accomplishments, Gaps**

Technology Highlights
Panelists with diverse approaches to using technology—including falls prevention applications, home safety, and falls risk reduction—will discuss advancements and how the networks can collaborate to ensure access to these innovations.

Moderator:
Jill Renken, Executive Director, Wisconsin Institute for Healthy Aging will use this shared platform to provide awareness of the Home Safety Challenge, an electronic tool that can be used across the network to raise the awareness of home safety and pose questions of panelists that have developed falls prevention technology innovations that can be utilized across settings.

Panelists:
Joel Rosales, Trauma Agency Nurse Manager, Health Care District of Palm Beach County, Florida will provide updates on the app created that incorporates the collaborative work of the Health Department, first responders and the aging network to educate, raise awareness, and locate evidence-based falls prevention programs in the community.

George Netscher, Chief Executive Officer, SafelyYou developed research-backed AI-enabled video for senior living communities that detects falls, helps staff respond to falls in minutes, identifies the factors that caused the fall, and guides senior living staff on how to address them to reduce future falls.

Charlotte Mather-Taylor, Chief Executive Officer, Area Agency on Aging, Broward County, Florida spearheaded their Senior Technologies Programs, which uses state and federal funding to offer technology that supports healthy behavior and reduces falls among older adults in the county, including a partnership with Amazon Ring.

10:00-11:30am **Work Group Session #3**
This third and final work group session builds on previous sessions, will discuss remaining prompts, and end with drafting 2 to 3 recommendations for the National Falls Prevention Action Plan.

11:30-11:45am *Break*

11:45am-12:30pm **Report from Work Groups**
Designated Work Group reporters will present 2-3 recommendations from their Work Group sessions.

12:30pm **Next Steps & Closing Remarks**

Donna Bethge, Aging Program Specialist, Office of Nutrition and Health Promotion Programs, Administration on Aging, Administration for Community Living
Ramsey Alwin, President & CEO, National Council on Aging

Appendix F

Federal Falls Prevention Resources and Efforts

The following is an excerpt from Aging in the United States: A Strategic Framework for a National Plan on Aging, Appendix A: Spotlight on Falls Among Older Adults and People with Disabilities. The report, published in May 2024, was written by the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities, which is chaired by the Administration for Community Living. The passage details falls prevention resources and efforts led by ACL and other federal agencies. Learn more about the strategic framework ***here****.*

The federal government, with the Administration for Community Living (ACL) leading various strategic investments and collaborative partnerships, is currently advancing multiple efforts to elevate fall prevention and fall risk reduction. Examples include the following:

ACL-Led Initiatives:

- ACL's Older Americans Act (OAA)-funded networks have reached over 4.2 million older adults in local communities with health promotion programs, including a variety of multifactorial falls prevention programs.
- Using community-oriented competitive grants, ACL has supported more than 8,000 falls prevention workshops held in every region of the country. These workshops include evidence-based programs such as A Matter of Balance, Stepping On, and Tai Ji Quan: Moving for Better Balance. These programs have both reduced falls and/or falls risk factors among older adults while documenting the potential for health system cost savings and positive return on investment.
- ACL funds a National Falls Prevention Resource Center to disseminate falls prevention and reduction information and programing to local communities that directly empowers older adults and people with disabilities.
- ACL's University Centers for Excellence in Development Disabilities create tailored resources and provide training on falls prevention and fall risk reduction strategies geared toward younger adults with disabilities.

- ACL's National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) funds research on understanding, preventing, and responding to falls among people with disabilities.
- NIDILRR also operates the Home Usability Program that helps people with disabilities identify problems in their environment that can lead to falls and make changes to increase accessibility.
- ACL launched the Research, Demonstration, and Evaluation Center for the Aging Network ("ACL Innovation Lab") in late 2023. The ACL Innovation Lab will expand the knowledge base, reach, and relevance of falls prevention practices in diverse communities.

Action by Other Federal Agencies:

- The Centers for Disease Control and Prevention developed the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Initiative to help reduce fall risk among older adults by providing training and resources to healthcare providers.
- Through the Housing and Services Resource Center, the Department of Housing and Urban Development collaborates with ACL to foster engagement between the housing sector and community-based aging and disability services that promotes access to affordable, accessible housing, and critical services. The Center has extensive resources that address universal design through home assessment, modification, repair, and assistive technology for a variety of audiences.
- The Centers for Medicare & Medicaid Services requires states that contract with Medicaid managed care plans and coordinated delivery systems for long-term services and supports (LTSS) use a standardized set of eight quality measures to ensure eligible individuals have optimum care experiences. One of the eight Medicaid LTSS measures is for Screening, Risk Assessment, and Plan of Care to Prevent Future Falls.
- The Agency for Healthcare Research and Quality has developed a broad set of tools, training, and research for clinicians on methods to help prevent older adult falls during care delivered in hospitals and nursing facilities.
- The Office of the Assistant Secretary for Health and Centers for Disease Control and Prevention work to understand the prevalence and impact of falls while promoting clinical-community connections that address them.
- The Office of the Assistant Secretary for Health's Office of Disease Prevention and Health Promotion tracks the incidence of fall-related deaths among older adults as part of the Healthy People 2030 objectives.

Leveraging the breadth and depth of public investment in data, knowledge, and program experience, the ICC will develop specific recommendations and action areas to further advance falls prevention and fall risk reduction across federal, state, and local levels.

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