Older people who fall may experience injuries serious enough to make it tough to get around and remain independent. Because of the significant threat involved in falls, health care and social services professionals need to be aware of the many interventions that may be beneficial to discuss with older people. Despite being a significant and growing public health problem, the effects of popular programs remain limited. In Part 4 of our series, we address community-based intervention challenges.

Fall risk assessment, risk reduction and fall prevention have been widely discussed and researched. Studies continually support risk reduction and prevention interventions that are multifactorial and address intrinsic and extrinsic factors. Even with an increase in evidence-based fall prevention programs, experts believe that some effects of the interventions may be “lost in translation” from clinical trials to the real world. Some factors for lost effect include behaviors of older people who may opt out of a program due to teaching method, environment (e.g., setting, location), time commitment, cost and other reasons.

In order to address the issue of effect loss and other challenges, when suggesting a program, feasibility factors are essential for health care and social services professionals to consider. When studying prevention intervention programs: “Fall prevention effectiveness research needs to include feasibility data to help inform researchers and support clinicians, health directors and decision makers responsible for selecting prevention and health promotion programs.”

Perhaps there is not enough evidence yet to support widespread adoption of some community-based fall prevention programs. Even though certain programs may look promising, feasibility concerns remain related to reach, delivery and cost issues.

**Engaging Older People in Fall Prevention Discussion(s)**

Even though there is no “one size fits all” fall prevention intervention, we encourage helping older people understand risk reduction and how being fall free can help them remain active and independent. This non-threatening approach may help older people be better able to face up to their challenges and not be the fall guy (or gal).
We offer the following **TO DO** list of suggestions which includes:

1. Prior to discussing fall prevention, it may be helpful to ask an older person to share his/her list of priorities, a sort of “bucket list” of activities s/he wants to be able **TO DO** in years to come.

2. Then, discuss intrinsic and extrinsic factors related to fall prevention that support independence. Common **TO DOS** include being able to walk, caring for self or others (pets), shopping, going to religious services, travelling, etc.

3. You might also share information about evidence-based interventions and program elements that address capabilities needed **TO DO** what’s on their list.

**Summary: Elements and Impact of Evidence-Based Interventions**

*(based on 111 randomized controlled studies with 55,303 participants – community-dwelling older people)*

<table>
<thead>
<tr>
<th>Multifactorial Program Component^9</th>
<th>Effects</th>
<th>Supports TO DO List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess external and internal risks (cognition, circulation, depression, vision) and review meds impact (sleep, anxiety)</td>
<td>Variable, reduces rate of falls, and complex effect many depend on as yet unknown variables</td>
<td>Health care visits support wellness, reduces risk potential</td>
</tr>
<tr>
<td>Exercise programs: strength, balance, flexibility endurance <em>(contain 2 or more components)</em> (supervised groups, Tai Chi, individual/at-home)</td>
<td>Reduces rate of falls, Number of those who fall</td>
<td>Enhance independence Feel better physically, mentally</td>
</tr>
<tr>
<td>Taking Vitamin D</td>
<td>Does not reduce falls, except in those with low blood level Vit D</td>
<td>Balance Nutrition, maintain wellness</td>
</tr>
<tr>
<td>Home Safety Improvements</td>
<td>Do not seem to be effective, except for people at high risk, e.g. severe visual impairment</td>
<td>Enhance safety</td>
</tr>
</tbody>
</table>

**Recommended Resource – Evelyn’s Pick**


GERO GEMS is a publication of the Center for Aging with Dignity. The Center is devoted to keeping people “SAFE After 60” by advocating for, advancing and developing best-practice programs on the safety and mistreatment of older adults. Written by Evelyn Fitzwater. Edited by Charles Puchta. Copyright © 2010 University of Cincinnati.

**References**


2. Ibid


4. Ibid #1


6. Ibid


8. Ibid

9. Ibid #1

10. Ibid #1