

Falls among elderly reduced by state program

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A low-cost program reduced falls in the elderly by 17 percent statewide, illustrating the value and effectiveness of using existing aging services, such as senior centers, in preventing falls, a University of Pittsburgh Graduate School of Public Health study determined.

Pitt Public Health researchers followed nearly 2,000 older Pennsylvanians between 2010 and 2011 to determine the effectiveness of the state's Healthy Steps for Older Adults, a voluntary fall-prevention program. Results of the study, funded by the U.S. Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH), will be published in the May issue of the *American Journal of Public Health* and are now available online.

"There is a high prevalence of falls among people 65 and older that increases with age, as does the inability to get up after a fall," said lead author Steven Albert, Ph.D., chairman of the Department of Behavioral and Community Health Sciences at Pitt Public Health. "A challenge for [public health](#) officials is to decrease the risk of falls without encouraging reduced physical activity. Our research shows that the Healthy Steps for Older Adults program is a successful tool to help reduce falls."

According to the CDC, one in three adults aged 65 and older falls each year and, of those who fall, 20 to 30 percent suffer moderate to severe injuries that make it hard for them to live independently, and increase their risk of early death.

By 2020, the CDC estimates, the annual direct and indirect cost of fall

injuries will reach \$67.7 billion.

Healthy Steps for Older Adults, run by the Pennsylvania Department of Aging, offers risk screening for falls and educational information regarding fall prevention, for adults 50 years and older. Participants who are identified as high risk for falls are referred to primary care providers and encouraged to complete home [safety assessments](#), which identify modification—including banisters and grab bars—to reduce hazards in their homes that might put them at greater risk for falls.

The program is designed to be administered by volunteers at senior centers to keep costs low. Between 2010 and 2011, the state reimbursed the centers \$70 per person for delivering the program, allocating \$1.2 million to the program as a whole.

Dr. Albert and his co-authors recruited 814 older adults at senior centers statewide to complete the program, and compared them to 1,019 counterparts who did not. The average age of study participants was 75.4 years.

Of those who completed the program and were informed they were at high risk for falls, 21.5 percent followed up with physicians. More than three-quarters of program participants at high risk conducted [home safety](#) assessments, and a third went on to reduce home hazards.

"Though further analyses will be necessary to understand specifically how these actions translated into a 17 percent reduction in falls, it appears that referrals for physician care and home safety assessments, along with informing [older adults](#) of their high-risk status and heightening their sensitivity to situations involving a risk of falling, may lead to reductions in [falls](#)," said Dr. Albert.

Provided by University of Pittsburgh Schools of the Health Sciences

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