

The North Carolina Falls Prevention Coalition

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Early 2007 found the North Carolina Division of Public Health (DPH) and the North Carolina Division of Aging and Adult Services working closely together on a number of chronic disease and aging-related grants. As a next step in acknowledgment of this successful partnership, the 2 divisions entered into a written memorandum of agreement, formalizing their respective commitments to each other, as well as their intent to work together on future projects. At the time, both were also working with the University of North Carolina (UNC)–Chapel Hill Institute on Aging.

As a result of ensuing dialogue between all 3 agencies, they quickly recognized their shared concerns over the high morbidity and mortality associated with falls in the older adult population that would likely, without significant intervention, continue at an alarming rate as baby boomers, a notably large generation, aged into their 60s. All 3 agencies took interest in falls prevention awareness generated on the national level, because falls were then, and still are, the leading cause of fatal injuries and the second leading cause of nonfatal injuries for people aged 65 years or older in North Carolina.

The agencies enhanced their efforts by gaining the support of the Carolina Geriatric Education Center, which provided a strong core group with diverse strengths, funding sources, and networks that combined into a successful steering committee for the first North Carolina Falls Prevention Coalition meeting that convened in April 2008. The coalition brought together major leaders and stakeholders who represented researchers,

planners, health care professionals, housing specialists, aging-services professionals, and many others focused on the need to reduce the number of falls and fall-related injuries occurring among North Carolinians.

Objectives, desired outcomes, and multiple strategies to reach various goals were identified by the coalition in the ensuing months. Six workgroups evolved to address the following issues: infrastructure development and maintenance, community awareness and education, health care professional education, risk assessment and behavioral intervention, surveillance and evaluation, and advocacy for supportive policies and environments.

Despite minimal funding, coalition growth has remained steady since that time, and falls prevention activities have increased, with the state coalition currently consisting of approximately 65 member organizations and 7 regional coalitions. Much of this work has already resulted in increased attention to falls. In 2008, the North Carolina Institute of Medicine, in collaboration with the DPH, convened a task force to develop a prevention action plan for the state. Falls prevention was a key topic addressed by the plan, because unintentional injuries and intentional injuries are, when considered together, among the top 10 preventable risk factors contributing to the leading causes of death and disability in the state. The DPH Injury and Violence Prevention Branch also identified falls as one of its 3 unintentional-injury priorities for 2009-2014 [1].

Evidence-based falls management programs in the community should be considered when referring older persons

Table 1.
Risk Factors Commonly Associated With Falls

Risk factor	RR or OR
Muscle weakness	4.4
History of falls	3.0
Gait deficit	2.9
Balance deficit	2.9
Use of an assistive device	2.6
Visual impairment	2.5
Arthritis	2.4
Impaired activity of daily living	2.3
Depression	2.2
Orthostatic hypotension	1.9
Cognitive impairment	1.8
Age >80 years	1.7

Note. Data are from [5, 6, 10]. OR, odds ratio; RR, relative risk.

to appropriate programs and resources. Unfortunately, few programs are available at this time for widespread dissemination. The Centers for Disease Control and Prevention is currently conducting several dissemination projects for 3 programs, including Stepping On, a behavioral change program; Tai Chi, Moving for Better Balance, a class-based exercise program for community-dwelling older adults; and The Otago Exercise Program, a home-based exercise program for community-dwelling older adults who have lower levels of function. These programs should become more prevalent in the community during the next few years. One evidence-based program for behavior change, A Matter of Balance: Managing Concerns About Falls, is widely available throughout North Carolina. This program is designed to improve an individual's confidence in his or her balance and minimize fear of falling. It is delivered through a peer-led model and has demonstrated significantly improved self-management and self-efficacy outcomes. Persons interested in learning where the program is offered can visit the North Carolina Healthy Aging Roadmap Web site (available at: <http://ncroadmap.org/bin/view>), or they can contact their local Area Agency on Aging office. Tiffany Shubert is the leader of this project to develop and support falls prevention efforts throughout the state.

Governor Beverly Perdue, in both 2009 and 2010, issued proclamations to officially designate observance of a Falls Prevention Awareness Week, with communities holding a number of events to call attention to the potential for falls and related falls prevention strategies. A Matter of Balance: Managing Concerns About Falls, an evidence-based program to address fear of falling, is being disseminated in all 17 of the state's Area Agencies on Aging.

Coalition work during the past year also included 4 workshops in the spring of 2010 that were held across the state to raise awareness of the growing falls problem, educate targeted audiences on falls prevention strategies, develop partnerships with key stakeholders in falls prevention, and build capacity to address prevention of falls among older adults. The workshops generated a groundswell of new community involvement in Greensboro, Winston-Salem, the northwest and southwest quadrants of the state, and the greater Charlotte area, while strengthening and increasing participation in falls prevention coalitions already present in Asheville and Greenville. Follow-up workshops on falls policy were held in the autumn of 2010. In addition, the coalition sponsored a capstone project for graduate students from UNC-Chapel Hill, who conducted 5

focus groups with diverse groups of older persons to explore core beliefs about falling and to understand and influence behaviors related to falls and falls prevention. The students used this input to create social marketing materials for falls prevention. Finally, falls prevention is one of the injury priorities in the recently published Healthy People 2020 objectives, which are aimed at improving the health of North Carolina residents over the next 10 years [2].

Interested readers can visit the state coalition's Web site (available at: <http://www.med.unc.edu/aging/ncfp/welcome.htm>) to learn about several ways to prevent falls, including increasing awareness, increasing education and training, providing tools and resources, and fostering linkages between programs and organizations working to reduce falls. NCMJ

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As the populations of the United States and North Carolina age, the impact of fall-related injuries will increase dramatically unless steps are taken now to address the issue. The Center for Aging and Health at UNC-Chapel Hill was recently awarded a 5-year grant to develop a Falls Practice Improvement Network (FPIN). The purpose of the FPIN is to develop and support falls prevention efforts throughout the state. Multidisciplinary education content will be developed for both real-time and online courses. All real-time falls prevention courses will be open to health care and community-based professionals to begin to build bridges in the continuum of care. Representatives from local and regional falls prevention coalitions will be invited to attend as well. All online content will be free of charge during the grant period, and individuals can access content through the Web sites of the North Carolina Falls

Prevention Coalition (available at: <http://www.injuryfree.nc.ncdhhs.gov/ForHealthProfessionals/FallsCoalition.htm>) or North Carolina AHEConnect (available at: <http://www.aheconnect.com/>). Potential outcomes of this grant include greater numbers of clinicians and primary care professionals skilled in falls risk assessment and interventions, greater numbers of evidence-based interventions available in the community, and better links between health care and community-based professionals. NCMJ

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