

# Call to Action: The Michigan Fall Prevention Partnership

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January 2006

Updated March 2006

**Prepared for**  
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Lansing, Michigan

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STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

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DIRECTOR

February 14, 2006

Dear Colleagues:

Several recent developments have occurred to benefit Michigan's older adults. In addition to the implementation of Governor Granholm's Long Term Care Task Force recommendations, I want to highlight an exciting breakthrough in preventing falls among older adults in Michigan—a partnership that puts Michigan on the leading edge nationally as one of the few states to mobilize a coordinated effort to address fall prevention.

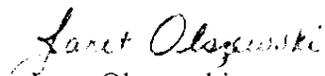
Falls are the leading cause of injury and the most common cause of hospitalization for trauma among older adults and can severely impact their quality of life. In response, Central Michigan University's College for Health Professions, the Michigan Pharmacists Association, and the Michigan State Medical Society have stepped forward to lead the **Michigan Fall Prevention Partnership**, that will bring fall prevention efforts into the mainstream of health care efforts and the design of home and community environments to maximize health and independence for older adults. The enclosed *Call to Action* describes the current picture of falls and fall prevention among older adults in Michigan as well as the strategies the Partnership plans to undertake to bring fall prevention to the forefront.

The Partnership will be supported by a public health-based coordinator at the Michigan Department of Community Health, as well as by an Expert Advisory Board (previously the Statewide Fall Prevention Workgroup). Based on the recommendations of the National Council on the Aging, the Partnership will bring together representatives of health care, academia, services for the aging, public health, and the construction industry to accomplish fall and injury prevention goals and strategies.

The work of the Partnership will be based on the rapidly emerging knowledge of the fall risk factors that lead to the loss of independence and health among older adults and the strategies to reduce those risks. This new knowledge provides one of the most significant opportunities to prevent an event that often leads to a life of dependence for an older adult and to think in new ways about creating home and community environments that support and maintain independence and healthy aging. It is important that this Partnership is coming together now, since the population of adults aged 65 and older is projected to increase by more than 70 percent between 2000 and 2030.

One of the first actions of the new Partnership will be mobilizing a range of key partners. The Partnership's founding members are already beginning to identify groups to join the leadership of this effort. I encourage you and your partners to join the effort to prevent falls among Michigan's seniors and to help them maintain their health and independence. For more information and to join the Partnership, please contact Anne Esdale, MDCH Fall Prevention Project Coordinator, at [esdalea@michigan.gov](mailto:esdalea@michigan.gov) or (517) 335-9523.

Sincerely,

  
Janet Olszewski  
Director

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# Falls and Injury Prevention Among Older Adults in Michigan

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## PROBLEMS RELATED TO FALLS AMONG OLDER ADULTS

While it is vital for the economic well-being of Michigan to attract and keep young people in the state, it is just as important to create communities that are attractive places for older adults to live independently. This is essential for everyone's quality of life and for economic prosperity. For example, businesses that make modifications that allow easy access for this growing segment of the population will benefit. The population of adults in Michigan aged 65 and older is projected to increase by more than 70 percent between 2000 and 2030. In contrast, the population of adults aged 45–64 is expected to increase by only 15 percent by 2030, while the population of people aged 44 and younger is expected to *decrease* by nearly seven percent.<sup>1</sup>

Knowledge is growing quickly about the risk factors that lead to the loss of independence and health among older people and the strategies that not only reduce those risks but rather create environments that prevent those risk factors from emerging. This new knowledge as it pertains to falls among older adults provides one of the most significant opportunities not only to prevent the event that most often leads to a life of dependence, but also to think in new ways to create home and community environments that support and maintain independence and healthy aging.

### ***The Morbidity and Mortality of Falls***

Falls are the leading cause of injury and the most common cause of hospitalization for trauma among older adults. It has been estimated that as many as 35 to 40 percent of senior citizens fall each year.<sup>2</sup> Studies have shown that as many as 80 percent of adults over age 65 who visit an emergency department for an injury cite falling as the cause of the injury. Half of these adults require hospitalization.<sup>3</sup> While most falls among older adults do not lead to injury, any fall can seriously affect the health and well-being of seniors, especially since older adults who fall once are at higher risk for additional falls.

Hip fractures are the most common fall-related injury leading to hospitalization for adults aged 65 and older. In 2002 in Michigan, 6,564 adults aged 65 and older were hospitalized due to a hip fracture resulting from a fall.<sup>4</sup> In contrast, the next most common fall-related injury was fracture of the lower leg and ankle, for which there were 891 hospitalizations that year. Hip fractures are one of the most serious injuries in older adults, and falling accounts for 80–95 percent of hip fractures in older adults.<sup>5</sup> In fact, half of the adults

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<sup>1</sup> U.S. Census Bureau, Interim Population Projections for Five-Year Age Groups and Selected Age Groups by Sex for States: July 2004–July 2030 (Washington, D.C.: U.S. Census Bureau, April 21, 2005).

<sup>2</sup> Michigan Department of Community Health (MDCH), Michigan Public Health Institute, *A White Paper on Fall Injury Prevention for Older Adults in Michigan* (Lansing, Mich.: MDCH, April 2002), 5.

<sup>3</sup> *Ibid.*, 5.

<sup>4</sup> Michigan Department of Community Health, *Falls and Fall Injuries Among Michigan's Older Adults* (Lansing, Mich.: MDCH, October 2004), 15.

<sup>5</sup> MDCH, *A White Paper on Fall Injury*, 6.

hospitalized for a hip fracture never regain their former mobility levels and are not able to return home or live independently; 20 percent die within a year of hospitalization.<sup>6</sup>

In Michigan, an average of 345 adults aged 65 and older died each year from a fall between 1999 and 2002.<sup>7</sup> Between 1990 and 2002, the death rate due to falls almost doubled, rising from 17.9 to 32.5 per 100,000 population.<sup>8</sup> The aging of Michigan's population and rising fall death rate support the need to prevent falls among older adults. The population of adults in Michigan aged 65 and older is expected to increase to 2.1 million in 2030; that is almost double the 2000 Census estimate of 1.2 million. The population of adults aged 85 and older, who are most at risk for falls and fall-related injuries, will *more than double* by 2030.<sup>9</sup>

### ***The Cost of Falls Among Older Adults***

The medical and other costs associated with falls are significant. A 2001 study estimated the annual medical costs associated with falls among adults aged 65 and older in Michigan to be \$6.5 million. The total cost attributed to falls, including lost work time and quality-adjusted life years lost, is \$2.8 billion.<sup>10</sup> Fall-related injuries are an enormous drain on our public insurance system. Medicare was the payment source for nearly all (95.9 percent) nonfatal fall injury hospitalizations in Michigan in 2002. Private insurance covered only 3.3 percent of the hospitalizations.<sup>11</sup>

### ***The Impact of Falls on Quality of Life***

The consequences of falls are serious. Falls can diminish the quality of life for seniors and can even lead to the loss of life. Many older adults who fall will experience an extreme fear of falling, or fractures or pain will discourage them from continuing an active lifestyle. Thus, they will begin to limit their activity levels and decrease social interactions. These actions put them at further risk of illness, injury, and even death. Physical activity and social interaction are important to maintaining a senior's health and reduce the risk of falling.

## **CORNERSTONES OF FALL PREVENTION IN MICHIGAN**

Research has demonstrated the efficacy of identifying risk factors for falling and implementing risk reduction strategies. While numerous efforts are underway at the state and national levels to promote healthy aging through fall prevention, there is no vehicle to support the wide diffusion of proven practices. A wide array of partners must be aligned behind a common goal to scale up the use of proven interventions that can reduce falls in health care institutions, in homes, and in communities. Three cornerstones form the foundation of such a partnership in Michigan.

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<sup>6</sup> MDCH, *A White Paper on Fall Injury*, 6.

<sup>7</sup> MDCH, *Falls and Fall Injuries*, 6.

<sup>8</sup> *Ibid.*, 7.

<sup>9</sup> U.S. Census Bureau, *Interim Population Projections*.

<sup>10</sup> MDCH, *Falls and Fall Injuries*, 23.

<sup>11</sup> *Ibid.*, 16.

### ***Cornerstone 1: Statewide Fall Prevention Workgroup***

The Statewide Fall Prevention Workgroup brings together experts from public health, the aging services network, health care, and academia around the issues of fall prevention and aging. This group is involved in building a healthy aging movement with a strong focus on preventing falls. Making existing fall prevention interventions more widely known, readily available, and easily used is the primary goal of Michigan's Statewide Fall Prevention Workgroup.

Based on a preliminary assessment of currently available resources in the state, the Statewide Fall Prevention Workgroup identified the following five strategies as priorities for the next five years for preventing falls among older adults in Michigan:

- Educate health professionals about fall prevention, focusing on fall risk assessment and risk reduction through evidence-based interventions, and tailor education to specific groups, e.g., physicians, physical therapists, nurses, pharmacists, etc.
- Raise awareness and disseminate to older adults and their caregivers information about fall prevention, including home safety practices, medication review, and mobility. Develop a social marketing campaign to increase the demand for senior-friendly communities.
- Increase the availability of appropriate physical therapy and exercise programs and services for older adults.
- Maximize the opportunity to address medication review and management by nurses and pharmacists as part of the prescription benefit component of the Medicare Modernization Act, effective January 2006.
- Develop a database of best practices in fall prevention, beginning with home modifications and effective home safety measures for reducing fall risks at home.

The Statewide Fall Prevention Workgroup is simply a starting point, however. To truly bring this movement to the forefront, new partners are needed. The knowledge base and connections that this group brings to the table are the springboard for mobilizing new partners and expanding the use of fall prevention strategies.

### ***Cornerstone 2: Hospital-Based Fall Prevention Clinic Demonstration***

In October 2002, the Michigan Department of Community Health (MDCH) received a three-year grant from the Centers for Disease Control and Prevention (CDC) to develop, implement, and evaluate two hospital-based fall prevention clinics. These clinics—based at Crittenton Hospital Medical Center and the Genesys Regional Medical Center—utilize several proven interventions for fall prevention. The clinics offer balance and gait training and strengthening exercises. Clinicians review and adjust the medications of participants as necessary and they review participants' home environment and make suggestions for modifications where appropriate. Other services offered through the clinics include bone mineral density testing and treatment for osteoporosis, vision testing, and other medical referrals as appropriate.

The model uses emergency departments to recruit older adults who have already fallen and randomly assigns those individuals to participate in the fall clinic or to be in the control group. Preliminary evaluation results show that participants in the fall prevention

clinics have **33 percent fewer falls** than those in the control group. The capacity exists to expand these hospital-based clinics statewide with a coordinated approach to fall prevention, recruiting older adults from community-based settings in addition to recruiting patients through emergency departments.

The CDC grant has also supported the development of a step-by-step manual for implementing hospital-based fall prevention clinics based on experience with the model. In addition, health care provider training courses have been developed to build the knowledge and skills of providers around fall prevention, risk assessment, and evidence-based interventions. These resources and others are ready to be used in both health care and community settings.

### ***Cornerstone 3: National Council on the Aging Action Plan***

A national focus on fall prevention has been established by an action plan recently released by the National Council on the Aging (NCOA). The plan outlines four primary risk areas for falls among seniors: physical mobility, medications management, home safety, and environmental safety in the community. The plan identifies a comprehensive list of strategies that states can adopt to prevent falls among older adults within each risk area. The plan suggests that to prevent falls among seniors, existing, evidence-based interventions must be publicized better and disseminated more widely.

# **The Michigan Fall Prevention Partnership**

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To build upon the cornerstones described in the previous section, three organizations are collaborating to bring Michigan into the leading edge nationally as one of the few states mobilizing a coordinated effort to address fall prevention. Central Michigan University's College for Health Professions, the Michigan Pharmacists Association, and the Michigan State Medical Society will lead **The Michigan Fall Prevention Partnership**. The mission of the partnership will be to integrate fall prevention efforts into the mainstream of health care efforts and the design of home and community environments to maximize health and independence for older adults. The partnership will be supported by a public health-based coordinator at the Michigan Department of Community Health, as well as by an expert advisory board (previously the Statewide Fall Prevention Workgroup). The composition of this partnership is based on recommendations of the National Council on the Aging and the Administration on Aging to convene representatives of health care, academia, aging, public health, and the building and construction industry to accomplish fall prevention initiatives.

## **A COORDINATED EFFORT**

If this is truly to be a coordinated effort, an infrastructure will be essential to assuring that all of the pieces are brought together in a cohesive statewide movement. The NCOA's national action plan identifies crosscutting strategies that must be in place to effectively move a fall prevention plan forward. The plan identifies the need to link the aging services network and health care systems, in addition to supporting communications and marketing efforts. Without a centralized infrastructure through which to direct these efforts, an unorganized or piecemeal approach to fall prevention will emerge.

### ***The Founding Partners***

In agreeing to become founding members of the partnership, the Michigan State Medical Society, the Michigan Pharmacists Association, and CMU's College for Health Professions have committed to providing a representative to attend quarterly meetings of the partnership and to participate in strategic actions, thus integrating fall prevention into health care and community organizations. The founding partners are responsible for contributing expertise and determining the direction of the partnership. The founding partners are also charged with identifying additional partners, establishing a long-term budget and developing a work plan for the partnership.

### ***A Public Health-Based Coordinator***

The capacity must be in place to prepare for and implement the necessary steps to achieve the strategies and actions identified in the work plan. The infrastructure includes both a source of financial support to enable the partnership to implement its proposed actions and a coordinator to guide the partnership.

The coordinator will:

- Staff and coordinate meetings of the partnership
- Assist the partnership in developing a decision-making process

- Provide up-to-date research (e.g., developing a database of best practices in fall prevention) to support issue discussions
- Coordinate and implement strategic initiatives at the partners' direction
- Link the strategic actions of the partnership to emerging state of Michigan initiatives

The MDCH will contribute one FTE (full-time equivalent) public health-based coordinator to staff the partnership through June 2006. Plans for funding of this position will be included in the long-term budget and funding plan that the partners develop as one of their first tasks.

### ***An Expert Advisory Board***

An important outcome of the CDC grant awarded to MDCH for creation of the hospital-based fall prevention clinic model was the ability to convene experts from public health, the aging services network, and health care around the issues of fall prevention and healthy aging. These experts were brought together by MDCH as the Statewide Fall Prevention Workgroup. Their knowledge of fall prevention, best practices and strategies for working with older adults to prevent falls, will be an invaluable resource for the MFFP.

## **TACKLING THE PRIORITY STRATEGIES**

Each founding member has agreed to an initial set of actions to move the state forward on the priority strategies identified by the fall prevention work group, as follows:

### *Educate health professionals about fall prevention*

- CMU's College of Health Professions will produce online education modules for health professionals to obtain continuing education credits.
- The Michigan Pharmacists Association will publish articles and provide information related to fall prevention in its journal and newsletter, which are sent to its members in alternating months.
- The Michigan Pharmacists Association has included a session on medications and fall risk in its annual conference in February 2006.
- Central Michigan University's College of Health Professions will assist the partnership in developing high-quality video educational materials for various health professionals.
- The Michigan State Medical Society will share data related to falls, and information about providing geriatric care and assessing fall risk among seniors to members through its publications.
- The Michigan State Medical Society will assist in planning and offering informational and training sessions related to fall prevention for continuing medical education (CME) credit.
- The Michigan State Medical Society will offer a fall prevention session during its October 2006 scientific meeting.

*Raise awareness and disseminate information about fall prevention to older adults and their caregivers*

- Central Michigan University's College of Health Professions is home to the Bridges Center, the purpose of which is to "bridge" the work of the university with the needs of the community. The Bridges Center will be a valuable resource to the partnership.
- Through its publications, the Michigan Pharmacists Association and MSMS will provide reproducible documents, such as a fall risk factor self-assessment checklist, for seniors to take to doctor appointments.

*Increase the availability of appropriate physical therapy and exercise programs and services for older adults*

- Central Michigan University's College of Health Professions will support the development of physical therapy and exercise training programs for community service providers to enable them to offer appropriate programs for older adults.

*Maximize the opportunity to address medication review and management by nurses and pharmacists*

- The Michigan Pharmacists Association will disseminate informational materials about the fall hazards associated with certain medications in its journal and newsletter.
- The Michigan Pharmacists Association will also include information in its publications about the Medicare Modernization Act and the opportunities it provides for pharmacists to bill Medicare for cognitive services, including medication review to assess patients' fall risk.

## **NEXT STEPS**

### ***Creating the Agenda***

The Michigan Fall Prevention Partnership held its inaugural meeting in January 2006. The partnership's first tasks are developing a long-term plan to achieve the priority strategies, mobilizing new partners, and identifying additional resources to support the partnership.

### ***A Communication Strategy***

While solutions to the problem of fall-related injuries and deaths are available, fall prevention strategies have yet to be widely adopted in either the health care or community setting. As the Michigan Fall Prevention Partnership moves forward, one of its primary goals will be to change the perception that falling is an inevitable part of aging. To this end, messages will be developed to share with health professionals and older adults.

A coordinated communications strategy will need to be developed to convey the message that falling is preventable, not inevitable. For seniors, messages should be empowering and communicate the fact that older adults have enormous control over whether they fall. Messages aimed at health care providers will encourage them to build fall prevention into their current practice, as Michigan's population is aging rapidly. Messages should also be

directed at insurers and payers promoting the financial savings associated with prevention rather than treatment.

### ***Expanding the Partnership***

Based on the strategies to be addressed by the MFPP, the founding members have identified several organizations they believe would be an asset to the partnership. The founding partners, as well as members of the expert advisory board and the partnership coordinator, will approach these organizations to invite their participation in the MFPP.

Organizations and groups recommended for recruitment into the partnership include:

- Insurers (e.g., Accident Fund)
- Health plans (e.g., Michigan Association of Health Plans)
- Nursing home associations
- Michigan Health and Hospital Association
- Michigan Osteopathic Association
- Pharmaceutical companies
- Michigan Home Health Association
- Michigan Association of Emergency Room Physicians
- Michigan Physical Therapists Association
- Michigan Hospice and Palliative Care Organization
- Michigan Nurses Association
- Managed care organizations
- MPRO
- Michigan College of Emergency Physicians
- Michigan Orthopaedic Society
  
- Michigan Gerontological Society
  
- Geriatrician Associations
- Home Builder Associations
- Senior Housing Associations
- Area Agencies on Aging
- Labor Unions

### ***Fall Prevention Strategies for the Future***

While the MFPP identified five priority strategies to be addressed immediately, it also identified several other strategies that they believe should be addressed as resources become available:

- Develop a mechanism to help local communities develop action plans for services and programs related to physical mobility that are culturally sensitive and relevant to their community.
- Pilot a pharmacy team approach for fall prevention in Michigan modeled after a North Carolina project targeting diabetes management.
- Identify gaps in resources and develop an advocacy plan for enhanced funding for, and attention to, home safety and home modifications.
- Create, translate, and disseminate knowledge tailored for specific professional groups.
- Identify best practices to reduce falls outside the home.
- Improve information gathering and comprehensive assessment of community hazards such as sidewalk safety.
- Identify evidence-based fall risk assessment and treatment resources in communities to meet the needs of seniors.
- Promote a case coordination approach to fall prevention.

The Michigan Fall Prevention Partnership will benefit Michigan's older adults by bringing together representatives of health care, academia, public health, the aging services network, and the building and construction industry in a collaborative effort to improve fall prevention efforts in the state. Building on fall prevention efforts already underway at the state and national levels, the partnership will provide a centralized infrastructure to integrate fall prevention into the activities of health care and community organizations.